

Question #1: How do you envision your campus environment developing to best support mental health and wellbeing in sustainable ways? What has worked? What is still needed to accomplish this?

Room 1:

- The fundamentals are needed - food, housing, social connection etc. The things that are needed to sustain our health are challenging. We need to be BOLD and radical and go upstream.
- There's a disconnect - our institutions have not caught up to where students are at in terms of fundamentals (the 'new' reality). We may need to shift policies, processes, deadlines, timelines and make things easier for students to access services. How can we translate this into practice?
- Broaden our services on the stepped care spectrum - developing a new student wellness centre - facing the realities of doing more with less - not adding to what PSI is offering - rather focusing on bringing awareness of wellness (and illness or not doing so well) resources and trying to catch them before they need them. Make what exists more visible and build more community.
- Students provide perspective, needs, etc. with planning - consistently providing a safe space (weekly) and monthly
- One of the challenges is being able to share with others on campus what is being offered and collaborating - more communication needed
- Want to engage students more in attending things that are being offered.

- The conversation about students seems to be focused on "students need to be more resilient" which places the emphasis on you are responsible for your own health - we need more people at our institutions involved in our collaboration conversations
- Maybe institutions are failing in their duty of care to international students
- We ask people from various communities (i.e. indigenous, marginalized groups) to be vulnerable and share what they need or want and then the final reports don't match what they shared. It's hard to keep a relationship when that happens.

Room 2:

- Creating a growth orientation - open for development without expectation for "complete practice" at the start.
- Normalizing knowledge and practice development.
- Recognizing and strategizing for dealing with resistance, human challenges.
- Creating a safe space for sharing.

- Identifying skills and context issues that require unpacking and developing.
- Recognizing this isn't a "position" at any PSI - it's across institutions. But a "champion" is helpful.
- "Community conversations" across divisions and departments.
- Join a network in community/sectors.
- Normalizing the fear that untraining people have in asking about suicidality or wellbeing.

Room 3:

- Share past experiences, challenges, ideas, what they have already tried, what they want to try. Share opinions, ideas, suggestions based on their own experiences, contexts, knowledge. Maybe a safe way of sharing those ideas could be through a pole/form some platform that allows for anonymity.
- Not only questions and answers, but also a way of creating a discussion forum where people from different PSI can share and exchange. Creating space for "non-necessarily scientific" talk, more personal, intuitive experiences.

Questions #2: In what ways can individual campuses & HM/HC as a provincial community of practice help advance PSI collaborations? What is key to make these relationships feasible? What works? What doesn't work?

Room 1:

- Can we do something on a national level? To bring together PSIs across Canada
- Best Practices Network is active and it's a good one to be part of <https://bp-net.ca/>
- Community of Practice - links to HR work
- What works or what doesn't - it's hard to collaborate when there's a time crunch - "I'm too busy dealing with mental health to talk about mental health"
- Planning stuff well in advance makes a difference
- Having a clear focus for a meeting - be clear about commonality or what we are trying to achieve
- Sharing best practices is helpful
- Resources such as screening activities to link with mental health days are helpful
- Having learning opportunities (i.e. summit) and being able to set aside time to watch and discuss was helpful

Room 2:

- CMHA grant - provided a counsellor 0.5 who developed a Resilience Psychoeducational Group and has run that two times with students so far.
- CMHA grant - psychology instructor created a peer lead resiliency program and trained students to act as peer leads for this program.

- New department under Student Affairs “Student Wellness” and hired a Director, a Manager of Health Promotion (including mental health).
- Intersectional - cross department projects for student wellbeing and mental health. (e.g., joint projects for International students’ needs, EDI, Anti-Racism, Accessibility Committee)
- Developing a Student Mental Health Strategy (aligning with National Standards for Mental Health in Canadian PSIs).
- Promotion and prevention is more sustainable than keep funding student services (though this is also important)
- Need more effective evaluation and sharing of “what works”
- Sharing of resources/ideas/projects across and within institutions.

Room 3:

- Big international students population, different cultures and understandings of seeking help and being helped.
- The clinical counseling doesn't reach everyone, the challenge is to reach everyone and the confidentiality issue is a big thing. Trusting confidentiality can be hard for some people. There’s still stigma with mental health related topics, sometimes people who need more help are the ones that least reach out. Trying to sell it and advertise more, perhaps there’s a way that the mental health department could be trying to understand how people get to the service (referral, website, etc), what is working and what is not working.
- Looking at equipping students with the skills to recognise basic help resources and how to get others and themselves to the services that provide help. Small classes help with the interaction, community building between students and between students and faculty - the idea is to increase connections and provide a safety net. Increase connections and knowledge about resources.
- Need to work in team, groups to prevent suicide. It is too much trying to work alone, students need groups and workers need groups/teams. It’s good that everyone has individual knowledge, but the work needs to be done collectively.