UNIVERSITY OF ALBERTA SUICIDE PREVENTION FRAMEWORK

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UNIVERSITY OF ALBERTA

responsible portfolio: Office of the Dean of Students

CONTENTS

EXECUTIVE SUMMARY

"Mental health and wellbeing is an important aspect at the U of A and no aspect of mental health is more compelling that the prevention of suicide among our population. It remains among Canada's most serious public health issues," noted the Canadian Association for Suicide Prevention in 2009. "Suicide-related behaviours are a major cause of emotional, financial and psychological burden on individuals, families, friends, communities and healthcare systems. No part of our society is immune." This observation is certainly the case with the postsecondary sector in general and the University of Alberta specifically. Mental health and wellness is an important aspect of student affairs at the U of A, and no aspect of mental health is more compelling than the prevention of suicide among our student population.

In November 2014, the Dean of Students, called for the development of a university-wide suicide prevention framework. The U of A already had an existing network of student services that directly or indirectly deals with student mental health and wellness, but the intention was that a comprehensive review with a particular focus on suicide prevention could bring significant improvements. This sharpened focus would help guide an investigation of current practices and processes, the identification of gaps in services and supports, and the review of best practices for implementation at the U of A.

In order to ensure the framework could truly be representative of the campus community and inclusive of faculty and staff, Human Resource Services were approached in 2017 to partner in this endeavor."

This report is the result of that investigation, and outlines a five-part framework for enhancing suicide prevention at the University of Alberta. Specifically, this report identifies 36 recommendations across the five categories to build upon mental health and wellbeing services and improve the capacity and capability for suicide prevention at the U of A. In addition to the recommendations, suggestions for assessment and sustainability are also provided.

Policy and Implementation: The Framework includes overarching recommendations to support the overall initiative including: increasing the university's visible commitment to mental health; creating a full-time coordinator position focussed on suicide prevention; ensuring ongoing funding and support to impacted units; and, ensuring the U of A is engaged with the greater Edmonton and area community on suicide prevention.

"Suicide affects all of us. It remains among Canada's most serious public health issues,"

Education, Awareness & Communication: Improved and increased education and awareness for staff, faculty, and students around suicide awareness is essential to the success of any suicide prevention program. In particular, we need to normalize and encourage help-seeking behaviour in the population. Recommendations include: developing and implementing regular awareness campaigns and anti-stigma activities; encouraging faculty engagement; improving community education activities and raising awareness of services; and, improving online mental health supports.

Supports and Services: It is crucial that there are multiple entry points to supports and services for students, staff and faculty who are struggling. Recommendations include: the development and promotion of nontraditional forms of support; implementing mental health screening in the University Health Centre; improving clear linking and clarity between internal as well as external services; and, ongoing education regarding changes to services.

A Welcoming, Connected, Supportive Campus Community: Creating a supportive campus environment that fosters health and wellbeing is another essential aspect of prevention. Recommendations include: creating a campus culture of support and inclusion; developing inclusive, community friendly social spaces; leveraging the classroom for social integration; increasing cohort offerings in residence; and, developing centralized supports for community engagement initiatives.

Supports Following a Campus Death: Supporting the community following a death requires focus on developing new skills of dealing with future challenges, and helping to prevent contagion. Recommendations include: developing communication tools; providing resources on grief and how to talk about a death; and, reviewing the support response.

At the time that this framework was commissioned, it was written with particular attention to addressing suicide prevention, intervention, and postvention supports for the U of A students. The Implementation Committee is working in partnership with Human Resource Services, collaboratively with students, staff and faculty to acknowledge the interrelationship and revise the framework for to support all members of our community.

INTRODUCTION

A clear connection between student mental health and academic success has been established in research (El Ansari & Stock, 2010). This connection has lead post-secondary institutions across North America to recognize their role in supporting student, faculty and staff wellbeing. The University of Alberta has made a strong commitment to supporting student, faculty and staff mental health and wellbeing, and has demonstrated that commitment through a broad array of programs, services, and initiatives that are available to support success and mental health. With the development and implementation of a Suicide Prevention Framework, the University will continue to be a leader in mental health.

When The Dean of Students initiated the development of a suicide prevention framework, the idea was to knit together a collaborative and comprehensive strategy by leveraging existing resources and supports as well as identifying gaps and solutions for bridging those gaps. The Framework also includes recommendations for educating the community about suicide risk factors and warning signs, raising awareness of programs and services available to support struggling students, staff and faculty fostering a community that is comfortable identifying and referring those at risk, encouraging a healthy, supportive, and connected community, and ensuring we support the community following a death. Thirty-six recommendations fall under five categories that highlight the best practice strategies from the suicide prevention literature tailored to fit the University of Alberta community. These categories are:

» **POLICY AND IMPLEMENTATION**
» **EDUCATION, AWARENESS AND COMMUNICATION**
» **SERVICES AND SUPPORTS**
» **A WELCOMING, CONNECTED, AND SUPPORTIVE COMMUNITY**
» **SUPPORTS FOLLOWING A CAMPUS DEATH**

The recommendations proposed within this framework will benefit the entire U of A community, whether through the reduction of barriers and decrease in stigma, or through training and education opportunities available to all members of the community.

Today's post-secondary students face many changes and challenges during their transition to, and time spent, in university. The transition often requires a period of adjustment characterized by balancing an increased academic workload, greater responsibility, more independence, increased financial pressures, social and personal relationships, and decreased academic structure (MacKean, 2011). Students may be moving away from home for the first time, feeling lonely or isolated in the new environment, and striving to find balance between academics, social activities, and work. On top of this is the pressure to excel with the looming competition to find jobs post-graduation. The traditional university student is also the age group when many mental illnesses first present themselves, and more students today are entering university with an already diagnosed mental illness (MacKean, 2011). Post-secondary aged individuals (17-24 years old) are also the second largest demographic of suicide in the general population. In fact, suicide is the second leading cause of death for youth and young adults, second only to unintentional injuries (Statistics Canada, 2010).

Universities are seeing an increasingly diverse population who may be dealing with additional stressors. International students faculty and staff may face challenges associated with attending a university in a different country including language and cultural differences, developing social relationships, potential discrimination, financial pressures, and navigating a new academic environment and structure (Mori, 2000; Wei et al., 2007). Graduate students are expected to contribute to academia, including conducting their own independent research, while managing coursework, practicums, and being in the role of teacher's assistant. Additional stressors for these students can include time management, student supervisor relationship challenges, balancing academic and personal life, as well as stress from the uncertainty of graduation and job prospects upon completion (Hyun, Quinn, Madon & Lustig, 2006). Mature students may be trying to balance their school work with family and career demands while striving to manage their finances (Stone, 2008). They may feel anxious about their ability to succeed, to relate to other students, and how to communicate with faculty and staff.

While students are juggling the demands of university life, there are also factors associated with an increased risk of suicide. Athletes, international students, graduate students, males, those under the age of 21, aboriginal students, and sexual minorities are considered to be at an increased risk of suicide and suicidal behaviour. Furthermore, those living with a mental illness, struggling with substance abuse, or who lack social support are also at an increased risk (Taub & Thompson, 2013). Other factors increasing

the risk of suicide include previous suicide attempts, a family history of suicide, and the stigma associated with seeking help.

The World Health Organization (2014) defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." This definition highlights that mental health is not simply the presence or absence of mental illness. The concept of mental health is aligned with the work of Corey Keyes, who conceptualizes mental health on a dual continuum with mental illness on one pole and mental health on the other (2007). That is, a person can be flourishing even when living with a mental illness, whereas a person without a mental illness could be languishing when their mental health is poor.

FIGURE OF KEYES MODEL
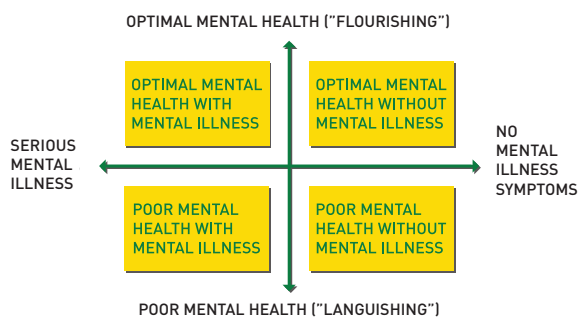
Mackean, 2011. Adapted from: The Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and Canadian Mental Health Association, Ontario; based on the conceptual work of Corey keyes

This reconceptualization of mental health and wellness demonstrates the importance of resiliency, coping skills, and the ability to adapt to and overcome adversity. In order for students to thrive in their new environment, efforts should include working not only on helping individuals with mental illness, but in promoting the skills that support overall mental health and wellness in all students.

In the spring of 2011 and 2013, the University of Alberta participated in the National College Health Assessment (NCHA) a research-based, self-report, student survey. It was developed in 2000 and is now used by major American and Canadian universities to determine and track changes in student mental health, as well as to identify factors that impact student performance, engagement, and success. The survey asks respondents about their alcohol, tobacco, and other drug use, sexual health, weight, nutrition, exercise, mental health, personal safety, and violence. Data from the 2013 NCHA survey related to student mental health and suicide can be found below.

Alberta NCHA Data (2013 to 2016):

	U of A	AB	CAN
Hopeless at any time in the past 12 months	61.9%	57.5%	59.6%
Very lonely at any point in last 12 months	66.8%	65%	66.6%
Very sad at any time in past 12 months	74.9%	72.2%	73.7%
Overwhelming anxiety at any time in the past 12 months	91.1%	90.2%	64.5%
So depressed it was difficult to function in last 12 months	45.4%	42.1%	44.4%

	Seriously Considered	Attempted
Canada	13%	2.1%
Alberta	13.1%	2.1%
U of A	14.9%	2.1%

Research has highlighted the importance of positive student mental health on academic success (Silverman, Underhile, & Keeling, 2008). Research has also found that when students receive support from student services, it can help them succeed in their education (MacKean, 2011). Notably, the U of A data showed that students reported that the top 3 factors impacting their academic performance include stress, anxiety, and sleep difficulties (NCHA, 2013). Considering the link between these vulnerabilities, emotional states, and suicide risk, the statistics are concerning. Whether students are in distress or struggling with the adjustment and challenges of university, there is a need to support them and help to foster their academic and personal success.

Suicide Prevention on University Campuses
Most university campuses provide free mental health services such as counselling to students. While having access to these kinds of services is key in suicide prevention, they alone are not sufficient to support student mental health and wellness fully and proactively help prevent student suicide. The Suicide Prevention Resource Center and Jed Foundation Model for Comprehensive Suicide Prevention and Mental Health Promotion (2009) provides a comprehensive, public health approach for universities to implement that focuses on decreasing risk factors and increasing protective factors. This approach includes 7 key components:

» **IDENTIFY PEOPLE AT RISK**

» **INCREASE HELP-SEEKING**

» **PROVIDE ACCESS TO MENTAL HEALTH SERVICES**

» **ENHANCE LIFE SKILLS**

» **PROMOTE SOCIAL NETWORKS AND CONNECTEDNESS**

» **RESTRICT ACCESS TO LETHAL MEANS**

» **ESTABLISH CRISIS MANAGEMENT AND POSTVENTION PROCEDURES**

While the mental health of students on university campuses is becomingly increasingly concerning (Hunt & Eisenberg, 2010), the research shows that up to 90% of students are not seeking the help they need (Rosenthal & Wilson, 2008). Clearly, therefore, there is a need to increase the help-seeking behaviours of students, while also increasing the education and awareness of issues related to mental health and suicide prevention for staff, faculty, and students.

Universities are addressing help-seeking behaviour in many ways, from implementing stigma reduction programs to conveying the message to students that seeking help is normal. One of the key challenges around increasing help-seeking in a large student population is how we communicate with students. We need to reach as many students as possible with a wide range of information: to normalize help-seeking behavior; to increase their knowledge of mental health and suicide prevention; and, to raise their awareness of programs and services that are available.

While increasing help-seeking behaviour in students is critical, many universities are training faculty, staff and students to become 'gatekeepers;' that is, giving them the knowledge and skills to identify and refer a student in need. This not only helps to build an open community, but also increases the helping capacity so that it can effectively help support students in distress. Other strategies include offering different opportunities for screening, as well as access to non-traditional supports.

Another key component of a comprehensive campus strategy is ensuring access to supports and services. Universities address this challenge by implementing a broad range of direct mental health services such as counselling and peer support, as well as indirect supports such as academic services. Diverse points of access to those services need to be provided as well, particularly for large and complex universities. However, many students report that they are still unaware of the services available on campus,

which emphasizes the need for ongoing awareness campaigns of programs and services that support student mental health (Hunt & Eisenberg, 2010).

Comprehensive suicide prevention strategies also include efforts to promote social connection, a sense of belonging, and facilitating opportunities for students to take care of their wellness. Loneliness and isolation are significant risk factors for suicide and mental health problems, while supportive relationships act as a protective factor (SPRC, 2004).

Crisis management and postvention procedures are also critical to an effective suicide prevention program. This includes protocols to respond to a student death, as well as having supports and services available to the community to help support them through grief. This helps to ensure crisis situations are handled effectively as well as trying to lower the risk of contagion, that is, a clustered series of associated suicide events, as other students in the community who are struggling may be influenced to act in a similar way (HEMHA, 2014).

At the University of Alberta, the Crisis Management Team responds to a student death following the Student Death Protocol. While the Student Death Protocol provides guidelines for responding to a student death and death of a staff member, each situation is unique and is assessed individually. Factors that are considered in the crisis response include respecting the privacy and needs of the family, discretion regarding the use and access of information, cooperation with external officials, as well as balancing this with accountability to the university community and public.

There is a feeling among some U of A members that the university is secretive in instances of student deaths on our campuses. The community has shared that they feel left in the dark or that adequate information is not shared. However, the University's response to a death follows the parameters already highlighted and must be different depending upon the unique circumstances. For example, communication decisions such as sharing the cause of death are not at the discretion of the University, but are based solely on the wishes and privacy of the family. Communications to the university community may seem to come after a long delay, but this is related to the priority of notifying the family of the deceased first.

The approach to suicide prevention on campus is multi-faceted, and includes multiple pathways to support students beyond providing access to mental health services. The model follows the research, highlighting the value of the entire community.

The approach to suicide prevention on campus is multi-faceted, and includes multiple pathways to support community members beyond providing access to mental health services. The model follows the research, highlighting the value of the entire community. The University of Alberta Suicide Prevention Framework provides recommendations under five categories, including: policy and implementation; education, awareness and communication; supports and services; a welcoming, connected and supportive campus community; and, supports following a death. These categories are based on the best practices and strategies of the SPRC/Jed Foundation, and focus on areas that the U of A community can enhance and expand. The categories and recommendations take existing programs, services, and protocols into account, and will help guide the community in its commitment to the mental health of its members. The Framework also promotes the implementation of various protective factors that will help community members adapt and succeed in the university setting.

This report does not prioritize the recommendations; the order in which they are presented does not reflect the relative importance of one over the other. Rather, we believe that the recommendations will support mental health and enhance suicide prevention efforts. Some will take longer to complete, while others may be easier to complete or already underway.

Crisis management and postvention procedures are also critical to an effective suicide prevention program.

SUICIDE PREVENTION FRAMEWORK - STRATEGIES FOR THE UNIVERSITY OF ALBERTA

POLICY & IMPLEMENTATION

1. **DEMONSTRATE A VISIBLE COMMITMENT TO MENTAL HEALTH THROUGH TOP-DOWN LEADERSHIP SUPPORT.**

    A. Leadership statements, campus-wide messaging, allocating funding to mental health initiatives, and a well articulated mission and values that reflect the importance of mental health.

    B. Support initiatives like the Healthy University Strategic Plan (in development) and Fall Reading Week.

    C. Encourage a shift in campus culture that promotes the message that all members of the U of A community are responsible for the mental health of its members.

    D. Ensure that health and wellbeing are considered in decisions, from the built environment to ethical business practices.

    E. Share this message through appropriate social media channels, in Strategic and Academic Plans, as well as through student groups, faculty and staff.

2. **CREATE A SUICIDE PREVENTION IMPLEMENTATION COMMITTEE TO MOVE THE UNIVERSITY FORWARD ON INITIATIVES AND RECOMMENDATIONS.**

    A. Ensure that the changing needs of the student body are met.

    B. Coordinate multiple partners on university-wide initiatives, including convening relevant groups, stakeholders and representatives from the university community.

    C. Provide expertise and guidance on the implementation of initiatives.

3. **CREATE A FULL-TIME SUICIDE PREVENTION COORDINATOR POSITION TO HELP WITH THE CONTINUATION OF THIS INITIATIVE.** *(Recommendation not currently under consideration for implementation)*

    A. Develop and chair an implementation committee to guide implementation and coordinate the implementation of Framework's recommendations.

    B. Ensure implementation of the priorities set out by the administration and implementation committee.

    C. Survey the environment to ensure we are responsive to community needs.

    D. Ensure online suicide prevention information is maintained and updated.

    E. Ensure suicide prevention information is communicated to the University community.

    F. Liaise and coordinate with internal and external groups and individuals involved in suicide prevention.

    G. Support initiatives and programs aimed at suicide prevention.

4. **PROVIDE SUPPORT TO KEY UNITS AND SERVICES THAT WILL BE INVOLVED IN THE IMPLEMENTATION OF THE FRAMEWORK.**
    In order for these recommendations to come to fruition, it is important to ensure continued support for the services and units involved in campus mental health and suicide prevention, including the CSWT, CCS, HIAR and Risk Management Services, among others.

    A. Ensure units have the capacity and resources to respond to increasing demand and changing community needs.

B. Ensure units have adequate staffing to meet demand.

C. Ensure units have access to opportunities for professional development.

5. **ENGAGE WITH THE GREATER EDMONTON AND AREA COMMUNITY ON SUICIDE PREVENTION INITIATIVES.**

   A. Continue to engage with the Edmonton Suicide Prevention Advisory Committee to collaborate and contribute to the development of a city-wide suicide prevention strategy.

   B. Work with community partners, including the City of Edmonton and surrounding municipalities, the City of Camrose, the province, local hospitals, law enforcement, and community organizations to support and establish connections between community partners and campus services, and to assist in means assessment initiatives.

EDUCATION, AWARENESS & COMMUNICATION

Increasing the University community's knowledge and understanding of mental health and suicide prevention is critical to building a commitment to supporting mental wellness. Increased education and awareness assists in the destigmatization of mental health and suicide. As stigma represents one of the biggest barriers to help-seeking, efforts to reduce stigma are a key strategy for suicide prevention and mental health promotion. Efforts should focus on suicide awareness, causes, prevention, and treatment, as well as normalizing and encouraging help-seeking behaviour in the campus population.

Despite those efforts, many community members will not take the initiative to seek out support. Educating the community on how to recognize and respond to indicators of distress can help those at risk get the support they need. As much as possible, all members of the community should feel comfortable with the referral processes, as well as the services and supports available within the U of A. Students report that they are often unaware of the services available to support them on campus. It is therefore critical to continue to raise student awareness of the services and supports available to support the campus community's wellbeing and success.

1. **DEVELOP CAMPUS-WIDE, COLLABORATIVE CAMPAIGNS THAT RAISE AWARENESS OF MENTAL HEALTH AND SUICIDE PREVENTION.**
   A. Focus on how suicide is preventable; provide information about warning signs and available resources, and increase the visibility of prevention and intervention efforts.
   B. Promote the breadth of support services available on the U of A campuses and in the greater community.
   C. Ensure programs include information for a range of needs in diverse populations.
   D. Develop a council and/or work with existing committees led by an appropriate unit(s) (e.g. DOS, HRS, etc.) that is composed of student leaders, student groups, and key campus stakeholders to create and deliver mental health initiatives collaboratively.
   E. Tailor existing provincial/national campaigns to fit the campus population at the U o A by developing complementary programming and communications to expand the campaign's reach and ensure messaging is relevant to the post-secondary population.
   F. Utilize the diverse mediums and channels of communication that reach students, faculty and staff including social media, university websites, messages in faculty communications, as well as in person methods. Ensure that they keep pace with technology.
   G. Consider increasing and highlighting existing campaigns around high risk and high stress times in the student, staff and faculty lifecycles (i.e. exam periods, breaks, and holidays).

2. **DEVELOP AND IMPLEMENT STIGMA REDUCTION STRATEGIES AROUND SUICIDE AND MENTAL HEALTH SO THAT OUR COMMUNITY FEELS COMFORTABLE AND SAFE SEEKING SUPPORT.**
   A. Enhance the mental health literacy of the community through campus-wide anti-stigma campaigns.
      i. An example of an anti-stigma campaign on a university campus is the "Hi-Five" campaign from Simon Fraser University. The Hi F.I.V.E. campaign promotes mental wellbeing by increasing on-campus dialogue of mental health issues through student-led outreach, cross-campus partnerships and various campaigns.

ii. The anti-stigma campaign entitled "Opening Minds" was developed by the Mental Health Commission of Canada. Opening Minds is the largest anti-stigma campaign in Canada that focuses on creating an environment in which those living with mental illness feel comfortable seeking help, treatment, and support.

iii. Utilize Human Resources "Facing Facts" anti-stigma campaign to address anti-stigma supports for faculty and staff.

B. Provide accurate information to help to correct myths and misperceptions, and to normalize help-seeking behaviour.

C. Apply an intersectional lens when considering mental health implications (e.g. Gender, culture, etc.).

D. Develop anti-stigma resources that involve modeling or sharing lived experiences to help communicate the message that everyone needs a little help from time to time and supports are available on campus.
   i. An example of this type of program can be found at Cornell University (Eels, et al., 2012). Real Student, Reel Stories is a video shared at orientation of faculty, staff and students talking about their struggles and how they sought help from various resources helping to normalize not only struggles, but seeking out support from on and off-campus resources.

3. INCREASE THE CAPACITY OF THE COMMUNITY TO RECOGNIZE AND REFER THOSE AT RISK THROUGH GATEKEEPER TRAINING.

A. Encourage the U of A community to attend provided gatekeeper suicide prevention training sessions (e.g. Question, Persuade, Refer, ASIST, etc.) for staff, students, and faculty that is offered on campus (e.g. through the Dean of Students or Human Resource Services).
   i. Consider a program in which every department has suicide prevention gatekeeper trained students, faculty, and/or staff available to assist their colleagues.
   ii. Encourage the U of A community to attend crisis intervention and support training programs available to staff, faculty, and students (e.g. Community Helpers, Listening to Support Students in Distress: Front Line Staff Training, Mental Health First Aid, ASIST , etc.). Such programs provide practical skills to use in day-to- day life that builds upon one's natural helping ability by providing the skills and knowledge necessary to support peers' mental health and well-being.

B. Encourage the U of A community to attend the Community Helpers program available to staff, faculty and students through the CSWT. Community Helpers provides practical skills to use in day-to-day life that builds upon one's natural helping ability by providing the skills and knowledge necessary to support peers' mental health and well-being. The program focuses on prevention and early identification for individuals who may be at risk. Participants receive extensive training about resources, linkages and support.

C. Utilize staff orientations and professional development trainings to disseminate gatekeeper information, either through the delivery of suicide prevention gatekeeper training or by orienting individuals to information on how to identify and refer individuals and providing key resources.

D. Consider the development of a brief online training, that provides examples of how to support an individual in distress recognizing warnings signs, asking questions, and helping the person access supports and services.

4. PROMOTE THE SUICIDE PREVENTION AND CRISIS INTERVENTION SUPPORT RESOURCES ACROSS ALL U OF A CAMPUSES AND TO ALL MEMBERS.

   A. Distribute packages of suicide prevention and crisis intervention support resources (e.g. How to Help Tabs, etc.) to all departments with an accompanying letter of explanation and support from senior administration as to whom it is intended for and how to use it.

   B. Distribute packages of suicide prevention and crisis intervention support resources (e.g. How to Help Tabs, etc.) to all new students, staff and faculty at student orientations, new staff orientations and within new student and staff information packages to help equip them with the information needed to respond and refer individuals in distress.

   C. Increase the visibility and accessibility of the suicide prevention and crisis intervention support resources (e.g. How to Help Tabs, etc.) online.

   D. Tailor the DOS suicide prevention and crisis intervention support resources (e.g. How to Help Tabs, etc.) for Campus St-Jean and Augustana with additional information that is specific to services available on their campuses.

   E. Consider translating the tab and other resources into French to ensure its accessibility and usability for Campus St Jean, and consider cultural translation requirements for international students, staff, faculty, and parents.

5. INCREASE THE UNIVERSITY COMMUNITIES' AWARENESS OF ALREADY EXISTING MENTAL HEALTH SERVICES.

   A. Invest time and resources to increase the awareness of services, both physically and virtually, through multiple lenses. Specifically, increase the physical and online presence of resources on campuses, including Faculté St. Jean and Augustana.

   B. Develop an integrated mental health page under "Current Students" on the university website that acts as a one-stop access portal of information regarding available mental health resources and how to access them.

   C. Support and promote the HRS portal of staff services and support resources.

   D. Utilize U of A website banner ads, CCTV's and social media channels to highlight services and information.

   E. Leveraging different spaces such as the classroom, eclass and office spaces to help raise awareness of available mental health support services and suicide prevention by directly telling them about services or including links to information.

   F. F. Promote already existing student, faculty and staff wellbeing services and initiatives to encourage student engagement in wellness and stress reduction activities throughout the year, as well as emphasizing their importance and availability at high stress times or in line with student, faculty and staff campus life cycles.

6. RAISE THE PROFILE OF THE HELPING INDIVIDUALS AT RISK (HIAR) PROGRAM.

   A. Promote the HIAR program to the university community to ensure staff, students, and faculty are aware of its services and how to contact HIAR if concerned about someone. This should include information in newsletters, at new staff orientation, and on resources developed to support students.

   B. Develop an online reporting tool for HIAR to provide an additional avenue for individuals to report those students of concern that guides them through the reporting process in an easy and accessible format.

7. **INCREASE AWARENESS OF ACADEMIC SUPPORTS FOR STRUGGLING STUDENTS.**

   A. Enhance and expand marketing and communications across campus; methods to consider include social media, poster advertising, digital signage, providing information on course syllabi and in class materials (i.e. on a PowerPoint slide), and university websites.

   B. Develop and include messages that help normalize the pressures and struggles of post-secondary students and encourages help-seeking behaviour.

8. **PROVIDE ONGOING EDUCATION AND UPDATES ON CHANGES TO MENTAL HEALTH SERVICES AND PROGRAMS THROUGH STAFF NEWSLETTERS, STAFF AND FACULTY ORIENTATIONS, AS WELL AS UNIVERSITY WEBSITES AND SOCIAL MEDIA.**

9. **PROMOTE MENTAL HEALTH EDUCATION AND AWARENESS OF THE RESOURCES AVAILABLE ON CAMPUS TO PROSPECTIVE AND NEW STUDENTS.**

   A. Utilize new student orientations, campus tours, open houses and recruitment fairs to provide mental health awareness and education, as well as information about programs and services available on campus.

   B. Ensure messaging to students about programs and services is aligned with the student lifecycle throughout the academic year, with particular attention at high risks times.

10. **PROVIDE MENTAL HEALTH AWARENESS AND EDUCATION FOR PARENTS OF U OF A STUDENTS.**

    A. Develop an online portal for parents that provides efficient access to mental health information and resources.
       i. Include information about the student lifecycle, the challenges faced by students, warning signs, how to help, a calendar of important events in the academic year, and the services available on U of A campuses.

    B. Provide information at parent orientations regarding student mental health through presentations by mental health service providers.

11. **HIGHLIGHT AND CELEBRATE FACULTY AND STAFF CHAMPIONS OF STUDENT SOCIAL CONNECTION AND ENGAGEMENT ACROSS U OF A CAMPUSES; SHARE STORIES OF SUCCESS AND CREATIVE IDEAS FOR ENGAGEMENT.**

12. **ENCOURAGE TARGETED, PROACTIVE ENGAGEMENT OF STUDENTS BY MEMBERS OF THE UNIVERSITY COMMUNITY.**

    A. Raise awareness of the front line role that many people play on campus - all of whom should consider themselves a helper.

    B. Educate community members on identifying disconnected campus members and on available programs, groups, services, and resources available on campus.

    C. Address the challenge of commuter-student engagement through the promotion of social connection on social media, responding to comments or posts of loneliness with suggestions for engagement, as well as using social media platforms to market social connection opportunities.

13. DEVELOP A PARTNERSHIP WITH THE CULTURAL HEALTH BROKERS COOPERATIVE TO SHARE THEIR EXPERTISE AND KNOWLEDGE OF HOW TO SUPPORT THE CULTURALLY AND LINGUISTICALLY DIVERSE STUDENT BODY. FURTHERMORE, COLLABORATE WITH INDIVIDUALS ON CAMPUS WHO ALREADY ACT AS CULTURAL BROKERS TO HELP IN THE DEVELOPMENT OF SERVICES AND PROGRAMS TO ENSURE THEY REFLECT THE INTERESTS AND NEEDS OF ALL STUDENTS.

14. DEVELOP INSTITUTIONAL COMMUNICATIONS RESOURCES TO SUPPORT UNIVERSITY COMMUNICATIONS PROFESSIONALS IN THE EVENT OF A STUDENT SUICIDE OR DEATH.

A. Develop a list of resources to refer to in the announcement of a student death, or when interacting on social media with students in distress.

    i. It is recommended that the list includes resources outside the traditional models of support, ensuring all resources that students are likely to access are available.

B. Create a resource for communications professionals that outlines the best practices in communicating about a suicide, including guidance on appropriate language.

C. Where possible, follow best practice media guidelines for reporting a suicide (refer to Appendix 3 for media guideline documents.)

SUPPORTS AND SERVICES

The University of Alberta offers a broad range of programs and services to support students, faculty and staff who are struggling. Beyond raising awareness of these services, the University can continue to expand on services and explore opportunities for partnership with external services in meeting the growing demand and increasing diversity of the campus community. Providing multiple points of entry to access supports and services, including nontraditional forms of seeking help, will help to reach an increasing number of struggling students.

1. **DEVELOP AN ONLINE SCREENING TOOL AS A SELF-GUIDED ENTRY POINT FOR MEMBERS OF CAMPUS TO SEEK SUPPORT, ESPECIALLY THOSE THAT ARE NOT COMFORTABLE WITH ACCESSING TRADITIONAL SERVICES, SUCH AS COUNSELLING.**

   A. The online screening tool should provide a confidential, web-based portal for employees and students to assess their mental health. It should also facilitate proactive outreach activities, such as online counselling and referrals to mental health services. These tools should build on the existing on-line tools already available to students and employees at the U of A in a way that extends the services offered.

2. **EXPLORE THE POSSIBILITY OF MENTAL HEALTH SCREENING AT THE UNIVERSITY HEALTH CENTRE.**

   A. Incorporate a screening program for symptoms of depression, anxiety, substance abuse, suicide ideation, or other mental health problems when campus community members seek health services at the Health Centre through a brief, standardized, evidence-based screening tool.

   B. Continue to provide referrals to support services, whether on or off campus, for patients who indicate concerning symptoms.

3. **EXPLORE ADDITIONAL OPPORTUNITIES FOR AFTER-HOURS SUPPORT.**

   A. Examine the service offerings and cost/benefit analysis for units that might offer extended hours; for example, the University Health Centre.

   B. Raise awareness and ensure ease of access to after-hours services and resources off campus, such as the Distress Line, Kids Help Phone, and the UofA's Employee Family Assistance Program.

   C. Include after-hours and off-campus resource information on the integrated mental health website, as well as on the websites of key units.

4. **DEVELOP AND IMPLEMENT ADDICTION AND SUBSTANCE ABUSE SERVICES ON CAMPUS.**

   A. Investigate best practices for developing and delivering addiction and substance abuse services and programs on campus in partnership with Alberta Health Services.

   B. Provide messaging around safe drinking and safe substance use that prominently highlight where to go for help. Additionally. Develop campaigns and messaging about other substances and impairment practices.

C. Incorporate education around addiction and substance use and abuse in campus training programs and open courses for students, faculty and staff (e.g. Health Education 110, University 101, HRS staff training sessions, Community Helpers, etc.).

D. Build upon the already existing "Check Yourself" web-based resource.

5. ENSURE CLEAR INTERNAL LINKING OF SERVICES.

A. Create a clear referral resource, including a map of how services and resources connect, in order to help staff, faculty and students navigate the support services.

B. Encourage community members to support those who they are referring to a resource or service. Offering a "warm" referral may help with the transition, for example, walking with them to the Peer Support Centre or helping them book an appointment with Counselling & Clinical Services. If that is not possible, follow up with the person a few days later to ensure they were able to access the support.

6. ENSURE ON-CAMPUS RESOURCES ARE LINKED WITH OFF CAMPUS RESOURCES TO PROVIDE CONTINUITY OF CARE AND OFFER COMMUNITY MEMBERS ALTERNATIVES TO ON-CAMPUS SUPPORTS.

A. This can include a resource booklet of community resources, with a yearly audit of telephone numbers and contact names to ensure they remain up-to-date.

7. OFFER AND PROMOTE OPPORTUNITIES FOR NONTRADITIONAL COUNSELLING AND SUPPORT FOR THOSE WHO ARE UNCOMFORTABLE OR HAVE CULTURAL BARRIERS TO UTILIZING TRADITIONAL MODELS OF IN-OFFICE OR GROUP IN-PERSON COUNSELLING.

A. Explore nontraditional options such as chat, email, or text support for those in crisis.

B. Promote already existing supports such as International Student Services, Aboriginal Student Services Centre, the Interfaith Chaplains, Peer Support Centre and its' helpline, as well as campus groups that focus on mental health.

A WELCOMING, CONNECTED & SUPPORTIVE CAMPUS COMMUNITY

Building a campus community and environment that is welcoming, inclusive and supportive will help community members establish meaningful connections, feel engaged and connected to their community, and create an inclusive environment of safety and respect. Loneliness and isolation are key risk factors for suicide and mental health problems, while supportive relationships are protective (SPRC, 2004). If we are to be truly proactive and prevent suicide, it is critical that we promote social connections and continue to build an inclusive and supportive university community.

1. **FOSTER A SUPPORTIVE, INCLUSIVE CAMPUS CLIMATE.**

   A. Encourage faculty, staff and students to support student/faculty/staff-driven ideas, projects and initiatives that promote inclusivity on Campus.

   B. Engage students, faculty and staff in peer-led programs and initiatives to ensure they reflect the perspective of their respective constituents and reach their constituent populations on campus.

   C. Help to increase capacity of engaged students, faculty and staff to act as involved leaders. For example, develop training about targeted issues such as how to prevent burnout, self-care, and learning about how to help others.

2. **PROVIDE SUPPORT TO STUDENT GROUPS AND STUDENTS ENGAGED IN MENTAL HEALTH PROGRAMMING AND ADVOCACY ON THE U OF A CAMPUSES.**

   A. Encourage faculty, staff and students to support student-driven ideas, projects, and initiatives that promote mental health and wellbeing.

   B. Engage students in staff-driven mental health programs and initiatives to ensure they reflect the student perspective and reach the student population.

   C. Help to increase capacity of engaged students to act as involved leaders. For example, develop training about targeted issues such as how to prevent burnout, self-care, and learning about how to help others.

3. **CONSIDER THE CLASSROOM ENVIRONMENT TO LEVERAGE SOCIAL INTEGRATION (ALSO REFER TO RECOMMENDATION 18).**

   A. Collaborate with instructors to develop a toolbox of relevant resources, and the context for using those resources, for instructors available through the Centre for Teaching and Learning on how and why it is important to support student connection and engagement in 'classroom' settings.

   B. Encourage faculty, instructors, and teacher's assistants to incorporate social integration into the classroom. Some examples include: rearranging classroom furniture to facilitate discussion; encouraging participation in study groups; and, facilitating classroom introductions and the exchange of contact Information.

   C. Where possible, use smaller classes or labs to encourage social connections.

   D. Promote the use of resources and initiatives developed by CCS, the Healthy Campus Unit, and the CSWT as creative ways to promote wellbeing in the Classroom.

4. **INCREASE AND ENCOURAGE ENGAGEMENT WITHIN SOCIAL SPACES FOR STUDENTS, STAFF AND FACULTY ON CAMPUSES.**

   A. Consider social connectedness when designing new buildings or making renovations to existing buildings.

   B. Create safe, healthy, welcoming, inclusive, barrier-free social spaces for people to connect with others, study/work and relax on campus.

   C. Create safe, healthy, welcoming, inclusive, barrier-free social spaces for staff and faculty to connect with others during their work day.

   D. Promote information about campus life, such as opportunities for engagement, the importance of creating networks of support on campus, tailored specifically to commuter students that is housed on the website under "Campus Life".

   E. Investigate opportunities to support commuter student connection such as:
      i. Create dedicated social spaces for commuter students on campus. For example, the University College in Toronto created the Commuter Student Centre with a lounge, kitchenette, study spaces, and lockers. Other campuses have created commuter student lounges with phone charging stations, video and board games, lounge furniture, computers, shovels, and umbrellas.
      ii. Consider developing off-campus residence assistants in neighbourhoods or buildings that have a high density of students to encourage engagement and provide ongoing support.

5. **LEVERAGE COHORTS IN RESIDENCE TO INCREASE ENGAGEMENT AND SOCIAL CONNECTIONS.**

   A. Continue to offer cohorts based on faculty, department, or shared interests and identities.

   B. Examine ways to expand cohort offerings in residences, including increasing the number of cohorts and exploring new cohort options.

6. **DEVELOP CENTRALIZED SUPPORT FOR COMMUNITY ENGAGEMENT INITIATIVES.**

   A. In line with the Healthy University Strategic Plan, create a central office and/or enhance coordination amongst current offices and initiatives to coordinate community engagement. This could help units, departments, or campus groups make connections; it could also highlight needs in the community, provide information and education around social issues, and even assist with risk mitigation on some issues via engagement with the community.

SUPPORTS FOLLOWING A CAMPUS DEATH

Due to the increased risks that accompany a death by suicide, a prevention framework must also include a plan to support the community following a death. The University's response following a student suicide should be directed towards helping the community grieve, developing new skills to deal with challenges, and help reduce the risk of contagion (a clustered series of associated suicide events), as others in the community who are struggling may be influenced to act in a similar way (HEMHA, 2014). (Note: recommendations 8, 11, and 21 under Education, Awareness & Communication, also address supporting the community following a death.)

1. **DEVELOP INSTITUTIONAL COMMUNICATIONS RESOURCES TO SUPPORT UNIVERSITY COMMUNICATIONS PROFESSIONALS IN THE EVENT OF A STUDENT SUICIDE OR DEATH.**
   A. Develop a list of resources to refer to in the announcement of a student death, or when interacting on social media with students in distress.
      i. It is recommended that the list includes resources outside the traditional models of support, ensuring all resources that students are likely to access are available.
   B. Create a resource for communications professionals that outlines the best practices in communicating about a suicide, including guidance on appropriate language.
   C. Where possible, follow best practice media guidelines for reporting a suicide (refer to Appendix 3 for media guideline documents.)

2. **DEVELOP A "HOW TO TALK ABOUT A CAMPUS DEATH" RESOURCE.**
   A. Provide information and guidance on how to talk about a campus death, information about the grieving process, as well as list of protocols about who needs to be notified and the supports available for students, staff, and faculty.
   B. Provide information about the opportunity to consult with CCS, EFAP, or other relevant campus supports in the event of a campus death.
   C. Promote the resource widely throughout the university community.

3. **COMMUNICATE SUPPORT AND IMPORTANCE OF SELF-CARE**
   A. Human Resources and Dean of Students have roles to play in connecting in connecting their respective constituents with staff and faculty to inform them of supports and services to help them deal with grief from a death by suicide.
   B. Share messaging that encourages community members to take time for self-care and raise awareness of support services such as the Employee and Family Assistance Program (EFAP), Counseling and Clinical Services.

4. **PROVIDE GUIDANCE FOR MEMORIALS AND RELATED EVENTS HELD ON CAMPUS.**
   A. If they are willing, work with the family of the deceased to determine appropriate memorial services on campus.
   B. Highlight best practices around the event and its content. A memorial is an opportunity to normalize help seeking behaviour, to highlight resources on campus and in the greater community, and to encourage a sense of community among those who attend.

C. Incorporate cultural considerations about religion, death, suicide, grief, and loss. (The term "culture" may not just refer to a particular race or nationality, but can be more broadly defined.)

5. REVIEW THE COORDINATION AND IMPLEMENTATION OF THE SUPPORT RESPONSE.

A. Guided by the Dean of Students and Human Resources, an operational debriefing session should be held with front line staff to document the response, review the process, and suggest changes to our future response based on lessons learned.

ASSESSMENT

In order to ensure that the Framework remains sustainable and that we are meeting the needs of the work and learning environment, we need to engage in ongoing assessment. The success of the Framework cannot be measured only by a decrease in suicides, or even in reports of suicide attempts or suicidal ideation. As with decreasing stigmas and increasing the overall awareness of mental health issues, it is not uncommon to see increases in individuals identifying as suicidal. Instead, the Framework's assessment strategy will assess the ongoing needs of students, as well as whether their needs are being met with appropriate initiatives and activities. This will support the overall effectiveness and refinement of both the Suicide Prevention Framework generally and individual recommendations specifically, and help to ensure the Framework remains sustainable over time.

SUSTAINABILITY

One of the key strategies to keep suicide prevention at the forefront of our community attention is to ensure we have full support of senior administration, as well as senior staff in each department/faculty. This support needs to remain continuous, with ongoing encouragement for participation in training as well as implementing and sustaining services and programs. Regular messaging that encourages active participation by all community members will help maintain interest and involvement and keep this initiative active.

It is crucial that the Framework's implementation include engagement from the student body. This Framework is designed to support the U of A community members, and their voice, support, and involvement will help to ensure that it is an effective tool to reach, support, and guide students.

While this Framework provides recommendations in the here and now, it is not meant to be static. Through implementation and assessment, as well as the ever-changing landscape of the our population, the recommendations will continue to adapt and evolve. Therefore, it is expected that the Framework will change shape over time as student needs and university characteristics change.

CONCLUSION

This Framework undertakes its mission with the same holistic and community-centred approach that fundamentally guides the Dean of Students and HRS portfolios of community services at the U of A. The result is a comprehensive set of recommendations, and as such, are ideally considered as an interconnected whole and not as a list of possible selections. That said, pragmatic realities may not allow for the adoption of all of the recommendations, but that need not be a barrier for moving forward.

The range of recommendations in the Framework is broad, with varying complexity and ease of implementation. In fact, some of the recommendations are already underway, particularly those that enhance or extend existing programs and services. It's worth noting that this Framework is building off of a strong network of preexisting services that features both direct and indirect mental health and wellbeing supports. The comprehensive approach further highlights the importance of collaboration, as well as the value of all members of the university community in suicide prevention and supporting the mental health and wellbeing of our community.

It is our belief that adopting the Suicide Prevention Framework will further demonstrate the University of Alberta's commitment to the wellbeing and success of its community members. The Framework will help the U of A to facilitate ongoing initiatives while also to develop new opportunities to engage community members and educate the community. Ultimately, the Framework will help to enrich the experience for community members at the U of A through a supportive living and learning environment where they can grow and thrive.

We would like to acknowledge the contributions of the U of A community and members of the Suicide Prevention Framework Task Force. Their knowledge and expertise helped to highlight the strengths, challenges, and opportunities at the U of A and to suggest ways to extend our influence and impact. The engagement of faculty, staff, and students in the process of drafting this framework was truly helpful in ensuring that recommendations were appropriate and applicable to all U of A campuses.

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Policy and Implementation
1. Demonstrate a visible commitment to student mental health through top-down leadership support.
2. Create a suicide prevention implementation committee to move the university forward on initiatives and recommendations.
3. Create a full-time Suicide Prevention Coordinator position to help with the continuation of this project.
4. Provide support to key units and services that will be involved in the implementation of the framework.
5. Engage with the greater Edmonton and area community on suicide prevention initiatives.

Education, Awareness, & Communication
6. Develop campus-wide, collaborative awareness campaigns that raise awareness of mental health and suicide prevention.
7. Develop and implement stigma reduction strategies around suicide and mental health so that our community feels comfortable and safe seeking support.
8. Increase the capacity of the community to recognize and refer those at risk through gatekeeper training.
9. A campuses and to all members.
10. Develop a "How to Talk about a Student Death" resource.
11. Increase the university communities' awareness of already existing mental health services.
12. Raise the profile of the Helping Individuals at Risk (HIAR) program.
13. Increase awareness of academic supports for struggling students.

APPENDIX 1: UNITS/DEPARTMENTS INVOLVED IN TASK FORCE

Aboriginal Student Services Centre
Building and Grounds Services
Community Social Work Team
Counselling and Clinical Services
Faculty of Arts
Faculty of Education
Faculty of Engineering
Faculty of Physical Education and Recreation
Faculty of Science
Faculté St Jean
Graduate Student's Association
Helping Individuals at Risk
Human Resources
Injury Prevention Centre
Interfaith Chaplains Association
Occupational Health and Safety
Office of the University Architect
The Landing
Residence Services
Residence Services, Augustana Campus
St. Joseph's College
Student Affairs
Student Conduct and Accountability
Student Connect
Student Representatives
Student Success Centre
Students' Union and Graduate Students' Association
University of Alberta International
University of Alberta Protective Services
University Health Centre

APPENDIX 2: SUMMARY OF RECOMMENDATIONS

Policy & Implementation
1. Demonstrate a visible commitment to campus mental health through top-down leadership support.
2. Create a suicide prevention implementation committee to move the university forward on initiatives and recommendations.
3. Create a full-time suicide prevention coordinator position to help with the continuation of this initiative.
4. Provide support to key units and services that will be involved in the implementation of the framework.
5. Engage with the greater Edmonton and area community on suicide prevention and initiatives.

Education, Awareness & Communication
1. Develop campus-wide, collaborative campaigns that raise awareness of mental health and suicide prevention.
2. Develop and implement stigma reduction strategies around suicide and mental health so that our community feels comfortable and safe seeking support.
3. Increase the capacity of the community to recognize and refer those at risk through gatekeeper training.
4. Promote the suicide prevention and crisis intervention support resources across all U of A campuses and to all members.
5. Increase the university communities' awareness of already existing mental health services.
6. Raise the profile of the Helping Individuals at Risk (HIAR) program.
7. Increase awareness of academic supports for struggling students.
8. Provide ongoing education and updates on changes to student and mental health services and programs through staff newsletters, staff and faculty orientations, as well as University websites and social media.
9. Promote mental health education and awareness of the resources available on campus to prospective and new students.
10. Provide mental health awareness and education for parents of U of A students.
11. Highlight and celebrate faculty and staff champions of student social connection and engagement across U of A campuses; share stories of success and creative ideas for engagement.
12. encourage targeted, proactive engagement of students by members of the university community.
13. Develop a partnership with the Cultural Health Brokers Cooperative to share their expertise and knowledge of how to support the culturally and linguistically diverse student body. Furthermore, collaborate with individuals on campus who already act as cultural brokers to help in the development of services and programs to ensure they reflect the interests and needs of all students.
14. Develop institutional communications resources to support university communications professionals in the event of a student suicide or death.

Supports and Services
1. Develop an online screening tool as a self-guided entry point for members of the campus to seek support, especially those that are not comfortable with accessing traditional services, such as counselling.
2. Explore the possibility of mental health screening at the University Health Centre.
3. Explore additional opportunities for after-hours support.
4. Develop and implement addiction and substance abuse services on campus.
5. Ensure clear internal linking of services.
6. Ensure on-campus resources are linked with off campus resources to provide continuity of care and offer community members alternatives to on-campus supports.
7. Offer and promote opportunities for nontraditional counselling and support for those who are uncomfortable or have cultural barriers to utilizing traditional models of in-office or group in-person counselling.

A Welcoming, Connected and Supportive Campus Community
1. Foster a supportive, inclusive campus climate.
2. Provide support to student groups and and students engaged in mental health programming and advocacy on the U of A campuses.
3. Consider the classroom environment to leverage social integration (also refer to recommendation 18).
4. Increase and encourage engagement within social spaces for students, staff and faculty on campuses.
5. Leverage cohorts in residence to increase engagement and social connections.
6. Develop centralized support for community engagement initiatives.

Supports Following a Student Death
1. Develop institutional communications resources to support university communications professional in the event of a campus suicide or death.
2. Develop a "How to Talk About a Campus Death" resource.
3. Communicate support and importance of self-care.
4. Provide guidance for memorials and related events held on campus.
5. Review the coordination and implementation of the support response.

APPENDIX 3: MEDIA GUIDELINE RESOURCES

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APPENDIX 4: IMPLEMENTATION TIMELINE GOALS

Short (0-1 years):

1. Create a suicide prevention implementation committee to move the university forward on initiatives and recommendations.

2. Create a full-time Suicide Prevention Coordinator position to help with the continuation of this project.

3. Demonstrate a visible commitment to student mental health through top-down leadership support (ongoing).

4. Engage with the greater Edmonton and area community on suicide prevention initiatives (ongoing).

5. Develop campus-wide, collaborative awareness campaigns that raise awareness of mental health and suicide prevention (ongoing).

6. Promote "How to Help" resource "tab" across all U of A campuses and to all members.

7. Develop a "How to Talk about a Student Death" resource.

8. Increase the capacity of the community to recognize and refer those at risk through gatekeeper training.

9. Encourage targeted, proactive engagement of students by members of the university community.

10. Raise the profile of the Helping Individuals at Risk (HIAR) program.

11. Develop institutional communications resources to support university communications professionals in the event of a student suicide or death.

12. Ensure clear internal linking of services.

13. Ensure on-campus resources are linked with off campus resources to provide continuity of care and offer students alternatives to on-campus supports.

14. Foster a supportive, inclusive campus climate.

15. Communicate support and self-care for faculty and staff.

16. Review the coordination and implementation of the support response.

Medium (1-3 years):

1. Develop and implement stigma reduction strategies around suicide and mental health so that our community feels comfortable and safe seeking support.

2. Increase the university communities' awareness of already existing mental health services.

3. Increase awareness of academic supports for struggling students.

4. Provide ongoing education and updates on changes to student and mental health services and programs through staff newsletters, staff and faculty orientations, as well as University websites and social media.

5. Promote mental health education and awareness of the resources available on campus to prospective and new students.

6. Provide mental health awareness and education for parents of U of A students.

7. Highlight and celebrate faculty and staff champions of student social connection; share stories of success and tracks creative ideas for engagement with students.

8. Develop a partnership with the Cultural Health Brokers Cooperative to share their expertise and knowledge of how to support the culturally and linguistically diverse student body. Furthermore, collaborate with individuals on campus who already act as

cultural brokers to help in the development of services and programs to ensure they reflect the interests and needs of all students.

9. Explore the possibility of mental health screening at the University Health Centre.

10. Explore additional opportunities for after-hours support for students.

11. Develop and implement addiction and substance abuse services for students on campus.

12. Offer and promote opportunities for nontraditional counselling and support for those who are uncomfortable or have cultural barriers to utilizing traditional models of in-office or group in-person counselling.

13. Investigate the classroom environment to leverage social integration.

14. Provide support to students and student groups engaged in mental health programming and advocacy on the U of A campuses.

15. Leverage cohorts in residence to increase engagement and social connections.

16. Develop centralized support for community engagement initiatives.

17. Provide guidance for memorials and related events held on campus.

Long (3-5 years):
1. Provide support to key units and services that will be involved in the implementation of the framework.

2. Complete the development of an online screening tool as a self-guided entry point for students to seek support, especially those that are not comfortable with accessing traditional services such as counselling.

3. Increase social spaces for students on campuses.

APPENDIX 5: KEY RESOURCES AND MODELS TO CONSIDER IN IMPLEMENTATION

Education, Awareness & Communication:
Simon Fraser University Hi F.I.V.E. Anti-Stigma Initiative:
https://www.sfu.ca/students/health/HiFIVE/About.html

Mental Health Commission-Opening Minds Campaign (stigma reduction):
http://www.mentalhealthcommission.ca/English/initiatives-and-projects/opening-minds

Cornell University "Real Students, Reel Stories":
http://admissions.cornell.edu/learn/first-year-experience

Cornell University Parent Resources
http://parents.cornell.edu/

LiveWell NYU:
http://www.nyu.edu/life/safety-health-wellness/live-well-nyu.html

JED Foundation Resources:
https://www.jedfoundation.org/professionals/programs-and-research

Supports and Services
Health Centre Screening Tool Resources for depression/suicide prevention (PHQ or ASQ):
http://screen4depression.org/

Online Screening Tool for Universities:
http://www.ulifeline.org/

A Welcoming, Supportive, and Connected Campus Community:
Simon Fraser University Healthy Campus Community initiative: https://www.sfu.ca/
healthycampuscommunity.html

University College (U of T):
http://www.uc.utoronto.ca/csc
Commuter Student Centre

Cornell University's "Caring Community" Communications
http://www.gannett.cornell.edu/cms/campus/wellbeing/framework.cfm

Concordia University's Office of Community Engagement:
https://www.concordia.ca/offices/oce.html

APPENDIX 6: GLOSSARY OF ACRONYMS

CCS - Counselling and Clinical Services

CSWT - Community Social Work Team

DOS - Dean of Students

EFAP - Employee Family Assistance Program

HIAR - Helping Individuals at Risk

HRS - Human Resource Services

NCHA - National College Health Assessment

QPR - Question Persuade, Refer suicide gatekeeper training

SPRC - Suicide Prevention Resource Centre