

Report on Student Mental Health Framework Feedback

Consultation Meetings, Information and Feedback Sessions, Online Feedback

**Office of Student Affairs and Health and Counselling Services
February 14, 2022**

Overview

The following report is a summary of the feedback received on Carleton's Student Mental Health Framework throughout the listening phase of the consultation work plan.

Consultation Meetings

Throughout the listening phase of the consultation process, the Office of Student Affairs, Health and Counselling Services, and the Office of Quality Initiatives met with key stakeholder groups on-campus. Consultation meetings occurred with:

- Centre for Indigenous Initiatives
- Equity and Inclusive Communities
- Departmental Administrators Round Table
- Centre for Initiatives in Education
- Board of Governors

Consultation Sessions

A total of 25 consultation sessions took place for members of the Carleton community, which were a combination of open sessions for the general population, including parents, as well as closed sessions for groups who traditionally experience oppression and marginalization. In total, 300 people participated in these workshops.

A consultation session was also held with external stakeholders who have expertise in the mental health and well-being area. Representatives from the following community organizations were present:

- Community Addictions Peer Support Association (CAPSA)
- Centre for Innovation in Campus Mental Health (CICMH)
- Canadian Centre for Substance Use and Addiction (CCSA)
- Mental Health Commission of Canada
- The Royal Ottawa Hospital

To provide insight into how the feedback from the consultation sessions were conducted, we have included the consultation guide with the question list for these sessions as an appendix.

Online Feedback

During the listening phase, there were 57 anonymous form submissions and 6 emailed responses. This online feedback is presented as submitted.

Main Themes

Throughout the listening phase of the consultation process, several main themes emerged:

- Increased Counselling Support
- Pedagogy and Academic Structures
- Equity, Diversity, and Inclusion
- Holistic Approach
- Training and Delivery of Training
- Support for Faculty and Staff
- Feedback and Accountability
- Navigation and Communication
- Coordinated Structural Approach
- Impact of COVID-19
- Other Considerations

This report has been organized by these themes and has the aggregated feedback of the listening phase as well as the submitted feedback received online. This feedback has been examined and assessed in the review of the Student Mental Health Framework. Responses to the feedback received have also been included.

Increased Counselling Support

The need to hire more counsellors was emphasized throughout the listening phase consultation period. Specifically, feedback was provided on ensuring the university hires more diverse counsellors including counsellors who speak other languages, specialize in working with graduate students, Trans and Nonbinary people, and/or are part of the BIPOC community. There was also feedback on hiring counsellors with specific academic/faculty knowledge.

Additionally, feedback was provided to consider the needs of graduate students and international students who are not located in Ottawa or Canada. It was also suggested that the university identify opportunities to expand long-term support and continuity of care for students, including clarifying the types of support and scope of practice of campus supports and services and increasing community connections similar to the current partnership with The Royal Ottawa Hospital. As part of this feedback, it was also suggested to explore the possibility of case management and how this could be effectively implemented in the Carleton context.

Response

Carleton continues to assess what the needs are across campus when it comes to student mental health and well-being. Since 2019, Health and Counselling Services has hired 6 new counsellors and continues to assess the needs of the community based on available resources. Specialized counsellors now provide services for LGBTQ2S+, racialized, Indigenous, graduate, and international students, and a new intake counsellor assists students in quickly connecting with the counselling services and resources that best fit their mental health needs. We have also hired a counsellor to provide services for Trans and Non-Binary students beginning on February 21, 2022. Additionally, we can provide same-day counselling services to students who are in crisis. Recognizing the feedback to ensure adequate counselling support, a recommendation has been added to the draft Framework to ensure we continue to assess and respond to students' demand and need for additional counselling using an equity, diversity, and inclusion lens. A recommendation has also been added to maintain and foster new collaborative partnerships with community partners that allow for better student access to community-based mental health services, including working with hospitals on coordinated discharge processes.

Pedagogy and Academic Structures

There was a significant request for consideration around the relationship between mental health and academic structures in the delivery of courses. Specifically:

- The academic causes of mental health problems
- The stigma associated with seeking support in the classroom
- Structure of course outlines and overall course design
- The heavy and high course load for programs such as engineering
- Financial structures that encourage increased course loads
- Lack of flexibility within the classroom
- Lack of adequate accommodation for those who require them
- Content warnings and/or a statement surrounding topics that may be encountered in the course
- Standardization around the request for extensions, or empowering faculty to allow for leniency
- Ensuring a mental health and well-being lens and related resources are integrated into course curricula, learning objectives, and course structures

It was recommended that more flexible pedagogy is what students need and want and that there should be mandatory training on how to provide more flexible courses while maintaining high academic value. It was also recommended that more academic structures and policies should take those with episodic mental illnesses and episodic disabilities into consideration.

There was additional feedback related to the stress caused by various academic protocols and procedures, including:

- Academic Integrity violations – notifications, investigations, and final decisions
- Midterm and exam deferral processes

Feedback was also received to increase the collaboration between the Paul Menton Centre, students, and instructors to provide adequate accommodation for students with disabilities and utilize a strengths-based approach in accommodations while also ensuring that there is academic accommodation for students who are ineligible to register for the Paul Menton Centre.

Response

To address feedback related to best practices within the classroom, an objective of working collaboratively with faculty to establish a community of practice for integrating mental health and well-being into the curriculum and in the classroom has been added under *Campus Culture of Wellness*. Specifically, a recommendation has been added to develop and distribute a mental health toolkit for faculty and to investigate and implement best practices for supporting student mental health and well-being into the curriculum and classroom, including course design and delivery in consultation with faculty. Additionally, recommendations have been added to enhance training for staff and faculty to support students in crisis and to create additional opportunities for staff and faculty to work together and learn from each other.

Equity, Diversity, and Inclusion

Feedback received on equity, diversity, and inclusion came up in a variety of ways, as referenced in this report. It relates primarily to ensure that we are continually honouring the voices of our racialized and marginalized communities, providing spaces and opportunities for genuine feedback, and continuing to provide professional mental health support and wellness services that are representative of our diverse community.

Response

The draft Student Mental Health Framework has woven equity, diversity, and inclusion (EDI) throughout the recommendations. The final version of this Framework will also include additional language that reaffirms our commitment to EDI throughout the entire Framework. We will also look to ensure the incorporation of an EDI lens and Indigenous ways of healing into mental health and well-being initiatives in collaboration with Equity and Inclusive Communities and the Centre for Indigenous Initiatives respectively.

Holistic Approach

Feedback was received during the listening phase to ensure a more holistic approach to mental health and well-being. Specifically, there were suggestions to ensure more events, programming, and resources are available for a broad spectrum of well-being with a particular focus on financial well-being and resiliency. Additionally, it was suggested that there should be more faith-based and spiritual approaches or avenues to support overall mental health and well-being and that the university should incorporate Indigenous ways of healing and sexual violence prevention and education into mental health and well-being initiatives.

Additional feedback was provided to ensure the development of harm reduction and substance use health strategies to be included as part of mental health and well-being. This includes anti-stigma and structural approaches, providing clean supplies, naloxone training, and the ability for trained staff and students to administer naloxone when needed.

There was a call for increased knowledge of resources that did not involve emergency services as well as increased care when supporting members of marginalized communities. There were also concerns about the way suicide was addressed on campus.

Highlighted amongst the backdrop of online learning as a result of the COVID-19 pandemic, further concerns were raised around cyberbullying and the effect and potential harms of social media use. Particular concerns arose regarding cyberbullying of classmates and instructors and the pressures for instructors to be instantly available to students.

Response

The updated draft Framework has combined the previous areas of focus of *Well-Being, Skills Building, and Resilience* and *Mental Health Awareness, Literacy, and Education* into a new combined area of focus *Building Skills and Strengthening Resilience*. This combined and new area of focus allows for an emphasis on providing a holistic approach to mental health and well-being, including providing events, programming, and resources that cover all areas of wellness including nutrition, physical health, finances, living on your own, loneliness, and isolation. Recommendations have also been added to include the development and implementation of a substance use health and harm reduction strategy, a plan to reduce harms in an online environment, and a postvention strategy.

Additionally, a recommendation has been included to ensure continued collaboration with Carleton's many documents, frameworks, and strategies including, but not limited to Kinàmàgawin and Honouring Each Other under the *Campus Culture of Wellness* area of focus.

Training and Delivery of Training

Feedback was provided to suggest that mental health training should include cultural humility and be mandatory for all staff and faculty, including, but not limited to mental health literacy education, knowledge of resources available, and how to have conversations with students about mental health and well-being. It was further suggested that specific LGBTQ2S+ training with a focus on Trans and Non-Binary topics be included. Additional training programs were suggested to help faculty and staff support their own well-being focusing on self-awareness and self-care strategies and such training should be offered more regularly. Feedback was also received to ensure appropriate support is provided to staff and faculty who receive student disclosures or engage with students who require support for their mental health. It was suggested that departments and services on campus work together and learn from each other and look at academic literature to integrate research- and evidence-based practices in developing training.

Response

The revised draft Framework has updated its recommendations to ensure training is enhanced with an intersectional approach and expand the existing training offerings and promote and deliver them more regularly. A recommendation has also been added to ensure there are opportunities provided for staff, faculty, and students (particularly graduate students) to work together and learn from each other when integrating mental health and well-being practices when developing training.

Support for Faculty and Staff

Concerns were raised around employee mental health and well-being and ensuring that employees are supported so that they can better support students. Specifically, there were concerns that there was no employee-focused mental health department on campus and that employees are struggling with stress management. There were also concerns raised around the capacity of faculty and staff to take on additional work that will be required to implement the Framework and that there should be a commitment to ensure adequate funding and staffing to support the implementation of the Framework, and the expansion of mental health services and programming. It was also suggested that there was a need to provide training and education to better support staff and faculty who support students.

Response

While Healthy Workplace is responsible for supporting mental health in the workplace, we recognize and understand the importance of supporting faculty and staff as they support students. Embedded in the new Framework are many recommendations focused on supporting faculty and staff including training

opportunities, recommendations for responses to students when offering resources, and an effort to ensure continued collaboration with our community members. A recommendation has been added under the area of focus *Campus Culture of Wellness* to ensure continued collaboration with the employee mental health strategy, Healthy Workplace Strategic Plan. We remain committed to working with staff and faculty to implement the recommendations and objectives within this Framework and have shaped the area of focus *Coordinated Student Support Services* around expanding knowledge of existing resources and building capacity to ensure the provision of effective and interconnected mental health and well-being services.

Feedback and Accountability

An area of feedback that was mentioned throughout the consultations was the duty of the Framework to be accountable to the community it serves. Feedback around transparency, accountability to its community, and clear actionable items were mentioned, specifically related to supporting the Calls to Action from Kinàmàgawin. We were asked how we are going to support the Calls to Action and how we will measure our progress.

About the development of the Framework, and in building trust and accountability, there were calls to increase the ability and ease to deliver feedback. We received suggestions that there should be opportunities available to provide feedback continuously, not just when updating the Framework.

Response

To address this feedback, we have included sections on *Implementation and Evaluation and Reporting and Review* which clearly outline how the objectives and recommendations will be implemented, assessed, and reported on. While this Framework will undergo a review every four years, an annual report on the implementation progress of this Framework will be shared with the Carleton community to provide ongoing feedback. A recommendation has also been added under *Student Engagement* to actively engage and create more opportunities for students to provide ongoing feedback on the implementation of the Framework.

To be accountable to our community, particularly around Calls to Action from Kinàmàgawin, we have added a recommendation under *Campus Culture of Wellness* on Call to Action #8. We will also continue to collaborate with the Centre for Indigenous Initiatives on meeting the other calls to action and with other stakeholders to ensure alignment with the various other frameworks and strategies.

Navigation and Communication

Feedback often received through these consultations was related to better navigation of mental health resources. Resources need to be easier to navigate, they need to be clear on who can access what services and what they can do for students. Information should be more easily available and accessible to students regardless of point of entry. There were additional concerns around the methods in which available supports are advertised – there is a need for diversity in the communication of available supports. A request for clarity around confidentiality was also raised.

Response

In response to this feedback, we have included a recommendation under *Building Skills and Strengthening Resilience* that supports streamlined resource navigation through an update to the wellness website. This update to the website will provide Carleton community members with the ability to more easily see what resources are available to them, provide ease of referrals, and ensure our community is up to date on our service offerings, both on campus and in the community.

In addition, this Framework will have a focus on improving our training and resource referrals to communicate and promote a “Stepped Approach” of care, where the need of the student is matched to the resources referred to. Feedback related to diversifying the communication of resources has been embedded throughout the Framework with revamped efforts to better communicate referral training,

templated responses for support, and increased collaboration with our community members. Further, we will review the structure and delivery of mental health and well-being services to ensure we are responding to challenges in a coordinated way.

Related to the feedback around confidentiality, Carleton has two privacy policies: *Access to Information and Privacy Policy* and *Personal Health Information Processing Policy*. The *Access to Information and Privacy Policy* serves as the primary privacy policy that applies to all university operations involving confidential and personal information, while the *Personal Health Information Processing Policy* applies strictly to the processing of personal health information for healthcare delivery purposes. Both policies are committed to the principles of access to information and the protection of privacy and can be accessed at any time on Carleton's [Privacy website](#). We will work to ensure that all areas of the university understand how to apply these policies when dealing with mental health concerns.

Coordinated Structural Approach

We received feedback that the Student Mental Health Framework must take a coordinated approach with the various strategies and frameworks already in place. Specifically, there was feedback around properly integrating the Strategic Integrated Plan, the Coordinated Accessibility Strategy, Kinàmàgawin, and Honouring Each Other. Additional feedback was received to ensure alignment with the objectives and recommendations from these other important university plans and frameworks.

Response

A new area of focus, *Campus Culture of Wellness*, was created by combining *Coordinated Crisis Management* and *Institutional Structure* to ensure a coordinated structural approach to student mental health and well-being. Specifically, a recommendation has been included to ensure continued collaboration with Carleton's many documents, frameworks, and strategies. A new objective has also been developed to ensure we continue to work collaboratively with faculty to establish a community of practice for integrating mental health and well-being into the curriculum and in the classroom. Additionally, we are committing to sign the Okanagan Charter.

Impact of COVID-19

The feedback collected during this consultation was heavily influenced by the ongoing COVID-19 pandemic, particularly related to the toll that online learning and increased isolation takes on our community. Specific feedback was provided on how online environments are not conducive learning environments for everyone and that online learning can lead to increased isolation. It was also suggested that there is a varying degree of successful course design for online learning environments.

Through the consultation process, we received feedback that there is a perceived lack of accountability, standards and recourse for professors regarding faculty-student interactions, lack of accessibility with instructors, and poor instruction/teaching.

In the COVID-19 context, there was considerable feedback on the impact that online course design and delivery have on student mental health and well-being. Specifically, feedback received stated that there is a lack of training for faculty when it comes to developing online courses and a lack of mental health consideration. It was also suggested that students' varying home environments may not be safe or conducive to online learning. Some recommendations that were received to address the impact online course design and delivery has on students' mental health included having a recognition system for faculty to ensure courses are designed with accessibility, particularly mental health, in mind and also to ensure training is provided for faculty when developing online courses that have the inclusion of mental health resources and accommodation in the course outline. There were considerations and calls to continue to incorporate Carleton's compassionate grading system beyond the COVID-19 pandemic, acknowledging that the compassionate grading options (SAT/UNS) have helped students' mental health and well-being.

Response

The COVID-19 pandemic has had a significant impact on the Carleton community and the impacts of the pandemic will continue to be felt for years to come. The updated Student Mental Health Framework has taken these impacts into account to guide a more holistic approach to student mental health and well-being. While we anticipate that we will complete our full return to campus over the summer with a return to a regular in-person course schedule in the fall 2022 term (subject to any new public health restrictions) some online learning will continue. We have included recommendations in the updated Framework to provide more space for students, faculty, and staff to work together and build communities of practice to enhance the online learning experience, particularly when it comes to integrating mental health and well-being into the classroom (virtual or in-person). A compassionate grading policy is currently under review by the Carleton Senate for implementation following the pandemic.

Specific feedback related directly to the online delivery of courses during the COVID-19 pandemic will be provided to the Office of the Provost and Vice-President (Academic).

Other Considerations

We received questions related to how the implementation of the Framework was going to be funded. Through these conversations, Carleton's role when it comes to advocating for more funding, research, and efforts to support student mental health came up.

Additionally, we received feedback regarding how we can flag students who may be struggling to offer and provide support in a timely fashion. Particularly, there were comments around developing a way to flag students who are failing or dropping out of multiple classes.

Response

The university continues to explore opportunities and advocate for additional funding to support student mental health and well-being initiatives. Through the implementation of various recommendations, this updated draft Framework will strengthen our community's awareness of the signs of distress so that we aim to be able to step in and support the student before they reach a point of crisis.

Online Feedback

The following feedback was received through email and the anonymous feedback online form. Responses to address this feedback are included in this aggregate report. The University thanks the Carleton community for their feedback throughout the extensive consultation and review process of the Student Mental Health Framework.

Date	Format	Content
2-Nov-21	Form	Hire more permanent counsellors!!!
2-Nov-21	Form	More support for faculty and staff mental health beyond self-assessment and audit tools is necessary
3-Nov-21	Email	<p>I'm disappointed that there are no concrete plans, just overly broad ideas. It's great to encourage a "culture of mental health", but what does that mean in practise? The university can say that the fall break is a break for the student's mental health, but that does not stop professors from scheduling work for immediately after the break. Moreover it seems that most of the recommendations are focused on fixing the /student/, rather than fixing the /system/.</p> <p>To give an example, I have two in-person classes this term. It's really nice being back in person. What's not nice is the scheduling: they are back-to-back classes from 6-9. This is a terrible time slot, by the second course I'm very exhausted and find it hard to retain information. Both courses are COMP algorithms courses, both are in the algorithms stream, and it seems wrong that scheduling cannot take into account that there is an overlap between these two courses and schedule them on different days (this would make a good thesis...)</p> <p>Another example is the /extra/ courses that are required by the university, that is so say breadth requirements. With the changes to the calendar this year, students are now allowed to take 7.0 credits at the 1000-level or before, up from 5.0. A COMP student will need to take 1.5 1000-level COMP courses plus 1.0 credit in MATH courses, which leaves 4.5 credits allowed at the 1000-level or below, and COMP students have exactly 5.0 credits in breadth electives. By adding GEOM2005, an introductory course on programming offered by FASS without any prerequisites, there is no reason to do any other breadth elective at the 2000-level or above. COMP students will do the easy programming course, followed by 9 first-year courses. This trivializes the entire idea of breadth electives, "broadening a students horizons", by encouraging the path of least resistance. I would rather be taking third and fourth year COMP courses, but because of breath, I cannot. Because of breath, I am doing courses I have no interest in. What is wrong with letting students study what they want? I find this incredibly stressful, and don't feel like the university will ever change this because they are more concerned about entertaining the Victorian idea of the scholar than actually trying to provide a modern education. In fact, that last sentence sums up most of my problems with academia right now: too much focus on tradition. It's an issue that we have been online for almost two years now, and yet the best we have come up with is still just reading off of slides. Despite their reputation as liberal centres of innovation, universities are very conservative, outright reactionary at times, when it comes to teaching. There are no standards on how to teach, and there is no recourse when a professor teaches poorly. Students should not need to be lucky with their professors.</p> <p>One last thing I will mention is that I'm autistic and I get accommodations from the PMC. These accommodations including writing in a room with 15 or fewer students. I could not care about exactly how many students are in the room with me, I just cannot write exams in the field house. It is wrong that exams are emphasized to be worth the plurality of your mark, but the standard accommodations for writing exams are very cheap where you writing on rickety desks and chairs in a freezing room. There has been a new building on campus every year for the last ten years, and yet none of the rooms in these new building are suitable enough for writing exams.</p> <p>And don't even get me started on the idea of "academic integrity". This phrase has been overused it's become a dogwhistle in the same way "terrorism" was in America 20 years ago. I have had tests where I am unable to review my answers because of "academic integrity". We have justified an Orwellian surveillance system, because we MUST stop cheating AT ANY COST. If a state did this to their own citizens, the Carleton community would denounce said state as a totalitarian dictatorship. But when</p>

		Carleton does it to its own students? Not. A. Single. Word.
3-Nov-21	Form	As part of your website and navigation update, I hope that you improve the care report system (https://carleton.ca/studentaffairs/care-report/). When I used it last year the process was extraordinarily slow and informal, and resulted in an academic counsellor inexplicably receiving the file months later and nothing coming of it at all.
3-Nov-21	Form	Consider a Nature RX program like Cornell: https://health.cornell.edu/resources/health-topics/nature-rx
4-Nov-21	Form	<p>The whole tone of these kinds of exercises assumes that students' mental ill-health problems arise from a variety of causes and it is our responsibility to do something about them. Fair enough, as far as it goes. I don't see much willingness to ask ourselves how we, as an institution, are one of the causes of the mental ill-health crisis on campus. When we conduct these initiatives it is often easy to forget that Carleton exists to educate people. Will we examine how what goes on in academic programs, courses, and classrooms might be fueling far more serious problems than just 'the normal stress of student life, we've all been there, that's just how it is, etc. and so on'?</p> <p>Are we interested in a serious self-examination of how the academic processes, program structures, etc., that WE have created, and have the power if not the will to change, are themselves major generators of stress, anxiety, and depression? What about program design? What about a fee structure that incentivizes students to take on a course load that, very obviously if you teach them, a great many cannot handle? Should we think about our ongoing obsession with DFW rates in relation to how we may be setting students up not only to fail academically but also to experience failing health? Why do we persist with the unrealistic expectation-creating myth of the four-year degree at an institution where most students work part-time or even full-time and in a province that measures graduation rates in seven-year increments? And so on. We need to at least try to take an honest look at ourselves as one of the sources of a crisis that is only getting worse.</p>
8-Nov-21	Form	<p>Hello</p> <p>After reading the list of priorities, I was struck by one glaring omission: a commitment to increase funding for counseling services.</p> <p>Last year, I quarantined for two weeks in residence after being exposed to COVID. This had a very big impact on my mental health. I reached out to counseling services my first week out and was told I'd have to wait a month before talking to anybody. Disparaged, I gave up on seeking help and my mental health continued to worsen until I was hospitalized a few months later. Of course, I'm not blaming counseling services for this having occurred. But it is possible that an early intervention could have made a difference. I was unable to access a service that I paid into.</p> <p>COVID has had a terrible effect on people's mental health. Many people I know have been pushed to extremes. Close friends and acquaintances alike at Carleton have confided in me various struggles with their mental health.</p> <p>A robust mental health program has to include a well funded counseling service.</p> <p>After my experience, I started seeing a therapist. I'm fortunate that my family could afford that. I often muse that I think everyone should see a therapist or a counselor. But what is certainly true is that anybody who wants to see a counselor should be able to.</p> <p>Last year, I was denied proper access to mental health services. I hope that this committee takes steps to change that.</p>
10-Nov-21	Form	The Student Mental Health Framework is comprehensive. The Health and Counselling Services (HCS) on-campus are well-used by students. That being said, the wait times are very long to receive these services (up to three months), unless help is urgently needed. Expanding the HCS would be beneficial for the Carleton community.
10-Nov-21	Form	<p>Unfortunately, Carleton Mental Health Services are not adequate in any way, shape or form.</p> <p>To start, there are not enough counsellors/availability for students, 1 45 minute session every 3-4 weeks is very difficult to make any progress or to make use of time.</p> <p>To counteract this, you work with EmpowerMe, but their availability is also only 1 50 minute session every 3 weeks (from my experience). Plus, we only get 6 sessions covered despite paying for this through our insurance??</p> <p>I've also had negative experiences with the doctors performing mental health assessments, which is under stable since they are</p>

		just family doctors and not psychiatrists, but don't send students for mental health assessments to doctors who shouldn't be conducting mental health assessments!!
11-Nov-21	Form	<p>I believe Carleton is in an advantageous point in our Mental Health Framework update that it would be remiss not to sign and prioritize the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (view here: https://healthpromotingcampuses.squarespace.com/okanagan-charter).</p> <p>The Charter has two main calls to action which are:</p> <ol style="list-style-type: none"> 1. To embed health into all aspects of campus culture, across the administration, operations and academic mandates. 2. To lead health promotion action and collaboration locally and globally. <p>If our priority in this framework update is to embed mental health and well-being into all areas of campus this would be an incredibly aligned Charter to sign. As a Carleton employee with a vested interest in campus wellness and health promotion, this is the next step for our institution to take whether in progress of updating the Mental Health Framework or as an included commitment to work towards signing the Okanagan Charter.</p>
12-Nov-21	Form	<p>Your first bullet point is Equity, diversity and inclusion, yet you don't include persons who are unvaccinated onto school property. You cannot claim to be inclusive when you offer no accommodations for those that choose to be or cannot be vaccinated. How are you including non vaccinated students and staff? This is a publicly funded institution and your are violating peoples charter rights. This is discrimination at it's finest.</p> <p>Before you lecture us on equity and inclusion please take a look at your very own policies</p> <p>On another topic, a way to Increase engagement with Sexual Violence Prevention and Education would be to have courses in self defense where you can teach people how to protect themselves.</p>
12-Nov-21	Form	<p>Please do more in person courses in the Winter semester. It is so important for the student's mental health to be socially interacting with each other instead of sitting in front of the computer all day by themselves. It was a mistake not to have more in person courses this Fall 2021 semester. The viral rates were low, mandatory vaccination policies were rightfully in place combined with other risk mitigation measurements (masks for example, symptoms screening). My son's friends at University of Toronto have mostly in person classes. Please don't underestimate the importance of social interaction in this age group.</p>
12-Nov-21	Form	<p>Don't schedule a tutorial just before the next lecture. This has caused a lot of stress for our son. Help is not available in time to get his assignment in. He has reached out to TAs, but feel they can't help. He feels anxiety when he can't access helpful academic support that he needs in a timely fashion.</p>
12-Nov-21	Form	<p>My son is in a 4th year engineering programme. There's a tremendous amount of added anxiety and stress due to virtual proctor system which it takes students' focus away from their actual test or exam. Many universities are back to in-person and I don't understand why Carleton is forcing their students to put up with this rather unfair practice where any tech related issue with monitoring or electronic submission can result in penalizing students. The common comments is "how do we know your telling the truth?". Well, how do you know they're not? Since when people are considered guilty until proven innocent in this country? As parents, we try to support our sons and daughters through their academic years and that includes financial support as well. Frankly, I feel we are being cheated out of quality education these days at Carleton while still paying the same fee as before. The UNFAIR practice of virtual proctoring with no recourse to prove one's innocence must stop immediately as part of addressing students' well-being and mental health. Please do the right thing! Let's give the students the quality of education they deserve and treat them with dignity and respect.</p>
12-Nov-21	Form	<p>Get the kids back in class!!!</p> <p>It's ridiculous that your classes are still on-line. We are paying for a proper education not a virtual one.</p> <p>Capacity limits have been opened up everywhere. You require students to be vaccinated so what is the hold-up?</p> <p>There are no excuses for the current policy to still be in effect.</p>
12-Nov-21	Form	<p>This document seems to be silent on the subject of students working together to improve individual and collective mental health. As a student of architecture in Carleton in the 1980s, working in a studio environment that was open 24/7 was critical to my success. Whenever I felt like dropping out, I simply wandered around the studio and observed that there were several</p>

		other people in worse shape than me. That kept me in the game. Also, casual conversations with other classmates often produced aha! moments that helped me to break through most impasses. My daughter, who has followed in my footsteps, has far fewer social supports compared to me way back when. Today, most students work from their homes and her design professor has yet to show up for an in-person critique. There is almost no peer to peer learning now. I appreciate that Carleton University's current obsession with safety has morphed into phantom fear. That's really unfortunate because fear inhibits our brains from solving problems. In group settings, ignoring the effect of fear on learning and well being is discernibly diminishing the quality of instruction and learning.
12-Nov-21	Form	Promote an active participation of students in the measures, activities and the like linked to mental health improvements in their daily lives.
12-Nov-21	Form	Hello, My student is saying that she is spending a lot of time in her dorm room. Is there any sign that classes will be changed to in person learning soon? I believe that this will benefit her tremendously.. Thank you
12-Nov-21	Form	I have heard about tremendous support that Carleton provides students. As Carleton puts this entire program together, please consider that females should not feel that they have no repercussions from wrongfully accusing males of sexual violence (for revenge). This action can cause significant emotional and traumatic challenges for men. Women need to be protected. They also have to feel accountability for their accusations.
13-Nov-21	Email	Hello. Classes need to be in person. Enough is enough. Students are vaccinated. They need to register their status. My daughters mental health is suffering due to her online classes. She is not able to meet people in her program. She is not able to meet new friends. She is from Vancouver. Renting an apartment and feels isolated especially since some of the classes and programs are in person. Get these kids back to school! This should not be an issue any longer. It should not be left up to individual professors or departments. It should be mandated. One of the reasons I supported my daughters decision to attend Carleton was because of the mental health program. If you are truly concerned about their mental health and well being you would bring students back in to campus to resume a full university life!
14-Nov-21	Form	<p>I applaud Carleton University for having the foresights to put in place a Mental Health program since 2016. With Covid-19 pandemic amidst our daily lives, the Carleton support community will need to put further effort in ensuring the enriching experiences offered by the university are not significantly diminished due to the removal of in-person classes. Based on the several conversations I have had with some students at large, they are very frustrated with the isolation from their peers and lecturers, and the disruption to their learning caused by the ongoing Covid-19 pandemic. To compound matters, the absence of in person learning makes it difficult for the teaching faculties to assess what the students are going through due to lack of visual cue from their body language. In some instances, students may have to put up with stress and anxiety arising from the home owing to parents inability to manage/separate home and work demands, and in some unfortunate situation, the loss of loved ones due to the inability of the health care system to cope with the high demand of their services.</p> <p>Here, I would like to make a plea to the shapers and implementers of this Mental Health program to make further effort in collecting data from the student population to appreciate the challenges they are facing, and put in place pragmatic and effective programs to alleviate the stress and anxiety faced by the various student segments. Some key focus areas, amongst others, for your kind consideration include:</p> <ol style="list-style-type: none"> 1. Overloaded course work: What used to be standard course curriculum is no longer deemed to be "standard" owing to the disruption caused by the Covid-19 pandemic. One has to manage this issue delicately as lots of students are surviving on a shoe string budget. Extending the course duration, for instance, can create budget hardship for both the students and parents financing their studies. 2. Disruptive home internet system leading to missing assignment submission deadlines for course work, notably for students attending virtual classes from their home countries. Lecturers will need to be accommodative on this front as these are unusual times. There is also the element of trust and honesty from all stakeholders concerned. You will need to give the students the benefit of the doubt. If such late submissions of assignments persist, such insights in itself is a call for action to get into crux of the challenge faced by the students.

		<p>3. Ensuring teaching assistance (TAs) time slots are not scheduled in such a manner that students are not able to engage them for guidance and support owing to hectic course schedule or conflicts. I would like to highlight again that we are living in unprecedented times. Students pay significant tuition fees to ensure they get quality education. Not having TAs available to support them, especially when students are learning in isolation, does not bode well for the mental health of the students. In closing, I would like to convey my appreciation to the shapers and movers of this Mental Health Program for being inclusive through extending this survey to the wider Carleton community. Diversity and inclusivity need to be further nurtured and leveraged upon, as it makes the solution space much more richer and wider. Here's wishing Carleton University all the best in become an exemplary higher learning institution when comes to students (and I might add the support staff) mental well being through these challenging times.</p>
15-Nov-21	Form	<p>There needs to be focus placed on the mental well being of students during the pandemic. The plans for online verses in person are not good enough! With students being forced into online with no option for in person while being on campus. These students are left alone and the university is not doing enough to check on their mental well being!</p>
18-Nov-21	Form	<p>I think it is really important to address the quantity and impact of virtual learning and learning challenges and loss from the last three school years. This has had a huge impact on students and I would like to see more support for this particular topic. Too much screen time, not enough interactive work, not enough socializing with other students and teachers (often not even knowing them/who they are), not enough hands on time like lab work, isolation, most kids just don't do well learning this way, etc. This is an issue that EVERYONE deals with. It is not a minority issue. It should be front and center. Thanks</p>
20-Nov-21	Email	<p>Get students BACK TO IN-PERSON LEARNING!!! THAT WILL IMPROVE MENTAL HEALTH ISSUES EXACERBATED BY THE PANDEMIC!!! Telling students to check on their schedules often until first day of classes Jan 2022 contributes to anxiety! Carleton is failing its customers in numerous ways! Your students are your customers.</p>
22-Nov-21	Form	<p>I want to protest against syllabi that include language that counts the manner in which students communicate with professors in the grade. These are presented as a "communication protocol" in programs such as BGINS or justified in reference to pedagogical language. See GINS 3020B. However including following such a protocol as a value of 3% in the total mark, effectively penalizes students who stray be deducting 3%. This can amount to a reduction of of final grade by 1 grade point! The essence of such protocols is to deduct 3% from students who contact the instructor with questions or complaints I wish to see a digital "open door" policy so that students who need to contact someone about the course always have an office hour they can contact the instructor as the first point of contact without hesitation or second guessing themselves about whether or not they really need to talk to someone.</p>
24-Nov-21	Email	<p>Thanks to you and all those who took the time to run the session on Monday. I find the SMH framework is a positive step toward helping students succeed. My one issue is with the title itself as many won't step forward if they have to identify with having mental health issues. The brain is what controls our behaviours so really it's a wellness framework...</p> <p>I spoke with my daughter about contacting you and she's hesitant. She is annoyed I mentioned the professor and his reactions but I did see his comments and they were disturbing. My daughter isn't one to complain and want special treatment. She did better on the recent exam than most but she feels the students were offered a platform to chat about why they did poorly (lack of information required to succeed) and they were shut down.</p> <p>My daughter feels the only thing that will help her do better is to be able to go to inclass sessions. She has no idea if she even likes the program she's in as she's never attended classes. She signed up as it's normally a hands on type program. She's worried she'll lose her scholarship money as her marks have gone down and worries about how she'll pay tuition.</p> <p>She dropped out of one course as the professor was recording classes from her cottage and telling the students to google things she was referring to rather than showing them herself. As a result my daughter called the Registrar's office and was given an Advisor (also a student) she didn't even know she had access to and was advised to drop the course. This will now affect her ability to move forward and slow her down as the course she dropped is a prerequisite.</p> <p>My daughter is very determined and does not like to be seen as requiring a parent to function, She's in second year and is turning 19 next month. She's young in my opinion as they all are entering university. The one professor who shut the online chat down said, to the effect, the students need to toughen up and this is reality, grow up. I'm sorry but it's a pandemic. The</p>

		students are working in isolation in unprecedented times. As one parent said the SMH Framework will only succeed if there is buy-in from the profs.
--	--	---

Appendix A: Consultation Guide

Welcome, land acknowledgements, and introductions (~5 minutes)

Opening Presentation: brief overview of the Student Mental Health Framework 2.0, with an overview of the high-level topics emerged from pre-consultations (~10 minutes)

Breakout rooms will open or the consultation will begin (~ 40 minutes)

Welcome to the Consultation Session, facilitator introduction, note-taker introduction

As students/staff/faculty/parents/community partners, you bring a vital perspective to the Carleton community. We look forward to learning more from your experiences and hearing your views on student mental health during today's session.

As some of you may know, the 2.0 Framework was developed in 2016 and we are in the midst of developing 3.0. The 3.0 Framework is being informed by the 6 areas of focus from 2.0 that are still relevant today. Based on preliminary feedback, the following high-level topics have emerged, keeping in mind others may be identified through continued consultations:

1. Equity, Diversity, and Inclusion Action Plan
2. Leverage and incorporate Calls to Action from [Kinàmàgawin](#)
3. Increase engagement with Sexual Violence Prevention and Education Committee in implementing [Honouring Each Other](#) objectives and strategies
4. Harm Reduction and Substance Use Strategy
5. Improved Mental Health and Wellness Support navigation through a [website update](#)
6. Cyberbullying education and prevention and social media use
7. Culture of Mental Health for faculty and staff through the creation of Self-Assessment and Audit tools to support campus wide SMHF 3.0 implementation
8. Community-informed and community-driven
9. Implementation of Canada's [National Standard for Mental Health and Well-Being for Post-Secondary Students](#)
10. Yearly audit and evaluation plan developed

As we go into the consultation, we're going to explore several areas, and we encourage you to keep these high-level topics in mind. We have questions to help guide our conversation and will be posting the questions in the chat as we go for reference.

Please use the raise hand feature if you would like to comment on the questions and do feel free to use the chat to add your thoughts and comments. We'll be capturing that information too.

Before we begin, are there any questions?

- 1. What strengths do you see Carleton building upon with regard to student mental health?**
- 2. What gaps do you recognize that may need to be addressed?**
- 3. Where do you see Carleton pushing boundaries related to student mental health? An example might be Carleton's approach to harm reduction and substance use – we don't take an abstinence approach, but a de-stigmatized, supportive, and education-based approach. Value lived experiences.**
 - a. Follow-up: How could these boundaries be pushed further?**

4. What priorities would you like to see Carleton focus on with respect to student mental health?

5. In the pre-consultations, the following high-level topics emerged:

- Equity, Diversity, and Inclusion Action Plan
- Leverage and incorporate Calls to Action from [Kinàmàgawin](#)
- Increase engagement with Sexual Violence Prevention and Education Committee in implementing [Honouring Each Other](#) objectives and strategies
- Harm Reduction and Substance Use Strategy
- Improved Mental Health and Wellness Support navigation through a [website update](#)
- Cyberbullying education and prevention and social media use
- Culture of Mental Health for faculty and staff through the creation of Self-Assessment and Audit tools to support campus wide SMHF 3.0 implementation
- Community-informed and community-driven
- Implementation of Canada's [National Standard for Mental Health and Well-Being for Post-Secondary Students](#)
- Yearly audit and evaluation plan developed

What are your initial reactions to those high-level topics? Are there areas you think might be missing? Can you think of practical strategies that can be implemented under these topics?

6. What would you like to share that we have not touched upon yet in our discussion?

If you have any additional thoughts or comments, you are more than welcome to submit anonymous feedback to SMHFramework@carleton.ca

Closing remarks about next steps, where to submit additional comments (~5 minutes)