

# **STARTING A CONVERSATION ABOUT MENTAL HEALTH**

## **Foundational Training for Students**



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### **Facilitator's Guide for Use with Students**



Ministry of  
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# Starting A Conversation About Mental Health: Foundational Training for Students



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*Facilitator's Guide for Use with Post-Secondary Students*

*UBC Student Health and Wellbeing Staff, Jewell Gillies, Barbara Johnston, Liz Warwick, Dagmar Devine, Jenny Guild, Arica Hsu, Hamza Islam, Mehakpreet Kaur, Malena Mokhovikova, Jackson Mackenzie Nicholls, and Calla Smith*

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# Introduction

## How to Access the Facilitator's Guide, Slides, and Handouts

*Starting a Conversation about Mental Health: Foundational Training for Students* includes a Facilitator's Guide, an accompanying PowerPoint slide deck, and handouts to share with participants. You can download the slides here: BCcampus Starting a Conversation about Mental Health [PPTX] (<https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Starting-A-Conversation-About-Mental-Health-Slides.pptx>).

There are also handouts available for download:

- Handout 1: Wellness Wheel
- Handout 2: Coping Strategies
- Handout 3: Supporting Other Students: Mental Health Resources
- Handout 4: Talking about Mental Health: Scenarios and Responses
- Handout 4.1 Scenarios for Practice and Discussion
- Handout 5: Videos and Other Resources on Mental Health

There are also two videos you may want to bookmark (and have ready to play in a browser) prior to offering the session:

- Why Stress is Good for You ([https://www.youtube.com/watch?v=ZlAI\\_FN3r0k](https://www.youtube.com/watch?v=ZlAI_FN3r0k)) (Scientific American) (2:32 min.)
- Brené Brown on Empathy (<https://www.youtube.com/watch?v=1Evwgu369Jw>) (2:53 min.)

*Starting a Conversation about Mental Health: Foundational Training for Students* was developed as part of BCcampus's Mental Health and Wellness Projects to provide open access resources to increase awareness of mental health and support post-secondary students.

This project was developed with funding from the Ministry of Advanced Education and Skills Training and guidance from an Advisory Group of students, staff, and faculty from B.C. post-secondary institutions. This is one of a series of open education resources on mental health (<https://bccampus.ca/projects/wellness/mental-health-and-wellness/>) available for the B.C. post-secondary sector.

# How To Use This Resource

This training resource is for facilitators presenting a two- to three-hour synchronous session to students at post-secondary institutions.. The training can be offered in person or online, and we invite you to augment the training with your own stories, models, and examples.

The resource includes three components:

**Facilitator Guide.** This guide includes presentation notes, activities, and scenarios to help you deliver the training. You may want to download the guide to a PDF file prior to giving a session. The guide also has a Getting Ready section with suggestions for preparing, adapting, and modifying the training.

**Slide Deck.** The Facilitator's Guide has an accompanying PowerPoint slide deck that you can download from the link at the top of this page. The slides can be formatted to meet your institution's guidelines or slide deck templates. You may want to add slides or that include the contact information of counselling services, campus helplines, Indigenous student centres, and other services on your campus that support students.

**Handouts.** The guide also includes handouts that you can share with participants. You may want to format these handouts according to your institution's guidelines (e.g., colours, fonts, logos). You may also adapt the information in them to reflect the needs and concerns of the group you are addressing.

## Detailed Agenda

For a breakdown of the session, see the [Detailed Agenda](#). This agenda assumes that you will offer this training over 2 hours; however, you may want more time and could extend the session to 2.5 or even 3 hours to allow more time for discussion and to give students lots of time to work through the scenarios at the end. Some facilitators may want to offer the training over two sessions. While the training is adaptable, we recommend that you include the sections on Indigenous perspectives on wellness, diversity, and marginalized groups, as it is important to maintain the integrity and diversity of voice in this guide.

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## Why Mental Health and Wellness Training for Students?

For post-secondary students, life is often filled with change, uncertainty, and challenges. Many students are living away from home for the first time and are learning to balance very busy academic schedules with managing finances, building their social circles, and figuring out their interests and future careers. The stress of post-secondary education is felt by all students at some point, and it can be overwhelming for some.

When the National College Health Assessment surveyed Canadian students in 2019, they found that students' academic performance had been adversely affected by stress (42%), anxiety (35%), sleep difficulties (29%), and depression (24%) within the past 12 months. The same study found that 16% of students had seriously considered suicide over the prior year at least once.<sup>1</sup> People in their late teens and early 20s are also at the highest risk of all age groups for mental illness; in these years, first episodes of psychiatric disorders like major depression are most likely to appear.<sup>2</sup>

Post-secondary institutions are looking at different ways to support students. One strategy is to provide students with training in mental health and wellness to increase awareness and understanding of mental health. *Starting a Conversation about Mental Health: Foundational Training for Students* provides foundational knowledge on mental health for post-secondary students. We all have a role to play in our own mental health and supporting others' mental health. By learning how to use mental health language accurately and talking openly about mental health, we can reduce the stigma that is still associated with mental health and mental illness. Students will learn about the stress response and how to manage everyday stresses. They will also learn

1. American College Health Association. (2019). *American College Health Association–National College Health Assessment II: Canadian Reference Group executive summary – Spring 2019*. American College Health Association.
2. Queen's University. (2012). *Report of the principal's commission on mental health*. <https://www.queensu.ca/principal/sites/webpublish.queensu.ca.opvcwww/files/files/CMHFinalReport.pdf>

how they can support other students who are struggling with stress and how they can be a role model for coping with stress and maintaining good mental health.

## **Who Can Take This Training?**

Many of the students who are interested in this training will be in leadership roles (resident assistants, peer group leaders, and teaching assistants), but the session is intended for any student who is interested in learning more about mental health and working to build an inclusive and resilient community at their post-secondary institution.

# Accessibility Statement

The web version of *Starting A Conversation About Mental Health: Foundational Training for Students* (<https://opentextbc.ca/studentmentalhealth/>) has been designed with accessibility in mind by incorporating the following features:

- It has been optimized for people who use screen-reader technology.
  - All content can be navigated using a keyboard
  - Links, headings, and tables are formatted to work with screen readers
  - Images have alt tags
- Information is not conveyed by colour alone.
- There is an option to increase font size (see tab on top right of screen).

## Other File Formats Available

In addition to the web version, this book is available in a number of file formats including PDF, EPUB (for e-readers), MOBI (for Kindles), and various editable files. Here is a link to where you can download the guide in another format (<https://opentextbc.ca/studentmentalhealth/>). Look for the “Download this book” drop-down menu to select the file type you want.

Those using a print copy of this resource can find the URLs for any websites mentioned in this resource in the footnotes.

## Known Accessibility Issues and Areas for Improvement

While we strive to ensure that this resource is as accessible and usable as possible, we might not always get it right. Any issues we identify will be listed below.

There are currently no known issues.

## Accessibility Standards

The web version of this resource has been designed to meet Web Content Accessibility Guidelines 2.0 (<https://www.w3.org/TR/WCAG20/>), level AA. In addition, it follows all guidelines in Accessibility Toolkit (2nd ed.), Appendix A: Checklist for Accessibility (<https://opentextbc.ca/accessibilitytoolkit/back-matter/appendix-checklist-for-accessibility-toolkit/>). The

development of this toolkit involved working with students with various print disabilities who provided their personal perspectives and helped test the content.



# Acknowledgements

We gratefully acknowledge that this facilitator's guide and the associated presentation have been adapted from the University of British Columbia's training, *Mental Health Literacy for Student Leaders*, by University of British Columbia (UBC) Student Health and Wellbeing staff. While we don't have the names of all the authors who contributed to the UBC training over the years, we would like to thank those people who worked with BCcampus on this newly adapted version: Tam Uden, Freeman Woolnough, Karen Moss, Kelly White, Patty Hambler, and Levonne Abshire.

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We would also like to thank Matty Hillman for piloting this workshop with students in summer 2021, and the eight post-secondary students from around the province who participated in the training, wrote scenarios, and offered feedback. See [Appendix 6](#) for the list of authors, contributors, and advisory group members.

The development team and authors who worked on this resource are dispersed throughout British Columbia and Canada, and they wish to acknowledge the following traditional, ancestral, and unceded territories from where they live and work: Algonquin Anishinabeg Territory in Ottawa, Ontario; xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) territories in Vancouver, B.C.; Syilx Okanagan Territory in Kelowna, B.C.; Ləkʷəŋən (Lekwungen)/Songhees territories in Victoria, B.C.; and the Kʷikʷəʔəm (Kwikwetlem), xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations in Port Moody, B.C. We honour the knowledge of the peoples of these territories.

# Section 1: Getting Ready

# Preparing for the Session

To download the PowerPoint slide deck and handouts that accompany this Facilitator's Guide, please see the [Introduction](#).

## Key Learning Points

This training opens up the conversation about mental health to increase understanding and reduce negative stigma surrounding mental illness. Key learning points of the training include the following:

- We all have a role to play in supporting our own and each other's mental health.
- We can learn ways to foster and maintain good mental health.
- It's important to understand the differences between mental health, mental distress, mental health problems, and mental illness.
- International students and students who are marginalized and/or racialized may face more barriers to accessing mental health supports.
- Talking openly about mental health and mental illness as well as being thoughtful about the language we use helps destigmatize mental illness.
- There are many strategies for coping with stress.
- We can learn and model effective ways to seek support for our own mental health or mental illness.

## Practical Considerations for In-Person and Online Sessions

To prepare to facilitate this workshop, consider the following:

- Read through the Facilitator's Guide and handouts to familiarize yourself with the content. You may want to download and print the guide as a PDF file.
- Download the slide deck and make any needed modifications.
- Prepare to give a territory acknowledgement to open the session. Also consider ways in which to Indigenize the content. (See [Indigenous Considerations](#).)
- Determine how you will share handouts and other resources. You may want to print out and share during in-person sessions and share the links in the chat for online sessions. You may

want to share Handout 1: Wellness Wheel with students ahead of the session and ask that they review it beforehand. Handout 3: Supporting Other Students: Mental Health Resources is a fillable PDF so you can customize it with your institution's contact information prior to the session.

- Think about which scenarios you want students to discuss. Handout 4.1 has just the scenarios (no responses); Handout 4 has the scenarios with suggested responses. There are 11 scenarios to choose from, but it's unlikely you'll have time to cover them all.
- There are two videos you may want to bookmark (and have ready to play in a browser) prior to offering the session: Why Stress is Good for You ([https://www.youtube.com/watch?v=ZlAI\\_FN3r0k](https://www.youtube.com/watch?v=ZlAI_FN3r0k)) (Scientific American ) (2:32 min.) and Brené Brown on Empathy (<https://www.youtube.com/watch?v=1Evgu369Jw>) (2:53 min.)
- Think about how many participants you expect will attend. The guide assumes a small to medium number of participants (approximately 6 to 30); if your group is very large, you may need to modify some of the small group and reflection activities.
- Add relevant examples and additional insights that are based on your own experience or that are relevant to the student population at your institution.
- Think about the international student populations at your institution. Are there specific cultural differences to consider? For example, in some cultures, such as South Asian cultures, mental illness is still very much stigmatized, and students may be uncomfortable talking about it. A great resource about the mental health of South Asian students is The Pardesi Project (<https://www.sochmentalhealth.com/pardesi-project/>). Keep in mind that the mental health words we use in English may not exist in other languages as mental health is rarely discussed in some cultures.
- Consider providing participants with group guidelines prior to the session so people can prepare and create guidelines together. This will save time during the session. (See Group Guidelines for more information.)

## Know the Procedures and Contacts at Your Campus and in Your Community

- Become familiar with who to notify at your campus if a student is concerned about another student. For example, does the student contact counselling services? If they're a residence assistant or teaching assistant do they contact their supervisor? Is there an alert form they should fill out? Who do they contact in an emergency? The procedures may vary from institution to institution.
- Consider which resources, procedures, or policies at your institution are relevant to helping students who need assistance.
- Find out what on-campus and community resources are available that support student mental health, or create your own contacts sheet to share with participants (or have a



website ready for viewing on-screen).

## Preparing for an In-Person Session

You will need the following:

- Laptop
- Projector
- Flipchart or whiteboard and markers
- Handouts
- Handout from your institution with contact information for student supports on campus

## Preparing for an Online Session

- Schedule a meeting time in a video-conferencing program.
- Check that the screen-share function is enabled for sharing slides.
- If using chat or breakout rooms, check that they are enabled.
- Share the meeting link and any passwords with participants prior to the session.
- Consider sending the meeting information at least twice, including once the day before the session. You may also want to share suggestions for online meeting etiquette for creating a safe learning space (i.e., sharing supportive comments, respecting confidentiality, etc.).
- Consider asking someone to be the monitor responsible for responding to technical issues and questions posted to the chat.
- As noted above, make sure you have a plan for distributing any resources, such as handouts, online. Remember to let participants know how and when they can expect to receive these resources.

### *Working in small groups online*

If your video-conferencing software allows you to create breakout rooms, you can have people work together in smaller groups. Take some time before the session to get comfortable with the breakout room set-up process. It can be helpful to have someone assist you with setting up the breakout rooms, so you can facilitate the session while they handle the technical issues.

Breakout rooms will work well for discussing the scenarios, but you will want to do some advance preparation. It may be easiest to put the scenarios in the chat, so have the scenarios ready to add to the chat prior to the session. During the session, you can then assign each group to a

specific breakout room to discuss the different scenarios. Alternatively, you could move people into breakout rooms and then visit each room to verbally provide a scenario to each group.

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# Indigenous Considerations

Developing and delivering training on mental health can be an opportunity to build on existing work at your institution toward Indigenization, decolonization, and reconciliation.

## Territory Acknowledgement

Acknowledging the Indigenous Peoples on whose traditional lands you live, work, and study is an important way to begin an event or meeting and can be included as part of classroom activities and taught to students. Meaningful territory acknowledgements allow you to develop a closer and deeper relationship with not only the land but the traditional stewards and peoples whose territory you reside, work, live, and prosper in. For more information on giving a territory acknowledgement, see [Opening the Session](#).

The Truth and Reconciliation Commission's Calls to Action ([https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls\\_to\\_action\\_english2.pdf](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf)) explicitly state that each of us as members of Canadian society have a direct responsibility to contribute to reconciliation; how we discuss colonization in relation to mental health is a direct response to that responsibility.

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is an international instrument adopted by the United Nations on September 13, 2007, to enshrine (according to Article 43) the rights that “constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world.” UNDRIP was adopted by the government of British Columbia on November 26, 2019. Centring the history of colonization as a background to and framework for mental health is in direct response to our legal and moral obligation as members of Canadian society.

## Curriculum Development and Indigenous Ways of Knowing and Being

Indigenization is a process of naturalizing and valuing Indigenous knowledge systems.<sup>1</sup> In the

1. Antoine, A., Mason, R., Mason, R., Palahicky, S., & Rodriguez, C. (2018). *Pulling together: A guide for Indigenization of post-secondary institutions. A professional learning series*. <https://opentextbc.ca/indigenizationcurriculumdevelopers/> ; Little Bear, L. (2009). *Naturalizing Indigenous knowledge*:

context of post-secondary institutions, this involves bringing Indigenous knowledge and approaches together with Western knowledge systems. This benefits not only Indigenous learners but all students, staff, faculty, and campus community members involved in or impacted by Indigenization.

As you adapt this training for your particular context, consider how and in what ways you might interweave Indigenous content and approaches. Here are some examples of how you might include an understanding of Indigenous ways of knowing and being:

- Incorporate Indigenous pedagogical approaches, such as holistic and relational perspectives, experiential learning, place-based learning, and intergenerational learning.
- Involve Indigenous students, faculty, and staff in reviewing, adapting, and evaluating resources.
- Integrate knowledge from Indigenous communities local to your institution.

As you do this work, as an Indigenous or non-Indigenous person, you will want to continue to draw upon and build on existing relationships with Indigenous people, both within and outside of your institution. As a way of continuing to work in intentional and respectful ways, you may want to reflect on questions such as these:

- How does this work benefit Indigenous communities and help them to meet their goals?
- Will there be benefits for Indigenous students, faculty, and staff?
- Have the community or communities identified their own priorities or goals related to this work?
- How can this work support Indigenous efforts related to healing from past and ongoing colonial violence?

## Elders and Knowledge Keepers

Elders have always been the foundation for emotional, social, intellectual, physical, and spiritual guidance for Indigenous communities. As you find ways to naturalize Indigenous context, perspectives, and traditional ways of being in your training, we recommend that you consider inviting an Elder or Knowledge Keeper from your local community to support your sessions. One way of doing this is to speak with Indigenous student services staff at your institution, share with them some of the recommendations in this guide, and see how they might wish to support this work.

*Synthesis paper.* Canadian Council on Learning. [https://www.afn.ca/uploads/files/education/21.\\_2009\\_july\\_ccl-alkc\\_leroy\\_littlebear\\_naturalizing\\_indigenous\\_knowledge-report.pdf](https://www.afn.ca/uploads/files/education/21._2009_july_ccl-alkc_leroy_littlebear_naturalizing_indigenous_knowledge-report.pdf)

Not all institutions will have an Elder in Residence, but each should have ways for you to contract an Elder or Knowledge Keeper to come in and support your work. Elders and Knowledge Keepers often support the whole post-secondary institution community, not just the Indigenous students. Involving Elders and Knowledge Keepers can help support reconciliation by helping to build respectful, reciprocal relationships that are deep and meaningful.

Whenever you plan to bring in a community member, Elder, or Knowledge Keeper, it is important to plan for the honorarium required to remunerate them for their time and for sharing their wisdom and traditional teachings. In many communities, it is seen as most respectful to offer payment on par with what you would pay a Ph.D. holder to do a keynote presentation. However, consulting with the Indigenous services staff at your institution on what is a typical amount for this type of event is also a good practice.

## Text Attributions

- This chapter is adapted from *Consent and Sexualized Violence Training and Facilitator Guide: Preventing and Responding to Sexual Violence in B.C. Post-Secondary Institutions* (<https://opentextbc.ca/svmconsent/>), by the Sexual Violence Training Development Team (CC BY 4.0 License (<https://creativecommons.org/licenses/by/4.0/>)).

# Guidelines and Tips for Facilitation

*Talking about mental health can sometimes bring up many feelings and memories for people, and sometimes the discussion can run off topic. This section provides some guidelines and tips for facilitating a session on mental health.*

## Creating a Safe Learning Space

Participants need to feel comfortable, safe, and respected during the training. We discuss several strategies for helping to create a positive learning space. As you prepare to facilitate, you will want to consider factors such as when and where to hold the session, key messages on promotional materials, whether to use group guidelines, how to ensure diverse representation, and ways of working with co-facilitators or guests. If possible, having a co-facilitator or someone to assist you during the presentation can be very helpful. If a student is triggered and needs to leave the session, a co-facilitator or helper can follow up with the student.

## Opening with Intention

Facilitators have an enormous role to play in setting the tone for a session. As people enter the space (online or in person), you can welcome them and help them get oriented. You can let them know if you've started or whether you're waiting for a few more people and share housekeeping information, such as where the bathrooms are, where they can put their things, or how to use online interactive features. You may want to consider using a breathing exercise together or an icebreaker activity to help put people at ease. As you begin the session, you can use opening questions that help create inclusivity, such as correct pronouns, check-in questions, or information about accessibility needs and requests.

## Scope of the Session

It is important to hold space in a session for people's feelings and experiences – shared or not. However, boundaries are also needed to enable the training to move forward and be completed within the stated time frame.

It is important to establish at the beginning that the training is a learning space and not a counselling session. (You may also want to send an email to all participants with this message

prior to the session.) If a participant is starting to take over the discussion with their personal experiences, you can gently redirect the conversation back to the material that you need to cover. It is a good idea to stay after the session is over to talk to any participants one-on-one.

It's also important to provide a clear scope to reassure participants who worry that they must "save" a student who is in distress. Emphasize that students are not expected to be counsellors or "fix" a student who's experiencing mental health problems.

## What This Session Does Not Include

This session does not include content on suicide, which is a very serious issue that requires more in-depth training. This training also doesn't focus on how to recognize and support a student struggling with substance abuse and addiction. Substance abuse and mental health are closely linked, but this topic is beyond the scope of this foundational training.

Participants who have concerns about a student who is suicidal or abusing substances should consult a counsellor – or call 911 if it's an emergency. The "[Helping Other Students](#)" section of the guide provides information on how to refer another student to campus and community resources.

## Group Guidelines

It can be helpful to ask participants to agree to a list of guidelines or a code of conduct when they register or sign up for the training. You can either send the group guidelines to participants before the session or you can take some time at the beginning of the session to establish the guidelines together.

Or, you might share a list of guidelines at the beginning of the session and ask participants if they feel comfortable with them or if they have something they would like to add or change.

Group guidelines can be an important tool for supporting safer discussion about difficult topics. You can remind participants of the guidelines if the discussion is getting difficult. Important group agreements relate to listening to and showing respect for others (e.g., not talking when others are speaking, not making rude comments, not talking on the phone), confidentiality, and participation.

Group guidelines come in all shapes and sizes. Some groups have a few guidelines, while others have many. Here are some suggestions for possible guidelines:

- Share the learning, not the names or the stories (confidentiality).
- Participants have the right to "pass" on activities/questions that feel uncomfortable.
- It is all right to feel uncomfortable or not to know answers to everything.
- It is okay to step out of the session at any time.

- Treat others with respect.
- Be mindful of your language; respect everyone's names and pronouns.
- Speak for yourself. Use "I statements" to state opinions or feelings.
- Seek to replace judgment with curiosity.
- Take care of yourself.
- Take space, make space (allow everyone a chance to participate).

## Content or Trigger Warnings

Content warnings (also called trigger warnings) are statements made prior to sharing potentially difficult or challenging material. The intent of content warnings is to provide learners with the opportunity to prepare themselves emotionally for engaging with the topic or to make a choice to not participate.

Different departments and institutions will have different approaches to content warnings, and this may guide your decision about including content warnings on registration or sign-up forms, in learning materials, and in the learning environment. Here is an example of a content warning:

We will be discussing topics related to mental health in this training. During the training, you can choose not to participate in certain activities or discussion and can leave the session at any time. If you feel upset or overwhelmed, please know that there are resources to support you.

There are a number of other facilitation strategies you may want to consider in addition to or instead of a content warning:

- When discussing difficult content, check in with participants from time to time. Ask them how they are doing, whether they need a break, and so on. Let them know that you are aware that the content is difficult.
- Ask participants to be mindful of their fellow learners during the discussion and remind them that people who have struggled with mental illness may be present in the room (regardless of whether this information has been shared with others).

## Trauma Awareness

Some participants may have direct experience with someone close to them who has a mental illness or has taken their own life. There are a number of strategies you can use to help create a trauma-aware learning space.



## Before the Session

Before you start facilitating in this area, ensure that you are knowledgeable about receiving disclosures and about available supports and resources on campus and in the community. Some institutions have developed practices such as expedited counselling for participants who might need support after a training session or making intensive crisis supports available for a short time after a training or particular initiative.

## To Start

At the beginning of the sessions, let participants know that they have the right and freedom to take care of themselves in a way that works for them. In particular, let participants know that they can leave the room or choose not to participate in an activity. You could say something like “If at any time you feel you need to leave, that’s fine with me. You are empowered to take care of yourself.”

If you feel comfortable doing so, you can share information about grounding activities that may be helpful to participants during the session. Grounding activities, such as breathing exercises, are simple activities that can help people to relax, stay present, and reconnect with the “here and now” following a trauma response – for example, pressing or “rooting” your feet into the ground, breathing slowly in and out for a count of two, repeating a statement such as “I am safe now; I can relax,” or using your five senses to describe the environment in detail.

## During the Session

If you do notice that someone has left the group and you suspect that they were reminded of previous trauma by something in the session, follow up with them one-on-one after the session to check in and offer any resources that you think might be helpful to them.

During the session, if the conversation becomes intense or you believe that a number of participants have become overwhelmed or affected by the discussion, it can be helpful to take a break or use an activity that involves the body or movement to help people reconnect with the present moment.

Let participants know that you will be available after the training if they would like to debrief or share their responses to the session or how they are feeling. If possible, schedule at least 30 minutes after a session so that you can be available to participants. If you are delivering the training in an online context, you can let participants know that they can private message or email you.

Participants may need some time near the end of the session to ask questions, share a reflection,

or simply sit with what they heard and discussed. If possible, try to ensure that this time is built in at the end so no one feels rushed when concluding the session.

## After the Session

Plan to stay after the session to talk to any participants who have questions or concerns they want to discuss. If you are concerned about a participant, ask them if they would find it helpful for you to check in with them later in the day or the following day. You could also ask them if they have a friend or family member that they might find it helpful to speak with after the session. If so, help them make a plan to connect with them (e.g., via phone or text or in person or at a certain time).

## Questions That May Come Up and How to Respond

Facilitating conversations about mental health can be challenging. Participants likely bring many different experiences, assumptions, ideas, and worries about how best to support students who are struggling with these issues.

It's important to create a space where people feel safe and supported so they share and listen to others with respect and empathy. This section offers ideas and tips for creating such an environment, but you also have a time limit within which to present material. It's important to keep an eye on the clock and know how, and when, to direct participants' attention to the next topic.

As mental health and wellness affects all parts of our lives, participants may bring up related issues or concerns or they may disclose confidential information about another student. Below are some questions that might come up during the session, with suggestions for responses. The goal is to acknowledge people's comments, thank them for their contribution, and point them to resources they may find helpful. Then the discussion can move back to the specific topic at hand.

1. Does this training make me responsible for solving students' problems?
  - Thank the participant for asking this question, as it's a worry many people have.
  - Remind participants that no one is being asked to take responsibility for another student's well-being or solve their problems. But sometimes just listening to another student and then reminding the student of resources on campus can be very helpful.
  - Note that everyone does have a role to play to help others, but only if they feel comfortable doing so while maintaining their own boundaries.
  - Suggest that participants who still have concerns after the presentation come and talk to you for further guidance.

2. What about support for my own mental health and well-being?
  - Acknowledge the importance of the issue being raised: all students may face their own challenges around mental health and well-being.
  - Let everyone know that there are institutional and community resources available to them and you can provide those after the session. This session covers ways to manage our own stress as well as ways to support other students.
3. I feel worried at the thought of helping another student who is in distress. Will this training actually help me?
  - Thank the participant for asking this question, as it's a worry many people have.
  - Let them know that the training will help them feel more equipped to help and more confident if they have to talk to a student they are worried about.
  - Explain that they will learn ways to begin and end a sensitive conversation and they will have a chance to practise.
  - Remind them that the most important thing they can do is listen empathetically to a student who is distressed and know where to refer them. They are never expected to be a counsellor.
4. I tried to help another student and it didn't go well. What can I do next time?
  - Acknowledge that the participant has had a negative experience in the past.
  - Focus their attention on the present and remind them that by attending this session they will have the opportunity to discover other ways of supporting students (while maintaining boundaries).
  - Invite the participant to talk to you after the presentation. You could also suggest that the participant talk to a counsellor.
5. Why isn't this institution doing more to support students struggling with mental health?
  - Acknowledge in a respectful way the participant's commitment to students' well-being.
  - Let them know that you'll be sharing resources that are available currently.
  - Invite them to meet with you after the session to share ideas for how the institution could do better.
6. Does this session go over how to respond to someone who is suicidal?
  - This session provides foundational training on mental health, and it does not include suicide, which is a very serious issue that requires more in-depth training. This training

also doesn't focus on how to recognize and support a student struggling with substance abuse and addiction. Substance abuse and mental health are closely linked, but this topic is beyond the scope of this foundational training.

## Transitions and Difficult Conversations

While facilitating, you are likely to encounter challenging moments when you may not be sure how to respond. Someone may start to dominate the discussion, or the conversation may shift in a direction that makes you concerned for the comfort of other participants.

Here are some potential responses for bringing participants back to the topic or handling challenging moments:

- This is a really great dialogue, but I would like to bring us back to the topic at hand.
- Thank you for sharing that story. I'd like to follow up with you after the session today if we can save this conversation for later.
- I'm getting conscious of time here. Let's move on for now.
- Your feelings are important and I want to be able to give you my full attention. Would you like to step out and have a conversation about it? My colleague can continue with the session. (This can work if there are two co-facilitators. If there is only one facilitator, you can suggest continuing the conversation after the session.)
- It's okay for us to agree to disagree. Let's move on; I'd like to bring us back to some of the activities and questions we had planned.

## Self-Care and Community Care

Self-care and community care are about looking after yourself and those around you. The experience of facilitating a session on mental health can range from satisfying and rewarding to challenging and overwhelming. It is important to make sure that you are able to take the time to take care of yourself and that you are willing to reach out to co-workers, friends and family, or professional support if needed.

After facilitating a session, you may want to check in with a friend or colleague about your experiences and any successes or challenges in facilitating. This allows for time to reflect on issues related to your own mental health, to consider any feedback that you received from participants, and to discuss any facilitation successes and challenges. You might use the time after a session to reflect or use a journal to make notes as a way of processing the experience.

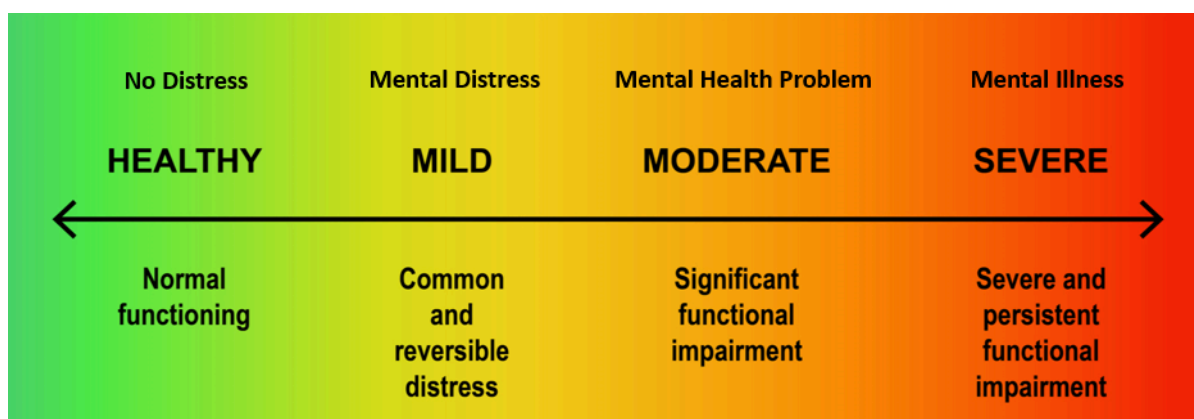
## Check-In/Reflection Questions for Facilitators

Taking time after a session to debrief can be a helpful way to care for yourself. Here are some sample debriefing questions:

- What was a positive moment or success in this session?
- How did the participants engage with the different activities? Is there something I want to facilitate or do differently next time?
- Did I or a participant seem to have a response to the material, a shared story, or another participant that was challenging? If so, how was it responded to or resolved?
- Is there something that would be helpful for me to learn about or check with a colleague about?

### Mental Health Models: Options for Institutions

The training uses the Mental Health Continuum to show different states of mental health and help participants differentiate between different mental health states.



### Mental Health Literacy

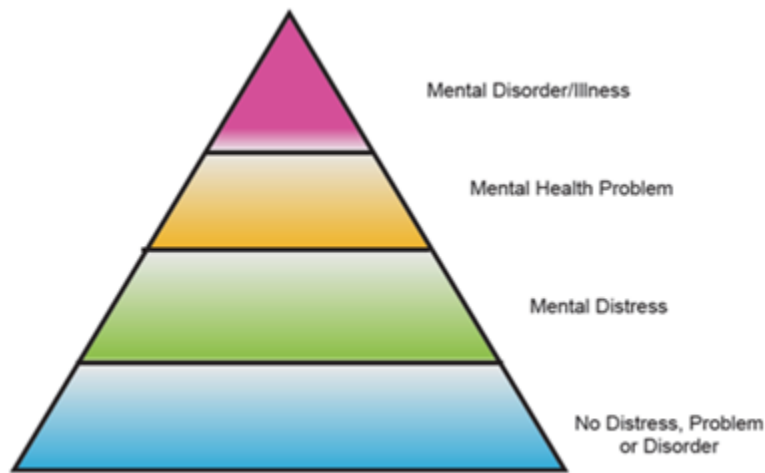
Some post-secondary institutions already use what is known as *mental health literacy* to frame their mental health training and support. Mental health literacy is defined as:

- Understanding how to foster and maintain good mental health
- Understanding mental disorders and their treatments

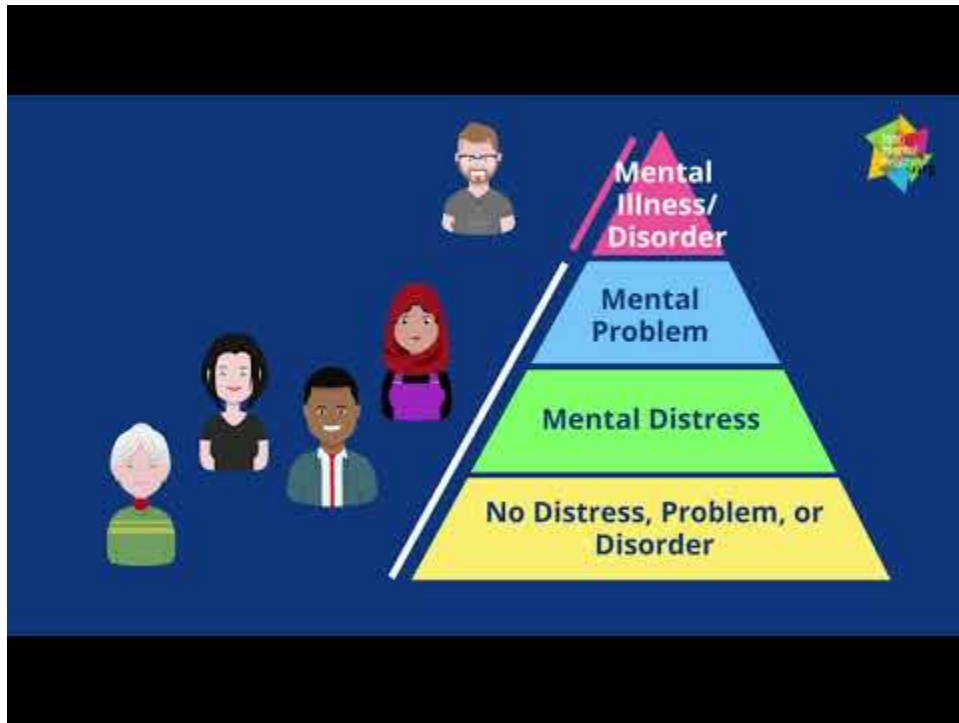
- Decreasing stigma
- Understanding how to seek help effectively

For more information on mental health literacy, see Kutcher and Wei (2020).

If your institution uses the mental health literacy framework, this framework can easily be integrated into this training or replace the mental health continuum.



A good introduction to this model is a nine-minute video from the Mental Health Collaborative, *The Mental Health Literacy Pyramid*, which gives an overview of the framework and the different mental health states. If you have the time, you may want to show it to participants:



A YouTube element has been excluded from this version of the text. You can view it online here: <https://opentextbc.ca/studentmentalhealth/?p=28>  
(<https://opentextbc.ca/studentmentalhealth/?p=28#pb-interactive-content>)

## Resources on Mental Health for Further Reading and Preparation

Here is a list of videos and other resources on mental health. The resources are also listed in [Handout 5: Videos and Other Resources on Mental Health](#).

### Videos

*How to make stress your friend* (<https://www.youtube.com/watch?v=RcGyVTAoXEU>) (14:28 min.).  
– Ted Talk by Kelly McGonigal on the many advantages of stress.

*The mental health literacy pyramid* (<https://www.youtube.com/watch?v=-aXFzDyuALI>) (9:28 min.), Mental Health Collaborative.

– Provides an overview of the Mental Health Literacy Framework and the different mental health states.

Why stress is good for you ([https://www.youtube.com/watch?v=ZlAI\\_FN3r0k&ab\\_channel=ScientificAmerican](https://www.youtube.com/watch?v=ZlAI_FN3r0k&ab_channel=ScientificAmerican))(Instant Egghead #40; 2:32 min.), *Scientific American*.

– Explains how stress can be viewed as helpful.

## Other Resources

Comninos, A. (n.d.). Stress. Mindfulness and Clinical Psychology Solutions.

– Web article on the stress curve, different types of stress, and how to cope and manage stress. <https://mi-psych.com.au/what-is-stress/>

Kutcher, S., & Wei, Y. (2020). School mental health: A necessary component of youth mental health policy and plans. *World Psychiatry*, 19(2).

– Article on mental health literacy. <https://doi.org/10.1002/wps.20732>

Ohrnberger, J., Fichera, E., & Sutton, M. (2017, December). The relationship between physical and mental health: A mediation analysis. *Social Science and Medicine*, 195, 42–49.

– Article on the connection between physical and mental health. <https://www.sciencedirect.com/science/article/pii/S0277953617306639>

TeenMentalHealth.org. (n.d.). How not to bubble wrap kids: Learning how to use daily stress to develop resilience.

– Information sheet on using daily stress to develop resilience. <https://mentalhealthliteracy.org/wp-content/uploads/2017/09/Stress-Two-pager.pdf>

## Text Attributions

- “Creating a Safe Learning Space,” Trauma Awareness,” and “Self-Care and Community Care” are adapted from Consent and Sexualized Violence Training and Facilitator Guide: Preventing and Responding to Sexual Violence in B.C. Post-Secondary Institutions (<https://opentextbc.ca/svmconsent/>), by the Sexual Violence Training Development Team (CC BY 4.0 License (<https://creativecommons.org/licenses/by/4.0/>)).
- “Scope of the Session,” “Questions that May Come Up and How to Respond,” “Transitions and Difficult Conversations,” “Mental Health Models: Options for Institutions,” by Barbara Johnston (CC BY 4.0 License (<https://creativecommons.org/licenses/by/4.0/>)).



## Media Attributions

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- The Mental Health Pyramid was adapted from *Mental Health Literacy for Student Leaders* © UBC Student Health and Wellbeing staff.
- The Mental Health Literacy Pyramid (<https://www.youtube.com/watch?v=-aXFzDyuALI>) by Mental Health Collaborative, Inc. Standard YouTube License.

# Detailed Agenda

This agenda provides suggested timings for a two-hour session, the minimum time recommended for presenting the information and providing time for the activities. However, you may want more time to offer this training and could extend the session to two-and-a-half or even three hours to allow more time for discussion, debriefs, and short breaks, and to give students lots of time to work through the scenarios at the end. Some facilitators may want to offer this training over two sessions. While this training is adaptable, we recommend that you include the sections on Indigenous perspectives on wellness, diversity, and marginalized groups, as it is important to maintain the integrity of diversity of voice in this resource.

Activity	Suggested Time
<b>Opening the Session</b> <ul style="list-style-type: none"><li>• Territory Acknowledgement</li><li>• Opening Check In</li><li>• Goals and Objectives</li><li>• Practical Information</li><li>• Support and Self-Care and Breathing Exercise</li><li>• Group Guidelines</li></ul>	9 min.
<b>What Is Mental Health and Wellness?</b> <ul style="list-style-type: none"><li>• Brainstorming Activity: What Mental Health Means</li><li>• The Wellness Wheel</li></ul>	10 min.
<b>The Language of Mental Health</b> <ul style="list-style-type: none"><li>• Mental Health Continuum</li><li>• Mental Health Terms</li><li>• The Relationship Between Mental States</li><li>• Dual Continuum Model of Mental Health and Mental Illness</li><li>• Activity: Words Matter</li></ul>	15 min.
<b>Marginalized Groups and Mental Health</b> <ul style="list-style-type: none"><li>• Overview of Marginalized Groups</li><li>• What We Need to Keep in Mind</li><li>• Activity: Reflection</li></ul>	9 min.

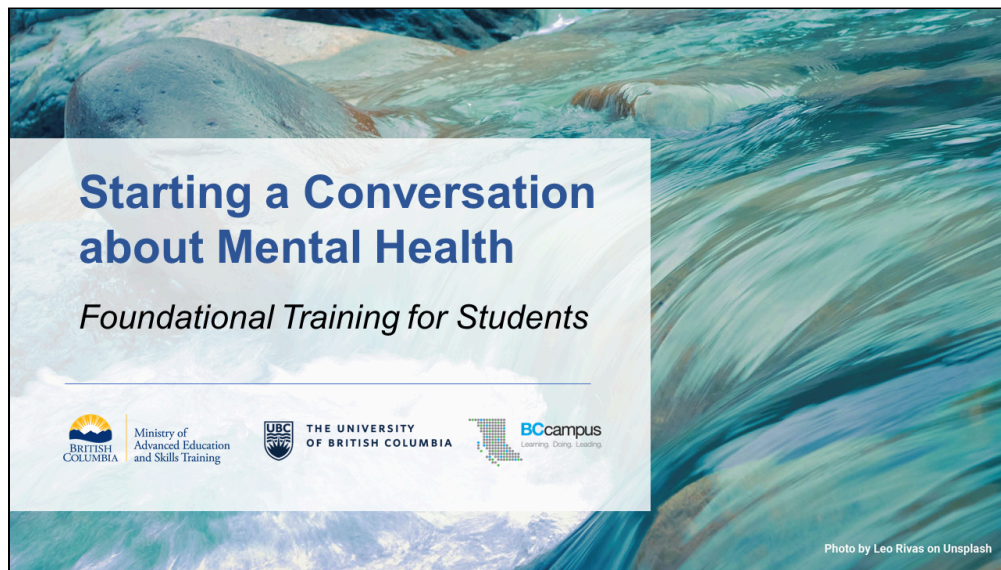
<b>Let's Talk about Stress</b> <ul style="list-style-type: none"> <li>• Rethinking Stress</li> <li>• Video: Why Stress is Good for You</li> <li>• The Stress Curve</li> <li>• Resilience</li> <li>• Activity: Thinking about Stress</li> </ul>	15 min.
<b>What To Do When We're Stressed</b> <ul style="list-style-type: none"> <li>• Three Steps to Take</li> <li>• Global Events and Mental Health</li> <li>• Taking Charge of Your Health</li> <li>• Activity: Discussion on Taking Care of Your Health</li> </ul>	10 min.
<b>SHORT BREAK</b>	5 min.
<b>Helping Other Students</b> <ul style="list-style-type: none"> <li>• Activity: Reflection on What We Need When We're Distressed</li> <li>• Video: Brené Brown on Empathy</li> <li>• Steps to Take When Helping Others</li> <li>• Services and Resources at Your Institution</li> <li>• Provincial Crisis and Support Lines</li> <li>• If the Student Won't See a Counsellor or Seek Help</li> </ul>	12 min.
<b>Maintaining Boundaries</b> <ul style="list-style-type: none"> <li>• Check In with Your Feelings</li> <li>• Consult with Others</li> <li>• Activity: Brainstorming Self-Care Ideas</li> </ul>	5 min.
<b>Scenarios for Practice and Discussion</b> <ul style="list-style-type: none"> <li>• Activity: Practice Scenarios (11 scenarios to choose from)</li> <li>• Scenario Debrief</li> </ul>	20 min
<b>Concluding the Session</b> <ul style="list-style-type: none"> <li>• Summary of Key Points</li> <li>• Questions</li> </ul>	10 min.

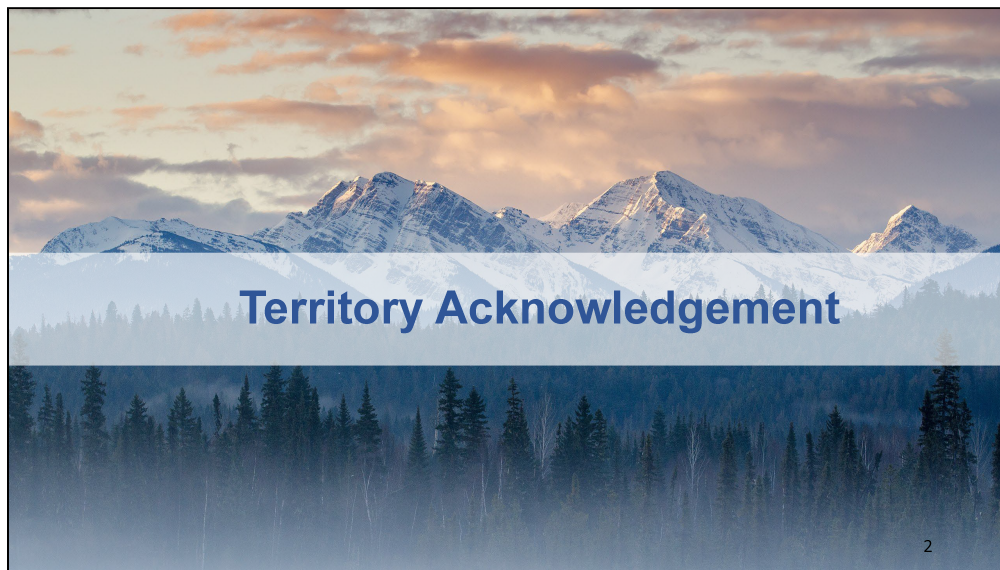
## Section 2: The Session

# I. Opening the Session

*This section describes how to open the session and prepare participants to engage with the material. It includes:*

- *Welcome and territory acknowledgement*
- *Goals and objectives*
- *Practical information*
- *Support and self-care for participants*
- *Group guidelines*





## Welcome

Welcome participants and open with a territory acknowledgement. If you're unsure of your territory, Native-Land.ca (<https://native-land.ca/>) is a helpful resource.

### *Territory Acknowledgement and Indigenous Ways of Knowing and Being*

A meaningful territory acknowledgement allows us to develop a closer and deeper relationship with not only the land but also the traditional stewards and peoples whose territories we reside, work, live, and prosper in.

Acknowledging the territory within the context of mental health and well-being can open a person's perspective on traditional ways of knowing and being, stepping out of an organizational structure and allowing participants to delve into their own perceptions, needs, and abilities.

Territory acknowledgements are designed as the very first step toward reconciliation. What we do with the knowledge of whose traditional lands we are on is the next important step.

Some questions to consider as you acknowledge your territory:

- What do we do as good guests here?
- What can I do in my personal and professional roles to contribute to reconciliation?

Should your institution have an approved territory acknowledgement, please use that to open the session; however, we invite you to consider how to make that institutional statement more personal and specific to you, in that moment and in the work you are about to delve into with your participants.

## Opening Check In

*After the welcome, introduce yourself. You could then ask participants to very briefly introduce themselves, or you may want to start the session with a short participant check in as a way to invite people into a learning space. You could ask participants to share their name, what they study, and what they are hoping to get out of the session. If you're offering the session online, you could also do an online poll that asks people to choose the type of weather that matches how they are feeling. There are many different ways to have participants check in with themselves and the group, and we invite you to use questions and reflections that are meaningful to you and the group.*

### Session Objectives

- Describe mental health and wellness.
- Explore different models that help us understand and talk about mental health and mental illness.
- Use accurate language to describe emotions and feelings.
- Examine different ways we may respond to and manage stress and recognize that stress can be a positive signal to adapt to change.
- Listen and respond in an empathetic way to students who are struggling, while maintaining healthy boundaries.



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## Goals and Objectives

The overall goal of this session is to help you develop the knowledge and skills to maintain good mental health, cope with stress, and support other students who are struggling with stress and mental health.

After participating in the session, you will be able to:


- Describe mental health and wellness.
- Explore different models and frameworks that help us understand and talk about mental health and mental illness.
- Use accurate language to describe emotions and feelings.
- Examine different ways we may respond to and manage stress and recognize that stress can be a positive signal to adapt to change.
- Listen and respond in an empathetic way to other students who are struggling, while maintaining healthy boundaries.

This session offers foundational information on mental health, as well as opportunities to practise listening and supporting other students in an empathetic way.

## Understand Your Role

- Because you interact with many other students, you are often in a position to recognize when another student may be in distress and need some support.
- You are *not* expected to be a counsellor.
- You *can* be a supportive person and connect another student to campus services and resources, such as counselling.

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It is important to remember that you are not a counsellor or mental health professional. Nobody expects you to act as a counsellor, and you cannot, and should not, diagnose mental illness, nor should you provide mental health care. However, you can be an important component of the caring community of people who can surround and support another student in need.



## Structure of Session

This session covers four main areas:

- Mental health and wellness
- Language and marginalized groups
- Stress and taking care of ourselves
- Helping other students (how to respond and refer to students to campus and community resources)



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## Structure of the Session

The session covers four main areas:

- Mental health and wellness
- Language and marginalized groups
- Stress and taking care of ourselves
- Helping other students (how to respond and refer to students to campus and community resources)

This is foundational training in mental health. It doesn't cover suicide awareness, which requires more in-depth training. However, we do cover what to do in an emergency.

## Practical Information

- Session is two hours long.
- Questions and reflections are encouraged.
- Handouts will be available at the end.
- If online, remember to use the mute button.
- If online, leaving your camera on is optional.



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## Practical Information

As you engage with the content of the session, reflect on how it might apply to situations you have experienced yourself or with your peers.

You are encouraged to:


- Provide feedback and share your input during the discussions, as this will increase the learning opportunities
- Jot down notes during reflection activities
- Ask any questions you might have during the session

After the session, you will have access to printable (PDF) handouts.

*If you are facilitating this session online, remind participants that they can turn off their cameras and move around the room during the session. Ask them to be mindful of using the mute button to reduce noise in the online space.*

### Support and Self-Care

- Take any actions you need for your own well-being:
  - Pause
  - Ground yourself
  - Take a break or leave (give us a thumbs up as you're leaving so we know you're okay)
- Share only if you are comfortable.
- If you need further support, reach out after the session.

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## Support and Self-Care for Participants

You are invited to do whatever you need to do to take care of yourself throughout the session.

This may be a difficult topic for some of you. Everyone will have been touched in some way by the topics that will be discussed in the session. Feel free to pause, take a break, stretch, and ground yourself at any time.

You can share at the level that you feel comfortable with. If anything comes up in the session

that feels too important or difficult to handle on your own, don't hesitate to reach out to the appropriate services, such as counselling services, to debrief or discuss it further. If you prefer not to share, that's okay.

If you need to leave, that's okay too.

*For in-person sessions, you could suggest that if a participant does need to leave a session that they give a thumbs-up as they go to let you know they're okay. Tell everyone that if you don't see a thumbs-up, you'll ask a colleague to look for the participant outside the session to make sure they are alright.*

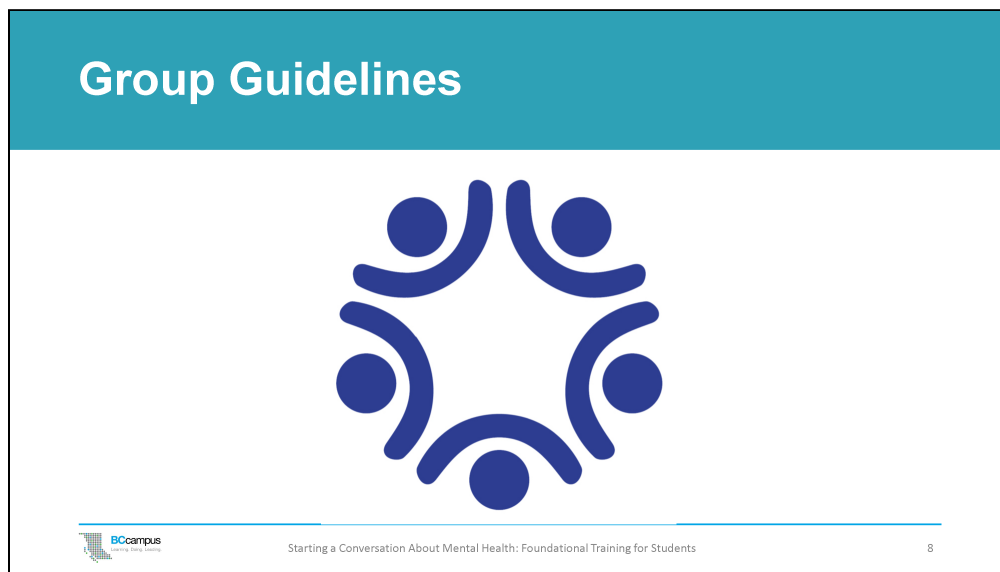
## Breathing Exercise

*To begin, you could have the group engage in a breathing exercise to set the tone for the session, to give participants a few moments to become aware of their own emotional well-being, and to practise a stress management technique. Note: There is also an opportunity to do a box breathing later in the session in ["What to Do When We're Stressed"](#) if you prefer to wait to do this exercise.*

We're going to start with a breathing exercise called box breathing. You can do this if you start to feel overwhelmed at any point in the session. It can help bring your heart rate back to normal, so you feel a little more relaxed. Here's how how you do it:

- Step 1: Inhale (preferably through your nose) for a count of four.
- Step 2: Hold your breath for a count of four. You're not trying to deprive yourself of air; you're just giving the air a few seconds to fill your lungs.
- Step 3: Exhale slowly through your mouth for a count of four.
- Step 4: Pause for a count of four before breathing again.

Box breathing is a simple stress management exercise that can be practised anywhere. You can practise it for only a minute or two and experience the immediate benefits of a calm body and more relaxed mind.



## Group Guidelines

*It is helpful to set some expectations and boundaries for the discussion. For example:*

- This is a learning environment, and not a therapy group.
- What comes up in this room – whether in person or online – stays in the room.
- We expect you to be non-judgmental of each other and show extra sensitivity when engaging in discussion during the session. This session is about gaining a little more comfort and confidence in dealing with this topic.

*You could also ask participants to share ideas for group guidelines at the beginning of the session, or you could share a list of guidelines before the session begins to save time during the session. (See Group Guidelines.)*

## Text Attributions

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## 2. What Is Mental Health and Wellness?

*This section describes what mental health is and focuses on what mental wellness looks like by introducing the Wellness Wheel, a model based on Indigenous holistic perspectives of wellness. The Wellness Wheel is available as a PDF ([Handout 1](#)).*

### What Is Mental Health?



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### What Is Mental Health?

Take a few moments to think about the following:

- What do you think of when you think of mental health?
- How would you define mental health?



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## ACTIVITY: Brainstorming What Mental Health Means

*Ask participants to jot down what they think of when they think of mental health. (If online, ask participants to put one or two thoughts in the chat.) Ask participants to briefly share, and then show the slide with the definition from the Public Health Agency of Canada.*

Consider this definition of mental health:

“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.”

– Public Health Agency of Canada, 2014

This definition comes from the Public Health Agency of Canada. Are there other definitions that resonate better for you? Are there components missing?

### One Definition of Mental Health

- Mental health is the capacity of every individual to feel, think, and act in ways that enhance their ability to enjoy life and deal with challenges.
- It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.

Source: Public Health Agency of Canada. (n.d.). *Mental health and wellness*. <https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/mental-health-and-wellness>



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# What Is Mental Wellness?



## The Wellness Wheel

Let's first look at what mental wellness looks like. The Wellness Wheel is a model that aligns with Indigenous traditional practices, which view individuals holistically. It recognizes that wellness is about being in a state of balance with the physical, emotional, academic/career, social, creative, spiritual, environmental, financial, and intellectual aspects of our lives. The Wellness Wheel can help us identify what might be causing us stress and understand what aspects might be falling in and out of balance in our lives.

The Wellness Wheel is not a static concept but a way of viewing the many dimensions that support wellness. There are things we can all do as individuals to improve our own mental health and well-being, and how we manage our wellness is an ongoing reflective practice.

The goal is not to be perfectly balanced; you will not always be able to attend to different aspects of your wellness equally. The Wellness Wheel can be used as a reflection tool to help you consider where you might want to focus some energy if you want to invest in your wellness.

We can try our best to be flexible and respond to aspects of well-being that may need additional care or attention. Using the concepts in the Wellness Wheel can help us visualize our journey and assist not only in mitigating stressful circumstances but also in recognizing areas of our lives in which we are thriving.



## Wellness Wheel

The Wellness Wheel aligns with an Indigenous perspective that views individuals holistically.

- Wellness is a state of balance.
- All dimensions of wellness are interconnected.
- All dimensions are equally important to finding balance.



## The Wellness Wheel and Dimensions of Wellness



The Wellness Wheel is made up of the following dimensions:

- Physical wellness
- Emotional wellness
- Academic/career wellness
- Social wellness
- Creative wellness
- Spiritual wellness
- Environmental wellness
- Financial wellness
- Intellectual wellness

Let's look at some suggestions for taking care of different aspects of your wellness. Keep in mind that these are just suggestions, and often activities are beneficial in many different dimensions. For example, taking a walk in the park with a friend could support your physical wellness, emotional wellness, social wellness, and environmental wellness.

**Physical wellness** means taking care of your body through physical activity, nutrition, sleep, and mental well-being. For example:

- Engaging in some form of physical activity every day for at least 30 minutes
- Eating a variety of healthy foods
- Getting an adequate amount of sleep every night (7–9 hours)

**Emotional wellness** means making time to relax, reduce stress, and take care of yourself. It also means paying attention to both positive and negative feelings and understanding how to handle these emotions. For example:

- Practising mindfulness
- Starting a gratitude journal
- Paying attention to self-talk and shifting toward positive self-talk
- Tracking emotions daily to look for patterns and possible triggers

**Academic/career wellness** means expanding your knowledge and creating strategies to support continued learning. For example:

- Setting up academic goals
- Creating a study schedule and plan ahead
- Connecting with a mentor to further your understanding of career ideas
- Reviewing your short- and long-term career goals regularly to make sure you are on track

**Social wellness** means taking care of your relationships and society by building healthy, nurturing,

and supportive relationships and fostering a genuine connection with those around you. For example:

- Making an effort to keep in touch with individuals who are supportive
- Practising active listening skills
- Joining a club or an organization to meet new people
- Being mindful of commitments you make – know your limitations (don't spread yourself too thin)

**Creative wellness** means valuing and actively participating in arts and cultural experiences as a means to understanding and appreciating the world around you. For example:

- Playing an instrument or making music
- Engaging in the visual arts
- Trying creative writing
- Engaging in creativity through movement (e.g., dance)

**Spiritual wellness** means taking care of your values and beliefs and creating purpose in your life. For example:

- Volunteering
- Meditating
- Expressing gratitude
- Practising forgiveness and compassion for yourself and others

**Environmental wellness** means taking care of what is around you. Living in harmony with the Earth by taking action to protect it and respecting nature and all species. For example:

- Spending time in nature
- When possible, travelling by walking, riding your bike, or taking public transportation
- Recycling and composting
- Using reusable water bottles and shopping bags

**Financial wellness** means learning how to successfully manage your finances so you can be financially responsible and independent. For example:

- Creating and maintaining a budget
- Paying your bills on time
- Packing your lunch to limit how often you eat out
- Meal planning before grocery shopping

**Intellectual wellness** means being open to exploring new concepts, gaining new skills, and seeking creative and stimulating activities. For example:

- Trying a new activity at school or in the community
- Exploring things that you are curious about
- Reading and writing for pleasure

Let's keep the Wellness Wheel in mind as we look at other mental health models. We'll come back to the Wellness Wheel and do a group activity a bit later in the session.

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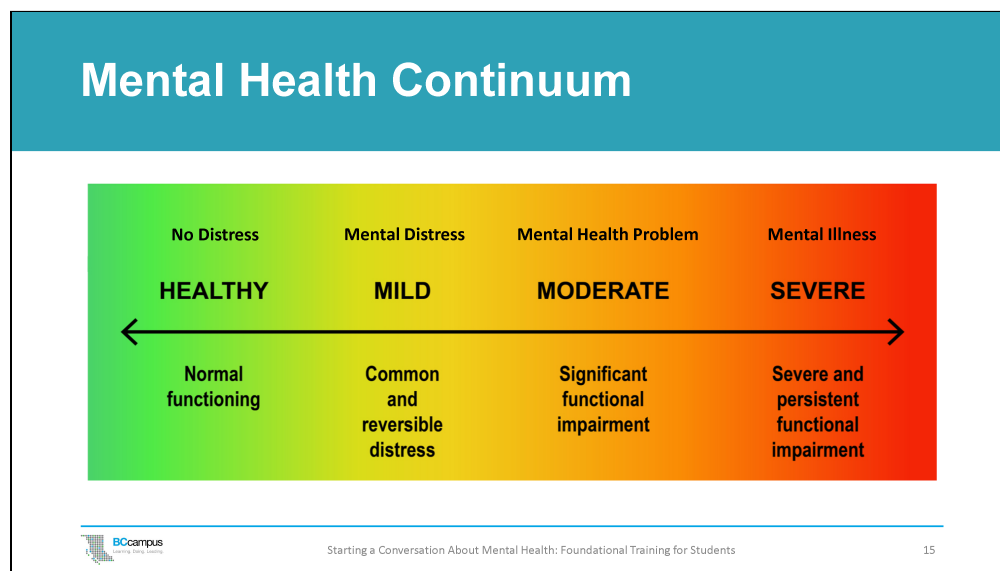
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### 3. The Language of Mental Health

*Mental health terms are often used interchangeably or inaccurately. This section introduces the Mental Health Continuum and defines different mental health states so participants can begin to accurately use mental health terms and understand the difference between mental distress, mental health problem, and mental illness.*

In the last 10 years, mental health awareness has increased to a point where we can openly discuss mental health in many contexts. Talking about mental health is an important part of decreasing the stigma associated with mental illness. However, when we are talking about *mental health*, we often use words loosely and interchangeably so that they can start to lose their true meaning.

We're going to look at some models to help us understand the language of mental health. Mental health models challenge us to be more thoughtful about how we are using our words. They can help us differentiate between different mental health states: no distress, mental distress, mental health problems, and mental illness.



### Mental Health Continuum

The Mental Health Continuum is one way to think about mental health. All of us have a mental health life; we all experience changes in our mood, changes in our level of anxiety – from life stressors or from crises – and those changes can be considered on a spectrum or a continuum. On

this continuum, we can move from healthier to more disrupted levels of functioning and back. At each level, there are resources available to promote health and reduce disruption.

While it is important to recognize different people's backgrounds and experiences when dealing with this language, it is crucial that we also recognize that there are a number of words that are specifically reserved for talking about diagnosed medical conditions. The Mental Health Continuum shows four different states: no distress (healthy functioning), mental distress (common and reversible stress), mental health problem (significant functional impairment), and mental illness (severe and persistent functional impairment).

## **Mental Health Terms**

### No distress

(Healthy – Normal functioning)

Starting at the left side of the continuum, we see the category No Distress. Most of us are in this state most of the time. This is when we're having fun with our friends and families, engaging at school or work, enjoying ourselves in a recreational activity, reflecting on the day's events, or even asleep. We can cope with whatever comes our way, and we can do the things we need or want to do. Thinking back to the Wellness Wheel, this is when everything is mostly in balance on the wheel or in our lives.

### Mental distress

(Mild – Common and reversible distress)

When we experience daily mental distress and feel sad, disappointed, angry, or overwhelmed in the moment. These experiences of stress are to be expected at times in our lives; they may be common and reversible, and they are usually temporary, such as the stress we experience during exam time. We can maintain hope that when it's all over, we'll likely feel a lot better – the stressor will come to an end and there is usually some relief.

We may not need any intervention; people are often resilient and able to adapt by themselves by engaging positive coping strategies and with support from family or friends. We can share our troubles with others and talk about ways to change the situation.

### Mental health problem

(Moderate – Significant functional impairment)

Mental health problems may arise when a person is faced with a much larger stressor than usual. These occur as part of normal life – for example, in response to the death of a loved one, moving to a new country, or having a serious physical illness – and are not mental illnesses.

When faced with large stressors, people can sometimes experience strong negative emotions (such as grief, anguish, or desolation). These emotions are also accompanied by substantial difficulties in other domains, such as:

- Cognitive/thinking – for example, “nothing will ever be the same,” “I don’t know if I can go on in my life”
- Physical – for example, sleep problems, loss of energy, numerous aches and pains
- Behavioural – for example, social withdrawal, avoidance of usual activities, angry outbursts

Sometimes someone experiencing a mental health problem will exhibit noticeable difficulties in everyday functioning. People experiencing mental health problems may need extra help, such as counselling, in addition to support from family, friends, and their community. Medical treatment (medication or long-term psychotherapy) is usually not necessary.

## Mental illness

(Severe – persistent functional impairment)

A mental illness is very different from mental distress and from a mental health problem. It arises from a complex interplay between a person’s genetic makeup and the environment in which they live or have been exposed to at different times in their lives.

A mental illness (also called a mental disorder) is a medical condition diagnosed by a trained health professional (such as a doctor, mental health clinician, psychiatric nurse, or psychologist) using internationally established diagnostic criteria. People with mental illnesses will require the best evidence-based care from properly trained health care providers.

## Mental Health and Mental Illness

### Mental health

Capacity to think, feel, and act in ways that enhance our ability to:

- Enjoy life
- Deal with challenges

### Mental health problems

Diminished capacities (cognitive, emotional, behavioural, etc.) that interfere with:

- Enjoyment of life
- Interactions with society and our environment

### Mental illness

Conditions that affect a person's thinking, feeling, mood, or behaviour, including:

- Depression
- Anxiety
- Post-traumatic stress disorder (PTSD)



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## The Relationships Between Mental States

The Mental Health Continuum is just one way to help us to differentiate between different mental health states. It's important to understand the differences because different mental health states should be managed or supported differently.

A person can be in each of these states at the same time. For example, over the course of one day a person can be laughing and having fun with their friends (no distress, problem, or disorder), can experience distress (lost their house key), be experiencing a mental health problem (their uncle with whom they were close died earlier this week), and have a mental disorder (such as depression).

## Mental Health and Mental Illness

People living with mental illness can have good mental health and be flourishing in their lives.

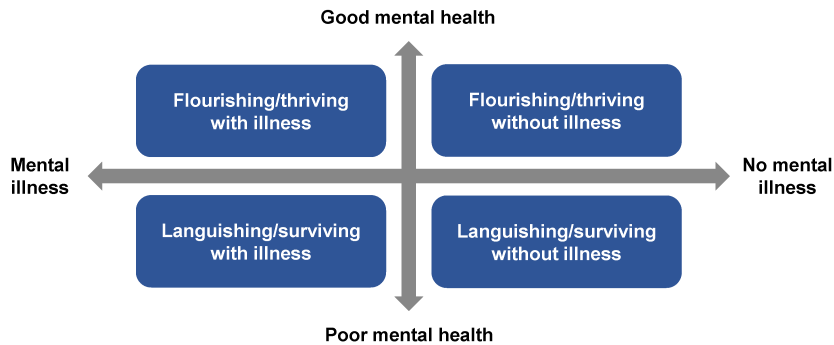


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## Dual Continuum Model of Mental Health and Mental Illness



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## Dual Continuum Model of Mental Health and Mental Illness

Mental health is more than the absence of mental illness. It includes our emotional, psychological, and social well-being. It is influenced by many factors, and it affects how we handle the normal stresses of life and relate to others.

The Corey Keyes Dual Continuum Model illustrates how a person diagnosed with a mental illness can have good mental health and be flourishing and thriving. Likewise, a person can be languishing or experiencing poor mental health and not be diagnosed with a mental illness.

## Talking About Feelings and Emotions



**What mental health terms do we often use to talk about our feelings and emotions?**



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## Activity: Words Matter

Consider how we often use these mental illnesses to describe our emotions:

- “My boyfriend isn’t returning my texts. I’m so **depressed**.”
- “I’m having a **panic attack** because I have three papers due next week.”
- “I’ve just colour-coded all my books and files because I am so **OCD**!”
- “I have so much going on in my life that I’m totally **ADHD**.”
- “That exam was so hard and stressful it gave me **PTSD**.”



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### ACTIVITY: Words Matter

*Ask participants to break into pairs or small groups to think about and discuss how we often incorrectly use the mental health terms to describe how we’re feeling.*

When we are talking about mental health, we often use words loosely and interchangeably so that they can start to lose their true meaning.

- For example, someone is experiencing a certain level of stress due to an upcoming deadline and they might say, “I’m having a panic attack.” But what does that really mean? Are they actually having a panic attack or are they feeling overwhelmed?
- Using these words when we actually mean that we’re feeling sad, overwhelmed, or nervous can diminish or invalidate the experience of those who live with these clinical conditions.

It can also mean that those seeking help for these conditions may not be able to get the help they need because resources may then be unintentionally diverted to those who are using these words to describe their everyday feelings.

*Have each group consider one of the sentences in the slide to discuss how we frequently use mental illness to describe our feelings and emotions.*

What are some words we could use instead?

- “My boyfriend isn’t returning my texts. I’m so **depressed**.”
- “I’m having a **panic attack** because I have three papers due next week.”
- “I’ve just colour-coded all my books and files because I am so **OCD**!”
- “I have so much going on in my life that I’m totally **ADHD**.”
- “That exam was so hard and stressful it gave me **PTSD (post-traumatic stress disorder)**.”

*Then, have everyone come back together as a large group to discuss how we can be more mindful of the use of these words in common everyday speech despite having precise meanings that are tied to specific clinical diagnoses of mental illnesses.*

We need to be careful of our use of words. For example:

- Depression is not the same as having a bad day.
- Having a panic attack is not the same thing as feeling afraid.
- OCD is not the same as being organized.
- ADHD is not the same thing as being hyperactive.
- PTSD is not the same as feeling upset or stressed about an exam.

## Common Mental Health Terms and Definitions

*Because it is so important to recognize diagnoses for what they truly mean, here is a list of some of the more common terms heard on a post-secondary campus, as well as their definitions. These terms and definitions are adapted from the American Psychiatric Association, 2013 and are based on information from the DSM-5, a manual developed primarily in the United States.<sup>1</sup> Other classification systems for mental health conditions*

1. American Psychiatric Association, DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™* (5th ed.). American Psychiatric Publishing, Inc. <https://doi.org/10.1176/appi.books.9780890425596>

include the ICD (global), the CCMD (China), and the GLDP (Latin America). You may find it helpful to share these definitions with participants after the small-group discussion activity.

**anxiety:** A type of body signal or a group of sensations that are generally unpleasant, including a variety of physical sensations that are linked with thoughts that make a person feel apprehensive or fearful. A person with anxiety will often also think that bad things may happen even when they are not likely to happen.

**anxiety disorder:** A group of common mental disorders. People with an anxiety disorder will experience things like mental and physical tension about their surroundings, or apprehension (negative expectations) about the future, and will have unrealistic fears (see anxiety). It is the amount and intensity of the anxiety sensations and how they interfere with life that makes them disorders.

**attention deficit hyper-activity disorder/attention deficit disorder (ADHD/ADD):** A mental disorder that is usually lifelong and is associated with a delay in the brain maturing and how it processes information. People with ADHD usually have varying degrees of difficulty paying attention, and may be impulsive or over-active, which often causes problems at home, in school, and in social situations.

**depression:** A term used to describe a state of low mood or a mental disorder. This can be confusing because people may often feel depressed but will not have the mental disorder called depression. Depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt, and recurrent thoughts of death or suicide.

**obsessive-compulsive disorder (OCD):** A type of mental disorder in which people experience persistent unwanted and recurring thoughts (obsessions) and/or persistent and unwanted repetitive behaviours (compulsions).

**panic attack:** A sudden experience of intense fear or psychological and physical discomfort that develops for no apparent reason and that includes physical symptoms such as dizziness, trembling, sweating, difficulty breathing, or increased heart rate. Occasional panic attacks are normal. If they become persistent and severe, the person can develop a panic disorder.

**panic disorder:** A person with panic disorder has panic attacks, expects and fears the attacks, and avoids going to places where escape may be difficult if a panic attack happens. Sometimes people with panic disorder can develop agoraphobia (a type of anxiety disorder in which a person fears and avoids places or situations that might cause

them to panic and make them feel trapped, helpless, or embarrassed). Panic disorder can be effectively treated with psychological therapies or medications.

**post-traumatic stress disorder (PTSD):** A mental disorder that can happen to people who experience a really scary, painful, or horrific event in which they felt scared or helpless and during which they were in danger of death or severe injury. People who develop PTSD will have flashback memories of or nightmares about the event and will avoid things that remind them of it. For example, if a person was assaulted in a park, they may be too fearful to go to parks and have to find new routes to work. PTSD can be effectively treated with psychological interventions or medications.

## Personal Use of Mental Health Terms

Using mental health terms accurately is important, and it is helpful to check in with yourself to ensure that you are using the right words to describe your experience. It is equally important not to make assumptions about others who are using mental health terms, even if you suspect that they are not doing so correctly.

This is because we cannot assume to know another person's history or experiences that are leading them to use those terms, and we also do not want to apply terms to others that may not accurately fit their experience – for example, assuming someone with depression is simply feeling unhappy or dramatizing minor concerns, or assuming that someone who is having a bad day has depression.

By checking in with your own use of words, you are making a great start at modelling the appropriate use of mental health terms.

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## 4. Marginalized Groups and Mental Health

*A person's mental health is affected by inequality and discrimination because of race, sexual orientation, or a disability. This section considers the stresses that may be specific to certain groups and how we can provide a cultural safe space for all students.*

### Marginalized Groups



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### Marginalized Groups and Mental Health

- Students may face inequality and discrimination because of race, sexual orientation, or disability. This can affect mental health.
- We can work to provide a culturally safe space for all students, including those who are:
  - Indigenous
  - LGBTQ2S+
  - Living with a disability
  - From racialized communities
  - New to Canada (international students)
  - Impacted by low socio-economic status



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When we talk about mental health, we also need to be aware of factors like race, sexual orientation, social class, disability, and gender and the unique life experiences and stressors that accompany them. Some students face inequality, discrimination, and violence because of their race, gender

orientation, or disability. These unique and specific stressors impact mental and physical health, and these students often experience greater mental health burdens and face more barriers to accessing care and resources.

## Indigenous Students

Indigenous students may be struggling as they adjust to living in an urban academic setting after living in a community where they are surrounded by family and neighbours who share the same culture and spiritual beliefs. They may be the first generation in their family to pursue post-secondary education, and they may be missing their home, family, Elders, and community. The impact of residential schools and other colonial policies have created ongoing adversity for Indigenous people, and there is evidence that this has created intergenerational trauma. Many Indigenous students may also lack trust in educational and health care institutions because of the negative or traumatic experiences they or family and friends have experienced in the past.

## LGBTQ<sub>2</sub>S+ Students

People who are LGBTQ<sub>2</sub>S+ (lesbian, gay, bi-sexual, transgender, queer, two-spirit) are at a much higher risk than the general population for mental health disorders, substance abuse, and suicide.<sup>1</sup> Homophobia and negative stereotypes about being LGBTQ<sub>2</sub>S+ can make it challenging for a student to let people know about this important part of their identity. When people do openly express this part of themselves, they worry about potential rejection by peers, colleagues, and friends, and this can exacerbate feelings of loneliness. Their health needs may be unique and complex, and health care settings can feel unsafe or uncomfortable for some.

## Students with a Disability

Many students live with some form of physical, cognitive, sensory, mental health, or other disability. Students of all abilities and backgrounds deserve post-secondary settings that are inclusive and respectful. Unfortunately, many institutions are not designed to fully support people who need extra accommodation, and students with a disability frequently encounter accessibility challenges and extra barriers to achieving academic success. In addition to navigating the complex environment of a post-secondary institution that is not set up for them, students with a disability

1. U.S. Office of Disease Prevention and Health Promotion. (n.d.). *Healthy people 2020: Lesbian, gay, and transgender health*. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>



also often have to combat negative stereotypes, bias, and discrimination. These many extra challenges can take their toll on mental health.

## Racialized Students

Black, Indigenous, and other racialized students have likely faced racism and discrimination throughout their lives. Racism can encompass a range of words and actions, from the overt racism of violence or slurs to microaggressions (everyday, subtle interactions that demean or put down a person based on their race). Sometimes microaggressions are not intentional, but they can still be very harmful, and they are a form of racism that many students experience. These repeated negative interactions can be overwhelming at times, especially in post-secondary spaces where a student could reasonably assume they would be free from any form of bullying, harassment, or discrimination.

Racism and discrimination in various forms can have a significant impact on a student's mental health and can lead to increased risk of depression or suicide, increased levels of anxiety and stress-related illnesses, and post-traumatic stress disorder.

## International Students

Both undergraduate and graduate international students are often under a lot of pressure, and the stakes may be very high for them: their tuition is expensive, they've travelled a long way to attend a post-secondary institution in B.C., and they feel a lot of pressure to do well academically. They may be struggling to adjust to a new culture or learn English, and they may be missing home, family, and friends. The understanding of mental health and wellness differs among cultures, and international students may have a different understanding of how mental health impacts academic performance, and they may not be aware of the support systems available to them when they arrive. There are also system barriers that international students may face, including visa requirements, that don't allow for flexibility in course workloads when they are struggling.

## Socio-economic Status

Post-secondary education puts significant financial strain on students. Students from lower-income families are especially vulnerable to financial uncertainties and pressures, which take a toll on mental health. These students are frequently juggling work with classes, and they can't rely on financial support from their families. Some students may be the first in their family to pursue post-secondary education, and this can add stress. Given the high cost of renting in many locations, some students have trouble finding appropriate accommodation and the worry of being homeless is a significant concern.

# What We Need to Keep in Mind

It's important to remember that we all have underlying assumptions and biases about others, which may impact how (and if) we provide support. While educating ourselves about mental health is an important component of supporting others, it is also important to take some time to learn more about your own unconscious biases and the impacts of systemic discrimination and historical oppression.

We need to take care to understand and acknowledge oppressions faced by Indigenous people, people who are LGBTQ2S+, people with disabilities, and people from racialized and other marginalized groups. By providing a culturally safe environment, we can all play a role in ensuring that each student feels that their personal, social, and cultural identity is respected and valued.

It is helpful to know the campus and community resources for students from marginalized groups. Connecting an Indigenous student with an Elder or with someone from Indigenous services or introducing an LGBTQ2S+ student to a pride centre on campus can help to reduce feelings of isolation and help students feel heard and supported. We'll talk more about supports and referrals a bit later in the session.

## Reflection



As you think about students you know, what stresses might be specific to certain groups?



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## ACTIVITY: Reflection

*Ask participants to think about the students they work with and consider the stresses that may be specific to certain groups.*

*You could also ask participants to discuss the services or supports they think might be helpful for students who experience discrimination or inequities. If participants don't know, that's okay. This is an opportunity to share knowledge, and you can mention that you'll be discussing resources a bit later in the session.*

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## 5. Let's Talk about Stress

*Stress is an unavoidable part of post-secondary student life, but it isn't necessarily a bad thing. This section helps participants rethink stress and consider how it can help them. It also uses the Wellness Wheel to examine healthy ways to cope with stress.*

### Let's Talk about Stress



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### Rethinking Stress

- The stress response is normal.
- It signals our body to adapt.
- Each time we adapt to a daily stressor, we develop the skills to be more resilient and cope with stress the next time.



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One of the most common challenges students face is stress. While stress and mental distress is part of the human experience, and definitely part of the post-secondary experience, people cope differently with stress, depending on their background, environment, relationships, and specific circumstances (e.g., living with an illness). In similar situations, two people may experience stress differently.

## Rethinking Stress

You need to take on reasonable challenges to help condition your brain for responding to stressors in order to become more resilient.

The stress response is a response that your body can use to prepare you for a challenge. As post-secondary students, it's important to remember that you are here to learn and to grow, and with that comes challenges. If you experience the stress response as an opportunity to adapt, you can make stress work for you and help support your growth and resilience.

Remember:

- Stress is part of the post-secondary experience.
- The stress response is normal. It signals our body to adapt.
- Each time we adapt to a daily stressor, we develop the skills to be more resilient and cope with stress the next time.

### Video: Why Stress is Good for You

This video from Scientific American explores the benefits of stress.

[https://www.youtube.com/watch?v=ZIAI\\_FN3r0k](https://www.youtube.com/watch?v=ZIAI_FN3r0k)



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**Video: Why Stress Is Good for You (2:32 min.)**

This short video from *Scientific American* shows how stress can be viewed as helpful.

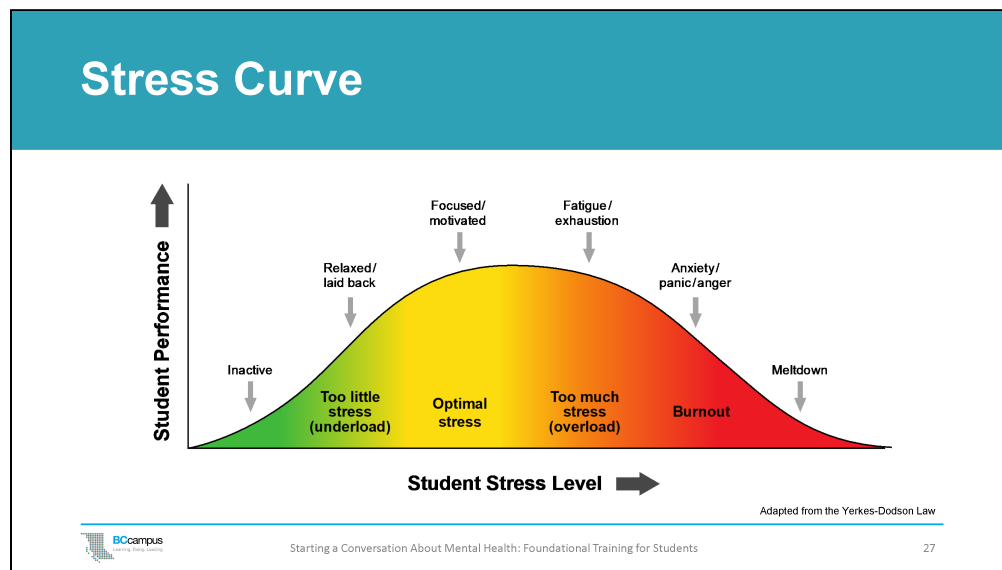
(Show the video or share the link in chat): [Why Stress Is Good for You](#)

([https://www.youtube.com/watch?v=ZlAl\\_FN3r0k](https://www.youtube.com/watch?v=ZlAl_FN3r0k)).



A YouTube element has been excluded from this version of the text. You can view it online here: <https://opentextbc.ca/studentmentalhealth/?p=70>  
(<https://opentextbc.ca/studentmentalhealth/?p=70#pb-interactive-content>)

In speaking about *adapting* when experiencing the stress response, we can think about ways to solve problems, try something new, or seek support. For example, you might feel stressed about starting classes online. Initially, you can acknowledge that, yes, this is a concern, then you can then move on to planning your time/schedule, setting up your work space, connecting with your classmates, and so on. Once you put this into effect, you've developed a new skill that can be applied to other scenarios.



## The Stress Curve

The Stress Curve shows that small amounts of stress help increase our alertness and energy for meeting challenging situations, but if stress lasts a long time or overwhelms our ability to cope, it can have negative effects.

The curve demonstrates that when performance demands are too low, we become bored and inactive. But as performance demands increase, our physiology kicks in and we start to feel alert and focused. We are motivated and we feel capable of dealing with the demands of life. However, when performance demands become too high – or we have become exposed to too many demands over a prolonged period – we become fatigued and experience a cascade of stress hormones that can wear us down. This can lead to problems with health, relationships, and work, and can affect our general enjoyment of life. Prolonged stress can often lead to burnout, serious illness, or mental health problems.

## What Is Resilience?

- Being able to adapt to challenges and setbacks
- Finding ways to shift back toward balance and mental wellness
- Noticing when stress appears and taking proactive steps to manage it

The Stress Curve and Wellness Wheel can help us recognize imbalance in our lives and our resilience



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## Resilience

Resilience is about being able to adapt to life's challenges and setbacks. When something is out of balance in our lives or we're experiencing stress, resilience helps us to shift back toward balance and mental wellness. It's the ability to adapt to difficult situations, and it can help protect us from mental health problems. Resilience isn't about avoiding or ignoring challenges in life; rather, it's noticing when stress appears and taking proactive steps to manage the stress and pressure.

The Stress Curve helps us recognize that some stress can be a good thing. The Wellness Wheel, which we discussed earlier, can help us recognize what might be causing stress or pressure in our lives. It also reminds us of our own resilience and strengths; while we may be struggling in one area, we may be doing well in many other areas.

### *Traditional Healing Practices*

*In many Indigenous cultures across Turtle Island (what we now call North America), Indigenous Peoples have used natural resources as a source of healing and ceremonial medicine since time began. These traditional healing practices are ways many Indigenous people restore balance and build resilience.*

*Below is one perspective on maintaining balance and wellness from Kwakwaka'wakw culture. You can share this with your participants or consider reaching out to Indigenous*



*Elders or Knowledge Keepers in your community to learn more about local traditional healing practices that you could share with participants.*

In my culture, we use the roots of a yarrow plant steeped in hot water to make tea to soothe stomach aches, headaches, colds, and diarrhea. We steam cedar branches in a pot on the stove to help with respiratory distress. We burn sage to smudge and cleanse ourselves, our space, or items of negative energies or spirits. When we have painful or negative emotions or when grief, sadness, or loss overwhelms us, we are taught to go back to the land, to go back to the water, to reconnect with the universe's life force. Doing this through ceremony can be simple or elaborate; we can do this in private or within a trusted community.

One way we refer to these medicines is as helpers. Water is a common helper many people use, going to a natural body of water and submerging themselves entirely so the water cleanses them head to toe. If you do not have access to natural bodies of water, stand in the shower – not a bath that you soak in, but a shower to let the water run over you. This can be a time to speak to your helper and share with it your burdens; tell it what is weighing you down and ask for the help you need, allowing all the negativity to flow off you with the water. End with words of gratitude for the support of that helper.

As each Indigenous community has its own sacred connections to its territory and the medicines and plants that thrive there, we encourage you to seek out Knowledge Keepers in your area to learn more. Observe protocol by approaching the Elder or Knowledge Keeper with deep respect and an offering of tobacco (loose tobacco as it comes in the pouch from any general store is sufficient) while asking them to share with you what their traditional helpers may be. Not all ceremonial or cultural knowledge can be shared freely with people outside the community, as some sacred knowledge is kept for the community alone. But what can be shared will be shared with a good heart, as it helps all peoples come together in harmony.

—Jewell Gillies (Musgamagw Dzawada'enuxw of the Kwakwaka'wakw Nation – Ukwana'lis, Kingcome Inlet, B.C.)

## Activity: Thinking about Stress

- Consider one or more aspects of the Wellness Wheel.
- If you feel comfortable, discuss:
  - What stressors might fall under different parts of the wheel?
  - How might students behave when they are facing these stressors?
  - What strengths and resiliency might students show?
- We'll debrief in about 5 minutes.



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### ACTIVITY: *Thinking about Stress*

Divide participants into small groups and ask each group to examine the Wellness Wheel and discuss the following:

- What stressors might fall under different parts of the wheel?
- How might students behave when they are facing these stressors?
- What strengths and resilience might students show?

Ask participants to also look at the Stress Curve to determine where various stressors might fit.

After about five minutes, debrief with the group. Some common stressors include:

- Moving
- Adjusting to university
- Exams
- Financial pressure
- Difficulty finding child care
- Breaking up with a partner or arguing with a friend
- Loneliness or isolation
- Job interview

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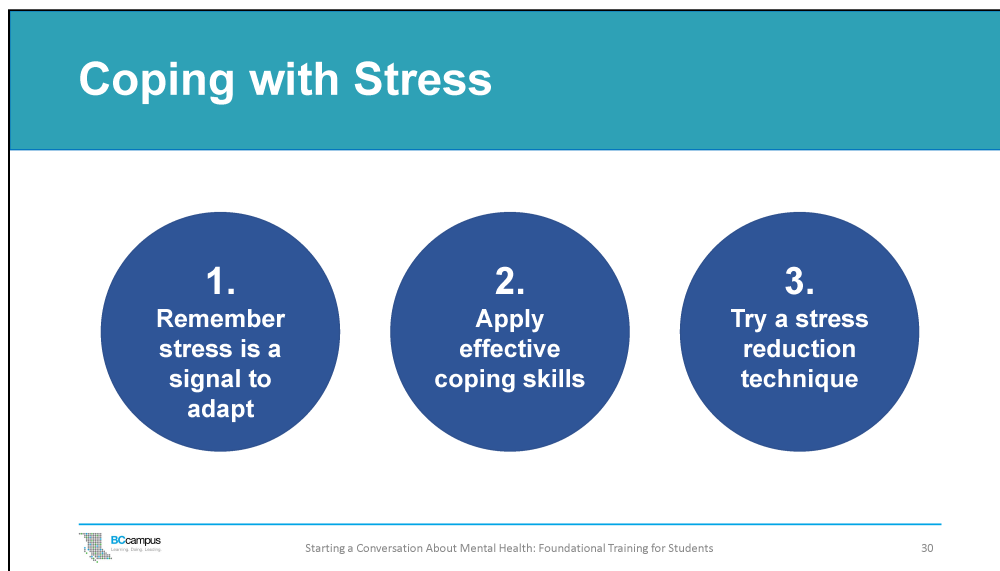
- Why Stress Is Good for You – Instant Egghead #40 ([https://www.youtube.com/watch?v=ZlAI\\_FN3r0k](https://www.youtube.com/watch?v=ZlAI_FN3r0k)) by Scientific American ([https://www.youtube.com/channel/UC\\_xYMXx\\_-mAzheKyEtwCAQ](https://www.youtube.com/channel/UC_xYMXx_-mAzheKyEtwCAQ)). Standard YouTube License.
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## 6. What To Do When We're Stressed

*There are things we can do to help us cope with stress. This section looks at key steps we can take to manage stress.*

How can we help ourselves and others who are experiencing the stress response?

The Wellness Wheel helps us to identify what might be out of balance and causing us stress. There are also three important steps to remember when we want to make stress work for us.



### Three Steps for Coping with Stress

You may want to share [Handout 2: Coping Strategies](#) with participants now.

#### I. Reframe the Stress Response

- Think of it as a signal for your body and brain to adapt to changes in your environment and prepare for a challenge. The stress response is your body's way of letting you know that you need to adapt to changes in your environment. Learning how to effectively manage the stress response can help you build resilience.
- Reframe the stress response: "My body and brain are getting me ready to face this challenge. I am getting ready for an important task."

- Identify the source of your stress response: “Why am I feeling this stress response?” (Refer to the Wellness Wheel to identify what may be out of balance.)
- Make a plan: Use past experiences or brainstorm new ways to approach a difficult situation. Discuss the situation with friends and family and ask for help, if needed.
- Apply your solutions to the problem.

For example:

- If your studies are the source of your stress response, access support and resources to develop your learning strategies.
- Feel like you have too much to do and don't know where to start? Consider how you are managing your time.

## 2. Model or Apply Effective Coping Skills

Before, during, or after a stressful experience, effective coping strategies include:

- Considering solutions to the problem
- Connecting with your social support
- Practising healthy habits for sleeping, eating, and physical activity

There are also things you can do on a daily basis to help you feel ready to face the various challenges in school, work, and life. For example:

Take care of the basics:

- Focus on getting enough sleep.
- Fuel up on healthy foods.
- Exercise – walk, stretch, go to the gym, dance, or do yoga.

Make time to unwind:

- Create art or write – draw, journal, write poetry or a compassionate letter to yourself.
- Curl up on a couch with a book.
- Enjoy a hot beverage with a friend or family member.
- Listen to comforting music.
- Spend time on your favourite course.
- Remind yourself of your strengths. (I'm good at ...)
- Garden – grow something, bring flowers into your room.
- Laugh – read a funny book, watch a comedy, visit a local garden.

- Try muscle relaxation exercises.
- Find a quiet, safe space, such as a garden, park, or library, where you can relax.

Stay connected or get involved:

- Call friends or family when you need to talk.
- Build a support network – contact old friends or join a club.
- Have fun and meet new people by volunteering in your community.
- Connect with individuals with similar experiences and interests.

Refer to the [Wellness Wheel](#) for more ideas.

### 3. Try Reducing Your Stress Response in the Moment

For example, try this box breathing technique. It can help bring your heart rate back to normal, so you feel a little more relaxed. Here's how you do it:

If possible, sit and close your eyes. If not, just focus on your breathing.

- Step 1: Inhale (preferably through your nose) for a count of four.
- Step 2: Hold your breath for a count of four. You're not trying to deprive yourself of air; you're just giving the air a few seconds to fill your lungs.
- Step 3: Exhale slowly through your mouth for a count of four.
- Step 4: Pause for a count of four before breathing again.

Repeat this process as many times as you can. Even 30 seconds of deep breathing will help you feel more relaxed and in control.

Practising mindfulness can also reduce the stress response. Apps such as Headspace, Calm, and Insight Timer provide guided or unguided mindfulness options.

#### *Global Events and Mental Health*

Many global events have been shown to have an impact on mental health.

For example, most people experienced increased levels of stress and anxiety from the

COVID-19 global pandemic. It activated the stress response for an extended and undefined amount of time, and as we navigate the aftermath of the pandemic, we are discovering its full impact on mental health. Many people experienced stress from the prolonged fear, isolation, disruption, and uncertainty that the pandemic created, and many will continue to feel these impacts.

COVID-19 also brought to light many inequities that exist within society, and Black Lives Matter amplified awareness of these problems. Many people – both Indigenous and non-Indigenous – were also strongly affected by the discovery of the unmarked graves at Indian residential schools across the country. These discoveries have retraumatized many Indigenous people, and forced many non-Indigenous people to reckon with the violent beginnings of our country and its colonial past and present.

Climate change and related disasters such as fires, floods, droughts, and extreme weather can also cause elevated levels of anxiety, stress, depression, grief, and post-traumatic stress disorders. The trauma and losses from a disaster, such as losing a home or job and being disconnected from one's neighbourhood and community, can contribute to depression and anxiety.<sup>1</sup>

Things to keep in mind about mental health and global events:

- It is normal to feel an increased sense of stress as a result of these global events, which have caused great upheaval. During a pandemic or after a natural disaster, our regular coping strategies, such as going to a gym class, singing in a choir, playing team sports, or visiting friends and family, are not as effective or may be unavailable because of public health guidelines.
- This doesn't mean we should give up. In fact, during times of upheaval, there is even more need to consider your mental health and create a plan for activating effective coping and soothing strategies.

1. U.S. Global Change Research Program. (2016). *The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment*. <https://health2016.globalchange.gov/>

## Taking Charge of Your Health

- Sleep
- Exercise
- Nutrition
- Social connections
- Activities that give you a sense of purpose, such as helping others



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## Taking Charge of Your Health

Another important aspect of dealing effectively with stress is taking care of your overall health so that you have energy and resources to adapt to the challenge you are facing.

Research shows that strategies for attaining and maintaining physical and mental health are the same:

- Sleep, exercise, nutrition, social connections, and activities that give you a sense of purpose, such as helping others, have all been shown consistently to positively impact mental and physical health.
- These five strategies consistently show positive impacts. You likely do many other things to maintain and enhance your health.

Maintaining your physical and mental health is a lifelong process:<sup>2</sup>

- Every time your life situation changes – where you live, where you work, who you spend time with, how you spend your time – your health behaviours can undergo a shift.
- It's important to reflect on how and whether you are engaging in activities to maintain these five areas of your life. For example, maybe you don't have time to exercise all the time, but when you are feeling like you need a break from studying for your midterms, you can go and

2. Adapted from Ohrnberger, J. Fichera E., & Sutton, M. (2017). The relationship between physical and mental health: A mediation analysis. *Social Science and Medicine*, 195. <https://doi.org/10.1016/j.socscimed.2017.11.008> (CC BY 4.0 License (<https://creativecommons.org/licenses/by/4.0/>))



be active to feel at your best.

- More importantly, what physical and mental health looks like for you – given your likes/dislikes, unique life situation, physical ability, and so on – may be different from other people you know. What works for one person – say, swimming twice a week at an aquatic centre – may not work for someone else.

## Discussion: Taking Charge of Your Health

- You can be a role model for others. You can be proactive with your own health and you can encourage your peers to engage in activities that will help them obtain and maintain good health.
- What does this look like for you personally? Consider the ways in which you maintain your physical and mental health in different areas of your life.



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### ACTIVITY: Discussion on Taking Care of Your Health

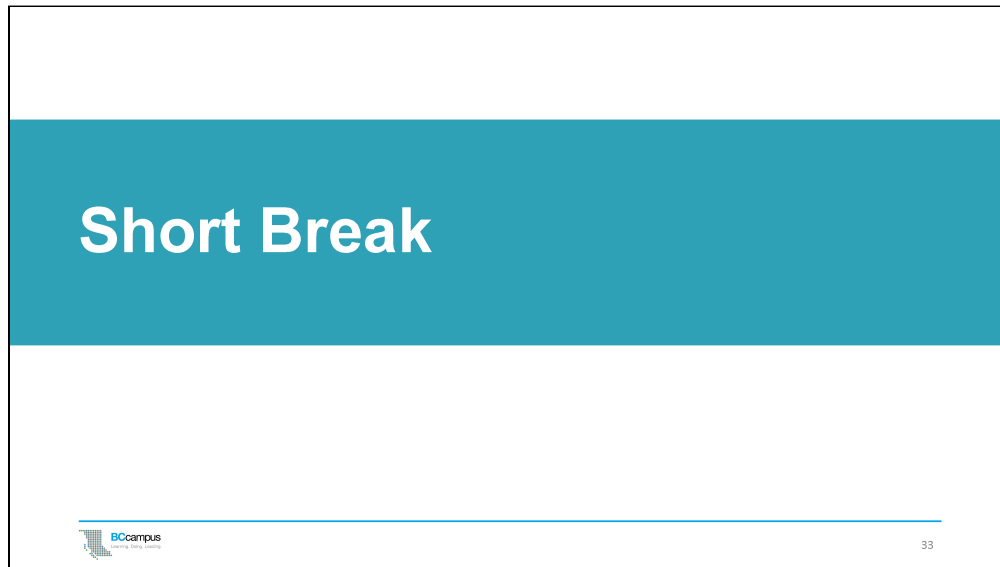
*Have participants break out into small groups to discuss the following:*

- You can be a role model for other students. You can be proactive with your own health and you can encourage your peers to engage in activities that will help them attain and maintain good health.
- What does this look like for you as a student? Consider the ways in which you maintain your physical and mental health in terms of these areas of your life.

## Short Break

*If you would like to give participants a short break, this is a good time to do it. It will give them a chance to get up and stretch and reflect on all they've learned about mental health and taking care*

of themselves before moving on to the next sections, which focus on how students can help other students who are struggling with stress or experiencing mental distress.



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## 7. Helping Other Students

*There is a lot participants can do to help other students who are struggling with stress and mental health. This section looks at how to respond empathetically and steps take to support others.*

### Helping Other Students



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### Rethinking Stress

- The stress response is normal.
- It signals our body to adapt.
- Each time we adapt to a daily stressor, we develop the skills to be more resilient and cope with stress the next time.



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## ACTIVITY: Reflection on What We Need When We're Distressed

Think of a time when you were mildly or moderately upset or distressed yourself. Reflect on what you needed or hoped for at that time. What did you need or want from others? Please take a couple minutes to write some of your thoughts.

*Give participants a few minutes to do this.*

*Then ask them to share one of the things they needed or wanted from others when they were upset or distressed. Remind them not to share the details of the event itself. (If you are presenting online, ask participants to put their answers in the chat box, and then read the responses from chat.)*

*Finally, ask participants to share one thing that wasn't or would not have been helpful. (If you are presenting online, ask participants to put their answers in the chat box.)*

### Reflection: Responding to Distress



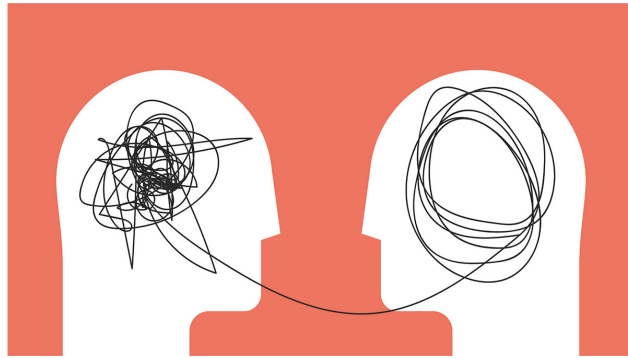
- Think of a time you were mildly or moderately distressed.
- What did you need?



You have all had experiences with various responses when you were distressed. From your own life experience, you have developed an understanding of what is helpful that you can draw on when you are responding to other students. The responses you have identified as helpful are examples of an empathic response.

## Empathetic Responses

### **Video:** **Empathy** **in Action**



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### **Video: Brené Brown on Empathy (2:53 min.)**

This short video from well-known sociologist Brené Brown demonstrates how to respond in a helpful, compassionate way – empathy in action. (Show the Brené Brown video or share the link in chat): Brené Brown on Empathy (<https://www.youtube.com/watch?v=1Evwgu369Jw>).



A YouTube element has been excluded from this version of the text. You can view it online here: <https://opentextbc.ca/studentmentalhealth/?p=88>  
(<https://opentextbc.ca/studentmentalhealth/?p=88#pb-interactive-content>)

### ACTIVITY: Video Reflection

- What stood out for you about the video?
- Is there anything you would like to add to the conversation we had about what would (or wouldn't) be part of a supportive response?

## Video Reflection



- What stood out for you about the video?
- Is there anything you would like to add to the conversation about what would (or wouldn't) be a supportive response?



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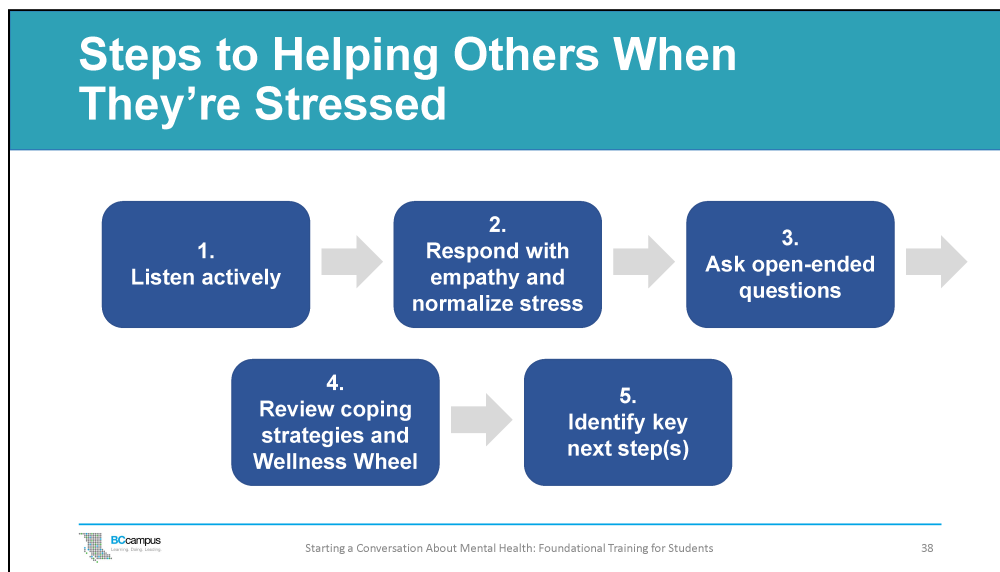
There is no script that you need to follow, nor one way that will always work. The most important thing is to be yourself and to be authentic – and this can include being honest when you're not sure what to say.

The role of an empathetic listener is not to “fix” the student or tell them how to respond. Instead, it is to listen and try to help them find appropriate support. In many cases, it's not the things we have to say that make the difference, it's the things that we allow the other person to say and get off their chest that will make room for more life-affirming options to come forth. Just being there, giving support, and offering a listening ear can help create a turning point for a student who is struggling.

When responding to students in distress, maintain an appropriate balance between your desire to help and provide solutions and respect for the student's autonomy and their own capacity.

## Steps to Take When Helping Others

It is important to recognize when others are experiencing stress. Here are the steps to take when helping another student.



Refer participants to Handout 1: Wellness Wheel and pass out Handout 2: Coping Strategies.

**Handout 1: Wellness Wheel** and **Handout 2: Coping Strategies**, as well as active listening and responding with empathy, can be used together in peer-helping situations when the student you're helping is experiencing the stress response.

Here are some steps you can follow in your interactions with your peers.

1. Listen actively.
2. Respond with empathy and understanding, and normalize stress as part of the university experience.
3. Ask an open-ended question to help your peer process and understand their situation. (This is to help the student better understand their own situation, and not necessarily for you to better understand).

These first three steps may be all that are required. Sometimes connecting with someone else, feeling heard and understood, and having an opportunity to verbalize their struggles is enough to help a person move ahead. But sometimes a person might need some help in identifying the next steps, which is where the Coping Strategies resource comes in.

4. Review the Wellness Wheel and Coping Strategies handouts to explore options.
5. Identify key next step(s).

Ask the student what they would like to try (from the Wellness Wheel and Coping Strategies handouts, or based on what's worked before).


Sometimes another student's problems are more than you are able to help them with. It is



important to remember that you are not expected to solve another student's problems, and you are never expected to be a counsellor. There are many services and resources on campus and in the community that you can suggest they connect with.

## Referring Students for Help on Campus

- Counselling services
- Campus security
- Indigenous student centre
- Health or medical services
- International student services
- Accessible learning centres
- Pride centre
- Sexualized violence support centre
- Financial aid
- Academic advising

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## Services and Resources at Your Institution

You may want to share [Handout 3: Supporting Other Students: Mental Health Resources](#) now.

Post-secondary institutions have a range of services and supports designed for students' well-being. It is helpful to be aware of what is available on your campus, so that if you're talking to a student who you think would benefit from extra support, such as a counsellor, you can encourage them to talk to someone.

What are some resources that you can think of at your institution? (You could ask participants to brainstorm resources on their campus that they're familiar with. If you are presenting online, you could ask them to add their ideas into the chat.)

If you have a list with names and contact information for these services at your campus, share this information with participants.

Here are some of the services that are available at most campuses:

- **Counselling services** help students manage personal, academic, and life concerns. Professional counsellors provide individual and group counselling sessions for students.
- **Campus security** helps coordinate responses to student emergencies and crises. If you have to call 911, also call campus security, as security can help the first responders locate where to go when they arrive at the campus.

- **Indigenous student centres** offer programs, mentorship, and a gathering place. An Elder may be available to talk to students.
- **Health or medical services** offer health and mental health care for students.
- **International student services** help students with personal or academic issues, study and work permits, and visa applications.
- **Accessible learning centres** provide services, coordinate academic accommodations for students, and act as a resource to work with the university community.
- **Pride centres** provides support to LGBTQ2S+ students.
- **Sexualized violence resource centres** offer support for victims of sexualized violence.
- **Financial aid** helps students needing financial support for their education.

### *Support for Marginalized Groups*

When a person has a sense of belonging and connectedness with family, friends, culture, and community, they are more likely to have good mental health. Unfortunately, not all students have this sense of belonging, and some students, such as Indigenous students, international students, students with disabilities, and students who are LGBTQ2S+, are at a higher risk of isolation and may not have the support they need.

For **Indigenous students**, you could reach out to the Indigenous student centre before talking to a student; a staff member or Elder can make themselves available to talk to a student immediately after you talk to the student, or they may want to attend the meeting.

For **international students**, international student services on your campus can be a great resource.

For **students with disabilities**, you could connect them with student services or the accessible learning centre.

For students who are **LGBTQ2S+**, you could refer them to student services, the pride centre, or an LGBTQ2S+ organization in your community so someone is available to talk to them and help them feel less alone.

## Provincial Mental Health Resources

- Mental Health Support Line: 310-6789
- Here2Talk: 1-877-857-3397 (a 24-hour phone and chat counselling support for B.C. post-secondary students)
- BC Suicide Line: 1-800-784-2433
- KUU-US Crisis Line: 1-800-588-8717 (24-hour-crisis-line for Indigenous people)
- First Nations Health Authority website lists Indigenous resources at ([www.fnha.ca/what-we-do/ehealth](http://www.fnha.ca/what-we-do/ehealth))



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## Provincial Crisis and Support Lines

Some larger campuses have a crisis line for students. If your institution does not have this service, there are also provincial crisis and suicide lines that have 24/7 support. These crisis lines also provide support to anyone who is helping a student in distress and needs to talk to someone and debrief.

Provincial supports include:

- **Mental Health Support Line:** 310-6789 (no need for area code)
- **Here2Talk** (<https://here2talk.ca>): 1-877-857-3397 – a 24-hour phone and chat counselling support service for B.C. post-secondary students that offers free, confidential counselling and community referral services via app, phone, and web
- **BC Suicide Line:** 1-800-784-2433 (1-800-SUICIDE) – a crisis line for anyone considering suicide or concerned about someone who may be
- **KUU-US Crisis Response Services** (<https://www.kuu-uscrisisline.com/24-hour-crisis-line>): 1-800-588-8717 (1-800-KUU-US17) – provides culturally safe support, 24/7, for Indigenous people in B.C.
- The **First Nations Health Authority** (<http://www.fnha.ca/what-we-do/ehealth>) website lists Indigenous resources.

## What To Do When You Are Concerned

If you're concerned for another student's immediate safety:

- If it's an emergency situation, (student has taken pills, is experiencing psychosis, or is a danger to themselves or others), call 911 and campus security.
- If it's not an emergency, but you are concerned, offer to contact support services on the student's behalf while they are with you.



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### **If you're concerned for another student's immediate safety:**

- If it's an emergency situation, such as a student who has taken pills, is experiencing psychosis, or is a danger to themselves or others, call 911 and campus security.
- If it's not an emergency, but you are concerned, it can be helpful to offer to contact support services on the student's behalf while they are with you. You may also offer to walk with the student to counselling services.

## If a Student Doesn't Want Help

- Consider student safety:
  - Is anyone at risk of immediate harm?
  - If yes, you need to consult and refer. You may need to call 911 and campus security.
- If there is no risk of harm, a student has:
  - A right to choose to get help.
  - A right to privacy.



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## If the Student Won't See a Counsellor or Seek Help

Sometimes a student doesn't want any help.

Your first step in these cases will be to consider safety: is anyone at risk of immediate harm,

whether it's the student or someone else? If so, share your concerns with a counsellor or someone who can help ensure safety. You should never assess the risk yourself – consult, refer, and if the risk is imminent, contact emergency services.

If there is no risk of harm to anyone, keep in mind that ultimately it is the student's right to choose whether to seek help. Individuals are resilient and often come to their own solutions or find their own supports when they are ready.

Ensure that you are supported! Talk to friends, family, other instructors, an Elder, or a counsellor to share your concerns and decide how to proceed.

## Privacy

Please be aware that if you help another student access counselling services and are hoping to find out about the student, it is up to the student to give consent to release information. Unless a student gives permission, you won't be notified of what has happened.

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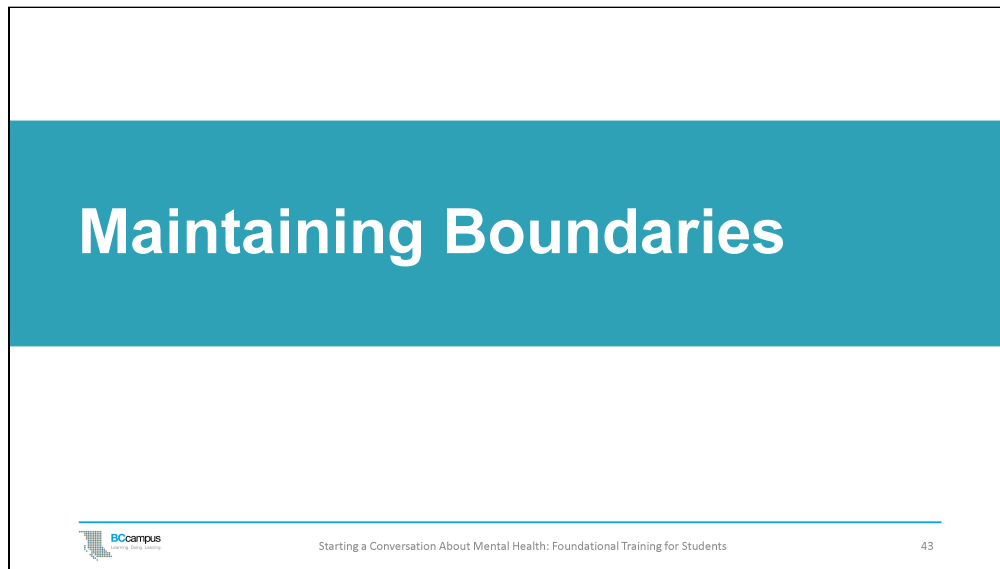
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## 8. Maintaining Boundaries

*This section focuses on how to maintain personal boundaries when helping others.*



Sometimes when you're talking to another student, you may realize that they need more support than you can give them. You may think they have a mental health problem or mental illness and need help from a professional. It is important to remember that you are not a counsellor and you should never diagnose another student's mental health. You can, however, encourage the student to talk to a counsellor.

Remember: you are never expected to be a counsellor or to "fix" another student.

## Check In with Your Feelings

- You feel responsible for the student.
- You often think about how to solve the student's problems.
- You think the student's problems are more than you can handle.
- You feel stressed out by the student's issues or behaviour.
- You feel pressure to solve the student's problems.
- You feel uneasy or have a gut feeling that the student is not okay despite the student denying it.
- You see a pattern repeating itself in your interactions with a student.
- You find yourself avoiding the student.
- You feel anxious or angry when the student approaches you.



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## Check In with Your Feelings

Here is a list of some of the feelings you might have as you try to support another student. These feelings may be signs that you are taking on too much and not maintaining boundaries. You may need to step back, consult, and take time for self-care. As you read this list, check in with your body and notice which of these resonate with you.

- You feel overly responsible for another student.
- You often think about how to solve the student's problems.
- You think the student's problems are more than you can handle.
- You feel stressed out by the student's issues or behaviour.
- You feel pressure to solve the student's problems.
- You feel uneasy or have a gut feeling that the student is not okay despite the student denying it.
- You see a pattern repeating itself in your interactions with a student.
- You find yourself avoiding the student.
- You feel anxious or angry when the student approaches you.

All of these responses are common, and we can all likely relate to many of them.

We all have our limits of comfort challenged in different ways. When you notice any of these responses within yourself, it may be time to consult or refer.

## Consult or Refer

We all have our limits, and it's important to maintain boundaries. There are professionals you can consult or refer students to.

Consider referring or consulting if you:

- Are unsure about intervening
- Are uncertain how to respond
- Continue to be worried



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## Consult with Others

You can consult with campus counsellors, support services, or faculty and staff if you're unsure about how to handle a situation. You can also call a crisis line if you have serious concerns about a student.

You are encouraged to consult when:

- You are concerned about another student's safety or well-being but are unsure how or whether to intervene.
- You are uncertain about how to respond to a student who you think may need help.
- You continue to be concerned about a student who has declined help.

## Self-Care Brainstorm



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## ACTIVITY: Brainstorming Self-Care Ideas

*Ask participants to jot down a few ideas about how they can take care of themselves while still being open and available to offer support to fellow students.*

*If you are presenting online, ask them to add one or two thoughts into the chat.*

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## 9. Scenarios for Practice and Discussion

*This section includes scenarios for participants to practise using the knowledge they've gained.*

We are now going to focus on some scenarios to give you a chance to practice or think through how you would respond to different situations in which students are showing distress.

### Practice Scenarios

Read the scenario and discuss the following questions with your group:

- How might you respond and offer support to another student?
- What services might you suggest to the student?
- Who might you consult with?
- How does it feel to imagine offering support to the student in the scenario?



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### ACTIVITY: Practice Scenarios

*Ask participants to work in pairs or small groups. Give each small group one of the scenarios in [Handout 4.1 Scenarios for Practice and Discussion \(no responses\)](#) to either role play or discuss how they might respond and offer support to the student in the scenario. (For online sessions, use breakout rooms.)*

*These scenarios give participants the chance to apply what they've learned about helping*

other students and think about what to say to students in different situations. It's unlikely you'll have time to look at all of the scenarios, but you can choose the scenarios that best match the interests and concerns of the participants.

Questions to discuss:

- How might you respond and offer support to the student?
- What services might you suggest to the student?
- Who might you consult with?
- How does it feel to imagine offering support to the students in the scenarios?

After participants have discussed at least one of the scenarios, discuss as a large group. You can share Handout 4: Talking about Mental Health: Scenarios and Responses with participants. If you don't have time for practice and discussion, try to allow some time to briefly review some of the responses.

## Options for Scenarios

### 1. Student who's struggling to balance studies with caring for their child

Alex is a single parent who is going to school full-time and is unable to find reliable daycare. The daycare on campus is full and Alex is on a waitlist; all the other community daycares are also full. Alex's daughter, Gemma, is a toddler, and Alex is wary of leaving her with a stranger. Alex has no family in the area, and friends are unable to help as they either work or go to school themselves. With final exams coming up, Alex is having trouble finding time to study and feels options are extremely limited or non-existent. Alex tells you they have been trying to study while Gemma sleeps but cannot keep it up for much longer because they are feeling so sleep deprived. Alex looks unkempt and has dark circles under their eyes; they look like they are about to cry and seem very stressed.

#### Key points

- Empathize and acknowledge their need to ensure the safety and well-being of their child.
- Provide possible resources the student has not thought of, both within and outside of the school setting.
- Suggest they talk to their instructors to let them know about their situation and possibly request extensions on assignments, if needed.

- If your friendship is close and you have time in your schedule, you can offer short-term babysitting.

## Possible response

I can see you really care about your daughter and how important it is to ensure she is safe and well-cared for. I also see how hard you are working to do well by studying while she is sleeping. I admire and respect you for putting yourself through school while raising a child. Is there anything I can do for you right now that would ease your stress? (You could suggest a beverage or food or a walk or even a shower if they seem a little lost or unsure. Sometimes parents are so focused on their children, they forget their own basic needs, and taking care of some of them can help them focus and feel more grounded.)

I know it may feel like you are out of options, but perhaps we can figure this out together.

We can contact student services on campus. They may have a list of caregivers for this specific reason or resources/referrals for parents. We can also try Facebook and ask the community if they know of any reputable caregivers that have space for your daughter.

Perhaps it would be a good idea to speak to your instructors so they're aware of everything that you're juggling. They may be able to give you more time for assignments or may have resources or ideas you haven't thought of yet.

## Responses to avoid

- Don't worry, I'm sure you'll think of something. (Chances are, they have thought of everything they possibly could think of. They would not be talking with you if they had any possible solutions in mind.)
- Can't you just put her in front of the TV while you study? (Most parents do not use TV with toddlers as a long-term solution to a chronic problem.)
- Thank goodness I don't have kids; school is hard enough without them. I don't know how you do it. (Although this may feel like you are complimenting their strengths as a parent and a person, it's unhelpful and the focus is no longer on their situation and has shifted to how much easier it would be without children.)

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## 2. Student who's genderqueer and just gone through a bad breakup

You have been paired up with Leslie on a semester-long project in one of your classes. Leslie

is upfront about being genderqueer and asks you to use the pronouns they/them. Leslie is enthusiastic, shows up to all the meetings, and completes their portion of the work on time. However, as the semester progresses, Leslie begins missing meetings, is harder to get hold of, and is either late with their contributions or the work is subpar compared with their earlier submissions. When you ask if everything is okay, Leslie admits they are going through a bad breakup and is having a hard time handling it. They are having difficulty concentrating on their work, they aren't sleeping well, and they are drinking a little more than usual. Leslie tells you they are thinking about dropping out and don't know what to do.

## Key points

- Be empathetic and supportive while taking a strengths-based approach, highlighting their capabilities as a student and their resilience in the face of stress and hardship.
- Be mindful when referring to them or their partner with the proper pronouns and stay conscious of it.
- Connect the student with LGBTQ2S+-friendly resources, such as counselling services, at the school or in the community.
- Provide support by discussing how your joint project's deadlines, delivery, and work can be altered to allow for flexibility without loss of quality or imbalance in the division of work.

## Possible response

I'm sorry to hear about your breakup with your partner. In my time working with you on this project, you have been diligent, hardworking, and enthusiastic. I can see your situation is causing you a lot of stress and sadness and distracting you from your studies. Have you spoken to anyone about this? Do you have support at home or with friends or family? The school has some excellent LGBTQ+-friendly counselling services you can access as well. Maybe it would help to talk to someone about what you are going through?

I know you're having a really hard time and I commend you on continuing to show up and trying the best you can; it's a testament to your resilience. Although we do need to complete our project, I'm flexible in how we continue with it. Is there anything we can change to ease some of your stress, such as working on it together instead of separating the work and then meeting?

## Responses to avoid

- Cheer up, there are plenty of fish in the sea! I'm sure you'll have no problem meeting someone new. (Although this may be true, it minimizes the pain and grief the person is going through. They need time to process their experience before they can move on.)

- Did you break up with your boyfriend or girlfriend? (At no point is it necessary to know the sex/gender of their partner. If they do not disclose this information, it is because they have chosen not to and the physical sex or gender identification of their partner will not impact the way in which you support your peer. Using gender-neutral terms like *partner* or *significant other* is more appropriate and respectful, and mirroring the language they use to describe their significant other is the best option.)
- Can't you just get over it and move on? We have deadlines, and I don't want to get a bad grade. (Although the concern for a bad mark is real, adding stress and pressure to a situation does not help or support the student in crisis; it only adds to their stress.)
- I know exactly what you are going through. When I went through that, I [insert personal story]. (This may seem helpful, but it takes away from their experience, and when we offer personal anecdotes, we stop listening to their story and concerns. Maintaining the focus on their situation allows them to talk through their experience with someone and sometimes that is all they need to move forward or find clarity in a situation and seek the help they need.)

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### 3. Indigenous student triggered by lesson content

You are in class when the instructor begins talking about Canada's residential school system and the abuse and forced assimilation of Indigenous children. As the lesson closes and students begin to pack up, you notice that a usually gregarious Indigenous student is sitting quietly and appears to be wiping tears from their eyes. When you approach the student, they tell you that their grandmother was in a residential school and they found the lesson very triggering.

#### Key points

- Recognize and validate the student's distress without appropriating it.
- Actively and non-judgmentally listen to the student's story, if they wish to share it with you.
- Connect the student with Indigenous services (such as an Elder in Residence or an Indigenous or liaison counsellor).
- Offer support in contacting the instructor about trigger warnings in future.

#### Possible response

Thank you for sharing that with me. I noticed you were tearful, and I'm very sorry that you're upset. I won't pretend to know exactly how you're feeling, but I understand there is intergenerational

trauma related to the residential school system. If you feel comfortable, please tell me more about how you're feeling and how you've been affected.

Can I assist you in accessing Indigenous services? There are staff on campus who can connect you with Indigenous Elders and counsellors. If you'd like, I can also talk to the instructor about providing trigger warnings on content like this in the future, or I can support you in contacting the instructor.

## Unhelpful responses

- Well, that was a long time ago, and it didn't happen to you.
- You need to develop a thicker skin; don't be so sensitive!
- A lot of groups have been oppressed.
- Oh my gosh, that instructor is totally racist! Don't worry, I'm going to take up your cause and make sure everybody knows how totally unacceptable this is! (This response disrespects the Indigenous student's voice and agency. It appropriates their trauma and misunderstands the situation.)

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## 4. Homeless student misses study group

You are part of a study group that has been meeting regularly through the semester. Recently, one member's attendance has become sporadic. When they do show up, their appearance is dishevelled, and they seem to have a hard time concentrating. When you ask them about this, they confide that they have been evicted from their apartment and must live in their car for a few weeks until they can afford a deposit on a new place. They explain that it's hard to find a quiet and comfortable place to study or sleep, and their coursework has suffered as a result. They also tell you that they feel a lot of stress and shame about the situation.

## Key points

- Validate in an empathetic and non-judgmental way.
- Respect privacy.
- Offer to connect the student with relevant resources, such as shelters, counselling, financial aid, bank programs, and library study spaces.
- Set personal boundaries.

## Possible response

You have nothing to be ashamed of; many of us have gone through financial hardships through no fault of our own. I understand it must be a stressful situation, and I will respect your privacy. Can I connect you with some services that might help you at this time? Financial aid has scholarships, bursaries, and assistance programs that could help you financially. There are food bank programs and shelters in the community. A counsellor could help you deal with the stress. And if you need a quiet place to study, there is always the library and campus study spaces. I can show you these spaces and support you in accessing these resources.

## Unhelpful responses

- Oh my gosh, I can't believe you're homeless!
- You really need to learn to manage your money better.
- Don't worry, you can move in with me today and stay as long as you need to! (This response is not conducive to maintaining healthy personal boundaries.)

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## 5. Transgender student who needs support with a culturally unsafe instructor

Alexa, a transgender student, approaches you after a LGBTQ2S+ meetup on campus. She tells you that one of her instructors refuses to call her by her name, stating that “preferred names” are optional as per school policy. Occasionally, the instructor will use Alexa’s name, but will self-edit it; for example, calling her “Alex” instead of “Alexa.” The student feels disrespected and humiliated by her instructor during class, so if she does attend class she sits in the back and doesn’t participate very much. She explains to you that she needs to do well in the course so she can get into the program she wants. She expresses feelings of sadness, hopelessness, and frustration during this interaction.

## Key points

- Listen empathetically and support the student while recognizing her capacity.
- Validate her experience and recognize that you do not personally know this experience (if appropriate).
- Acknowledge the student’s strength and resilience and remind her that she is valued.
- Offer to help connect her with campus and community resources, such as counselling services and advocacy groups that can support her (e.g., the student union or other advocacy



services on campus or in the community).

## Possible response

Thank you for sharing your story with me. I'm sorry this happened to you. It must be so frustrating for your instructor to not understand trans reality. I can appreciate how your instructor's behaviour is impacting your well-being. You are valued, and there are many people and services that can support you through this.

How can I help? I hear that you're feeling sad and hopeless, and I'm concerned. Would you like to talk to a counsellor on campus? Counselling is confidential and free for students. I can walk with you to counselling services if you like, or I can give you their location and contact information. Another option is I could help you connect with the pride centre. They have free short-term counselling as well as sliding-scale or low-cost long-term counselling services. I can also give you the online crisis resources so you can access them if and when you're ready. Is that okay with you?

If you like, we can also speak to the student union on campus to discuss mediation if you want to talk to the instructor or the director of the department about this. I can walk with you to the student union, or I can give you their location and contact information. I can also be present to support you throughout this process as well.

## Unhelpful responses

- I understand what you are going through. You can wear dresses if you want.
- I'm sure the instructor was not intentionally trying to misgender you. Maybe they didn't know. Did you tell your instructor you are transgender?
- Have you considered looking more feminine? Perhaps wear makeup, long hair, or dresses so you look less ambiguous.
- Are you sure you are transgender? Maybe you are gay instead.

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*Resources for Supporting LGBTQ2S+ Students*

When speaking to a transgender student, use the name of the student:

- Say “What is your name?”
- Do not say “What is your preferred name?”
- If it is necessary to determine the student’s name in the registry, say “What is your legal name?”

Use a transgender or non-binary student’s appropriate pronoun:

- Say “What are your pronouns?”
- Do not say “What are your preferred pronouns?”

## Online Resources

Here are some helpful online LGBTQ2S+ resources on language:

- *The Genderbread Person*. “[Genderbread Person v4.0](https://www.genderbread.org/resource/genderbread-person-v4-0). (<https://www.genderbread.org/resource/genderbread-person-v4-0>)”
- University of California, San Francisco. LGBT Resource Centre. “[General Definitions](https://lgbt.ucsf.edu/glossary-terms) (<https://lgbt.ucsf.edu/glossary-terms>).”
- University of California, Davis. “[LGBTQIA Resource Center Glossary](https://lgbtqia.ucdavis.edu/educated/glossary) (<https://lgbtqia.ucdavis.edu/educated/glossary>).”
- Alberta Health Services. “[Terms to Avoid](https://www.albertahealthservices.ca/assets/info/pf/div/if-pf-div-terms-and-phrases-to-avoid.pdf?fbclid=IwAR0mPGRYfphRuccSRrWaR26zbdylvEv1J_7ST6qUyZJSGslbVhMvaOS0QDo) ([https://www.albertahealthservices.ca/assets/info/pf/div/if-pf-div-terms-and-phrases-to-avoid.pdf?fbclid=IwAR0mPGRYfphRuccSRrWaR26zbdylvEv1J\\_7ST6qUyZJSGslbVhMvaOS0QDo](https://www.albertahealthservices.ca/assets/info/pf/div/if-pf-div-terms-and-phrases-to-avoid.pdf?fbclid=IwAR0mPGRYfphRuccSRrWaR26zbdylvEv1J_7ST6qUyZJSGslbVhMvaOS0QDo)).”
- Trans Care B.C. “[Two-Spirit](http://www.phsa.ca/transcarebc/gender-basics-education/terms-concepts/two-spirit?fbclid=IwAR0EF-NLkJ--zFcLvOSmc8L0_YBjullL4vFifcrqTDBdP_T5F2tl6FwBlik) ([http://www.phsa.ca/transcarebc/gender-basics-education/terms-concepts/two-spirit?fbclid=IwAR0EF-NLkJ--zFcLvOSmc8L0\\_YBjullL4vFifcrqTDBdP\\_T5F2tl6FwBlik](http://www.phsa.ca/transcarebc/gender-basics-education/terms-concepts/two-spirit?fbclid=IwAR0EF-NLkJ--zFcLvOSmc8L0_YBjullL4vFifcrqTDBdP_T5F2tl6FwBlik)).”
- Re:searching for LGBTQ2S+ Health. “[Two-Spirit Community](https://lgbtqhealth.ca/community/two-spirit.php?fbclid=IwAR0RtPAKmxolQM9CginqLu1qRTJpFJxjR5VGa5vcgA2nT1q-69TJLpft_o). ([https://lgbtqhealth.ca/community/two-spirit.php?fbclid=IwAR0RtPAKmxolQM9CginqLu1qRTJpFJxjR5VGa5vcgA2nT1q-69TJLpft\\_o](https://lgbtqhealth.ca/community/two-spirit.php?fbclid=IwAR0RtPAKmxolQM9CginqLu1qRTJpFJxjR5VGa5vcgA2nT1q-69TJLpft_o))”
- 2 Crees in a Pod. “[Embracing My Two-Spirit Journey with Prestin Thotin-Awasis](https://open.spotify.com/episode/7fFhq4G7Qjho35W8dqLbg5?si=9lq00ZSUQwqCqjvXhajAOw&dl_branch=1&fbclid=IwAR21BoNPbBmrInjCuDftveJj8CLowMkqXTJFx1QHGRDQMd3V36Kcc_8WZzk&nd=1) ([https://open.spotify.com/episode/7fFhq4G7Qjho35W8dqLbg5?si=9lq00ZSUQwqCqjvXhajAOw&dl\\_branch=1&fbclid=IwAR21BoNPbBmrInjCuDftveJj8CLowMkqXTJFx1QHGRDQMd3V36Kcc\\_8WZzk&nd=1](https://open.spotify.com/episode/7fFhq4G7Qjho35W8dqLbg5?si=9lq00ZSUQwqCqjvXhajAOw&dl_branch=1&fbclid=IwAR21BoNPbBmrInjCuDftveJj8CLowMkqXTJFx1QHGRDQMd3V36Kcc_8WZzk&nd=1)).”

## 6. Engineering student who appears anxious and rushes out of class

Your classmate usually sits at the very back of your engineering class and keeps to themselves. Today they arrive late, and you notice them taking one of the remaining seats at the busy centre of the lecture hall. Other classmates are engaged in loud conversations with one another. Your classmate appears to become anxious. You notice them frantically shuffling their body. As additional classmates fill up the remaining seats, your classmate hastily grabs their belongings and runs out of the class, sweating profusely. You decide to follow them out of class to see how they're doing. When you talk to them, they tell you that they were just anxious and needed to get out of the room to relax.

### Key points

- Express support and empathy and let them know you support them.
- Technical fields like engineering may appear to be emotionless environments to many students, but all students need support sometimes. Bring attention to mental health care by reaching out and sharing available resources.

### Possible response

I noticed that you had an uncomfortable reaction in class and left class earlier. Are you doing okay? I just wanted to check because I know I sometimes feel overwhelmed during class. I know there can be all sorts of pressure, and I'm here if you want to talk about anything. How about we try and sit together next class? I can save you a seat.

**Note:** *If the student says they're fine and they don't share anything else with you, that's okay. They now know that someone else cares about their well-being and you're available if they want to talk. If the student indicates that they're feeling like they can't cope with all the pressure or says anything that concerns you, you could suggest they connect with student services to find out about the resources that are available on campus to support students and help them learn coping strategies for dealing with all the stresses of being a student. You could also offer to walk over to student services with them, but you should take your cue from them.*

### Unhelpful responses

- Hi there. I noticed that you ran out of class. I feel like that was weird. Next time, you should stay at the back of the class. If the seats are full, just find a spot on the floor up there or stand.
- Hey, it looks like you need to see a counsellor. I know a person who suffered from social

anxiety, and they eventually decided to drop out of school. This is a huge problem, and you need to get it fixed right away. I don't want to see you suffer the same fate.

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## 7. International student who is not able to pay fees

An international student you know from classes is not able to pay all their fees for the semester. The student tells you that they didn't get any kind of financial aid. They discussed their situation with their parents, but they are not able to send money because their business was shut down during the pandemic. The student is really upset and appears to be on the verge of tears when they talk to you. They are worried they'll have to drop out and say they feel helpless and very stressed.

### Key points

- Highlight support and empathy.
- Tell them about resources on campus, such as financial aid, international student services, and health and wellness services, which has resources on ways to reduce stress.
- Suggest they visit a local food bank.

### Possible response

I'm sorry to hear that you are having such a difficult time. I can understand that this is very stressful and heartbreaking for you. Did you know there are a lot of really helpful services right here on campus? You could also talk to someone in international student services to see if they have any suggestions. And there's also the financial aid office on campus, and they may be able to suggest bursaries or loans. The health and wellness centre has staff and counsellors who can help you if you are feeling stressed and low. There's also the food bank, which provides free food to students in need. I can help you connect with all of these services if you'd like.

### Unhelpful responses

- Why don't you just get a job? That's what most students do when they're short of cash.
- So how much money does your family make and how much are they sending you?

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## 8. International student feeling overwhelmed by academic and work commitments

Salem arrived in Canada three months ago and is struggling with absorbing school material in English. Salem has to work after classes to support their family, so there is no time for extra tutoring or study club. Because of late-night shifts, they are having trouble keeping a consistent sleep schedule and preparing meals for the week. Salem explains to you that they have a midterm exam coming up. Salem discloses to you that in their culture, grades play a large role in defining one's self-worth and social status—and this exam is no exception. They are visibly distressed, their eyes swollen with dark circles underneath, and they mention their lack of appetite and lack of communication with their loved ones.

### Key points

- Acknowledge and validate student's feelings and concerns.
- Ask if they need advice or a compassionate listener; if the latter, listen attentively.
- If the student needs advice and support, offer to connect them with relevant services, such as financial aid, international student services, mental health resources, or academic advising for additional support.
- Offer to support the student in their advocacy with instructors about their school-life balance.
- Offer to help research food banks, bursaries, and student loan resources.

### Possible response

I'm so sorry to hear about what you are going through. Your feelings and concerns are valid and deserve to be heard. I can't imagine how challenging it must be to navigate school, work, and personal life in a foreign environment, far from home and family. I admire your resilience and perseverance in this difficult situation and appreciate you opening up to me about your experiences. You are not alone, and we are here to support you.

How can I help? Do you need a listening ear or support with brainstorming options? I'd be happy to help you navigate the many student services on campus. Have you spoken to anyone at international student services or financial aid? They may be able to help. Have you contacted your instructor? There are ways to make a request for an extension on assignments. Would you like assistance with that or help with putting together a study plan? We can also look into local food banks and bursaries together, to free up your time to allow for more rest and studying.

When was the last time you connected with family and friends? They care about you and your

health; we can call them together if that would help. Your academic performance does not define your worth; there is so much more to you as an individual.

## Unhelpful responses

- This is just an exam, you'll be fine. This is just what student life is like.
- Don't blow this issue up. I had exams too and was just fine.
- I don't see other international students complaining. You should be grateful you even get to be here.
- Actually, I had the same problem when... [continue talking about yourself].
- It's because your English isn't that great. Things will get a lot easier when your English improves.
- Just talk to your instructor, it's not that big of a deal.
- Wow, the way your culture is this focused on grades is so regressive.
- This is school, what did you expect?

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## 9. Student worried about failing a course and disappointing their family

Cobie is the first member of their family to attend a post-secondary program, and their parents and grandparents have invested most of their money in their education. Cobie has come up to you, as a teacher's assistant, in a panicked way after class. They explain that they just got their mark back for an assignment, and they failed it and are unable to improve their mark. They will likely fail the class because of how much the paper was worth. The student is clearly panicking, and is displaying frantic behaviours like pacing, speaking rapidly, and fidgeting with their hands, and is on the verge of crying. They say that they feel guilty for wasting their parents' and grandparents' money and are embarrassed to tell them that they failed on the paper. They say they feel helpless and stuck, with no way out of the situation.

### Key points

- Validate the student's feelings and emotions, and show your understanding of their situation.
- Provide options for the student, such as discussing a rewrite with the instructor.
- Encourage the student to visit counselling services.

### Possible response

This sounds really challenging, and I'm so sorry that you are going through this tough time right

now. It must be really hard and upsetting to have worked so hard on a project and not got the mark you wanted. Your parents and grandparents care about you; that's why they have helped you with school. You are a hardworking student and this one grade does not define you.

I suggest you first talk to your instructor and see if they're open to you rewriting your assignment. If that's an option, you could get extra support from the learning centre. If redoing your assignment isn't possible, there is the option of taking the class again or taking a different class that you might be more interested in. I'm here for you, and you can come to me to talk. If you're feeling really overwhelmed by this, there are also counselling services on campus, and I can recommend a counsellor who can help you through this tough time. Would you like me to help you connect with counselling services?

## Unhelpful responses

- Don't worry about it. This assignment probably doesn't matter as much as you think it does.
- Your parents and grandparents won't be mad at you for failing one assignment.
- You probably should have worked a bit harder and then this wouldn't have happened.

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## 10. Student triggered by an instructor's comments about weight and body image

Your friend Blue, who is recovering from an eating disorder, just ran out of class because of triggering course content. Blue is non-binary, queer, bi-racial, and neurodivergent. In class, the instructor was discussing nutrition, body image, and healthy eating when they made an implicitly offensive comment about weight and body mass index. This triggered Blue, causing them to run out of the classroom. You also leave class to check on them, and you find them pacing up and down the hallway, scratching their arms, and tugging at their shirt to pull it away from their body.

## Key points

- Listen and respond in an empathetic way.
- Ask them if they have anyone to talk to.
- Offer to go with them to a quiet place on campus, such as a student hub, so they can ground themselves.
- Ask if they'd like to talk to a counsellor and offer to help connect them with counselling services.

## Possible response

I noticed that you ran out of the class after the instructor made that insensitive comment. Do you want to talk about how you're feeling, or do you need time for yourself? I know you're recovering from an eating disorder and hearing your instructor make a comment like that must be extremely upsetting. I can see that you're distressed by the way you're scratching yourself. I know the student hub has a quiet space that we can go to if you think that would help; I can walk you there now. After you feel more grounded, do you want to talk to someone? There's counselling at the school and peer support, but if you don't feel comfortable discussing the matter here, there's Here2Help.ca, which is an online chat or text resource.

## Unhelpful responses

- I thought you recovered from your eating disorder. Why does this bother you?
- I'm sure the instructor had good intentions; you're just taking it the wrong way.
- I know you were triggered by that comment, but I'm sure the whole class was too.
- Come on back to class, you don't want to miss everything and fall behind.

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## II. Student struggling to balance academic pressures with their social life

A student shows up to class after not coming for a couple of weeks. As everyone is packing up their bags at the end of class, you approach the student, who looks tired, is not wearing appropriate clothing for the cold weather outside, and looks like they may not have showered in a while. After talking privately with you in the empty classroom for a few minutes, the student discloses that they are hungover from a weekend of drinking. The student is clammy, sweaty, and breathing quickly. The student continues to tell you that they don't want to be in school, but they're under a lot of pressure from their family to be there. The student tells you that the only part of school they enjoy is the social aspect.

## Key points

- Listen and respond in an empathetic way.
- Suggest they talk to someone counselling services about the pressures they're feeling and get some advice on how to balance their academic and social life.
- Suggest they talk to someone at the learning centre about how to manage their courses.



## Possible response

Hey, I haven't seen you in a while and I just want to check in on you. Is everything going okay? I see you don't have a jacket, and it's pretty cold outside. Do you want to see if the lost and found has anything that hasn't been claimed in a while? I understand not wanting to come to class; it is a lot of pressure. The social life is exciting and new, and it's a chance to feel free and be your own person. Do you have any ways to balance the social and work aspect of school? Do you have anyone to talk to about school and life? It could be really helpful to talk to someone, and here are some good resources here on campus. There are counsellors who are there if you need to talk about the pressure you're feeling from your family; they can also give you some advice on balancing the work and social aspects of school. Would you like me to help you connect with them? I understand that you're hungover now, but you could go whenever you're ready. Is it okay if I reach out if I don't see you in class next week?

## Unhelpful responses

- Don't worry so much; you'll grow out of this phase of your life.
- Why are you even in class if you don't want to be here?
- It sounds like you drink a lot. Are you an alcoholic?
- It might help to keep things in perspective. I have to work two jobs every summer to put myself through school, but your parents are paying your way—and you don't even appreciate it.

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### Scenario Debrief

- What did you learn from your scenario?
- What stood out for you?
- Remember that there are many resources and services on campus and in the community that can support students.

## Scenario Debrief

*After students have completed the practice scenario activity, invite them to share what they learned. Some of the scenarios are about serious issues or situations that some students may not be familiar with. Remind students there are many resources on campus and in the community that can help students. They are not expected to have all the answers or know what to do in all situations. If you haven't already shared Handout 4: Talking about Mental Health: Scenarios and Responses with participants, you could share it now.*

## 10. Concluding the Session

To close the session, review the Mental Health Continuum, the Wellness Wheel, and the Stress Curve.

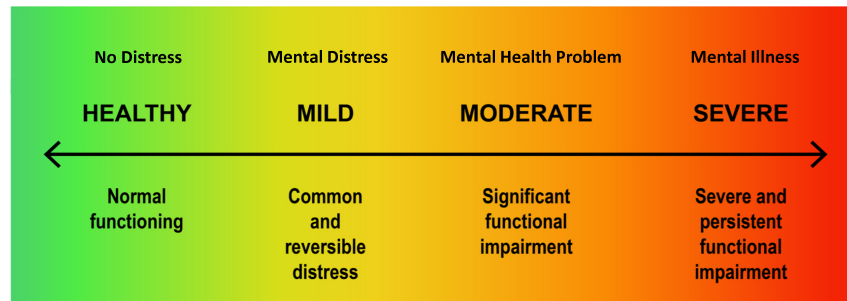
If you haven't already, you may want to share [Handout 5: Videos and Other Resources on Mental Health](#) and hand out or share the links to any other handouts you haven't yet shared.

Review everything you've talked about: how to respond to stress, how to respond empathetically to another student experiencing stress (while considering your own limits and a balance of care and respect), and the various services and resources available on your campus to support students.

Invite questions and comments and offer to stay after the session for anyone who has questions.



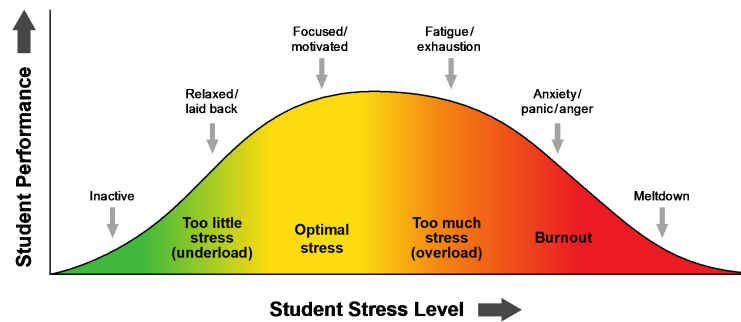
## Summary: Mental Health Continuum



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## Summary: Stress Curve



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## Reflection

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

— Maya Angelou



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## Questions or Comments



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## Section 3: Appendices and References

# Appendix I: Wellness Wheel (Handout 1)

Handout 1 is a two-page PDF of a Wellness Wheel worksheet that shows the Wellness Wheel and gives descriptions and examples of the nine dimension of wellness.

Download Handout 1: Wellness Wheel Worksheet:

[BCcampus wellness wheel worksheet – black & white \[PDF\] \(https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/BCcampus-wellness-wheel-worksheet-final-bw-.pdf\)](https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/BCcampus-wellness-wheel-worksheet-final-bw-.pdf)

[BCcampus wellness wheel worksheet – colour \[PDF\] \(https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/BCcampus-wellness-wheel-worksheet-final-colour.pdf\)](https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/BCcampus-wellness-wheel-worksheet-final-colour.pdf)

## Text Attributions

- Wellness Wheel Handout. Adapted from Okanagan College. *Wellness peer ambassador handbook*. Kelowna, B.C.: Okanagan College.



# Appendix 2: Coping Strategies (Handout 2)

Handout 2 outlines different ways that students can cope with stress.

Download Handout 2: Coping Strategies [PDF] (<https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Handout-2-Coping-Strategies.pdf>).

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# Appendix 3: Supporting Other Students: Mental Health Resources (Handout 3)

Handout 3 is a quick reference guide of mental health resources. The handout provides space for facilitators or participants to fill out the contact information for on-campus and community resources and lists provincial crisis lines. The handout also includes information on how to respond to a student who is in distress and refer them to the appropriate resources.

Download [Handout 3: Supporting Other Students: Mental Health Resources \[PDF\]](https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Handout-3-Mental-Health-Resources.pdf) (<https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Handout-3-Mental-Health-Resources.pdf>).

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- This resource is adapted from Vancouver Island University, Counselling Services, *Capacity to Connect: Supporting Students from Distress to Suicide*. This handout is licensed under a [CC BY 4.0 License](https://creativecommons.org/licenses/by/4.0/) (<https://creativecommons.org/licenses/by/4.0/>).

# Appendix 4: Talking about Mental Health: Scenarios and Responses (Handout 4)

Handout 4 includes 11 different scenarios of students who are experiencing stress. Each scenario has a suggested script for how to respond to the student and refer them to resources. Participants can use this handout for the scenario activity during the session, or they can refer to the scripts for further thought and discussion after the session.

Download [Handout 4.1 Scenarios for Practice and Discussion \(no responses\) \[Word doc\]](https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Scenarios-only-no-responses.docx) (<https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Scenarios-only-no-responses.docx>).

Download [Handout 4: Talking about Mental Health: Scenarios and Responses \[PDF\]](https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Handout-4-Scenarios-and-Responses.pdf) (<https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Handout-4-Scenarios-and-Responses.pdf>).

# Appendix 5: Videos and Other Resources on Mental Health (Handout 5)

For students wanting more information on mental health, you can share this handout, which includes videos, websites, and articles on mental health.

Download [Handout 5: Videos and Other Resources on Mental Health \[PDF\]](https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Handout-5-Videos-and-Other-Resources.pdf)  
(<https://opentextbc.ca/oerdiscipline/wp-content/uploads/sites/378/2021/11/Handout-5-Videos-and-Other-Resources.pdf>).

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We gratefully acknowledge that this facilitator's guide and the associated presentation have been adapted from University of British Columbia's training *Mental Health Literacy for Student Leaders* by University of British Columbia (UBC) Student Health and Wellbeing staff. While we don't have the names of all of the authors who contributed to the UBC resource over the years, we would like to thank those people who worked with BCcampus on this newly adapted version: Tam Uden, Freeman Woolnough, Karen Moss, Kelly White, Patty Hambler, and Levonne Abshire.

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# Versioning History

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Version	Date	Change	Details
1.00	December 15, 2021	Book published.	