

**Provost's Advisory Committee
on Mental Health**

ANNUAL REPORT

June 2014

1. Introduction

The Principal's Commission on Mental Health tabled its [final report](#) in November 2012. The report, which was developed through extensive consultation with the Queen's and wider Kingston community, provides a series of recommendations, based on a pyramidal structure reflecting four levels of action:

1. Promoting a healthy community
2. Transitions and resilience
3. Encouraging help-seeking and helping behavior
4. Effective response, service and care



The Commission recommended that the Provost and Vice-Principal (Academic), “as the Chief Academic Officer and the Chief Operating Officer... is best positioned to provide leadership for the implementation of this report’s recommendations.” (*Commission report, pg. 52*)

To provide oversight of the implementation process, the Provost’s Advisory Committee on Mental Health (PACMH) was established, and is chaired by the Deputy Provost. This is the first annual report of the PACMH, which details:

- Implementation highlights to date;
- Selected findings from the 2013 National College Health Assessment (NCHA) student health and wellness survey;
- Priority initiatives for assessment and action for the coming two years and their resource implications.

2. Terms of Reference for the Provost's Advisory Committee on Mental Health (PACMH)

“Building upon the recommendations of the Final Report of the Principal’s Commission on Mental Health (PCMH) this committee is responsible for coordinating, reviewing, and reporting on the progress of, mental health initiatives across the university. More specifically, the committee will, in the context of the recommendations of the PCMH Final Report:

- Evaluate priorities;
- Determine resource requirements relative to those priorities;
- Assess budgetary and organizational impacts of new initiatives;
- Promote the streaming of relevant policies, protocols, and processes;
- Identify opportunities for collaboration, and foster potential synergies, both internal and external to the university;
- Develop appropriate metrics for reporting on progress of mental health initiatives.

As noted in the [Terms of Reference](#), the committee will prepare a report annually, to be submitted, for information, to Senate, to the Board of Trustees, and to the wider Queen's community.”

3. Implementation Progress

The Commission made more than 100 recommendations, many of which were complete, ongoing or in progress at the time of the report’s release, reflecting the commitment of the Queen’s community to student mental health and wellness. While undoubtedly not all activities or initiatives are captured by the Commission’s recommendations, it is clear that students, faculty, staff and numerous academic and support units are engaged in responding to the Commission’s work.

This section highlights activities and initiatives that align with implementing the recommendations in the Commission’s report. In many cases, these initiatives have a broader focus and support objectives beyond the report recommendations.

Pyramid level 1: Promoting a Healthy Community

[Advisory Committee on Academic Accommodations](#): The Advisory Committee on Academic Accommodations was established and supports the Disability Services Office (DSO) in accommodating students with disabilities. It also supports the Student Health Service, Counselling Service and Faculties and Schools in responding to students who require temporary accommodations for other health-related issues and to those requesting deferrals for any reason.

[The Jack Project @ Queen's Student Initiative Fund](#): The Jack Project is a national charity founded in 2010 as the legacy of Jack Windeler, a first-year Queen's student who died by suicide. The Jack Project @ Queen's Student Initiative Fund provides funding opportunities for student-led special projects and initiatives that support student health and wellness, with a specific emphasis on mental health.

The [Green Folder](#) resource is distributed regularly to support faculty members, staff, teaching assistants and student leaders in identifying and responding to students in distress. A companion [Green Card](#), one for [undergraduates](#) and [one for graduate and professional students](#), is a quick reference for students in need of mental health services and for those looking to help a friend or colleague.

Additional level 1 implementation highlights:

- Ongoing assessment of space in the former Physical Education Centre (PEC) building for a student wellness centre;
- Increased student access to integrated academic support services with additional staff, a new integrated model for The Writing Centre and Learning Strategies in the [Student Academic Success Services \(SASS\)](#) unit and increased service hours. The provision of one-on-one writing support is up 5% and the number of workshops offered has risen by 22%;
- Establishment of an academic and career advising network;
- Early access to in-person one-on-one academic advising at Summer Orientation to Academics and Resources (SOAR);
- Increased profile for health promotion (monthly student emails, [Alumni Review cover story](#), more workshops in residence etc.);
- Increased offerings of mental health awareness programs for faculty, staff and students;
- Introduction of the [Team-Building Activity Fund](#) that promotes positive and inclusive student-led club and team events;

- Increased programming offered by [Queen's University International Centre](#) to ease transition to campus and provide information, advice and support on a range of issues.

Pyramid level 2: Transitions and Resilience

[SOAR](#): This program was reintroduced in 2012 and helps ease the transition from high school to university for incoming first-year students and their families. Participants spend one day on campus in July, learning about academic expectations, learning strategies and common student transition issues. They also receive faculty-specific information and advice and can get all of their questions answered at a student services resources fair.

[Q Success](#): Launched in fall 2013, Q Success is a transition program to help first year students develop knowledge, attitudes, and skills to support their personal and academic success at Queen's. Trained upper year peers and professional staff run a series of interactive sessions for small groups of about 25 first year students. Students engage in 1.5-hour sessions in the first weeks of the fall term. Key information includes:

- Learning how to think, learn and write for University;
- Developing organizational and time-management skills;
- Developing mental health helping skills;
- Improving coping and self-management skills;
- Choosing healthy lifestyles and self-care.

Q Success is being expanded in fall 2014 to respond to demand.

Additional level 2 implementation highlights:

- Student support services information is provided to prospective students with their letter of offer and in recruitment activities;
- Increased parent outreach through an enhanced website, events and increased communications, with an emphasis on first-year parents;
- Introduction of early move-in to residence for first-year international students in 2014, building on early move-in for self-identified Aboriginal students;
- Three gyms have been renovated and reopened in the PEC, eliminating a wait list for intramural recreational opportunities;
- The opening of three additional outdoor fields for student athletic and recreational use;

- Graduate Student Life Advisory Group established to advise the Deans of Students Affairs and Graduate Studies on programs and practices that impact the graduate student experience with the broader goal of enhancing the health, wellness, safety and academic success of graduate students;
- Expanded experiential education opportunities and increased exposure to prospective employers, resume review and accessible career guidance services to support career preparation.

Pyramid level 3: Encouraging Help-seeking and Helping Behaviour

[Bounce Back](#): Piloted in 2013-14 in the Faculty of Arts & Science, Bounce Back is an academic support program for first-year undergraduate students who acquire a grade point average of less than 1.6 in their first term. Students who opt-in are matched with a trained upper-year peer mentor. Facilitators work individually with each participant to help them identify the sources of their academic hardship and to set new goals and identify strategies to achieve those goals over the course of the winter term. In Fall 2014, this program is being expanded to the Faculty of Engineering and Applied Science and Queen's School of Business' Commerce program.

[Anti-Stigma Workshops in Residence program](#): This collaboration of the AMS Committee on Mental Health Awareness, Health, Counselling and Disability Service (HCDS)'s Peer Health Educator Program and the AMS Peer Support Centre was introduced in 2012-13. It was developed in consultation with [Dr. Heather Stuart, Queen's Bell Canada Mental Health and Anti-Stigma Research Chair](#), and was recognized with the [2013 Queen's Human Rights Initiative Award](#). The workshops were the first anti-stigma outreach program on campus to use a direct contact-based education approach.

Additional level 3 highlights:

- Campus visit by actress Glenn Close (June 2013), advocate for the reduction of mental health stigma; the actress received an [honorary degree](#) from Queen's to recognize her work in this area;
- Introduction of [low-mood self-help workbook](#) by HCDS;
- Annual provision of intercultural training to more than 400 students and staff by the International Centre;
- Regular consultation with stigma reduction expert Dr. Heather Stuart.

Pyramid level 4: Providing Effective Response, Service and Care

Increased service levels in HCDS, including:

- Increased access to on-campus physicians through day and evening clinic hours;
- The introduction of a full-time mental health nurse position;
- Expansion of psychoeducational group sessions to increase access;
- Counselling wait times maintained under 24 hours for those in urgent need;
- Three new outreach counsellors hired (Fall 2013) to expand services across the campus community. These professionals are based in the Faculty of Engineering and Applied Science, the School of Graduate Studies and the Faculty of Education/West Campus and serve specific student populations, which results in increased capacity within the central counselling service;
- A second outreach counsellor added in residences;
- Staffing in the DSO has been increased by more than 50% to support an increasing number of students with documented disabilities who are registering with the office and who require assistance with various accommodations;
- A mental-health-specific data set has been developed for all HCDS units (see Appendix 1).

Additional level 4 highlights:

- Increased Counselling Services links with community-based after-hours and referral services;
- External review of HCDS in progress (Fall 2014);
- Processes in place to guide after-hours on-campus crisis response;
- Campus Security's name changed to Campus Security and Emergency Services.

4. 2013 National College Health Assessment Student Survey

Queen's is one of 32 Canadian post-secondary institutions that participated in a North American student health and wellness survey in early 2013. More than 1,200 Queen's students responded to the on-line questionnaire.

The National College Health Assessment (NCHA) gives the University a comprehensive and accurate picture of student health and wellness and is an important tool that is informing priority areas for action. The results are also helping the University identify areas where better institutional metrics and indicators are needed to measure the impact of services and the efficiency of associated delivery models. Metrics

and performance indicators, and how to use them as part of our prioritization and decision-making processes, are an area of focus for the PACMH in 2014.

Survey results of note from the Queen’s student respondents:

- In the 12 months prior to the survey, Queen’s respondents reported finding the following areas of life ‘traumatic’ or ‘very difficult to handle’:
 - Academics (58.4%);
 - Intimate relationships (32.8%);
 - Sleep difficulties (31.9%)*;
 - Career (30.9%);
 - Finances (26.6%);
 - Personal appearance (24.6%).

**Results about sleep issues and their impact on academics and student life have prompted Health Promotion to develop new resources to support healthy sleeping habits.*

- Queen’s students reported the following experiences in the 12 months prior to the survey:

Felt overwhelmed by all you had to do	91.7%
Felt exhausted (not from physical activity)	89.5%
Felt very sad	73.2%
Felt very lonely	70.0%
Felt overwhelming anxiety	60.4%
Felt things were hopeless	53.5%
Felt overwhelming anger	39.8%
Felt so depressed it was difficult to function	38.6%
Seriously considered suicide	10.0%
Intentionally cut, burned, bruised or otherwise injured self	6.8%
Attempted suicide	1.3%

These statistics are similar to those recorded for the total Canadian sample

- As a result of stress:
 - 20.7% received a lower grade on an exam or project
 - 10.3% received a lower grade in a course
 - 5.7% experienced significant disruption to their graduate work
 - 2.3% didn't finish or dropped a course
 - 63.4% of Queen's respondents indicated their ability to manage their stress was good or very good; 26.5% described their ability as fair and 10% said it was poor.
 - 80.9% of Queen's respondents indicated they would consider seeking help from a mental health professional in the future. This is higher than the total Canadian sample (74%).

The NCHA data has been analyzed for several faculties and units on campus to help inform their programs and services. While in most instances [Queen's survey results](#) are not statistically significantly different from the Canadian norms, it does not in any way diminish the importance of our continued focus in this area. Again, data analysis and an assessment of appropriate institutional metrics are a priority for PACMH over the coming year.

5. Priorities for Assessment and Action for 2014/15 and 2015/16

To continue progress on implementation of the Commission's recommendations, the PACMH has identified the following recommendations for further assessment and action over the next two years.

Recommendation		Section in PCMH 2012	Champion	Next Steps	Resource Implications	Target Date for Implementation
Pyramid level 1 - Promoting a Healthy Community						
1	Establish an Exam Centre	1.2	Student Affairs	Research options and develop business case	Will likely require financial resources based on centre's model	2014/15 academic year
2	Look at options for students who have had a false academic start, e.g. dropping a mark	1.4	Provost's Office	Consultation with Faculties and Schools	Process implications only	2015/16 academic year
3	Consider day-to-day academic scheduling (class and exam) to respond to compressed and close-to-conflicting exam schedules	1.5	Provost's Office	Consultation with stakeholders – including Faculties & Schools, student societies, and Office of the University Registrar	Process implications only	2015/16 academic year
4	Review the planning and delivery of dual degree programs	1.9	Provost's Office	Consultation with stakeholders – including Faculties & Schools, student societies, and Office of the University Registrar	Process implications only	2015/16 academic year
5	Increase the promotion and benefit of academic advising	1.10	Provost's Office with Student Affairs	To be coordinated as recommended by the Student Learning Experience Task Force	Process implications only	In progress

Recommendation		Section in PCMH 2012	Champion	Next Steps	Resource Implications	Target Date for Implementation
6	The Faculty of Health Sciences consider creating a Division of Student Mental Health and Addictions within the Department of Psychiatry	1.12	Department of Psychiatry, Faculty of Health Science	Development of case for donor support with Office of Advancement	Requires financial resources	2016/17 academic year
Pyramid level 2 - Transitions and Resilience						
7	Consider the utility of academic prep programs in ensuring incoming students are optimally prepared	2.4	Provost's Office/ Student Affairs	Review current offerings and develop proposal for additional programs, as required.	Process implications only. Programs to be self-funded on cost-recovery model.	In progress
8	Survey past Bader International Study Centre students and new upper year students to ensure specific transition issues, including those pertaining to reverse culture shock and health and wellness, are addressed	2.12	Student Affairs (Office of the University Registrar (OUR), Student Experience Office)	Introduction of mentorship and letter-writing programs to connect BISC and former BISC students; Transition issues will be integrated into new orientation programming for transfer students.	Process implications only	Ongoing, with new components in Fall 2014
Pyramid level 3 - Encouraging help-seeking and Helping Behaviour						
9	Distribute "referral information" slides that could be shown before classes on a regular basis	3.3	Provost's Office with support from Student Affairs, HCDS	Develop implementation plan for fall 2014 based on a 2013 pilot	Process implications only	2014/15 academic year
10	Review the information that may be received from other universities when students transfer to Queen's to ensure all files – including counseling files – are sent to the appropriate offices with confidentiality protected as required	3.4	Student Affairs (HCDS with support from the OUR)	Develop text for websites and communications to incoming transfer students Develop internal process to support incoming transfer students with file sharing	Process implications only	2014/15 academic year

Recommendation		Section in PCMH 2012	Champion	Next Steps	Resource Implications	Target Date for Implementation
11	Consider whether a compassionate waiver process for the academic appeal fee could be developed with strict and standardized criteria that would be applied consistently across the university	3.6	Provost's Office	Consultation with stakeholders – including Faculties & Schools, student societies, and Office of the Registrar	Process implications only	January, 2015
12	Explore the creation of an enhanced insured student benefits package for services not currently covered by provincial health plans, and consult with other post-secondary institutions to maximize cost-effectiveness	3.11	Student Affairs with support of HR as required	Meet with AMS and SGPS Executive Directors and support them in any actions they may wish to take	No initial resource investment required	2014
13	Consider imposing a mandatory meeting between a staff academic advisor and all students who fail a first term midterm	3.12	Provost's Office	On hold pending evaluation of the Bounce Back program	Process implications only	April, 2015
Pyramid level 4 - Effective Response, Service, and Care						
14	Increase FTE complement of psychiatrists to assist students with more serious mental illness	4.0	Department of Psychiatry	See #6 above. This can be addressed as part of action on recommendation 1.12.	Requires financial resources	2016/17 academic year

Recommendation		Section in PCMH 2012	Champion	Next Steps	Resource Implications	Target Date for Implementation
15	Establish a process to design and find new facilities for the various functions within HCDS to address the deficiencies and limitations of the current physical space with a goal of establishing a student health and wellness centre	4.0	Student Affairs and Physical Plant Services	Preliminary feasibility assessment of the PEC has been completed. Next steps are to obtain: - Regulatory assessment (fire code) - Initial Cost Estimates for Infrastructure and Repurposing - Space programming - Staging and sequencing plan - Work with Advancement to secure capital funds.	Requires financial resources	In progress Steps up to and including the staging and sequencing plan to be completed by end of 2014.
16	Develop performance targets for HCDS services with metrics and reporting mechanisms.	4.0	Student Affairs	Develop a set of appropriate metrics based on community input and best practice research. Work with Institutional Research and Planning to adapt existing tools (survey etc) Identify resource requirements to implement and maintain performance measures.	Survey instrument charges and some project management/research analysis costs will be required.	Metrics to be finalized and defined in the 2015 report of the PACMH Reporting based on the metrics to be reported no later than the 2016 report of the PACMH

6. Resourcing

An overview of the resources required for the priorities identified as needing financial support in section 5 is presented below.

Establish an Exam Centre (Recommendation 1.2)

In 2014/15, the Division of Student Affairs will build on a 2013 report completed as part of the University's Foundational Leadership program that examined the need for a dedicated exam centre and included various potential options for such an initiative. This initiative has been endorsed as a priority by the [Advisory Committee on Academic Accommodations](#). If needed, a request for budget for this project would likely be submitted for the 2015/16 cycle.

Create a Division of Student Mental Health and Addictions within the Department of Psychiatry (Recommendation 1.12) and Increase FTE complement of psychiatrists (Recommendation 4.0)

In order to create a Division of Student Mental Health and Addictions within the Department of Psychiatry, three full time psychiatrists (3.0 FTE) are required. One of the three would be the Chair of the Division who would be billing fee-for-service to the Ministry of Health for 0.5 FTE clinical, with the remaining 0.5 FTE devoted to leadership and academics. The other two would be 0.7 FTE clinical fee-for-service and 0.3 FTE academic each. These requirements include the existing services currently being provided by Drs. Kenny and McNevin. The Division would therefore require base money funding for 1.1 FTE. At the current rate for psychiatrists of \$350,000 per FTE, this would be \$385,000 per year. The remaining 1.9 FTE would be funded by fee-for-service income.

Establish a Student Health and Wellness Centre (Recommendation 4.0)

A key recommendation of the PCMH (Section 1.14) was the integration of student health and counselling services into a Student Health and Wellness Centre in a central and visible campus location, leading to de-stigmatizing the need for, and improving access to, all health-related services. While this has been identified as fundraising priority for the Initiative Campaign, concrete actions need to be taken to bring it to fruition. A preliminary scoping study of the PEC has recently been completed, focusing on those portions of the building that are currently unutilized. This has established its

structural integrity and resulted in a promising initial concept for its reuse for student health and wellness. Further exploration of this opportunity, both with regard to design development as well as fundraising, is a priority for the coming year.

Develop Performance Targets for HCDS Services (Recommendation 4.0)

In 2014/15, Student Affairs and HCDS will work with the Office of Institutional Planning and Research to develop metrics and tools that support ongoing tracking of HCDS student demand, usage and services. Resource requirements for this initiative will be included in the 2015/16 budget request.

Funding for Ongoing Initiatives

Finally, attention must be paid to ensuring that ongoing initiatives which have already been implemented and have proven highly successful, but which are currently “soft funded” (e.g. from expendable donations) are adequately budgeted for. Examples include the three Faculty-based counsellors recently added to the embedded outreach counselling model, which are funded for a finite time by a generous benefactor, as well as donations that are supporting Q Success and Bounce Back. Appropriate budget requests and/or fundraising must be pursued to ensure the sustainment of these successes.

Appendix 1

HCDS Mental health-related data

Health, Counselling and Disability Services (HCDS) is the university's central health care and related service provider comprising four streams of service:

- Health Promotion
- Student Health Services (SHS)
- Counselling Services (CS)
- Disability Services Office (DSO).

All services are currently co-located in the LaSalle Building, 146 Stuart Street.

Support to students experiencing mental health problems is an increasing component of the caseload and focus of these units. Demand and service levels are monitored for planning purposes and to ensure that the university is responding to the needs of the student population as it grows and evolves.

Data collection and reporting have historically been limited in HCDS. Counselling Services acquired new software part of the way through the 2011-12 year so its benchmark data year is 2012-13. The introduction of the SOLUS student system facilitates the ability of CS to cross-reference and report on usage.

SHS, CS and DSO are all upgrading their software programs this summer. This may allow for expanded data collection capabilities and these opportunities will be explored by the units with consideration for the resources required.

The department plans to develop a comprehensive data set that will be reported on annually, starting in 2014-15. These reports will also include non-mental health-specific activity in all units.

Student Health Services (SHS):

At SHS, students may have appointments to see family physicians, psychiatrists, a gynecologist, general practitioner psychotherapists and nurses, including a mental health nurse (a new position created in 2011). Students can also receive vaccines, information, and medications, relevant to international travel. Two evening clinics, requiring appointments, have run since 2011 and are consistently fully booked. Most requests for appointments are scheduled within five days.

An urgent care walk-in medical clinic operates weekdays and all patients with urgent problems, including mental health issues, are seen. In addition, SHS responds to anyone, including students, faculty members, staff, family members, or friends, indicating the need for urgent attention for a student.

Total Patient Visits to SHS Physicians:

Year	OHIP (includes all provincial/territorial health plans except Quebec)	Other (includes Quebec, third party, private billings, UHIP (International students))	Total
2011-12	26,638	4,353	30,991
2012-13	24,029	3,588	27,617
2013-14	26,583	3,910	30,493

The number of visits are drawn from OHIP billing data and reflect visits from all residents of Canada except Quebec. Each year non-OHIP visits represent 13-14% of total clinic visits. This includes international students and students covered by other insurers/private billings. SHS will explore the feasibility of tracking the visits of international students in the future, to try to understand usage trends by this group of students.

SHS data reflects all hours of operation. Current software cannot separate out visits to urgent care (walk-in), day and evening clinics.

Mental Health Related visits to SHS:

The following SHS figures focus on mental health-related visits within the context of the service’s total caseload. Billing data is imprecise in identifying the purpose of patient visits; these figures may not therefore accurately reflect the reason for all visits.

Family physician (FP) data:

Year	Total FP clinic visits	FP Mental Health Visits	%
2011-12	21,092	2,014	9.5
2012-13	17,775	4,580	26
2013-14	19,482	2,606	14

The increase in Mental Health visits in 2012-13 may be attributed to several factors including:

- Increasing focus and awareness of mental health services on campus (80.9% of Queen’s respondents in the NCHA survey indicated they would consider seeking help from a mental health professional in the future, which is higher than the total Canadian sample (74%)).
- The length of clinic visits (in units of time) is not tracked. Visit duration varies between 10 minutes and one hour, making interpretation of the number of visits difficult.
- SHS cannot currently track the number of mental health visits by patients whose service was non-OHIP insured, as noted above. There may have been an increased number of non-OHIP visits for mental health reasons in 2011-12 and 2013-14, which is not captured in these figures.

General physician (GP) psychotherapy data:

Year	Total GP psychotherapy visits	Total GP psychotherapy patients	Average # of visits per patient
2011-12	566	98	6
2012-13	495	108	5
2013-14	357	51	7

This data does not include non-OHIP visits and is therefore not representative of the total number of visits for psychotherapy. It is worth noting that the average number of visits per patient seen has increased slightly, suggesting that these individuals required longer courses of therapy.

Psychiatry data:

Year	Total Psychiatry visits	Total Psychiatry patients	Average # of visits per patient
2011-12	701	172	4
2012-13	1,216	219	5
2013-14	1,113	157	7

SHS added a second part-time psychiatrist to the psychiatry division in 2011-12, who increased his clinics in 2013-14 thus increasing service provision capacity. The increasing number of visits/patient may suggest more complex patient needs.

Mental Health Nursing data:

The mental health nurse position was established in 2011 and is provincially-funded. The nurse provides both group and individual psychotherapy and coordinates care for students who come to Queen's with pre-existing mental health issues. The Mental Health Nurse also sees students in crisis.

This data reflects all student visits with the mental health nurse, as this service is not OHIP or third-party-billable.

Year	Total mental health nurse visits	Total mental health patients
2011-12	265	Not available at this time
2012-13	450	114
2013-14	523	100

The small variation in the number of patients served suggests a relatively stable number of patients receiving such services. The patients seen received more service, increasing from 3.9 visits/patient to 5.2 visits/patient, suggesting an increased need for treatment. The increase may also reflect the complexity and/or severity of the individual patients' condition.

Total* Mental Health Visits per service:

Year	Total	FP Mental Health	GP psychotherapy	Psychiatry	MH Nurse
2011-12	3,546	2,014 (57%)	566 (16%)	701 (20%)	265 (7%)
2012-13	6,741	4,580 (68%)	495 (7.3%)	1,216 (18%)	450 (6.6%)
2013-14	4,599	2,606 (57%)	357 (8%)	1,113 (24%)	523 (11%)
Average	4,962	3,066 (62%)	473 (10%)	1,010 (20%)	412 (8%)

*Assumption made that all Psychiatry and GP Psychotherapy visits are mental-health related.

This data indicates that more than half of all mental health visits in SHS were with family physicians (on average 62%), which is consistent with current trends in the provision of mental health care in most Canadian communities. Psychiatrists provide consultative services and ongoing management of those few patients with more complex needs.

The availability of statistics which accurately reflect the many variables involved in understanding mental health care at SHS is currently limited. The unit's focus is service provision and the SHS software is designed specifically to meet the unit's clinical needs. Opportunities to improve data gathering and analysis will be explored as part of the

recommendation related to metrics and reporting mechanisms (recommendation #16). The university will continue to monitor demand and capacity and respond to evolving student needs with timely and quality service.

Counselling Services

Counselling Services (CS) comprises a total of 13.5 FTE counsellors, 6.5 of whom are based in the central office on Stuart St. In addition, there are now seven outreach counsellors housed in specific faculty or university buildings. There are two counsellors in main campus residences, and counsellors in the John Deutsch University Centre, Queen’s School of Business, the Faculty of Engineering and Applied Science, the Faculty of Education/West Campus and the School of Graduate Studies. The latter three positions are funded for their first two years through a generous anonymous donation.

These outreach counsellors provide population-specific support (counselling) and programming (e.g. psycho-educational sessions, skill-development), and they consult with faculty members and staff about students of concern. This outreach program aims to increase and facilitate access to counselling and related services in a familiar environment and to ensure that the professionals involved are thoroughly familiar with the “cultural” and educational experiences of the students they serve.

Counselling Services Appointments:

Year	Total number of visits	Total number of students*
2012-13	6,230	2,116
2013-14	6,011	2,168

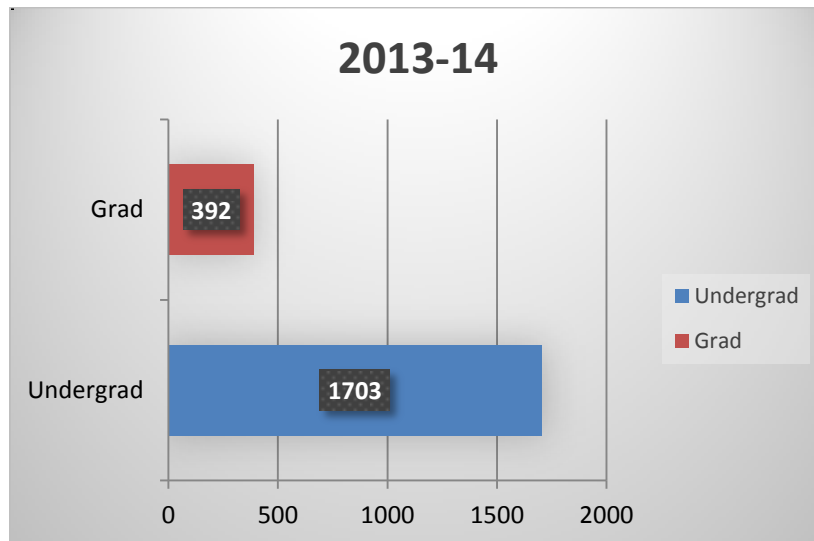
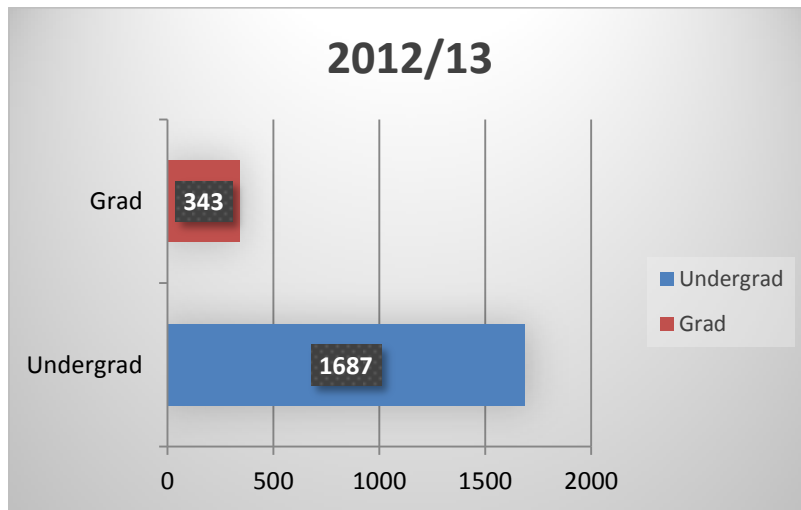
*Tracked as students seen at least once

While the average number of visits per year per student was three in 2012-13 and 2013-14, there is no hard limit to the number of appointments that a student can make in any given year. Counselling Services operates using a short-term solution-focused model of service, with an emphasis on fast access, and strong links to community counselling and psychotherapy resources for students who are deemed likely to need longer-term counselling. There is a “soft” cap of four counselling sessions per year; however, in many circumstances, students will be seen more often (e.g. if they are unable to access community resources, if there is a need for multiple sessions in a crisis situation, or if the initial appointment is late in the academic year).

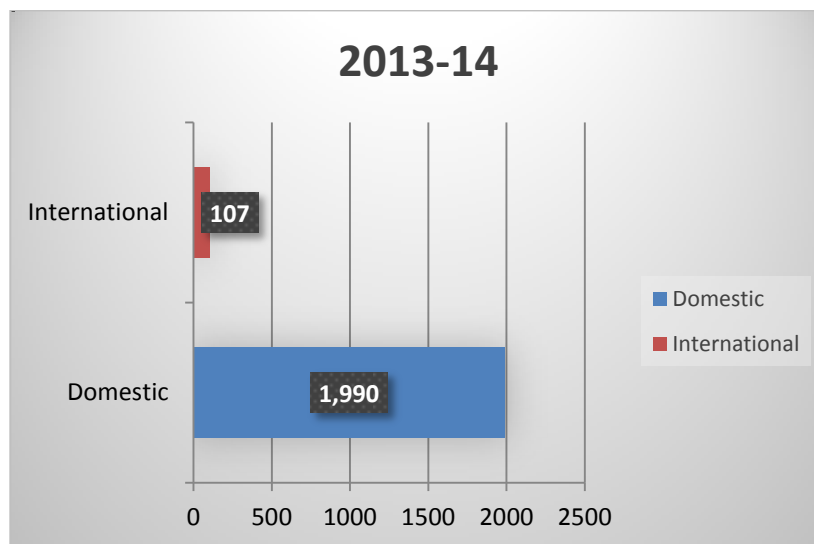
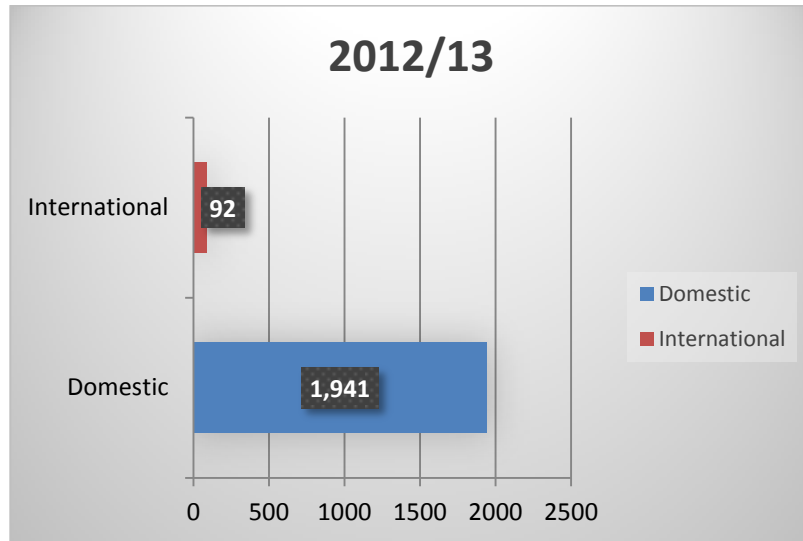
Client information:

The following charts reflect student use of Counselling Services by student type. Anecdotally, it is observed that these trends have been consistent for several years.

Counselling Services Undergraduate and Graduate Student Usage:



Counselling Services Domestic and International Student Usage:



Client information regarding faculty and department, as well as “Presenting Issue” data will be tracked and reported by HCDS starting in 2014-15.

Wait times:

In 2011-2012, Counselling Services implemented a new intake protocol that drastically reduced wait times for first appointments. In the years leading up to this change, wait times, including in urgent cases, could be as long as five weeks.

Since the implementation of the new process, approximately 95% of students seeking an appointment for an “immediate issue” are seen by counselling staff within one working day. Counselling Services plans to start tracking this service standard more precisely in 2014-15, as well as wait times for non-urgent cases.

Advisory Services:

Counselling Services also leads mental health education on campus and has become a frequently-used consultation service for faculty members and staff who are concerned about the behavior of individual students. The Service also provides after-hours consultation to the Residence system and to Campus Security and Emergency Services on issues related to students at risk. Typically the Service receives more than 100 calls every academic year. Data will be gathered starting in 2014-15 to track these consultations by source and issue.

Disability Services Office

The number of students with documented disabilities is increasing in universities and colleges across the province. The number of students with mental-health-related disabilities is also rising, and at a much higher rate. These often complex cases now represent the largest type of disability among students requiring academic accommodations in the province (20.5% in 2013-14 (Ontario Inter-University Disability Issues Association)). They are also the largest percentage of Queen’s DSO’s caseload. The complexity of these cases often means that managing and overseeing the accommodation process may involve a great deal of an Advisor’s time.

Year	Total DSO Caseload	# with mental health-related disabilities	% with mental health-related disabilities
2011-12	758	224	30
2012-13	875	273	31
2013-14	1,028	352	34

The DSO is primarily funded by a provincial grant that has remained relatively static over the last decade, although the government is currently reviewing the funding envelope for these services at institutions across the province.

In 2012-13, funding was internally allocated to provide for an additional 0.5 FTE Advisor in the DSO. In 2013-14, DSO had 2.3 FTE Advisors and the average caseload per FTE Advisor was 447 students, among the highest in the province, although caseloads are tracked differently across institutions.

In April 2014, a new full-time Advisor was hired, and an additional 0.2 FTE was added, bringing the number of FTE Advisors for 2014-15 to 3.5. This will somewhat reduce the average FTE caseload, however, projected DSO registrations are expected to continue rising. The university will continue to monitor and facilitate appropriate service delivery levels.

Health Promotion

Health Promotion is a student-focused service that aims to support and improve student health and well-being. Working across the interconnected domains of physical, mental and social health, health promotion uses a diverse range of activities to encourage increased individual and community control over factors that affect health.

Health Promotion works to foster knowledge, skills, attitudes and the policy and environmental supports to help students engage in safer and healthier lifestyles. It seeks to create conditions that make the healthy choice the easy choice.

Working under the campus brand “Be Well,” the unit’s work is led by two full-time professional staff. Administrative support was provided in 2013-14 as a pilot. The 2013-14 “Be Well” team also included 79 student volunteers, 5 paid part-time students and one paid summer student position.

Key Mental Health Statistics from 2011-14 (as available)

Year	# of HP volunteers	# student volunteer hours	# student volunteers devoted to mental health & stress	# hours of work by Mental Health topic team	# Stress Busters Workshops	# Mental Lived Experience Workshops
2011-12	74	Not available	4	Not available	10	N/A
2012-13	73	Not available	5	Not available	13	12 (New workshop, received a Queen's Human's Rights Award in its inaugural year)
2013-14	79	*new tracking 4632.5 hours (79 vols. over 25 weeks, ~5.3 FTE's)	31	*new tracking 110.5 hours	34	11

Year	#Student Health 101 Mental Health Articles	# Mental Health Outreach Activities	# Mental Health Lived Experience Student Leadership Workshops	# Mental Health / Balance workshops presented to student groups on campus
2011-12	5	17	0	-Data not available
2012-13	6	22	0	-Learning to Love Winter (QUIC) -Scholarship award winners -Queen's Journal -AMS executive
2013-14	6	26	1,270	-Queen's Journal -Learning to Love Winter (QUIC) -Scholarship award winners -AMS executive -Q success workshops (6) -Bounce Back Training (2)

Year	Unique activities directly related to Mental Health
2011-12	<ul style="list-style-type: none"> -Launch of “15 days of exams health challenge” online social media challenge -Bell Let’s Talk Day outreach -Queen’s Wears Green outreach -Res Yoga & Run Club programs ongoing -HP staff attended World Anti-Stigma conference in Ottawa -Received ThankQ gift from QSAA to help fund increased campus mental health initiatives in 2012-13
2012-13	<ul style="list-style-type: none"> -Increased participation in “15 days of exams health challenge” online social media challenge -Bell Let’s Talk Day outreach -Launch of “What is Mental Health with Dr. Mike Condra” Video (ThankQ funded) -“This Can Be Productive Too” balance campaign -The “Happy Movie” screening on campus in partnership with ASUS (ThankQ funded) -Res Yoga & Run club continue -Launch of Healthy Cooking Club -Pet Therapy Res Program started -Knit happens Residence Program initiated -Launch of Mental Health Lived Experience Anti-Stigma workshop in Residence, in partnership with AMS (MHAC/ PSC), Counselling, ResLife and Health Promotion -Developed partnership with Dr. Heather Stuart and the Mental Health Commission of Canada (MHCC) for a new Lived Experience project, with evaluation (ThankQ funded). -Implementation of the 2013 National College Health Assessment (NCHA), Student Health Survey
2013-14	<ul style="list-style-type: none"> -Added new program assistant position, part-time, pilot project. This increased HP capacity significantly and allowed increased workshops & volunteer capacity -Implemented Lived Experience Student Leader training (Anti-Stigma), with pre/post evaluation using MHCC metrics, in partnership with Dr. Heather Stuart, delivered training to all Dons, Residence Society Students, Orientation Leaders and Student Volunteers / Staff with Student Affairs (~1,300 students) -New involvement with Q Success and Bounce Back programs -Further increased participation in “15 days of exams health challenge” online social media challenge, increased students participating throughout the 15 days -Residence Sleep Campaign (received small grant from 1st year transition network) -Increased Social Media outreach – noticed increased retweets/shares on Mental Health / Stress management posts -Res Yoga, Run Club, Healthy Cooking Club, Pet Therapy, Knit Happens ongoing -On-campus signage project (in progress), Student Mental Health team received a grant from The Jack Project SIF -Student-led “Pay it forward” campaign -Addition of new summer intern position (donor-funded) focused on mental health and PHE team