

2009

Carleton University

Office of the Associate
Vice-President (Student
Support Services)

[Executive Summary of the Student Mental Health Framework: A Guide for Supporting Students in Distress]

The *Carleton University Student Mental Health Framework* is an important addition to Carleton University's efforts to promote positive mental health and assist students in realizing their potential. Its purpose is to facilitate a consistent and integrated approach to responding to Carleton students who are in distress.

"Students in distress" refers to a broad continuum – from students experiencing a temporary setback or being confronted with a specific problem that is creating significant stress, for example, a student facing sudden financial hardship, to those who are facing chronic and serious psychiatric illnesses that interfere with daily living.

The university-based cross-functional team, established under the authority of the Associate Vice-President (Student Support Services), developed this comprehensive framework outlining an integrated and consistent approach to responding to and supporting students in distress.

The intention of the Framework is to assist you in your efforts in determining when a student is in distress, how urgent the situation is and how you can help. It builds on the strong base of policies and protocols that currently exist, it articulates the philosophy behind an integrated approach, clarifies current policies and protocols, adds new protocols and brings them into a single framework for use by all members of our community.

The Framework will:

- ensure a consistent campus-wide approach by articulating the university's role and responsibilities in supporting students in distress and managing associated risk;
- guide members of the Carleton community in how to respond in certain circumstances by setting out policies and protocols that support a comprehensive and integrated approach;
- facilitate appropriate referrals;
- raise awareness about mental health problems; and
- educate and train members of the community and address ongoing needs and emerging issues through a quality assurance and improvement process.

Background and Development

The Framework was developed by conducting external research; consulting experts; and a survey with a gap analysis (adapted version of the JED Foundation Framework), assessment of information and training needs and the identification of outstanding issues and resources to contact.

The general conclusion was Carleton needs to 1) explicitly articulate Carleton's policies and protocols for dealing with students' with mental health concerns and 2) to ensure that staff and faculty were familiar with and consistently applied these policies and protocols.

Philosophy and Approach

Seven guiding principles were used to develop the Framework (see full list in Framework).

Mitigating risk as a key objective

Risk is defined as any event or action that has an adverse effect on the university's ability to achieve its objectives. The foremost risk is the health, wellbeing and safety of the university community and in particular, students. Further risks include litigation arising from the action taken by the university in fulfilling its role as educator and subsequent threats to its reputation.

Carleton University's Risk Management Framework is available online at: carleton.ca/finance/risk-management. The *Student Mental Health Framework* follows the three-step approach outlined in the Risk Management Framework to assist in mitigating both risks faced by students in distress and other risks that may follow from the university's response and support. 1) Developing policies and procedures based on best practices and 2) ensuring they are applied consistently will mitigate the risks of possible legal liability associated with 3) providing support and responding to students in distress.

To mitigate any risk that may arise from assisting students in distress, all staff, at a minimum, should follow the procedures outlined in this Framework, whether they have specialized training in recognizing the signs of mental health issues or not.

Further, certain professional groups may hold their members accountable to the professional standards of their respective accrediting bodies in connection with the response to persons with mental health issues. Therefore, it is recommended that employees with professional designation be familiar with their respective professional standards of care.

It is important to acknowledge that our university-based Health and Counselling Services that provide medical and counselling services is an ancillary service. As such, from a legal perspective, the university is not held to the same provision of service standard as are organizations whose primary function is to assist people with mental health problems.

As well, like all organizations, Carleton operates within certain resource constraints. These can impact the level of service that can be provided as well as to whom and when. The policies and procedures that are provided in this Framework recognize this reality and have been developed to meet or exceed the minimum standards of care that would be expected given the university's mandate and its available resources.

Over and above the legal and professional standards that guide responses to students with mental health concerns, Carleton University's student mental health policies and protocols embody the guiding principle that every reasonable effort will be made to ensure the safety and support of students in times of crisis and distress.

Policies and Protocols

Many people at Carleton come into contact with students in distress. The protocols listed in the Framework support these individuals in their efforts to provide students with a safe and supportive environment in which to learn. These policies and protocols comprise a set of guidelines to help ensure that students in distress receive prompt, responsive and appropriate

help and that those who support them can do so with confidence. The following policies and protocols are referenced in the Framework.

1. Service policies

- a. **Non-registered “students”:** Individuals who are between sessions, recently graduated or withdrawn from Carleton University and who have had previous contact with a service, are seeking service for the first time or who are referred by someone to on-campus services. The university is not obliged to provide mental health services in these cases but encouraged to follow the general protocol for identifying and responding to students in distress. Non-registered “students” should be directed to a relevant student support service that can assist them in locating and accessing off-campus services or, in immediate but not urgent need, on-campus services can be offered at the discretion of the service provider until suitable off-campus services are found.
- b. **New students with significant mental health problems:** With significant mental health problems will be informed that student services are not equipped to provide ongoing and intensive monitoring or intervention and they are to make arrangements for their care with external community resources prior to arrival. Information about appropriate external resources will be provided and students can contact Health and Counselling Services for additional information.

It should be noted that in all cases of emergency i.e. probability of actual harm to self or others, you must follow the protocol for dealing with urgent situations regardless of the person’s status on campus.

2. **Identifying and responding to students in distress:** All members of the Carleton community play an important role in supporting students in distress. Together we are a team; no one person is expected to address all levels of concern that a student may have. The 3 Rs describe the basic steps involved: Recognize signs of distress; respond in a caring and non-judgemental way; refer to the appropriate service as required.
 - a. **Identifying a student in distress:** There are a number of ways that a student may come to another’s attention. The student may disclose that something is troubling them or there may be noticeable changes in the student’s mood, habits, performance or behavior (see examples in the Framework).
 - b. **When a problem is urgent/not urgent:** As per Figure 1: General protocol for identifying and assisting students in distress below. This will typically involve meeting with a student. Tips for meeting with students are included in the Framework. You are not expected to solve the student’s problem (unless you are a trained member of the community with this level of expertise) but to support them and help them receive appropriate help.
 - c. **When/if a student rejects help:** The student may be reluctant to accept or may refuse help and their wishes must be respected (even if under the age of 18, if the student understands the nature of the help being offered, he/she has the right to refuse help (the exception is when the situation is assessed as urgent.) If a student refuses help, he/she should be welcomed to contact you again if

desired. A student's refusal to proceed with a recommended referral should be documented. An Incident Report can be submitted to Student Affairs by using the online form at carleton.ca/studentaffairs if concerns remain and a report has not already been submitted.

- d. **After hours help:** Carleton University has contracted Ottawa Family Services to provide after hours counselling services for students in crisis. "After hours" is defined as when Health and Counselling Services are closed. In these cases, contact the Department of University Safety at 4444. They will determine if a call to Family Services is warranted and if it is they will contact Family Services and make appropriate arrangements.
- e. **Following up:** you are encouraged to follow up with the student to see if they have connected with the resources you recommended. If problems or warning signs persist contact the Director of Health and Counselling Services.
- f. **Taking care of yourself:** Those of us who encounter students in distress can experience many different and sometimes intense emotions. Like the students we help and support, we each have our own unique experiences and attitudes about mental health problems. Free confidential help is provided to you through the Family and Employee Assistance Program: carleton.ca/hr/healthy-workplace/employee-family-assistance-program-efap/.

Note: Faculty or staff members should document whatever action was taken according to the established guidelines on *Communication and Documentation* section in the Framework. Faculty and staff are expected to keep their Chairs/Directors apprised of any situation involving a student in distress. You may also submit an incident report form, available on the Student Affairs website at: carleton.ca/studentaffairs. This triggers the creation of a confidential file and the Director of Student Affairs then begins a process of monitoring and/or assessing the student for signs that he/she may be at risk.

- 3. **Communication and documentation:** When dealing with issues of privacy and students in distress we must comply with two provincial legislative regimes – the Freedom of Information and Protection of Privacy Act, more commonly referred to as FIPPA, and the Personal Health Information Protection Act, otherwise known as PHIPA. Carleton University is committed to protecting the privacy of those who study or work here (present and past). None the less, our commitment to safeguarding the privacy of Carleton students does not prevent us from acting to protect students in an emergency. The Framework identifies:

- a. Guidelines from the Ontario's Information and Privacy Commissioner as to when it is appropriate to disclose a student's personal information to a third party without consent.
- b. Factors to bear in mind when taking the decision to disclose personal information or personal health information.
- c. Determining who will decide to disclose (a senior Carleton University official (such as Director of University Safety, Director of Housing and Conference

- Services, Assistant Director of Residence Life, Director of Health and Counselling Services, Associate Vice-President (Student Support Services) or their designates)
- d. Procedures for creating and maintaining confidential files including creating records, security of records and retention of records.

Related university/department-specific protocols are provided in Appendix E of the Framework.

- Student Tragedy Protocol
- “Ongoing Crisis” Communications Protocol
- Department of University Safety (DUS) De-Briefing Process
- Paul Menton Centre for Students with Disabilities protocols for academic accommodation and suicide intervention

Support Services

This section of the Framework describes the roles and responsibilities of a number of university services and departments that play key roles in the identification and support of students of concern, including:

- Health and Counselling Services
- Office of Student Affairs
- Office of the Associate Vice-President (Student Support Services)
- Paul Menton Centre for Students with Disabilities
- Student Academic Success Centre
- Department of Housing and Conference Services
- Equity Services
- Office of the University Secretary – FIPPA Office
- Educational Development Centre
- Carleton University Students’ Association

Education and Training

Education and training are essential elements of best practice in the university’s strategy to support and respond to students in distress. They promote an aware, knowledgeable and skilled community that responds in a consistent and effective manner. An Education and Training Strategy that meets the needs of different sectors of the Carleton University community will include the following components:

- The dissemination of the *Carleton University Student Mental Health Framework*, its policies and protocols;
- The development and implementation of faculty and staff education program focused on identifying and supporting students in distress as outlined in the Framework (training based on “levels” as outline in the Framework);
- A campus-wide program to enhance positive mental health and de-stigmatize mental health problems;

- Broader dissemination of tools, like the *Supporting students who are coping with stress or crisis* yellow folder as well as updates and additional resources, and regular bulletins to staff and faculty at key “stress points” in the year; and
- Enhancement of the university’s web-based mental health resources for students, faculty and staff.

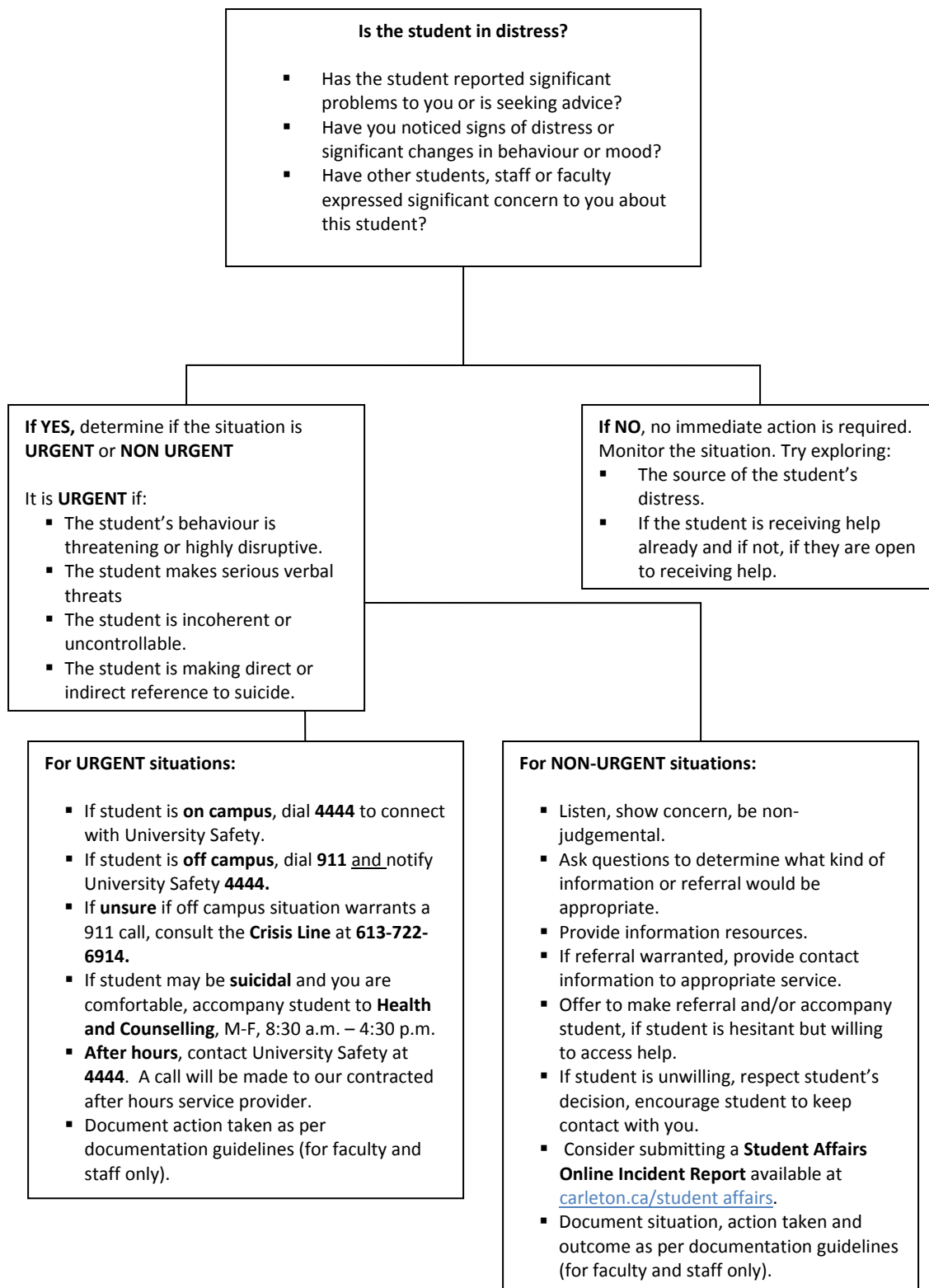
Quality Assurance and Evaluation

An annual report will be compiled by the Student Mental Health Advisory Committee evaluating the effectiveness and outcomes of the university’s strategies for identifying and supporting students in distress. The goals are to ensure high standards of practice, assess the university’s changing needs and develop strategies to address them.

Recommendations and Current Activities

1. Implementation of the Education and Training Strategy
2. Review of the records created as part of the application of the Student at Risk Protocol and implementation of the *Student Mental Health Framework*.
3. The Communications Protocol for Ongoing Crises will be reviewed.
4. A specific protocol for assisting students who have been sexually assaulted will be developed and ratified.
5. Review comments, suggestions and topics for discussions as outlined in Appendix B.

Figure 1: General protocol for identifying and assisting students in distress



Gap Analysis

Resource/Protocol Required	What exists at Carleton	Action Required	Status
1. Information for students re: <ol style="list-style-type: none"> Signs of distress/when to seek help Where to go for help Self-help i.e. information on coping Life skills courses 	<ul style="list-style-type: none"> Brochure Website Newsletters Posters Advertisements Workshops Kiosks Health resource centre H&C web-site Service Centres run by CUSA 	None	Communication plan developed and delivered. Included: <ul style="list-style-type: none"> Coping with crisis brochure for students (completed winter 2009 and ongoing distribution) Health and Counselling Booth at Academic Orientation Day (fall 2008, fall 2009) Stress poster (fall 2008 and on boards for remainder of term) Wellness highlighted on current student homepage (ongoing) Wellness, and HCS workshops highlighted in weekly student newsletter (ongoing) Ad in the Charlantan promoting wellness (winter 2009)
2. Information for faculty and staff re: <ol style="list-style-type: none"> Signs of 	<ul style="list-style-type: none"> Periodic emails Website guide Folder (coming out 	None	Communication plan developed and delivered. Included:

<p>distress</p> <p>b. When and where to refer</p>	<p>soon)</p> <ul style="list-style-type: none"> • Potential newsletter • Brochure developed by Student Support Services 		<ul style="list-style-type: none"> • Supporting students who are coping with crisis yellow folder (winter 2009 and ongoing distribution) • Emails from AVP SSS to faculty and staff during stressful times of the academic year (yearly in fall and winter)
3. List of community referral sources	<ul style="list-style-type: none"> • Safety website • Personal safety brochure • H&C web link to Ottawa resources E Blue Book on-line Directory 	None	<ul style="list-style-type: none"> • Community Safety website live (September 2008) • Personal safety brochure (fall 2008, fall 2009)
4. Protocol for referrals and crisis situations including documentation	<ul style="list-style-type: none"> • Folder • SASC internal protocol • DUS internal protocol and documentation 	SARET protocols pending final approval	<ul style="list-style-type: none"> • Approved (June 2009)
5. Policy about “medical” leave and re-entry	<ul style="list-style-type: none"> • Return to Campus Questionnaire • H&C web-site (not university-wide policy) • SASC decisions on ad hoc basis 	SARET protocol in process of being approved	<ul style="list-style-type: none"> • Approved (June 2009)
<p>6. Post crisis protocol</p> <p>a. Plan for student – best interests of the student and community</p> <p>b. Support for students, staff</p>	<ul style="list-style-type: none"> • Grief counseling for campus (students) • H&C individualizes plan for each student • Student Tragedy Protocol 	SARET protocol in process of being approved	<ul style="list-style-type: none"> • Approved (June 2009) • Student Tragedy Protocol developed

and/or faculty			
7. Policy re support for students not officially enrolled e.g. between sessions, recently graduated; those without health insurance	<ul style="list-style-type: none"> • Out of scope - Refer to the community • Responsibility of student and care-giver. 	Protocol to be described in Framework	<ul style="list-style-type: none"> • Complete
8. MOUs with external agencies	<ul style="list-style-type: none"> • Safety with OPS (informal) • Family Services – formal – after hours service • Mobile Mental Health Unit (informal) 	None	<ul style="list-style-type: none"> • Completed
9. Emergency contact notification protocol and database	<ul style="list-style-type: none"> • Banner for emergency contact update • H&C follows PHIPA 	Protocol under development	<ul style="list-style-type: none"> • Banner implementation (winter 2009) • Protocol in Framework
10. On-campus services to meet student population life skills and mental health needs.	<ul style="list-style-type: none"> • Health & Counselling – M-F business hours • Kiosks • Student Academic Success Centre • Learning Support Services • Residence Counselling • Career Services 	None	<ul style="list-style-type: none"> • Workshops delivered to students throughout the academic year (ongoing)
11. Case management team re: students of concern	<ul style="list-style-type: none"> • SARET – analyzes situation and needs and delegates action – monitors follow-up 	None	<ul style="list-style-type: none"> • Approved (June 2009)
12. Media policy re: responsible reporting on- and off-campus	None	Protocol under development	<ul style="list-style-type: none"> • Under development

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Office of the Associate
Vice-President (Student
Support Services)

[Student Mental Health Framework: A Guide for Supporting Students in Distress]

“At Carleton University, we want our students to experience success. We pride ourselves on being a Canadian leader in the delivery of support services that are personalized, varied and effective. The wide range of programs and services available touch on many aspects of academic and student life and are designed to support learning, enrich the student experience, and engage students in the Carleton community.”

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MESSAGE FROM THE ASSOCIATE VICE-PRESIDENT (STUDENT SUPPORT SERVICES)

I am delighted to present the *Carleton University Student Mental Health Framework* (the Framework) to you on behalf of the Carleton University Student Mental Health Advisory Committee.

As members of the Carleton community, we all play important roles in providing students the opportunity to learn, grow and thrive. The years at university can be very exciting with innumerable opportunities for new learning and new friendships. At the same time, we know that students face many demands and challenges as they pursue their academic interests and life goals and many students will experience significant levels of stress some time during their university career.

At Carleton University, we believe that students should be empowered to pursue their academic objectives and that we as a university have a responsibility to facilitate the successful achievement of students' aspirations.

It is, with this in mind, that the Carleton University Mental Health Advisory Committee was created with a mandate to develop a framework outlining a university-wide approach to helping students with mental health concerns. The *Carleton University Student Mental Health Framework* is the outcome of a year-long process that reviewed existing services, policies and protocols and drew from research into best practices and consultations with stakeholders and experts from Carleton, the Ottawa community and other universities.

The Framework outlines a comprehensive, integrated and consistent approach to responding to students in distress. It describes the university's approach to supporting students, articulates a set of guiding principles and provides specific guidelines for dealing with a range of situations involving students experiencing significant mental health concerns as well as students in distress.

We envision the Framework as an evolving document. This first edition provides the blueprint for future iterations that will continue to reflect Carleton University's ongoing efforts to address the mental health issues that affect our students.

We hope that you will find this Framework helpful and informative. We welcome your feedback and suggestions about how the Framework could be improved by completing the feedback form in Appendix A and submitting it to the Office of the Associate Vice-President (Student Support Services) or sending us your feedback via email at: avpsss@carleton.ca.

Suzanne Blanchard
Associate Vice-President (Student Support Services) and University Registrar
Carleton University

PURPOSE

The *Carleton University Student Mental Health Framework* is an important addition to Carleton University's efforts to promote positive mental health and assist students in realizing their potential. Its purpose is to facilitate a consistent and integrated approach to responding to Carleton students who are in distress.

"Students in distress" refers to a broad continuum – from students experiencing a temporary setback or being confronted with a specific problem that is creating significant stress, for example, a student facing sudden financial hardship, to those who are facing chronic and serious psychiatric illnesses that interfere with daily living.

The intention of this Framework is to assist you in your efforts in determining when a student is in distress, how urgent the situation is and how you can help.

Building on the strong base of policies and protocols that currently exist, it articulates the philosophy behind an integrated approach, clarifies current policies and protocols, adds new protocols and brings them into a single framework for use by all members of our community.

Objectives

The specific objectives of the Framework are to:

1. Ensure a consistent campus-wide approach by articulating the university's role and responsibilities in supporting students in distress and managing associated risk;
2. Guide members of the Carleton community in how to respond in certain circumstances by setting out policies and protocols that support a comprehensive and integrated approach;
3. Facilitate appropriate referrals by describing the roles and responsibilities of key student support services;
4. Raise awareness about mental health problems and educate and train members of the community to recognize, understand and effectively respond to students in distress through a comprehensive awareness, education and training strategy; and
5. Address ongoing needs and emerging issues through a quality assurance and improvement process as noted in the Framework.

HOW TO USE THIS FRAMEWORK

The Framework is organized according to topics.

Please make special note of sections three, four and five as these articulate an integrated approach to helping our students and provides practical guidelines to guide you when you come into contact with a student in distress.

The Framework is organized according to the following topics:

1. **Background:** A brief overview of mental health needs of university students. It outlines results of a survey, training needs, and a gap analysis.
2. **Developing the Framework:** How the Framework was developed and includes the terms of reference of the Student Mental Health Advisory Committee. This committee is responsible for the development and upkeep of the Framework as well as for advising the Carleton community on mental health issues that affect our students.
3. **Philosophy and approach:** An outline of the philosophy behind the Framework and the guiding principles that directed its development. Also included is the university's approach to risk management by delineating the responsibilities of the university and its members in the mitigation process.
4. **Policies and protocols:** Comprised of specific guidelines to follow when responding to and assisting students in distress.
5. **Support services:** Descriptions of key on-campus student support services that you can contact for consultation about a student or to which you can refer a student requiring specific support or information.
6. **Education and training:** An outline of the awareness, education and training strategy that targets different sectors of our community. The goal is to enhance the knowledge and skills of our community in helping students in distress.
7. **Quality assurance:** Describes the quality assurance and improvement process that will be used to monitor the outcomes of the new Framework and includes the project plans for 2009-2010.

BACKGROUND

Acquiring a university education can be exciting, transformative and demanding. We know that students are diverse and for each student, the experience is different as are the challenges. Each student brings a unique set of interests, skills and life experiences to his or her university experience. Some students are juggling financial or family demands; others are experiencing being away from home, family and friends for the first time.

For our first-year students in particular, the transition to adulthood can be an especially exciting but also a complex time. While the vast majority successfully navigates this unique transitional phase by acquiring new skills and perspectives, for some the road to independence, identity and employment can lead to temporary but acute emotional distress. For others, this period can mark the onset of more serious and protracted mental health problems.

Carleton University, along with other campuses around the world, is facing significant numbers of students with mental health concerns. A 2002 United States report¹ estimated that each day three students die by suicide. In Canada, suicide is the second leading cause of death among youth aged 15 to 24 and becomes the leading cause of death for men aged 25 to 29 and 40 to 44, and for women aged 30 to 34. For each completed suicide it is estimated that there are 100 attempts, and over 23,000 Canadians are hospitalized each year for a suicide attempt². Against this backdrop, research has also highlighted the fact that adolescents and young adults are the group least likely to access mental health services to help them cope with the challenges they face³.

Within this context, we at Carleton University undertook a review of how we support our students who have mental health concerns and how we might better assist them in difficult times.

A university-based cross-functional team under the authority of the Associate Vice-President (Student Support Services) was established. The purpose of the team is to act in an advisory capacity around student mental health issues at Carleton University. As a first step, the team was mandated to develop a comprehensive framework outlining an integrated and consistent approach to responding to and supporting students in distress.

In the fall of 2008, a mental health consultant was engaged to develop and implement a work plan for the start-up phase of this team and to assist in drafting the Framework.

¹ Cited in The JED Foundation (2006). *Framework for developing institutional protocols for the acutely distressed or suicidal college student*. New York, NY: The JED Foundation. www.jedfoundation.org/framework.php.

² Website of the Royal Ottawa Foundation for Mental Health at <http://www.youknowwhoiam.com/facts.html>

³ "Countering Stigma and Discrimination: Operational Plan", Mental Health Commission of Canada, June 2008.

We envision this Framework as the foundation from which we will assess the outcomes of our efforts and adapt our processes and resources as needed.

DEVELOPING THE FRAMEWORK

The role of the Student Mental Health Advisory Committee

The Student Mental Health Advisory Committee, formally established in the fall of 2008 under the authority of the Associate Vice-President (Student Support Services), draws its members from across the university to ensure that the perspectives of all stakeholders are reflected in the Committee's recommendations and activities. The Committee's recommendations and current activities are listed at the end of this Framework in the Recommendations and Current Activities section.

The Committee's terms of reference are outlined below. Appendix C provides a list of the Committee's current membership.

As a first step, the Committee was mandated to develop a comprehensive framework outlining an integrated and consistent approach to responding to and supporting students of concern. To this end, meetings were held on a monthly basis to develop the Framework. The Framework was designed to serve as a blueprint for current and future decision-making, action and evaluation around university-wide processes and programs. It is anticipated that the protocols, programs and materials set out in the Framework will be adapted over time to meet the ongoing and changing needs of the university community.

**Carleton University Student Mental Health
Advisory Committee**

Terms of Reference

Mandate

The Student Mental Health Advisory Committee is responsible for overseeing the development of policies, procedures and resources in support of a university-wide coordinated approach to helping “students of concern”. It monitors these activities on an ongoing basis, identifies evolving needs and addresses gaps.

Membership

1. Associate Vice-President (Student Support Services) (Chair)
2. Director, Health and Counselling Services
3. Director, University Safety
4. Director, Paul Menton Centre for Students with Disabilities
5. Director, Student Affairs
6. Director, Equity Services
7. Corporate Archivist and Assistant Privacy Officer
8. Associate Deans (2)
9. Director, Risk and Insurance
10. Assistant Director, Residence Life
11. Manager, Student Academic Success Centre
12. Manager, Teaching Development and Support, Educational Development Centre
13. Communications Officer (Student Support Services)
14. Student Representatives (2)
15. Counsellor, Health and Counselling Services (1)
16. Staff Member (1)

Authority

This team operates under the authority of the Associate Vice-President (Student Support Services).

Process

During the start-up phase (December 2008-August 2009) the Committee meets on a monthly basis and then on a quarterly basis. Ad hoc meetings can be called to address issues that require immediate attention. Under the direction of the Committee other members of Carleton University or the community can be recruited to participate on working groups for time limited projects.

The Committee conducts an annual review which includes the following:

1. List of activities and projects undertaken or initiated by the Committee;
2. Assessment of the outcomes of these activities;
3. Identification of areas for improvement;
4. Plan to address areas for improvement;
5. Identification of emerging issues that might impact on student mental health support at Carleton University; and
6. Plan to address emerging issues.

External research

Research was conducted through interviews and web-based research to gather supplementary information on frameworks and protocols as well as resources for staff, faculty and students.

Expert consultation

In addition, three content experts presented to the Committee: one presentation was made by the university's legal counsel to address issues of responsibility and liability; one by the university's Corporate Archivist and Assistant Privacy Officer to address issues around confidentiality and access to information; and one by the Director of Capacity Building and Education, Canadian Mental Health Association, Ottawa Branch, to discuss programs on suicide awareness and training.

Committee survey

A survey of Committee members was conducted. There were three components:

1. A gap analysis: Committee members were requested to indicate what policies, protocols and/or resources were in place to address key aspects of responding to students of concern as outlined in an adapted version of the JED Foundation Framework (see below).
2. An assessment of the information and training needs of the various groups represented on the Committee; and
3. Identification of outstanding issues and resources to contact.

A copy of the results of a survey, training needs, and a gap analysis is provided in the Framework Backgrounder (Appendix B).

Gap analysis

The gap analysis was based on the JED Foundation's Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student⁴. This framework was developed in the United States by a group of experts – senior college administrators, college counsellors and other mental health practitioners, and attorneys specializing in college issues – to address “the lack of consensus among colleges and universities about what constitutes a comprehensive, campus-wide approach to managing the acutely distressed or suicidal student.” In recognition of the need for frameworks to consider the unique needs and characteristics of this particular community, the JED framework is not prescriptive. Rather, it provides a list of issues “to consider when drafting or revising protocols relating to the management of the student in acute distress or at risk of suicide.”

The JED Foundation framework was adapted for the purposes of the Committee to review current policies, protocols and resources and identify gaps that needed to be addressed.

⁴ The JED Foundation (2006). *Framework for developing institutional protocols for the acutely distressed or suicidal college student*. New York. NY: The JED Foundation. www.jedfoundation.org/framework.php.

Overall, the gap analysis indicated that there were processes, protocols and resources in place that addressed virtually all major issues that were identified in the JED Foundation framework. A few policy areas were identified for development, namely around dealing with students no longer registered at the university, and dealing with the media.

The general conclusion was that the major need at this time was to 1) explicitly articulate Carleton's policies and protocols for dealing with students' with mental health concerns and 2) to ensure that staff and faculty were familiar with and consistently applied these policies and protocols. The analysis also brought forward some suggestions for enhancing student support that will be considered by the Committee as part of its ongoing mental health promotion and support enhancement activities.

Information and training needs

The survey revealed that a number of departments were availing themselves of training programs provided through a variety of external sources. In support of promoting an integrated and consistent approach to dealing with students of concern, there was general agreement that a systemic strategy should be developed geared to different levels of need across campus. This is outlined in the Education and Training Strategy section.

PHILOSOPHY AND APPROACH

While the JED Foundation framework provided a practical tool to assess and develop requisite policies and procedures, an overarching philosophy established the foundation for the Framework. Specifically, the Framework is embedded in and takes its direction from a philosophy of “facilitative support”. Carleton University has differentiated itself as a university that embraces students with diverse backgrounds and, in so doing, works diligently to provide support to students in their personal quests to develop skills, acquire knowledge and realize their potential. The university sees its fundamental role as a facilitator recognizing and respecting each student’s need for empowerment and right to self-determination.

Guiding principles

Incorporating and building on this overarching philosophy, a set of specific guiding principles were used in the development of the Framework:

1. The Framework should support a facilitative rather than authoritative approach to assisting students in distress and recognize the basic rights of students to make decisions and take control of their lives while attending university.
2. The Framework should address the specific needs of the Carleton University student body and should consider the unique circumstances and resources of the Carleton University community as a whole.
3. The mitigation of risk regarding all members of the Carleton University community in their various roles and responsibilities should be reflected in policies and procedures.
4. The Framework should be compatible with and enhance the university’s broad program on healthy living.
5. Wherever possible, the Framework should incorporate evidence-based and best practices.
6. An aware, educated and trained community is a fundamental component of delivering effective services and support to students. The Framework should incorporate a strategy for creating such a community.
7. Quality programs and services are based on ongoing evaluation, reflection and adaptation. The Framework should reflect changing circumstances and emerging trends and issues, and be reviewed regularly and modified as needed.

Mitigating risk as a key objective

When fulfilling its primary role as educators, the university community is faced with many risks. Risk is defined as any event or action that has an adverse effect on the university's ability to achieve its objectives.

The foremost risk is the health, wellbeing and safety of the university community and in particular, students. Further risks include litigation arising from the action taken by the university in fulfilling its role as educator and subsequent threats to its reputation.

To support the university in its role as educator, and to mitigate the negative impacts of its activity, the university has adopted a Risk Management Framework to identify, evaluate and mitigate risks. To learn more about the university's Risk Management Framework, visit this web site: carleton.ca/finance/risk-management.

The *Student Mental Health Framework* follows the three-step approach outlined in the Risk Management Framework to assist in mitigating both risks faced by students in distress and other risks that may follow from the university's response and support.

When students are in distress, it puts both their physical and mental health at risk. To mitigate this risk Carleton provides support and resources to students experiencing mental health concerns. Therefore, it is important to understand what additional risks we face in this role.

University risk and responsibility

With increased effort to provide support to students in distress, the university faces the additional risks of litigation and damage to its reputation if it has not demonstrated due diligence in its response to and support of students dealing with mental health issues. To these ends, due diligence requires that the university be able to demonstrate the following as a minimum standard of care.

1. Policies and protocols in place that meet a standard of care typical of similar institutions.
2. Reasonable efforts made to educate staff and faculty about policies and practices so they are consistently applied.
3. Information and services available to students to enhance their mental health and assist them when they are in distress. Support services might include programs and information to raise awareness about mental health issues, assisting students in enhancing their coping and life skills, assisting the university community in identifying students in distress, and determining when and how to make a referral and what procedures to follow in cases of emergency.

In summary, developing policies and procedures based on best practices and ensuring they are applied consistently will mitigate the risks of possible legal liability associated with providing support and responding to students in distress.

Professional risk and responsibility

To mitigate any risk that may arise from assisting students in distress, all staff, at a minimum, should follow the procedures outlined in this Framework, whether they have specialized training in recognizing the signs of mental health issues or not.

Further, certain professional groups may hold their members accountable to the professional standards of their respective accrediting bodies in connection with the response to persons with mental health issues. Therefore, it is recommended that employees with professional designation be familiar with their respective professional standards of care.

Limitations

It is important at the same time to acknowledge that our university-based Health and Counselling Services that provide medical and counselling services is an ancillary service. In other words, they exist to facilitate students' educational pursuits and to deal with emergency situations. As such, from a legal perspective, the university is not held to the same provision of service standard as are organizations whose primary function is to assist people with mental health problems.

As well, like all organizations, Carleton operates within certain resource constraints. These can impact the level of service that can be provided as well as to whom and when. The policies and procedures that are provided in this Framework recognize this reality and have been developed to meet or exceed the minimum standards of care that would be expected given the university's mandate and its available resources.

Humanitarian considerations

Over and above the legal and professional standards that guide responses to students with mental health concerns, Carleton University maintains a strong commitment to its humanitarian responsibility to the members of its community. To this end, Carleton University's student mental health policies and protocols embody the guiding principle that every reasonable effort will be made to ensure the safety and support of students in times of crisis and distress.

POLICIES AND PROTOCOLS

Many people at Carleton come into contact with students in distress. Faculty members, front-line staff, teaching assistants, coaches, administrators, counselors, students and many others play an important role in identifying and supporting students in distress. The following policies and protocols support these individuals in their efforts to provide students with a safe and supportive environment in which to learn. These policies and protocols comprise a set of guidelines to help ensure that students in distress receive prompt, responsive and appropriate help and that those who support them can do so with confidence.

This section is organized according to the following topics.

1. Service policies
 - a. Non-registered “students”
 - b. New students with significant mental health problems
2. Identifying and responding to students in distress
 - a. Identifying a student in distress
 - b. When a problem is urgent
 - c. When a problem is not urgent
 - d. When a student rejects help
 - e. After hours help
 - f. Following up
 - g. Taking care of yourself
3. Communication and documentation

The following related university and department-specific protocols are provided in Appendix E.

- Student Tragedy Protocol
- “Ongoing Crisis” Communications Protocol
- Department of University Safety (DUS) De-Briefing Process
- Paul Menton Centre for Students with Disabilities protocols for academic accommodation and suicide intervention

Service policies

There are two situations which arise on campus that call for guidelines around the provision of service: one pertains to individuals who are no longer registered as students; the other concerns Canadian and foreign students who come to Carleton University with a history of mental health problems which require intensive monitoring or ongoing intervention. **It should be noted that in all cases of emergency i.e. probability of actual harm to self or others, you must follow the protocol for dealing with urgent situations regardless of the person’s status on campus.**

Non-registered “students”

This guideline applies to individuals who are between sessions, recently graduated or have withdrawn from Carleton University and who have had previous contact with a service, are seeking service for the first time or who are referred by someone to on-campus services. While the university is not obliged to provide mental health services in these cases, staff and faculty who encounter these students are encouraged to follow the general protocol for identifying and responding to students in distress (see below). Non-registered “students” should be directed to a relevant student support service that can assist them in locating and accessing off-campus services. As an interim measure for non-registered “students” who are in immediate but not urgent need, on-campus services can be offered at the discretion of the service provider until suitable off-campus services are found.

New students with significant mental health problems

Information for prospective and newly accepted students will now include the university’s guidelines around service provision to proactively address the needs of new students under care with significant mental health problems. Specifically, students will be informed that student services are not equipped to provide ongoing and intensive monitoring or intervention and they are expected to make arrangements for their care with external community resources prior to arrival. Information about appropriate external resources will be provided in the literature sent to new students. Students can contact Health and Counselling Services for additional information.

Identifying and responding to students in distress

The following protocols outline the steps you should take when encountering students who are experiencing distress and who may require a referral to a specialized service. The **3 Rs** describe the three basic steps involved:

- **Recognize** signs of distress
- **Respond** in a caring and non-judgemental way
- **Refer** to the appropriate service as required

Roles and responsibilities

All members of the Carleton community play an important role in supporting students in distress. It is important that we understand our particular roles and responsibilities and those of others. Together we are a team; no one person is expected to address all levels of concern that a student may have. Those with special training are available to assist students, faculty and staff. The section on *Support Services* provides information on the supports available to you and your students. You may consult any of these services when in doubt about referring a student.

Recognizing a student in distress

Students routinely experience stress during their university careers. For the most part, these periods of stress are resolved and students are able to successfully manage their work loads

and personal lives. However, when stresses accumulate, when unexpected crises occur or when coping strategies and support systems are insufficient to support students through rough times, students may exhibit signs that they are in trouble and outside help is needed.

There are a number of ways that a student may come to another's attention. The student may disclose that something is troubling them or there may be noticeable changes in the student's mood, habits, performance or behaviour.

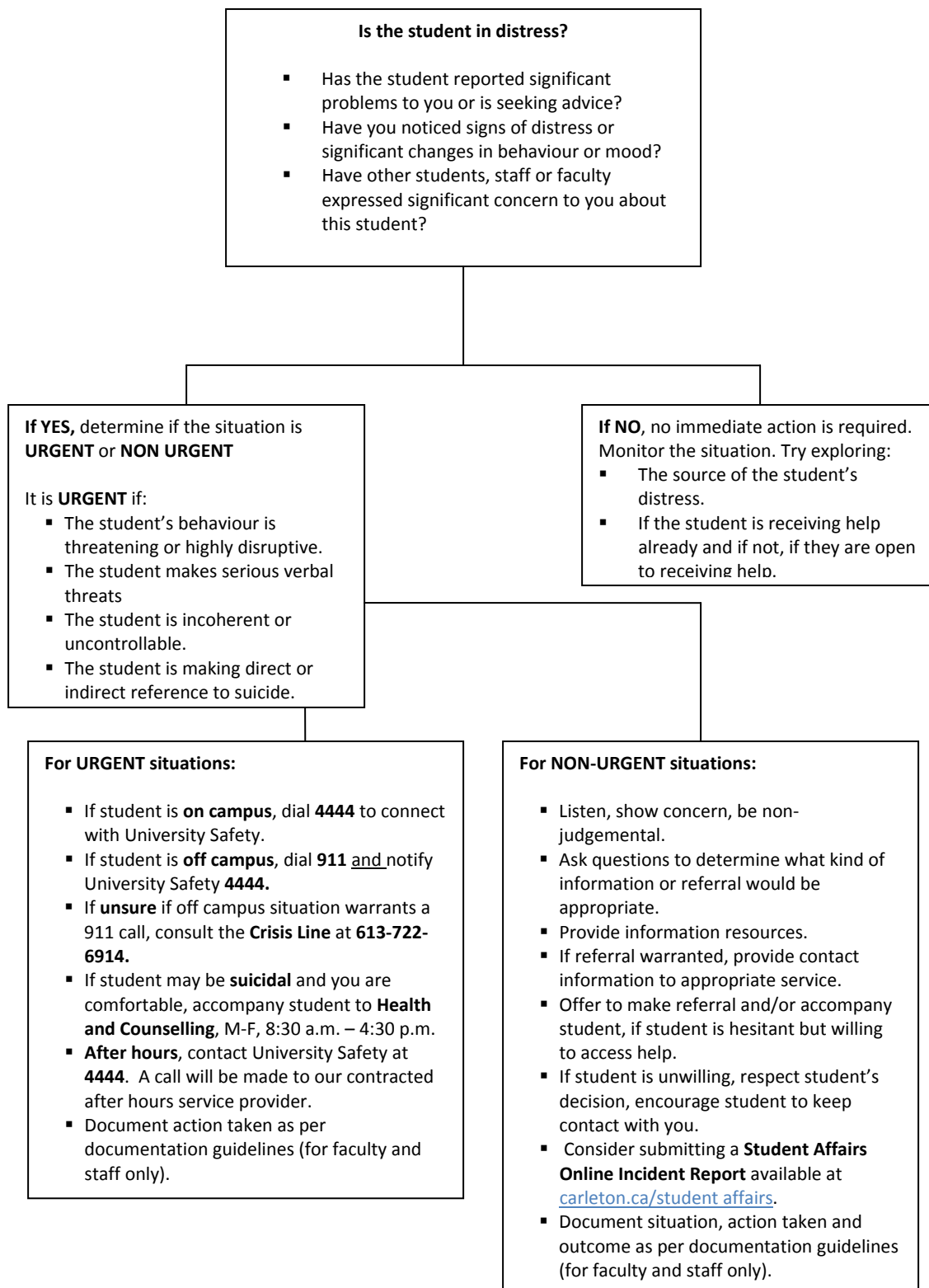
Common warning signs that a student's normal coping strategies are not working include the following. It is important to remember that aggressive and disruptive behaviour can also be signs of mental health problems.

Warning signs <ul style="list-style-type: none">• A sudden drop in grades;• Increased absences from class, sport or extracurricular activities;• Lack of participation in class discussions, sports or organizations the student is usually involved in;• Isolation from friends or classmates;• Missed assignments or the inability to complete assignments; and• Loss of interest, lack of energy or difficulty concentrating.
More advanced signs that a student may be in crisis <ul style="list-style-type: none">• Sharing personal problems with you;• Disruptive or unusual behavior, aggressiveness, emotional outbursts or crying;• Decrease or increase in appetite or excessive weight gain or loss;• Lack of personal hygiene;• Excessive fatigue;• Illogical or confused thinking or writing; and• Increased use of alcohol or recreational drugs.

Figure 1 below outlines the general protocol for identifying and assisting students in distress. If you have reason to believe that a student is in distress you should assess the situation and determine:

1. If the student is having significant difficulties;
2. What those difficulties are;
3. If the situation is urgent;
4. If not urgent, is the student receiving help and where; and
5. If not receiving help, is the student willing to get help now.

Figure 1: General protocol for identifying and assisting students in distress



Assessing the need for referral and the urgency of the situation will typically involve meeting with the student and enquiring about the student's situation. When meeting with a student the following suggestions can help all involved feel comfortable and determine what, if any further action is needed.

If the meeting has been scheduled ensure that there is sufficient time to address the issues and that the meeting can be held in private without interruption. If the meeting is unscheduled and there is insufficient time to address the issues, quickly determine if there is an emergency. If so, follow the protocol for emergency situations (see figure 1). Otherwise, reschedule the appointment as soon as possible and communicate your concern and interest in meeting with the student.

You are not expected nor should you try to solve the student's problem unless explicitly trained to provide counselling. The objective of the meeting is to show support, determine what, if any problem exists, and then assist the student in receiving appropriate help.

It is recognized that members of the community may have different levels of expertise, and comfort in these situations. As well, different relationships will exist between the student and the person concerned about the student's welfare. It is especially important for members of the university community to maintain appropriate boundaries during these potentially stressful encounters. You are encouraged to consult with Department Chairs/Directors, the Director of Health and Counselling Services or the Director of Student Affairs if you are unsure about how to proceed or if you assess that the situation is beyond your level of comfort or expertise.

When an appointment to meet with the student is not possible i.e., the student may refuse, schedules interfere or other factors come into play, and the concern does not remit, an **Incident Report** form available online at carleton.ca/studentaffairs should be submitted. The Report triggers the creation of a confidential file. The Director of Student Affairs then begins a process of monitoring and/or assessing the student for signs that he/she may be at risk.

Faculty or staff members should document whatever action was taken according to the established guidelines on *Communication and Documentation* of confidential information. Faculty and staff are expected to keep their Chairs/Directors apprised of any situation involving a student in distress.

Meeting with students

(Adapted from the Queen's University Health Counselling and Disability Brochure)

Listen to the student in private when both of you have the time. Give the student your patient, undivided attention and let them talk with minimal interruption. Often just a few minutes of effective listening are enough to help the student feel cared about and more confident about what to do. If the student appears very agitated or if there is a safety concern, it is best to ask a colleague to be present when you meet with the student.

Acknowledge the student's thoughts and feelings in a sensitive, compassionate way. Let the student know you understand what they are trying to communicate by reflecting back the essence of what they've said. ("It sounds like you're not used to such a big campus and you're feeling left out of things.")

Express concern without making generalizations or assumptions about the student. Be specific about the behaviour which gives you cause for concern. For example, "I've noticed you've been absent from class lately and I'm concerned," rather than "Where have you been lately"? Or "You should be more concerned about your grades."

Offer hope by reassuring the student that things can get better. Help them realize they have options and resources, and that things will not always seem hopeless.

Have an open world view. Remember that for students from different cultures or religions there are differences in communication styles, experiences with living independently, help-seeking styles, comfort with referral to counselling, etc. Students sometimes find it difficult to admit to problems and may present them in an indirect way. It is wise to respond to stated concerns while listening actively for others which may be more difficult for the student to express.

When a problem is urgent

The following are considered situations that require immediate action:

1. When a student's behaviour threatens the safety of self or others; destroys property or is creating significant disruption for those around;
2. When a student makes serious verbal threats;
3. When a student makes direct or indirect reference to suicide; and/or
4. When a student is incoherent or out of control and does not respond to direction.

In all these situations, contact the Department of University Safety by dialing 4444 from any on-campus phone or by using one of the Assistance Phones. In cases where the student appears suicidal and the person in charge feels comfortable, he/she can accompany the student to Health and Counselling Services during operating hours, Monday-Friday, 8:30 a.m.-4:30 p.m.

If the student is off-campus, the person in charge should dial 911 and also notify the Department of University Safety by dialing 4444. If there is a question whether the situation warrants a 911 call, a call can be made to the Ottawa Crisis Line at 613-722-6914 for advice about steps to take.

There are situations when a student in serious distress may require an emergency psychiatric assessment. The protocol listed above should be followed in this case (i.e. contact University Safety). Only a physician can order an emergency psychiatric assessment, i.e. sign a Form 1. A Form 1 ensures that a student will be taken to the hospital by ambulance and seen on an immediate basis. It should be noted that signing a Form 1 does not guarantee that a student will be seen by a psychiatrist nor be seen within a psychiatric facility. For example, a Form 1 could be signed by a physician; a student could go to emergency at CHEO or the Ottawa Hospital, be assessed by the emergency physician and then released. Many students sent to hospital on a Form 1 are assessed and then released within 6-8 hours and may still be displaying the same symptoms which can be upsetting to those offering assistance. It may take multiple iterations before visible improvement is noticed.

When a problem is not urgent

When meeting with a student, it is important to explore the following:

1. What the source of the student's distress is;
2. Whether the student is already receiving help; and
3. If not, whether the student is open to receiving assistance.

Once you have ascertained the nature of the student's problem and his/her willingness to get help, you should direct the student to the appropriate on-campus student service or provide information about off-campus services that might be helpful. You can consult the back cover of the *Supporting Students Who are Coping with Stress or Crisis* file folder (i.e. yellow folder) for the various services available on campus or consult the section on *Support Services* as well as Appendix D.

You will receive information about web-based resources as well as on- and off-campus services on an ongoing basis through information bulletins and hard copy material that you can keep in your yellow folder. Handouts on coping strategies and other useful material will be made available to you to share with students.

You are encouraged to help the student make the referral and if the student is willing this can be done for him/her and in the student's presence. The student can also be accompanied to the service if appropriate and time permits. **In cases of emergency, assisting the student takes priority over other duties.**

In the case of assistance provided through Health and Counselling Services, students are often reassured when told that services are confidential and covered by their university student fees.

After hours help

Sometimes you will encounter a student after regular business hours (Monday- Friday 8:30 a.m.- 4:30 p.m.) who does not require emergency service but appears to be in a crisis. The following protocol should be followed in these situations.

Protocol for after hour counselling services

Carleton University has contracted Ottawa Family Services to provide after hours counselling services for **students in crisis**. “After hours” is defined as when Health and Counselling Services are closed.

In these cases, **contact the Department of University Safety at 4444**. They will determine if a call to Family Services is warranted and if it is they will contact Family Services and make appropriate arrangements.

The Carleton University representative contacting Family Services will make a decision with Family Services if the on-call counsellor needs to come on campus to have a face-to-face visit or if counselling can be provided over the phone to the student.

A counsellor from Family Services coming onto campus to see a student will report to the Department of University Safety who will direct them to the appropriate area to see the student. Afterwards Family Services will send information by fax to Health and Counselling Services regarding who they saw, what information or support was provided and what follow up is needed.

If a student rejects help

Despite all efforts to assist a student, the student may be reluctant to accept or may refuse help. In these cases, the student’s wishes must be respected. Even for students under the age of 18, if the student understands the nature of the help being offered, he/she has the right to refuse help. The one exception is when the situation is assessed as urgent.

If a student refuses help, he/she should be welcomed to contact you again at a later date if desired. A student’s refusal to proceed with a recommended referral should be documented. An Incident Report can be submitted to Student Affairs by using the online form at carleton.ca/studentaffairs if concerns remain and a report has not already been submitted.

Follow up

Meeting with students, assessing their concerns, providing information and making appropriate referrals is an important step in empowering students to address their problems. When a referral has been recommended or made, the following guidelines will help ensure that students are receiving the help they need.

Referral Follow-up Protocol

After a referral is made you are encouraged to follow up with the student to see if they have connected with the resources you recommended.

If the student has not followed through you may wish to remind them that your door is always open if they reconsider or need additional help or support. The purpose of this is to monitor whether or not the situation becomes urgent in which case immediate action should be taken (See section on *When a Problem is Urgent*.) Often students will feel more comfortable talking with a trusted instructor or staff member than seeking the professional help they require. Staff and faculty are reminded that their goal is to have the student take responsibility for their problem and get the help they need.

If problems or warning signs persist contact the Director of Health and Counselling Services. When a student is dealing with a crisis or emotional problem, it can take a considerable amount of time before improvement is seen and the problem is resolved.

Taking care of yourself

Those of us who encounter students in distress can experience many different and sometimes intense emotions. Like the students we help and support, we each have our own unique experiences and attitudes about mental health problems.

It is common to have a range of emotions especially when a student has singled us out for help, rejects our help or threatens us. We can feel a deep sense of satisfaction, experience concern or significant anxiety. We can also feel tremendous frustration when having referred a student for help, progress is slow and the student continues to experience problems.

While helping students can be very rewarding, there is often a “cost to caring”. It is important to know that you are not alone. Talking with colleagues or the staff in one of the student support services can help to reassure you that you have played your part in assisting the student.

If you experience exhaustion, sadness, worry, trouble sleeping, hopelessness or increased irritability, consider seeking support and counsel. Free confidential help is provided to you through the Family and Employee Assistance Program. Everyone’s health and wellness is all our concerns. Information can be found online at: carleton.ca/hr/healthy-workplace/employee-family-assistance-program-efap/.

Communication and documentation

FIPPA and PHIPA

When dealing with issues of privacy and students in distress we must comply with two provincial legislative regimes – the Freedom of Information and Protection of Privacy Act, more

commonly referred to as FIPPA, and the Personal Health Information Protection Act, otherwise known as PHIPA.

Carleton University is committed to protecting the privacy of those who study or work here (present and past). The collection, storage, utilization, and dissemination of personal information concerning members of our community are necessary to ensure decision making practices are based on accurate information. We must also ensure that information gathered for one purpose is not being used inappropriately for another, and that the privacy of an individual is not compromised by disclosure of personal information to third parties without the proper approvals. Both FIPPA and PHIPA stipulate that personal information about individuals may not be disclosed to persons outside the university community without the consent of the individual to whom the information relates.

None the less, our commitment to safeguarding the privacy of Carleton students does not prevent us from acting to protect students in an emergency. In her recent position paper on the subject, Ontario's Information and Privacy Commissioner, states:

In emergency situations, privacy laws in Ontario...do not prohibit universities, colleges, or other educational institutions from responsibly disclosing a student's personal information, including information about their mental, emotional or other health conditions, to parents or others who may be able to help in a crisis⁵.

Ontario's Information and Privacy Commissioner provides the following guidelines as to when it is appropriate to disclose a student's personal information to a third party without consent:

- When the record of information reveals a grave environmental, health or safety hazard to the public.
- Where there are compelling circumstances affecting the health or safety of an individual or where a health information custodian believes on reasonable grounds that it is necessary in order to eliminate or reduce the risk of serious bodily harm to a person or group. It should be noted that both FIPPA and PHIPA allow such disclosure. This is the case even if an individual has expressly instructed that this information not be disclosed⁶.

⁵ Ann Cavoukian and David Loukidelis, *Practice Tool for Exercising Discretion: Emergency Disclosure of Personal Information by Universities, Colleges and other Educational Institutions* (October, 2008), p. 1.

⁶ The sharing of Personal Health Information (PHI) is complicated. PHIPA does allow the sharing of PHI without consent. However, the circumstances are strictly limited by the Act. Also, Health Care Providers are constrained in their actions by other regulatory regimes. For example, Physicians are also regulated by the College of Physicians and Surgeons in maintaining the confidentiality of PHI and are answerable to the College for breaches of their regulations. Physicians can share information with others involved within the patient's 'circle of care' without asking for the patient's consent. The term 'circle of care' is not defined under PHIPA, however, the term is used to describe health information custodians and their authorized agents who are permitted to rely on a patient's implied consent when collecting, using, disclosing or handling PHI for the purposes of providing direct health care. For example, it describes health care practitioners, public or private hospitals, pharmacies, laboratories, ambulance services, and community care access corporations.

- When a health information custodian has a legal duty to disclose personal health information to public health authorities.
- In compassionate circumstances, in order to facilitate contact with the spouse, a close relative or a friend about an individual who is injured, ill or deceased.
- When consent cannot be obtained and disclosure is necessary for the provision of health care.

Example: A student suffering mental or emotional distress has expressed a wish to harm themselves or another individual or group. A health care practitioner or university employee would be permitted to disclose personal health information to a student's family (or anyone else judged necessary) if there were reasonable grounds to believe it was required to do so in order to reduce the risk.

Example: University staff may contact the family member of a student who has required hospitalization.

When taking the decision to disclose personal information or personal health information, there are a number of factors to bear in mind:

- FIPPA allows disclosure without consent in compelling circumstances but also requires that the individual to whom the information relates be notified as soon as practicable that the disclosure has taken place. [See FIPPA Sec. 11 (2)]
- The assessment of a situation as an emergency and the decision to disclose a student's personal information without consent can be a difficult one. An emergency can be defined as a situation in which an individual or group poses a reasonable threat to inflict serious harm on themselves or others. Such an assessment necessarily depends on the exercise of discretion by university employees who will respond to the best of their ability while relying on their training and experience.
- When deciding to disclose Personal Information and Personal Health Information, the exercise of discretion must be carefully documented in writing as close to the event in time as possible. Notes should include a description of the event as well as notes about what factors were considered when an assessment of the situation was made.

Example: University staff has observed a student who seems very angry and who has been heard to blame others for perceived misfortune and has expressed a desire to 'get even'. The student has produced writings and images that are judged to be graphically violent and has been photographed holding what appears to be a weapon.

Documentation should include a brief description of these incidents as well as the statement that an assessment of these incidents has led to a decision to disclose the student's personal information to prevent harm to themselves, to other students or university staff or to the public.

(See *Procedures for creating and maintaining confidential files* for records management guidance.)

- Individuals who disclose personal information in good faith and reasonably under the circumstances are protected from legal actions or proceedings in Ontario. This protection applies to both the disclosure of information and the decision not to disclose information as well as the failure to give required notice under FIPPA⁷.

Determining who will decide to disclose

In the event one of the circumstances described by the Privacy Commissioner has occurred or a similar serious situation has been encountered, a senior Carleton University official (such as Director of University Safety, Director of Housing and Conference Services, Assistant Director of Residence Life, Director of Health and Counselling Services, Associate Vice-President (Student Support Services) or their designates) who employs appropriate judgement and who carefully considers the implications of informing a third party about a Carleton student's health or other personal information can elect to disclose personal information without consent. This may involve communicating with a student's parent(s), guardian(s), another designated emergency contact or other individuals and agencies as judged appropriate in the circumstances. If time permits, responsible officials ought to seek guidance on the interpretation of the legislation and the exercise of discretion from Carleton's Privacy Office.

In situations where multiple officials have been involved in responding to an incident or situation, the following criteria should be employed to determine which official should be designated to disclose personal information.

- Direct responsibility for the student (e.g., student in residence = Director or Assistant Director of Housing)
- Level of knowledge of the situation
- Availability

Procedures for creating and maintaining confidential files

Each person having initial contact with a student of concern or participating in ongoing monitoring or other treatment intervention will keep their own notes of the event(s) they observe. In all cases, faculty and staff should assume that a confidential file will be created for the student, in the unit and/or in the Office of Student Affairs. Although properly maintaining confidential files may seem time-consuming at first, creating appropriate documentation and keeping it confidential is vital to protecting both the student and the faculty and staff with whom they will come into contact.

Creating Records: In most non-emergency situations the use of the Online Incident Report Form (carleton.ca/studentaffairs) is recommended as the preferred method of communicating about students of concern to the Director of Student Affairs and it will not be necessary for the reporting individual or unit to create their own file.

⁷ Ann Cavoukian and David Loukidelis, *Practice Tool for Exercising Discretion: Emergency Disclosure of Personal Information by Universities, Colleges and other Educational Institutions* (October, 2008), p. 8.

If a paper file is created, keep the following in mind:

- Do not label the file with the student's name, rather title it "Student Affairs-Incident Details-<student's initials>".
- Possible contents may include written communication with the student, meeting notes, written incident observations, written records of spoken conversations.
- When notes are made keep in mind the need to document appropriately without excessive detail, intemperate comments or unnecessarily judgemental language. Record observations, not assumptions or speculation. Only items necessary to document the process should be retained in the file.
- As soon as practicable most units will forward all documentation in a sealed envelope to the attention of the Director of Student Affairs. Hand delivery should be considered for extremely sensitive materials. Once files are forwarded to Student Affairs, no copies should be kept in the unit. Exceptions include the Department of University Safety, Health and Counselling Services, Equity Services, the Paul Menton Centre for Students with Disabilities, University Registrar's Office and the Student Academic Success Centre where confidential files are routinely kept.

Every effort should be made to ensure that notes and other material concerning students in crisis are handled in the most confidential way possible while at the same time responding to any situation appropriately and in a timely manner.

Security of Records: Carleton University staff and faculty making notes, creating other records or having access to files created as part of the *Mental Health Framework for Supporting Students of Concern* must take responsibility to ensure the security of these records, whether originals or copies.

All units should ensure security of confidential records as follows:

- Strictly limit the creation of copies.
- Notes and other records should be protected from unauthorized access or viewing. Do not leave files unattended when in use and keep files in a restricted access locked cabinet when not in use.
- The contents of files should not be shared with anyone at Carleton except on a 'need to know' basis. File contents should not be disclosed to anyone outside Carleton except as required by law or with the explicit consent of the subject(s) of the file.
- Notes and other records should never be taken away from university premises, either in paper or electronic form.
- All transitory records, such as handwritten notes that are then transcribed into the on-line reporting form, should be confidentially shredded before discarding.
- When communicating about students in distress the use of email is discouraged.

Retention of Records: All records associated with Students in Distress are created as a result of the administrative activities of the Office of Student Affairs and will be treated collectively as far as records management is concerned. A thorough review of the records created as part of the

application of the Student at Risk Protocol and implementation of the *Student Mental Health Framework* will be conducted before the end of 2010 with a view to determining recommended retention periods as well as creating a complete Directory of Records and a comprehensive list of Personal Information Banks as required by legislation. Students, faculty and staff who have questions and concerns about records management should contact:

Linda White

Corporate Archivist and Assistant Privacy Officer

607C Robertson Hall

Tel: 613-520-2600, ext. 2935

Fax: 613-520-3731

E-Mail: linda_white@carleton.ca

Questions or concerns regarding FIPPA, PHIPA and other privacy issues should be directed to **Linda White**, as above, or

Dr. Logan Atkinson

University Secretary and Privacy Officer

607 Robertson Hall

Tel: 613-520-2600 ext. 2082

Fax: 613-520-3731

Email : logan_atkinson@carleton.ca

SUPPORT SERVICES

This section describes the roles and responsibilities of a number of university services and departments that play key roles in the identification and support of students of concern. Selected external liaison services that are frequently involved with the university around students in distress are also identified.

Appendix D provides a more comprehensive listing of on-campus student support services for referral and consultation purposes. This information is also available on the back cover of the yellow folder for easy access when making referrals or seeking information for students.

Health and Counselling Services (HCS)

Mental health services are provided by in-house counselling staff which includes a psychiatrist, nurses, mental health counsellors and an international student counsellor who works in conjunction with the International Student Services Office. Confidential consultations and appointments are available 8:30 a.m. to 3:45 p.m. Monday to Friday. As described in the After Hours Protocol, after hours, referrals can be made by the Department of University Safety to Family Support Services who are engaged by the university for this purpose. Health and Counselling Services is the on-campus resource for referring students for mental health counselling.

When a student is in significant distress but the situation is not life-threatening the student can usually obtain an appointment the same day. Similarly, faculty and staff can request same-day consultations from the Director of HCS if they have significant concerns about a student.

Once a student is seen at HCS, HCS is bound by legislation around confidentiality. Thus, whether a student has followed a staff's or faculty's recommendation to seek counselling or what the nature of the counselling is remains strictly confidential. However, staff and faculty are encouraged to follow up with students to ascertain whether they sought help. Where a staff or faculty member continues to have concerns about the student, they are encouraged to keep HCS informed of the student's condition.

HCS also maintains three counsellors located in the student residence complex. These counsellors provide ongoing support to students living in residence, participate in the training of the Residence Life Staff, provide first point of contact for staff when they have counselling-related questions and concerns and help "triage" students of concern, referring them to the appropriate medical and psychiatric care on campus and in the community.

Students living in residence can make contact with the Residence Counsellors directly by phone, drop-in and scheduled appointments. As well, many students are referred to Residence Counsellors by Residence Life staff and Health and Counselling Services staff.

In addition to counseling services, HCS houses a health and wellness resource centre, provides medical services and a health promotion program. HCS medical professionals include family physicians, registered nurses, a health educator and dietitians who provide specialized services in addition to basic medical and walk-in services. All health records are confidential. Appointments are recommended, however, students can walk-in to be assessed during regular operating hours.

Office of Student Affairs

The Office of Student Affairs is responsible for a number of programs, policies and services that aim to make the university community's on-campus experience a positive one. The office oversees the Student Rights and Responsibilities policy, is responsible for centralized support for the Academic Integrity policy, including managing appeal procedures and oversees the Alcohol policy and alcohol awareness activities. Student Affairs also supports student event risk management practices and offers resources for students coping with crisis.

As the office responsible for administering Carleton's student misconduct processes, it deals with students who are involved in some form of a non-academic or academic misconduct. In addressing these students' actions, the Office of Student Affairs is responsible for assessing and addressing inappropriate behaviours and making referrals to other services as necessary. A high proportion of the students that the office deals with exhibit signs of stress and/or other mental health related factors; generally, these factors play an important role in affecting students' academic careers and/or their lives outside of the classroom.

The office is also responsible for responding to Student Incident Reports. These reports are available online at: carleton.ca/studentaffairs. Anyone on campus who has serious concerns about a student can submit a report which triggers the creation of a confidential file. The Director of Student Affairs then begins the process of monitoring the student for signs that he/she may be at risk.

Office of the Associate Vice-President (Student Support Services)

The Office of the Associate Vice-President (Student Support Services) (OAVP (SSS)) at Carleton University works with students, faculty, university administration and student governments to enhance the overall experience for all Carleton University students.

The OAVP (SSS) is responsible for the development and oversight of a comprehensive range of services that support students from their first point of contact with the university through to graduation. Together the offices under the OAVP (SSS) provide programs and services to recruit students, support students through the application and admission process, promote student development and learning, enhance the student experience, support students who are coping with stress or crisis, and contribute to a culture of success.

The Associate Vice-President (Student Support Services) (AVP SSS) is the initial point of contact for the Department of University Safety in the event of a student in distress after hours. The Department of University Safety calls the AVP SSS who then coordinates the response needed

by Health and Counselling Services and, if necessary, Housing and Conference Services. The AVP SSS is also coordinates the contract with Ottawa Family Services that is used for after hours counseling services for students in crisis.

The AVP SSS is responsible for implementation of the Student at Risk Protocol and the Student at Risk Evaluation Team (SARET).

The Associate Vice-President (SSS) chairs the Student Mental Health Advisory Committee which provides direction in matters concerning student mental issues. In this capacity, the AVP will coordinate the recommendations and actions of the committee as listed in this Framework including the coordination or training and communications/communication tools.

Department of University Safety (DUS)

The role of the Department of University Safety (DUS) is to enhance the personal safety of the Carleton University community and provide security for all campus facilities. As the first point of contact on campus, DUS plays an important role in situations requiring immediate referral, specifically where there are threats to another's safety, situations where there is significant disruptive behaviour or where an individual makes a direct or indirect reference to suicide.

The Department is comprised of Patrol Services, Parking Services and Technical Services which work together to address the needs of the community for personal safety, protection of property and parking provision. Highly trained Special Constables, on duty 24-hours-a-day, conduct foot, bike and vehicular patrols of the campus and respond to all calls for assistance from the community. In the event of a major incident the department produces safety alerts for the community in the form of posters and electronically through their website.

Paul Menton Centre for Students with Disabilities

Carleton University is committed to providing access for students with disabilities to its rich variety of educational opportunities. The Paul Menton Centre (PMC) is the primary department on campus that coordinates academic accommodations and support services for Carleton students with disabilities. The PMC offers a variety of individualized support services to students who meet specified disability documentation requirements, including assistance with note-taking, test and exam accommodations, adaptive equipment loans, 24/7 attendant service for students with physical disabilities, and learning strategy information.

As described in the section on Policies and Protocols, the PMC staff are trained to conduct suicide risk assessments and follow a prescribed referral protocol for their clients as well as for students who are not clients of PMC but who may have contact with the Centre.

Student Academic Success Centre (SASC)

The Student Academic Success Centre helps undergraduate students achieve their academic goals through a range of programs that include centralized academic advising, Learning Support Services, Peer Assisted Study Sessions, and Writing Tutorial Services.

SASC programs and services are designed to foster independence by providing students with the decision-making and academic skills they need to succeed at university. SASC advisers assist students in clarifying their academic and life goals using a developmental framework that recognizes that students may be in various stages of development.

SASC serves many students experiencing academic problems. For some, personal and emotional problems are the root of their academic difficulties. Some may be in significant academic jeopardy and when confronted with the reality of their poor academic progress and vulnerable standing a crisis may be precipitated.

Many of the advisors and staff have specialized training in suicide assessment and mental health and crisis counselling. They routinely refer students in distress or crisis to on- and off-campus resources. In urgent situations they will accompany students to Health and Counselling Services.

SASC staff also liaises with parents when intervention is required because a student has become too ill to attend to their normal tasks of living. Requisite privacy waivers are secured in these cases and staff collaborates with students and their parents to arrive at the best solution to meet the student's circumstances. Students are often referred to the universities appeal process regarding academic status when appropriate.

Department of Housing and Conference Services

The Department of Housing and Conference Services provides direct assistance to students living on-campus through live-in staff trained to respond and assist residence students in distress. Staff are trained, and provided guidelines to assess and refer students to appropriate university staff, which includes counsellors in residence.

Student staff are provided directions that when a student in distress is identified to initiate conversation to determine level of risk. If during business hours, staff contacts the Residence Manager and Residence Counsellor for assistance. No matter what level of risk, the student will be escorted to meet with the Residence Counsellor. If the Residence Counsellor deems the student requires assessment by a medical professional the Residence Counsellor will arrange an immediate meeting at Health and Counselling Services. After business hours, staff will contact on-call Residence Manager who will assess the situation and depending on the level of risk, may involve the Department of University Safety, the Assistant Director, Residence Life Services or the after-hours Counselling Service (Ottawa Family Services). If necessary, the resident will be transported via ambulance to Emergency for immediate care. The student will also be required to meet with the Residence Counsellor the next day or on return to residence to develop ongoing support. The Residence Managers also follow-up with the student.

The Department also is sensitive to the well-being of students living on the floor where a student in distress resides. Depending upon the situation, staff assesses if there are any affects on other residents, and determines as appropriate response which could include group or individual counseling.

The residence environment requires departmental staff to be observant 24 hours per day, and be prepared for a crisis at any time, in particular, late evening or early hours, and during stressful academic time periods.

Where students identify issues prior to arrival at university, the Department works with the Residence Counsellors to develop strategies to support these residents, including scheduling a meeting at the beginning of September, or earlier if possible. Reaching out early can make a significant difference in the student managing their personal issues.

The Department also works closely with the Health Educator in Health and Counselling Services to develop both active and passive programs to provide resources for residents in support of their well-being throughout the year, particularly during stressful time periods.

Equity Services

The Department of Equity Services provides a range of services to support Carleton's commitment to a safe and welcoming learning environment that is not only free of discrimination, injustice and violence, but is also characterized by understanding, respect, openness and fairness. Those most directly related to students requiring assistance with difficult issues include the following:

- Equity Services provides advice and assistance to students and other university members, aimed at achieving early resolution of human rights problems and complaints of discrimination and harassment. This advice is confidential and impartial. Equity Services also assists students and employees in resolving issues where academic accommodations are required for reasons of religious obligations, family and pregnancy responsibilities and disability. Training is provided on all human rights issues and policies.
- Equity Services also responds to incidents of sexual assault and works with individuals to provide support and safety planning, information and community referrals; provides training and education about sexual harassment and sexual assault, and coordinates related services such as counselling and safety services on campus and in the community.
- Through the Centre for Aboriginal Culture and Education (CACE), Equity Services provides support to Aboriginal students through one-on-one meetings, visits by Aboriginal Elders, regular cultural and social programming, and Aboriginal lounge and referrals to appropriate support and services.

Office of the University Secretary - FIPPA Office

Among other things the Office of the University Secretary is responsible for facilitating the university's compliance with various regulatory regimes. This includes legislation in the areas of privacy and access to information. Related to these responsibilities are the functions of records management and archives. The University Secretary is also charged with the coordination of

legal affairs with respect to student rights, especially as this relates to the formulation of University policies.

Specific areas where the University Secretary comes into contact with students in crisis include:

- Trespass orders: Trespass Orders are issued by the President on the recommendation of the University Secretary. Students may appeal these orders, either on the grounds that the order is without foundation or on the grounds that the conditions of the order have been met. The President will make a decision regarding rescinding the order based on the advice of the University Secretary.
- Access to information: The Privacy Office must be involved in any decisions regarding the release of information under federal and provincial privacy legislation and will respond to any formal requests for access to information.
- Advice to university units: The Privacy Office advises all university units on the application of privacy legislation at Carleton University.
- Human Rights policies: The Office of the University Secretary responds to various breaches of University Human Rights policies by investigating breaches and serving as the appeal tribunal.
- The University Secretary is responsible for empanelling the Carleton University Resolution Board (CURB) on an annual basis.

Educational Development Centre

The Educational Development Centre (EDC) provides educational sessions to faculty as required.

Carleton University Students' Association (CUSA)

The Carleton University Students' Association (CUSA) refers students to Health and Counselling services and the Department of University Safety when there is a health or safety concern. Some of CUSA's Service Centres, such as the Womyn's Centre and the Gay, Lesbian, Bisexual, Transgendered, Queer (GLBTQ) Centre, offer peer counselling. They also encourage students to seek professional support on- or off-campus.

EDUCATION AND TRAINING

Education and training are essential elements of best practice in the university's strategy to support and respond to students in distress. They promote an aware, knowledgeable and skilled community that responds in a consistent and effective manner. To this end, the Student Mental Health Advisory Committee has developed an Education and Training Strategy to meet the needs of the different sectors of the Carleton University community.

The objectives of the strategy are to:

- Ensure that the Framework and its supporting policies and protocols are disseminated and understood by staff and faculty;
- Enhance awareness about good mental health practices and mental health issues across campus;
- Provide information and tools geared to specific groups, namely, students, staff and faculty;
- Provide educational sessions to specific groups on how to identify and support students in distress; and
- Provide opportunities for advanced training to selected groups of staff and faculty.

Five education/training levels were identified, each with specific objectives and means to achieve them. These are outlined in Table 1 below.

The Education and Training Strategy will be implemented in 2009-2010 and will include the following components:

- The dissemination of the *Carleton University Student Mental Health Framework*;
- The development and implementation of a customized faculty and staff education program focused on identifying and supporting students in distress as outlined in the Framework;
- A campus-wide program to enhance positive mental health and de-stigmatize mental health problems;
- Broader dissemination of the *Supporting students who are coping with stress or crisis* yellow folder as well as updates and additional resources;
- Regular bulletins to staff and faculty at key "stress points" in the year; and
- Enhancement of the university's web-based mental health resources for students, faculty and staff.

As part of its annual evaluation, the Committee will continue to assess and respond to the education and training needs of the community.

Table 1: Education and training objectives and programming

Level	Objectives	Proposed Program
Level One: Campus-wide Awareness Students Staff Faculty	<ul style="list-style-type: none"> • Raise awareness about mental health issues • Publicize the Framework 	<ul style="list-style-type: none"> • Brochures • Information for new/prospective students • Web resources • Articles in student media • Student information sessions on recognizing stress, coping strategies and where to go for help
Level Two: First point of contact/pre-identification Those who may come into contact with students seeking information or expressing some concern e.g. front-line staff, faculty, TA's, residence fellows, mentor program staff	<ul style="list-style-type: none"> • Publicize Framework and ensure familiarity with policies and protocols • Develop knowledge and skills to: <ul style="list-style-type: none"> ○ Identify students in distress and assess urgency ○ Make appropriate referrals ○ Set and maintain boundaries 	<ul style="list-style-type: none"> • Audience- targeted workshops and material • Topic- specific workshops as requested e.g. handling difficult situations, empowering students
Level Three: "Sensitive" Departments Staff who routinely have contact with students who may be at increased risk for experiencing stress or mental health problems e.g. ESP, SASC, H & C counsellors, PMC, Appeals division of the Registrar's Office	<ul style="list-style-type: none"> • Develop advanced knowledge and skills i.e. recognizing suicide risk 	<ul style="list-style-type: none"> • SafeTalk – Target - all staff. Skill development in suicide risk review and when/how to refer, offered through the Ottawa Branch of the Canadian Mental Health Association • ASIST – Target - 1-2 members of each identified department. Skill development for care-providers in suicide "first aid" intervention offered through the Ottawa Branch of the Canadian Mental Health Association
Level Four: Care-provider Staff to whom students in crisis are referred or who have direct responsibilities for assisting students experiencing significant difficulties e.g. Senior residence staff, Director Student Affairs, counsellors	<ul style="list-style-type: none"> • Develop advanced knowledge and skills around suicide intervention 	<ul style="list-style-type: none"> • ASIST – Target - Identified individuals. Skill development for care-providers in suicide "first aid" intervention offered through the Ottawa Branch of the Canadian Mental Health Association
Level Five: Health and Counselling Services staff	<ul style="list-style-type: none"> • Develop advanced knowledge and skills in relevant mental health topics, assessment and intervention approaches 	<ul style="list-style-type: none"> • Specialized courses and training programmes as determined by the Director of Health & Counselling

QUALITY ASSURANCE AND EVALUATION

The Student Mental Health Advisory Committee is responsible for developing and implementing a quality assurance program and for conducting yearly evaluations of the effectiveness and outcomes of the university's strategies for identifying and supporting students in distress. The goals are to ensure high standards of practice, assess the university's changing needs and develop strategies to address them.

The Committee determines what information will be collected across campus. The data are analyzed and the results reported. The information is then used by the Committee to recommend changes to policies, protocols, processes or programs as needed. An annual report is prepared and submitted to the university senior management for review and comment.

Five areas are considered:

1. Was the Committee's yearly plan effectively and efficiently implemented?
2. What were the outcomes?
3. Are there new issues or emerging trends that need to be addressed?
4. If so, what is the recommended plan of action?
5. What is the impact of the Framework in the medium (3-5 years) to long term (5-10 years)?

RECOMMENDATIONS AND CURRENT ACTIVITIES

Looking ahead to 2009-2010, the committee has made the following recommendations for projects to be undertaken:

1. Implementation of the Education and Training Strategy including an awareness campaign, review and enhancement of web-based mental health resources, dissemination of the Framework and other materials, customized education training programs for staff and faculty and the implementation of formal advanced training for selected groups.
2. A thorough review of the records created as part of the application of the Student at Risk Protocol and implementation of the *Student Mental Health Framework* with a view to determining recommended retention periods as well as creating a complete Directory of Records and a comprehensive list of Personal Information Banks as required by legislation.
3. The Communications Protocol for Ongoing Crises will be reviewed.
4. A specific protocol for assisting students who have been sexually assaulted will be developed and ratified.
5. Review comments, suggestions and topics for discussions as outlined in Appendix B.

CLOSING REMARKS

We hope that the *Carleton University Student Mental Health Framework* will serve each of you in your efforts to provide students with a stimulating, supportive and safe environment in which to pursue dreams, educational and life goals.

The values of an organization are reflected in the actions it takes. By compassionately and effectively identifying and responding to students in distress we live our values and contribute to the future of the students we serve.

APPENDIX A:

Carleton University Student Mental Health Framework: Feedback Form

We welcome your feedback about the Student Mental Health Framework. It is important for us to understand in what ways the Framework has been helpful to you and in what ways we can improve it.

Thank you for taking the time to tell us what you think. Please e-mail your form to: avpsss@carleton.ca or send it by internal mail to: Helen Halligan, Office of the Associate Vice-President (Student Support Services).

What did you find helpful?

Is there anything that you feel was missing?

In what ways could it be improved?

Name and Contact Information (optional):

APPENDIX B:

Student Mental Health Framework Backgrounder

INTRODUCTION

This document serves as a companion report to the *Carleton University Student Mental Health Framework* (the Framework). It provides background information and the results of a survey, training needs and gap analysis conducted prior to the creation of the Student Mental Health Framework.

The survey included three components:

1. An assessment of the information and training needs of the various groups represented on the Committee;
2. A gap analysis based on the JED Foundation for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student¹. The JED framework was adapted for the purposes of the Committee to review current policies, protocols and resources and identify gaps that needed to be addressed;
3. Identification of outstanding issues and resources to contact.

Results of the Student Mental Health Advisory Committee Survey

Information Needs

DEPARTMENT/ SERVICE	Signs of Student Distress	Internal Protocol	External Referral Sources	FIPPA/PHIPA	Other
OAVP SSS	X	X		X	Internal referral sources
Carleton University Students' Association					
Educational Development Centre					
Equity Services					
Centre for Initiatives in Education (FASS)					
Faculty of Science and SSSC	X	X	X	X	
FIPPA Office		X			
Graduate Students' Association		X	X		
Health and Counselling Services					
Paul Menton Centre for Students with Disabilities		X	X		Strategies, tools for dealing with distressed students

¹ The JED Foundation (2006). *Framework for developing institutional protocols for the acutely distressed or suicidal college student*. New York. NY: The JED Foundation. www.jedfoundation.org/framework.php.

Residence Life					
Risk Management	X	X		X	
Student Academic Success Centre	X	X	X	X	
Student Affairs	X		X		
University Safety	X		X		
RECOMMENDATION					

Training Needs

DEPARTMENT/ SERVICE	SuicideTALK <i>Community awareness; 1-2 hour workshop; 100 participants</i>	SafeTALK <i>Skill dev; Risk review, when and how to refer; 3.5 hours; 30 participants</i>	ASIST <i>Skill dev. for caregivers; suicide "first aid"; 2 days; 30 participants</i>	SuicideCARE <i>Skill dev. counsellors; 1 day; 20 participants</i>	Working Together <i>Suicide prevention strateg; community resources; teams; 1 day</i>	Train the Trainer <i>Train trainers for on-site ASIST training; 5 days</i>	Other
OAVP SSS	X		X				
Carleton University Students' Association							
Educational Development Centre	?X	?X					Need to consult unions
Equity Services							
Centre for Initiatives in Education (FASS)		?X	?X				
Faculty of Science and SSSC		X	X				
FIPPA Office		X					
Graduate Students' Association							
Health and Counselling Services			X				
Paul Menton Centre for Students with Disabilities			X				Motivational Interviewing
Residence Life		X	X				
Risk Management	X	X			X	X	
Student Academic Success Centre		X	X				SafeTalk for peer helpers/facilitators For front-line advisors - Crisis

							intervention skills, Mental Health First Aid and ASIST
Student Affairs		X			X		
University Safety	X	X	X				

Gap Analysis

Resource/Protocol Required	What exists at Carleton	Action Required	Status
1. Information for students re: <ol style="list-style-type: none"> Signs of distress/when to seek help Where to go for help Self-help i.e. information on coping Life skills courses 	<ul style="list-style-type: none"> Brochure Website Newsletters Posters Advertisements Workshops Kiosks Health resource centre H&C web-site Service Centres run by CUSA 	None	Communication plan developed and delivered. Included: <ul style="list-style-type: none"> Coping with crisis brochure for students (completed winter 2009 and ongoing distribution) Health and Counselling Booth at Academic Orientation Day (fall 2008, fall 2009) Stress poster (fall 2008 and on boards for remainder of term) Wellness highlighted on current student homepage (ongoing) Wellness, and HCS workshops highlighted in weekly student newsletter (ongoing)

			<ul style="list-style-type: none"> Ad in the Charlatan promoting wellness (winter 2009)
2. Information for faculty and staff re: <ol style="list-style-type: none"> Signs of distress When and where to refer 	<ul style="list-style-type: none"> Periodic emails Website guide Folder (coming out soon) Potential newsletter Brochure developed by Student Support Services 	None	Communication plan developed and delivered. Included: <ul style="list-style-type: none"> Supporting students who are coping with crisis yellow folder (winter 2009 and ongoing distribution) Emails from AVP SSS to faculty and staff during stressful times of the academic year (yearly in fall and winter)
3. List of community referral sources	<ul style="list-style-type: none"> Safety website Personal safety brochure H&C web link to Ottawa resources E Blue Book on-line Directory 	None	<ul style="list-style-type: none"> Community Safety website live (September 2008) Personal safety brochure (fall 2008, fall 2009)
4. Protocol for referrals and crisis situations including documentation	<ul style="list-style-type: none"> Folder SASC internal protocol DUS internal protocol and documentation 	SARET protocols pending final approval	<ul style="list-style-type: none"> Approved (June 2009)
5. Policy about “medical” leave and re-entry	<ul style="list-style-type: none"> Return to Campus Questionnaire H&C web-site (not university-wide policy) SASC decisions on ad hoc basis 	SARET protocol in process of being approved	<ul style="list-style-type: none"> Approved (June 2009)
6. Post crisis protocol	<ul style="list-style-type: none"> Grief counseling for 	SARET	<ul style="list-style-type: none"> Approved (June

<p>a. Plan for student – best interests of the student and community</p> <p>b. Support for students, staff and/or faculty</p>	<p>campus (students)</p> <ul style="list-style-type: none"> • H&C individualizes plan for each student • Student Tragedy Protocol 	<p>protocol in process of being approved</p>	<p>2009)</p> <ul style="list-style-type: none"> • Student Tragedy Protocol developed
<p>7. Policy re support for students not officially enrolled e.g. between sessions, recently graduated; those without health insurance</p>	<ul style="list-style-type: none"> • Out of scope - Refer to the community • Responsibility of student and care-giver. 	<p>Protocol to be described in Framework</p>	<ul style="list-style-type: none"> • Complete
<p>8. MOUs with external agencies</p>	<ul style="list-style-type: none"> • Safety with OPS (informal) • Family Services – formal – after hours service • Mobile Mental Health Unit (informal) 	<p>None</p>	<ul style="list-style-type: none"> • Completed
<p>9. Emergency contact notification protocol and database</p>	<ul style="list-style-type: none"> • Banner for emergency contact update • H&C follows PHIPA 	<p>Protocol under development</p>	<ul style="list-style-type: none"> • Banner implementation (winter 2009) • Protocol in Framework
<p>10. On-campus services to meet student population life skills and mental health needs.</p>	<ul style="list-style-type: none"> • Health & Counselling – M-F business hours • Kiosks • Student Academic Success Centre • Learning Support Services • Residence Counselling • Career Services 	<p>None</p>	<ul style="list-style-type: none"> • Workshops delivered to students throughout the academic year (ongoing)
<p>11. Case management team re: students of concern</p>	<ul style="list-style-type: none"> • SARET – analyzes situation and needs and delegates action – monitors follow-up 	<p>None</p>	<ul style="list-style-type: none"> • Approved (June 2009)

12. Media policy re: responsible reporting on- and off-campus	None	Protocol under development	<ul style="list-style-type: none"> Under development
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Comments, suggestions and topics for discussion

1. How can the EFAP be better publicized and utilized as a resource for staff and faculty affected by experiences with students in distress?
2. The university has informal arrangements with external agencies such as the OPS and the Mobile Mental Health Unit. Are formal MOUs needed? Are there other agencies which should be approached for establishing informal or formal agreements?
3. What are the implications of a Framework/protocol with respect to the unions? What steps need to be taken in this regard?
4. An effective communication plan around policy and protocol is needed.
5. The HCS website includes a policy about “medical” leave and re-entry. Is a university-wide one required?
6. A succinct document with all relevant information and referral procedures as well as quick guide/tips re signs of distress is needed.
7. Goals and success criteria need to be developed to evaluate the Framework.
8. We might want to consider the course provided through Mental Health First Aid Canada on providing help to people experiencing mental health problems.
9. More life skills courses that attract students are needed as well as self-help information (possibly web-based).
10. Staff need training on how, when and where to refer on- and off-campus.
11. A protocol on when and what to document needs to be considered. If a policy is developed, staff and faculty require guidance/training.
12. Is some mechanism required to ensure that student re-entry support is provided?
13. Is there/should there be a database of emergency contacts for students?
14. On-line provisions of stress management and other supports should be considered to complement on campus services.
15. A software system to better manage students at risk across the university should be considered.
16. Consider on-site support services after regular business hours when many crises occur.
17. Consider offering Suicide TALK as widely as possible especially for staff in customer service roles who are often the first face-to-face contacts with individuals in distress.
18. Does the university require/desire a media policy?
19. Consider polling students, especially TAs re: training needs in the fall. A forum to openly discuss mental health issues e.g. signs of distress and available services may be most useful and time efficient.

Note: Many of these questions are now answered in the Framework. The work of the Student Mental Health Advisory Committee will be to review these questions to assess outstanding questions.

APPENDIX B: Student Mental Health Framework Backgrounder

INTRODUCTION

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3. Identification of outstanding issues and resources to contact.

Results of the Student Mental Health Advisory Committee Survey Information Needs

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Carleton University Students' Association					
Educational Development Centre					
Equity Services					
Centre for Initiatives in Education (FASS)					
Faculty of Science and SSSC	X	X	X	X	
FIPPA Office		X			
Graduate Students' Association		X	X		
Health and Counselling Services					
Paul Menton Centre for Students with Disabilities		X	X		Strategies, tools for dealing with distressed students

¹ The JED Foundation (2006). *Framework for developing institutional protocols for the acutely distressed or suicidal college student*. New York. NY: The JED Foundation. www.jedfoundation.org/framework.php.

Residence Life					
Risk Management	X	X		X	
Student Academic Success Centre	X	X	X	X	
Student Affairs	X		X		
University Safety	X		X		
RECOMMENDATION					

Training Needs

DEPARTMENT/ SERVICE	SuicideTALK <i>Community awareness; 1-2 hour workshop; 100 participants</i>	SafeTALK <i>Skill dev; Risk review, when and how to refer; 3.5 hours; 30 participants</i>	ASIST <i>Skill dev. for caregivers; suicide "first aid"; 2 days; 30 participants</i>	SuicideCARE <i>Skill dev. counsellors; 1 day; 20 participants</i>	Working Together <i>Suicide prevention strateg; community resources; teams; 1 day</i>	Train the Trainer <i>Train trainers for on-site ASIST training; 5 days</i>	Other
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Carleton University Students' Association							
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Equity Services							
Centre for Initiatives in Education (FASS)		?X	?X				
Faculty of Science and SSSC		X	X				
FIPPA Office		X					
Graduate Students' Association							
Health and Counselling Services			X				
Paul Menton Centre for Students with Disabilities			X				Motivational Interviewing
Residence Life		X	X				
Risk Management	X	X			X	X	
Student Academic Success Centre		X	X				SafeTalk for peer helpers/facilitators For front-line advisors - Crisis

							intervention skills, Mental Health First Aid and ASIST
Student Affairs		X			X		
University Safety	X	X	X				

Gap Analysis

Resource/Protocol Required	What exists at Carleton	Action Required	Status
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			<ul style="list-style-type: none"> Ad in the Charlatan promoting wellness (winter 2009)
2. Information for faculty and staff re: <ul style="list-style-type: none"> a. Signs of distress b. When and where to refer 	<ul style="list-style-type: none"> Periodic emails Website guide Folder (coming out soon) Potential newsletter Brochure developed by Student Support Services 	None	Communication plan developed and delivered. Included: <ul style="list-style-type: none"> Supporting students who are coping with crisis yellow folder (winter 2009 and ongoing distribution) Emails from AVP SSS to faculty and staff during stressful times of the academic year (yearly in fall and winter)
3. List of community referral sources	<ul style="list-style-type: none"> Safety website Personal safety brochure H&C web link to Ottawa resources E Blue Book on-line Directory 	None	<ul style="list-style-type: none"> Community Safety website live (September 2008) Personal safety brochure (fall 2008, fall 2009)
4. Protocol for referrals and crisis situations including documentation	<ul style="list-style-type: none"> Folder SASC internal protocol DUS internal protocol and documentation 	SARET protocols pending final approval	<ul style="list-style-type: none"> Approved (June 2009)
5. Policy about “medical” leave and re-entry	<ul style="list-style-type: none"> Return to Campus Questionnaire H&C web-site (not university-wide policy) SASC decisions on ad hoc basis 	SARET protocol in process of being approved	<ul style="list-style-type: none"> Approved (June 2009)
6. Post crisis protocol	<ul style="list-style-type: none"> Grief counseling for 	SARET	<ul style="list-style-type: none"> Approved (June

<p>a. Plan for student – best interests of the student and community</p> <p>b. Support for students, staff and/or faculty</p>	<p>campus (students)</p> <ul style="list-style-type: none"> • H&C individualizes plan for each student • Student Tragedy Protocol 	<p>protocol in process of being approved</p>	<p>2009)</p> <ul style="list-style-type: none"> • Student Tragedy Protocol developed
<p>7. Policy re support for students not officially enrolled e.g. between sessions, recently graduated; those without health insurance</p>	<ul style="list-style-type: none"> • Out of scope - Refer to the community • Responsibility of student and care-giver. 	<p>Protocol to be described in Framework</p>	<ul style="list-style-type: none"> • Complete
<p>8. MOUs with external agencies</p>	<ul style="list-style-type: none"> • Safety with OPS (informal) • Family Services – formal – after hours service • Mobile Mental Health Unit (informal) 	<p>None</p>	<ul style="list-style-type: none"> • Completed
<p>9. Emergency contact notification protocol and database</p>	<ul style="list-style-type: none"> • Banner for emergency contact update • H&C follows PHIPA 	<p>Protocol under development</p>	<ul style="list-style-type: none"> • Banner implementation (winter 2009) • Protocol in Framework
<p>10. On-campus services to meet student population life skills and mental health needs.</p>	<ul style="list-style-type: none"> • Health & Counselling – M-F business hours • Kiosks • Student Academic Success Centre • Learning Support Services • Residence Counselling • Career Services 	<p>None</p>	<ul style="list-style-type: none"> • Workshops delivered to students throughout the academic year (ongoing)
<p>11. Case management team re: students of concern</p>	<ul style="list-style-type: none"> • SARET – analyzes situation and needs and delegates action – monitors follow-up 	<p>None</p>	<ul style="list-style-type: none"> • Approved (June 2009)

12. Media policy re: responsible reporting on- and off-campus	None	Protocol under development	<ul style="list-style-type: none"> Under development
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Comments, suggestions and topics for discussion

1. How can the EFAP be better publicized and utilized as a resource for staff and faculty affected by experiences with students in distress?
2. The university has informal arrangements with external agencies such as the OPS and the Mobile Mental Health Unit. Are formal MOUs needed? Are there other agencies which should be approached for establishing informal or formal agreements?
3. What are the implications of a Framework/protocol with respect to the unions? What steps need to be taken in this regard?
4. An effective communication plan around policy and protocol is needed.
5. The HCS website includes a policy about “medical” leave and re-entry. Is a university-wide one required?
6. A succinct document with all relevant information and referral procedures as well as quick guide/tips re signs of distress is needed.
7. Goals and success criteria need to be developed to evaluate the Framework.
8. We might want to consider the course provided through Mental Health First Aid Canada on providing help to people experiencing mental health problems.
9. More life skills courses that attract students are needed as well as self-help information (possibly web-based).
10. Staff need training on how, when and where to refer on- and off-campus.
11. A protocol on when and what to document needs to be considered. If a policy is developed, staff and faculty require guidance/training.
12. Is some mechanism required to ensure that student re-entry support is provided?
13. Is there/should there be a database of emergency contacts for students?
14. On-line provisions of stress management and other supports should be considered to complement on campus services.
15. A software system to better manage students at risk across the university should be considered.
16. Consider on-site support services after regular business hours when many crises occur.
17. Consider offering Suicide TALK as widely as possible especially for staff in customer service roles who are often the first face-to-face contacts with individuals in distress.
18. Does the university require/desire a media policy?
19. Consider polling students, especially TAs re: training needs in the fall. A forum to openly discuss mental health issues e.g. signs of distress and available services may be most useful and time efficient.

Note: Many of these questions are now answered in the Framework. The work of the Student Mental Health Advisory Committee will be to review these questions to assess outstanding questions.

APPENDIX C

Student Mental Health Advisory Committee Members 2009

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APPENDIX D

Student services listing and links

Awards and Financial Aid

202 Robertson Hall

613-520-3600 carleton.ca/awards

The Awards and Financial Aid office administers various financial aid and awards programs to reward academic achievement and to provide financial assistance. The office is responsible for the administration of undergraduate scholarships (entrance and prestige), bursary and work study programs. It also administers government-sponsored financial aid programs such as the Ontario Student Assistance Program (OSAP) for both graduate and undergraduate students as well as provincial scholarship and bursary programs.

Career Development and Co-operative Education

**Career Development and Employer
Services**

401 Tory Building

613-520-6611 carleton.ca/cdce

Co-operative Education

1400 Carleton Technology & Training Centre

613-520-4331 carleton.ca/cdce

The two services of the Career Development and Co-operative Education office (CDCE) make up the on-campus centre for career development, employment preparation, and experiential learning opportunities for Carleton University students. CDCE offers a comprehensive collection of career development programs and services designed to equip students with the tools to make successful career choices and compete in the labour market. In addition, CDCE welcomes more than 400 employers to campus each year to conduct recruitment, participate in career programming and provide career mentorship to Carleton students. Co-operative education allows students to apply academic knowledge in the work place. Students can gain up to 20 months of work experience relevant to their field of study.

Ecumenical Chaplaincy

T20 Tory Tunnel

613-520-4449 carleton.ca/ecumenicalchaplaincy

The ecumenical chaplaincy provides religious and spiritual care for the Carleton community.

Equity Services

503 Robertson Hall

613-520-5622 carleton.ca/equity

Equity Services supports Carleton's commitment to diversity as a source of human excellence, cultural enrichment and social strength.

Health and Counselling Services

2600 Carleton Technology and Training Centre

613-520-6674 carleton.ca/health

Health and Counselling Services (HCS) is your health and wellness centre on campus. HCS offers medical and counselling services and a health promotion program and Resource Centre. HCS

medical professionals include family physicians, registered nurses, a health educator and dietitians who provide specialized services in addition to basic medical and walk-in services. Our counselling staff, including an international student counsellor and two counsellors located in residence, can help students with personal and emotional difficulties. All health records are confidential. Appointments are recommended, however, students can walk-in to be assessed between the hours of 8:30 a.m. and 3:45 p.m. Monday to Friday.

Housing and Conference Services

261 Stormont House

613-520-5612 carleton.ca/housing

The Department of Housing and Conference Services is responsible for overseeing and managing all aspects of residence living for students.

International Student Services Office

128 University Centre

613-520-6600 carleton.ca/isso

The International Student Services Office (ISSO) centralizes all services for registered international students and administers exchange programs for outgoing and incoming students. The ISSO creates global engagement and international opportunities for the entire Carleton University community. Programs include intercultural education programs, exchange program administration, administration of the University Health Insurance Plan, Canadian immigration support, orientation/pre-departure/re-entry programs, individual advising, confidential counselling with an international counsellor, and social events and activities.

Paul Menton Centre for Students with Disabilities

500 University Centre

613-520-6608 carleton.ca/pmc

Carleton University is committed to providing access for students with disabilities to its rich variety of educational opportunities. The Paul Menton Centre (PMC) is the primary department on campus that coordinates academic accommodations and support services for Carleton students with disabilities. PMC offers a variety of individualized support services to students who meet specified disability documentation requirements, including assistance with note-taking, test and exam accommodations, adaptive equipment loans, 24/7 attendant service for students with physical disabilities, and learning strategy information.

Student Academic Success Centre

302 Tory Building

613-520-7850 carleton.ca/sasc

The Student Academic Success Centre (SASC) helps undergraduate students achieve their academic goals. SASC programs and services foster independence by providing students with the decision-making and academic skills they need to be successful. SASC offers a range of services, including centralized academic advising, Learning Support Services, Peer Assisted Study Sessions, and Writing Tutorial Services to meet individual learning needs. Academic advisors help students develop effective study skills and concrete strategies for success,

understand academic rules and regulations, and more. Learning Support Services offers a wide variety of programs to help students develop effective study skills and strategies for academic success (in the Learning Commons). Services include free academic skills development workshops and info-sessions, free drop-in sessions with study skills specialists, and more. Peer Assisted Study Sessions are free, weekly workshops available to students in traditionally difficult courses. Attendance is both voluntary and anonymous and sessions are led by well-trained and knowledgeable PASS facilitators. The Writing Tutorial Service helps students shape their academic writing skills through appointments with a writing tutor or writing workshops. All students are welcome.

Student Affairs

430 Tory Building

613-520-2573 carleton.ca/studentaffairs

Carleton University is committed to providing a living and learning environment that promotes student success both inside and outside of the classroom. There are many elements that contribute to student success; the Office of Student Affairs is responsible for directing several programs, policies or services that aim to make the university community's on campus experience a positive one. This office oversees the Student Rights and Responsibilities policy, is responsible for centralized support for the Academic Integrity policy, including managing appeal procedures and oversees the Alcohol policy and alcohol awareness activities. Student Affairs also supports student event risk management practices, administers the Student Activities Fund, and offers support for students coping with crisis.

Student Experience Office

430 Tory Building

613-520-7595 carleton.ca/seo

The Student Experience Office provides relevant and helpful services to encourage student engagement. The SEO provides transitional support for first-year students through Summer, Fall, Winter and Academic Orientation programs. It also offers leadership development and community service learning initiatives to help all undergraduate students make connections between classroom learning and community service experience. These programs and services encourage student engagement both on and off campus.

Undergraduate Recruitment Office and Admissions Services

315 Robertson Hall

613-520-3663 or 1-888-354-4414 (toll-free in Canada) carleton.ca/admissions

The Undergraduate Recruitment Office (URO) and Admissions Services recruit and admit the best and brightest students to Carleton University. The Undergraduate Recruitment Office is the “welcome centre” for prospective undergraduate students and provides information about Carleton and represents all undergraduate programs and services. URO holds over 20 events for prospective students each year, administers the Campus Tour program, writes a monthly electronic newsletter, and calls prospective students through telecounselling call campaigns. Together, URO and Admissions Services respond to prospective student enquiries (email, phone, and in person) and supports them through the entire admission process. Admissions

Services processes over 22,000 undergraduate applications annually and admits over 5,500 students to Carleton University each year. Also within Admissions Services is the International Admissions and Recruitment unit that contributes to the overall admission targets of the university by bringing the Carleton message to students abroad.

University Registrar's Office

300 Tory Building

613-520-3500 carleton.ca/registrar

The University Registrar's Office consists of the Undergraduate Registrar's Office, Scheduling and Examination Services and the Undergraduate Appeals Secretariat. The Undergraduate Registrar's Office manages the academic activities of Undergraduate and Special Students and the Academic Records of all Carleton students. Scheduling and Examination Services manages the preparation and posting of class schedules, room assignments, ad-hoc bookings and the management and scheduling of all final examinations, deferred exams and off-campus exams. The Undergraduate Appeals Secretariat coordinates and manages all Appeals for Special Consideration from undergraduate and special students.

Office of the Associate Vice-President (Student Support Services)

420 Tory Building

613-520-2874 carleton.ca/studentsupport

The Office of the Associate Vice-President (Student Support Services) (OAVP SSS), works with students, faculty, university administration, and student government to enhance the university experience for all Carleton University students. The mission of OAVP SSS is to provide comprehensive support for students from their first point of contact with the university through to graduation. Together our offices provide programs and services to recruit students, support students through the application and admission process, promote student development and learning, enhance the student experience, and contribute to the creation of an environment for student success.

Ombuds Services

511 University Centre

613-520-6617 carleton.ca/ombuds

Ombuds Services are an independent office that helps students find solutions to on- and off-campus problems.

Department of University Safety

203 Robertson Hall

613-520-3612 carleton.ca/safety

University Safety is committed to providing a safe campus environment for all members of the Carleton community.

For more information and resources see the Office of the Associate Vice-President (Student Support Services) website at carleton.ca/studentsupport.

APPENDIX E

Related university and department-specific policies and protocols

STUDENT TRAGEDY PROTOCOL

The death of a student whether accidental or through suicide is a traumatic event and affects all members of the Carleton community. While the majority of students in distress are able to benefit from the help they receive and recover their sense of purpose and hope, there are the rare occasions when even professional help is unable to prevent tragic outcomes from happening.

The purpose of this protocol is to provide a clear and straightforward guide for the procedures to be adopted in the event of the death of a student to ensure a coordinated response by the university. News of the death of a student may be received by the university through a variety of channels and by any member of the university staff and student body. Therefore, it is important that these procedures are widely disseminated so that members of the community are clear who to contact in the case of receiving news of a student tragedy.

Principles

1. Sensitivity

The death of a student may sometimes be a sudden and traumatic one, which will invite comment and possibly media interest. Staff, faculty and students should behave in a highly sensitive manner, out of respect for the deceased and the wishes of the next of kin.

2. Communications

The location and circumstances of the tragedy will influence the key factors of communication and response. Occasionally, the death of a student may create an on campus emergency. On other occasions, the information may come from the student's own family. Clearly the nature of tragedy will determine the levels of communication required. The following procedures attempt to provide guidelines to cover most circumstances.

Information must be accurate and careful consideration must be given as to how this is conveyed to students and staff.

Procedures

1. The death of a student as an emergency

Any member of staff or student at the scene of a student death should immediately:

- Call the University Safety emergency telephone extension: 613-520-4444.
- University Safety officers will attend the scene to deal with the emergency services and ensure safety of the area.
- Liaison with the Ottawa Police is normally through the Department of University Safety.

- Once the emergency services arrive they will assume control of the situation and deal with the exigencies such as informing next of kin.

2. Notification of the death of a student

The coordination of the response to the notification of a student's death is the responsibility of the Associate Vice-President (Student Support Services). If the death occurs, for example, during the weekend while the student is at the parental home, then the university is solely reacting to the news of the death. No student or member of staff will be required to deal with the emergency services, and the university will hear of the death generally only after the exigencies have been addressed.

NOTE: The university does not report suspected cause of death.

Roles and Responsibilities – Actions to be Taken

A. The Initial Recipient of the News

News of the death of a student should immediately be sent to the Director of University Safety. As much accurate information should be provided, including the name and course of the deceased, the date of death and the circumstances of the student's death.

B. Director of University Safety

On being notified of the death of a student, the Director of University Safety will immediately:

1. Confirm the accuracy of the report of the death.
2. Provide information to the Offices of the President, the Vice-Presidents and the Associate Vice-President (Student Support Services).
3. Arrange for the university flag to be flown at half-mast (if appropriate and if instructed to do so by the President's Office in accordance to the Flag Policy).
4. Establish and maintain links with the emergency services, as appropriate.
5. Ensure information is ongoing to the Office of the Associate Vice-President (Student Support Services) and other key staff as appropriate.

C. Office of the President

1. Make contact with the family of the deceased (or assign a designate).
2. Write a letter of condolence to the family (DUC to assist in preparation).

D. The Office of the Associate Vice-President (Student Support Services)

1. Confirm the student number. Confirm the faculty, year of study, class schedule and instructors for the student and develop a schedule.
2. Notify the following:
 - a. Registrar's Office
 - b. Dean or Associate Dean of the appropriate Faculty
 - c. Health and Counselling Services
 - d. Director of Housing and Conference Services (if the student lived in residence)

- e. International Student Services Office (if the student was an international or exchange student)
 - f. University Chaplain
 - g. University Secretary
- 3. The President or the AVP (SSS) if designated will contact the family of the deceased student to offer assistance and discuss plans for a memorial service or other ceremony.
- 4. Arrange for meeting of stakeholders (chaplain, communications, Student Affairs) to coordinate a response (grieving session, memorial service planning, etc.).
- 5. If a grieving session is arranged, coordinate counsellors for the event (Health and Counselling Services as well as outside consultants if required).
- 6. Alert appropriate person to monitor individuals who may be potential risks for stress response (e.g. students in residence, close friends).

E. Director of Communications

- 1. Prepare official university statement and drafts of communication to the university community on behalf of the President.
- 2. Begin development of response to the media (if appropriate).
- 3. Designate a member of staff to liaise with the Associate Vice-President (Student Support Services) and the media.
- 4. Complete the Event Work plan and checklist (if memorial is planned).
- 5. Arrange for flowers at the funeral or memorial service on behalf of the university (if appropriate).
- 6. Prepare media lines for senior administration (if required).
- 7. Make memorial information known to the university community.

F. Registrar's Office

- 1. Confirm the identity of the student (when notified by the OAVP (SSS)).
- 2. Issue a Notification of Student Death form upon official notice from the family or the obituary notice.
- 3. Call up the student's record in case they should be needed by the police or other emergency services.
- 4. Register the death in Banner to block the generation of any standard letters about the student.
- 5. Notify the following:
 - a. The Library
 - b. The Finance Department
 - c. The student's sponsor (if applicable)

G. Dean of the Faculty

- 1. Inform the faculty and instructors of death of student and ask instructors to direct students to Health and Counselling Services, the Chaplain or other relevant services.

H. Department of Finance

1. Co-ordinate any monetary matters of the deceased student with the family (e.g. refunds of tuition, see University Policy: Tuition Refunds at a Student's Sudden Death).

I. President of Carleton University Student Association, GSA or RRRA as required

1. Arrange CUSA Book of Condolence.
2. Ensure registration and membership fees are cancelled and reimbursed.
3. Contact health and dental insurance company for refund of fees (if applicable).
4. Write letter of condolence to the family.

J. Health and Counselling Services

1. In consultation with the AVP (SSS) arrange the availability of counselling or similar support for students, faculty and staff.

K. Housing and Conference Services

1. Arrange for support and counselling for Housing and Conference Services staff and students who live in residence, if appropriate.
2. Alert appropriate person, for example Res Fellows, involved to target and monitor individuals who may be potential risks for stress response.

L. International Student Services Office

In the event of the death of an international or exchange student:

1. Contact the embassy/consulate of the student.

In the event of the disappearance of an international student turning into a formal missing person's report:

1. Contact the embassy/consulate of the student.
2. Arrange for contact to be made with the next of kin.
3. Make other arrangements as necessary, e.g. flights and accommodation for next of kin, availability of interpreter.

Seven to Fourteen Days after the Crisis

The Associate Vice-President (Student Support Services) will:

1. Ensure continuation of response to family and affected students (if necessary).
2. Gather stakeholders for a debriefing.
3. Review procedures followed during the crisis.
4. Make recommendations for protocol changes for the future.
5. Assign duty of "check backs" with the family of the victim for the next year.

DEPARTMENT OF UNIVERSITY COMMUNICATIONS (DUC) – “ONGOING CRISIS” COMMUNICATIONS PROTOCOL

This proposed protocol outlines the steps to be taken by DUC regarding communication about an ongoing campus crisis.

1. The Director of University Communications is notified by the Vice-President (Administration and Finance) or delegate that a major crisis is occurring at Carleton University. The Director of Communications determines:
 - a. What has happened?
 - b. Who is involved?
 - c. Where is this crisis taking place?
 - d. When did the situation begin? When will it end?
 - e. What is the university presently doing?
 - f. What other background is available?
2. The Director phones the Manager of Public Affairs, Creative Manager, and Web person.
3. The Creative Manager phones the publications team.
4. The Manager of Public Affairs informs a Media Relations Officer, the Internal Communications Officer, the Office Administrator and all external Communications Officers including the Student Support Services Communications Officer. After hours, the Manager of Public Affairs or delegate notifies staff by phone.
5. The Media Relations Officer calls other media relations staff.
6. The Director or delegate sends an alert email to all DUC staff and external Communications Officers. This email may suggest a meeting time/place.
7. The following backup plan is implemented when the designated person is unavailable:
 - a. If the Director of Communications is not reachable, the V-P (Finance and Administration) calls the Manager of Public Affairs. If that person is not available, the V-P calls the Creative Manager and one of the Media Relations Officers.
 - b. If the Manager of Public Affairs is unreachable, the Director will call one Media Relations Officer, Internal Communications Officer and CCS. The Media Relations Officer calls external the Communications Officers and the Office Administrator as well as other Media Relations staff.
 - c. If the Creative Manager is unavailable, the Director calls the Publications Project Coordinator who then calls the full Publications Team.
 - d. If the Web person is unavailable, Barb Wilson should be contacted at ext. 8703.
 - e. If the Student Support Services Communication Officer is unavailable, then, an External Communications Officer provides backfill.

8. If the Director deems that a meeting is essential, s/he designates a meeting site and time. Proximity to the crisis site is essential. Possible sites (which need to be approved in advance) are:
 - a. DUC Office;
 - b. 4th Floor of the Learning Commons in the Library;
 - c. Computer Lab in the School of Journalism and Communication in St. Patrick's Building;
 - d. Computer Lab in Residence Commons; and/or
 - e. The RA Centre may be considered for off-site meetings.
9. As the Director and one Media Relations Officer remain on-site at Emergency Central, the Manager of Public Affairs hosts a DUC staff meeting where assignments are determined. The first task is to establish a DUC Central Phone Desk. The Manager determines the Phone Team which could include the DUC Administrator, the Special Events Assistant and others such as the external Communications Officers (as required). A person is assigned to answer phone calls at all times. The Director of Communications may participate by phone in the staff meeting to update everyone. If the Manager of Public Affairs is not available, the Creative Manager is assigned these duties.
10. The Director and on-site Media Relations Officer compose an initial statement based on information received from the V-P. The Manager of Public Affairs and other DUC staff may be involved in this process (by phone) at the discretion of the Director. If pre-approved templates are available, this message is then shared with the Executive and the Manager of Public Affairs who then shares it with DUC staff. If an approval process is required, the Director sends the statement to the senior management for approval and then shares it with appropriate staff. If the Director is absent, the Manager of Public Affairs assumes his/her duties.
11. The approved statement is shared with:
 - a. The Manager of Public Affairs who then sends it to all DUC staff and external Communications Officers.
 - b. This same message is distributed to all staff and faculty by email by either a Media Relations Officer or Internal Communications Officer.
 - c. The Student Support Services Communications Officer sends the message by email to all students (grad and undergrad).
 - d. One of the Media Relations Officers places it in the university newsroom and distributes it to the media. S/he then phones media using the Crisis Communications media list.
 - e. The Web person then creates a link from the university Home Page. An emergency safety alert icon will be created for this purpose. The Web person may also update the Community Safety Page.
 - f. The Internal Communications Officers updates LED and Bronson signs him/herself.

- g. If the Manager of Public Affairs is not available, the Director sends the statement directly to the Creative Manager who then follows the above procedure. If both Managers (Creative and Public Affairs) are not available, the Director goes directly to the Media Relations Officers and the Internal Communications Officer.
 - h. The Assistant V-P (University Services) advises Info Carleton and the Residence Commons Desk to update their phone messages to point public to the website.
 - i. The Student Support Services Communications Officer advises Undergraduate Recruitment, and the Registrars Office to direct inquiries to the university website for the most updated information.
 - j. If the website/phone service is down, the Director of Communications creates a Blog, a Facebook Page, or a special website, and approaches the media to publicize this as the main communication vehicle/tool on Carleton's behalf.
12. The Creative Manager oversees the printing of any requires printed materials such as posters.
13. The External Communications Officers keep their Deans up-to-date with latest statements and action plans. If the crisis occurs over a long period of time, they may assist DUC Central.
14. The Director and Media Relations Officer remains at Emergency Central until the crisis is over. Together, they and other team members determine when and how media will be briefed. They continue to share statements with the Manager of Public Affairs who remains at DUC Central so that he/she can keep the University informed as the media is informed. The Director works with the President's Office to determine who the designated spokesperson is and what is the best process for alerting media e.g. regular media updates, news conference, one-off interviews, direct media to Police and other authorities etc.
15. For smaller crises, the Manager of Public Affairs or her/his delegate notifies the external Communications Officers of an impending "crisis" that could have an impact on faculty, students, and staff. The Manager then alerts the Officers to a proposed action plan including identifying a university spokesperson, messaging and providing updates. The Manager specifies what privileged information is to be shared with the Deans/Directors and what information should be made more widely available e.g. faculty/staff. If the Manager is not available, the Creative Manager assumes these duties.

All DUC staff and external Communications Officers are on standby if a major university crisis occurs. Depending on the urgency and length of the ongoing crisis, they may assist with special tasks.

DEPARTMENT OF UNIVERSITY SAFETY (DUS) DE-BRIEFING PROCESS

DUS Officers involved in any incident that is deemed to be stressful or seen as a crisis are provided with de-briefing. The nature of the de-briefing and the service, agency or person that is contacted to provide the de-briefing depends upon the nature and severity of the incident. The general process for assessing need and engaging de-briefing services is outlined below:

- Once an incident has been recognized by the Shift Manager or Supervisor on duty that it is a crisis situation the Director of University Safety (or Operations Manager if the Director is unavailable) is notified and provided all the relevant details. The Director (or Operations Manager) makes the decision if an outside agency is required to attend campus to provide counselling/de-brief support and which agency will be contacted.
- In the case where members of the university community, other than DUS personnel, may have been affected by the situation, the Director of University Safety will advise the Associate Vice-President (Student Support Services) so that appropriate additional resources can be arranged if required.
- As soon as is practicable following the incident the duty Shift Manager initiates a de-briefing with his/her officers and continues until such time as the additional requested support arrives.
- In addition to any de-briefing/counseling provided by the Department of University Safety for its members, individual officers also have the option of utilizing resources available through the Family Employee Assistance Program, Health and Counselling Service or other private services as they feel necessary.
- The volunteer members of the Carleton University Student Emergency Response Team (CUSERT) who respond to medical incidents jointly with DUS officers generally receive their de-briefing through the Ottawa Paramedic Services with whom they are affiliated.

De-briefing/Counseling Resources include:

- Ottawa Police Services (Victim Counselling)
- Ottawa Paramedic Services
- Family Services (through FEAP)
- Health and Counselling Services

In addition, Director Boudreault of University Safety is a certified Field Traumatologist for Emergency Personnel.

PAUL MENTON CENTRE (PMC) PROTOCOLS FOR ACADEMIC ACCOMMODATION AND SUICIDE INTERVENTION

Academic Accommodation Protocol

Students wishing to receive academic accommodations due to disability must register with PMC. Students meet a Disabilities Coordinator with current documentation from an appropriate specialist for their disability. The Coordinator ensures the documentation meets the provincial standard requirements including a specific diagnosis and their resulting functional limitations. They then discuss with the student academic accommodations for the classroom, in-class tests and final examinations, and support services based on their disability-related need. From this, the Coordinator evaluates accommodations based on documentation, past experiences and information from the course outline and sends an individual *Letter of Accommodation* to communicate the student's needs to the Course Instructor. Course Instructors can connect with the Coordinator if they have any questions about the requested accommodation and how to implement the accommodations.

Suicide Intervention Protocol at PMC

A risk assessment (see below) is completed by a counsellor, trained in suicide intervention, whenever there is reason to suspect a student may be having thoughts of suicide. If they are having positive thoughts of suicide, the student is considered on a continuum of low to medium or high risk. Depending on this assessment, the student may make a contract with the counsellor and plans to follow-up in the near future. Resources are always given to ensure the student has access to formal supports beyond business hours, but informal supports to the student are included in the contract. Although most of the information at PMC is confidential, in cases where there is reason to suspect immediate harm to an individual, by law, a counsellor can disclose any information required to ensure the individual stays safe. For students at greater risk of immediate harm, counsellors connect the student to Health and Counselling Services immediately, generally by accompanying the student to the service for evaluation by a physician. For suspected risk in students that are not on site at PMC, the counsellor connects with Health and Counselling Services to make them aware of the situation, disclosing any identifying information needed to ensure they remain safe.

The following steps are taken when suicidal thoughts or plans are suspected. The first step is recognizing the signs. It is important to be aware of clues that a person is having thoughts of self-harm or suicide. This can be observed in many areas including their present situation, physical changes, feelings, thoughts, statements or actions. It is considered a myth that using "suicide" will put the idea in a person's head. In practice, explicitly exploring risk can alleviate emotional disturbance experienced by the individual by letting them know that they can talk about their current concerns and/or situations that are leading them to consider suicide.

A formal risk assessment consists of six risk alerts:

1. Are thoughts of suicide present?
2. Does the person have a current plan? How well developed is the plan? Do they have the means to execute the plan?

3. Is the person in pain? Do they have feelings of hopelessness, helplessness and do they want to die?
4. What are their resources? Are they alone? Do they have supports (formal and informal)?
5. Do they have prior suicidal behaviour?
6. Are they particularly vulnerable because of current/previous mental health concerns?

For each alert, there are safety elements. With formal training, an understanding of how to apply which safety element is developed; a combination of safety elements may best meet the needs of the individual at risk. For example:

1. If the individual is at risk for suicide, the most important is to keep them safe and free of alcohol or drugs. This is often best addressed through contracting and connecting them with formal supports and resources.
2. If the individual has a plan, it is important to disable it where possible.
3. If the individual is in pain, ease the pain.
4. If the individual has limited resources, connect them with community resources or with someone who can in turn connect them. 24/7 services are best to ensure they will have somewhere to turn, but both formal and informal longer-term and life-long resources should be considered.
5. If the individual has previously attempted, protect them against the danger, reminding them of how they survived in the past.
6. If the individual is at greater risk because of a mental health concern, connect them with a mental health professional.