



University of Toronto

Coordinator, Student Crisis Response Programs, Student Affairs
Office of the Vice-President & Provost

Toronto, Ontario
M5T 2Z9

Phone (416) 946-7111 / Fax (416) 971-2037
Web <<http://www.sa.utoronto.ca>>

Student Crisis Response Programs Annual Report 2004-2005

**Helen E. Slade
Co-ordinator,
Student Crisis Response Programs**

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Introduction

The University of Toronto **Student Crisis Response Program** is designed to provide immediate support and quick access to resources for students in difficulty or distress. Through several programs and initiatives, we focus on connecting students with services that can assist them in resolving the difficult or critical situations they may encounter while engaged in their studies here. More broadly, we work to build capacities and develop networks across the university that facilitate connection, communication, and support for all students at the University of Toronto.

In 1999, a group of concerned students and staff from across the university identified the need for a coordinated response to students dealing with acute situational distress and personal crisis. They proposed a comprehensive and systematic on-site critical incident response. This ad-hoc committee approached the Vice-Provost, Students for project development funding. A two-year pilot project was approved, and a .60 staff-appointed Coordinator was hired in March 2000. The position increased to .80 in July 2002, and to full-time in July 2004. The programs were reviewed at the end of the pilot in March 2002, and operational funding was secured through the Office of the Vice-Provost, Students. In July, 2004, the incumbent Co-ordinator, Rae Johnson, took a year's leave to pursue a teaching opportunity in her area of research. I was seconded to this position for the 2004-05 year.

The Program operates under the general direction of the Director, Student Affairs.

Current Programs

Education

Training and education on issues related to students in crisis is an important focus of the Student Crisis Response Program, as it raises awareness in the University of Toronto community about these issues, as well as informing staff, students, and faculty about the existence of the services provided by the programs.

These educational sessions work to build capacity and develop networks to assist students in difficulty, and provide ongoing opportunities to share ideas, information, and support for individuals across the University who work with students in crisis. Programming is designed to reflect the real-life needs and issues of the university community in dealing with students in crisis.

Some of the educational programming offered in the 2004-5 academic year is listed below:

- Self-care as Crisis Prevention
- Referrals for Students in Difficulty
- Resources for Students in Difficulty
- Suicide Awareness: Basic Assessment and Intervention Skills Workshop
- How to Break Bad News
- Orientation of New Academic Administrators

- Orientation of New Faculty

In addition to educational seminars and presentations, I have revised the Student Crisis Response Programs guide, entitled *Connections: Identifying and Referring Students in Difficulty*. This 20 page booklet is intended to assist staff and faculty in identifying when professional assistance might be beneficial to a student, how to make an effective and appropriate referral, and provides information on consultation and emergency resources available to the University of Toronto community.

Emergency and Crisis Response

Earlier this year, the University's Governing Council passed a new Policy on Emergency Response that formalizes the University's protocols and practices in respect of crisis and emergency situations. The policy sets out a framework within which all divisions of the University will respond to emerging crises, as well as critical incidents, emergencies and disasters. The Student Crisis Response Co-ordinator and staff in the Community Safety Office share the responsibility for immediate on-site response to critical incidents and for organizing the University's overall crisis and trauma management.

This past year, Community Safety staff and I responded to several incidents, including a student death, a student suicide, a number of suicide attempts, and several instances of disruptive behaviour (for example, in the president's office and in several classes.) I am a member of the High Risk Cases Committee, which meets bi-monthly under the leadership of the University's Crisis Manager (The Vice-President, Human Resources and Equity) and the Deputy Provost. As a member of this committee, I bring forward all situations that have serious implications for University resources and staff, as well as those occurrences that present systemic issues related to students in crisis.

Consultation on Specific Incidents

The Student Crisis Response Programs Coordinator acts as a consultant for staff and faculty with questions or concerns about students in difficulty. Together with staff in Academic Departments, Residences, Registrars, Student Services, and other divisions, I work to develop strategies and options that will both support the student and resolve the crisis. Depending on the particular requirements of the situation, I sometimes intervene directly to assist a student, and can provide follow-up and debriefing as needed.

I respond to a range of student crisis situations, and work with divisional staff to provide the degree and type of intervention that will assist students in serious behavioural crisis to maintain satisfactory academic progress and function successfully within the campus community. Typically, I deal with three main types of crisis – individuals in personal crisis, individuals with behavioural issues that precipitate a local crisis, and groups of students affected by a crisis situation.

Example 1

A student living in residence attempted suicide twice in a couple of days. As her suicidal feelings persisted, a safety plan was put in place to support the student as she worked toward completing her term. I acted as a liaison between the student, her health care providers, the residence and her Faculty to implement the plan and ensure the student followed through, and collaborated with faculty and the health care provider to develop a strategy to address the student's academic issues.

Example 2

The number of students who display disruptive behaviour is increasing. One student began attending a class for which she was not registered, and disrupted the class with off-topic comments, yelling, moving about the classroom in a manner that was intimidating to other students. I dissuaded the student from attending class, and then, as both the professor and the class were concerned that the student might return, I remained in the hallway for several days at the start of the class, to ensure the student did not attend, and that the class could proceed without disruption.

Example 3

Another student becomes disruptive frequently when his requests for academic accommodation or increased financial aid are denied. In this situation, the College Registrar and I have collaborated to provide counselling and support to the student. The student is not always satisfied with the options that are offered, and on several occasions has appealed to other departments to intercede on his behalf. In each instance the departmental staff member has called the registrar, who in turn has called me. I visit the department and review the options offered with the student in the presence of the staff member. This process has reinforced that staff of the university work collaboratively rather than in isolation.

Example 4

A student was told by his advisor that his academic progress was not satisfactory and that he would be placed on academic suspension as a result. The student's response suggested that he intended to harm himself physically. When the advisor was unsuccessful in persuading the student to see a University counsellor, the police were notified. The student was taken to the hospital for assessment. I visited the student while he was hospitalized, and made arrangements for community support on his release. I also provided information and referral suggestions for family members who had come to Toronto to assist.

Example 5

The caretaking staff in a college residence notified the dean of students that they suspected one of the residents had a severe eating disorder. The dean met with the student, and made an immediate referral to me. In meeting with the student, I learned that she was on a waiting list for an eating disorder treatment program, and that her family was overseas and not available for support. I worked with the college registrar to reduce her course load, with the residence staff to help them communicate expectations for her safe and respectful presence in the residence community, and with the eating disorder program to advance her spot on the waiting list, given the severity of the problem.

The response to each case is developed within the context of available resources, including the capacity of staff and faculty to be involved. Depending on the individual situation, I will:

- Provide assistance to students in various stages of difficulty or crisis through case consultation and strategy development.
- Facilitate connection to and coordination of campus and community resources.
- Assist faculty and staff to address instances of student behaviour considered inappropriate for the university environment.
- Provide assistance in the development of local policies and protocols designed to respond effectively and appropriately to students in difficulty.

Mental Health Information Network

Comprised of representatives from Accessibility Services, Counselling and Learning Skills Services, Psychiatric Service, Health Service, Woodsworth College, the Transitional Year Program, the Community Safety Office and the Student Crisis Response Programs, the Mental Health Information Network meets regularly to discuss issues of shared concern as they relate to issues of student mental health. In particular, the network works to develop greater connectivity between University of Toronto services that provide support to students with mental health issues, and between campus providers and their counterparts in the larger community. For example, the Network provides a forum where members can:

- Ensure that all related campus services are aware of new initiatives and developments occurring in each service or program area
- Work collectively to develop enhanced relationships with key community service providers, such as the Gerstein Centre, the Centre for Addiction and Mental Health, St. Michael's Hospital, and Sunnybrook & Women's College Hospital

- Review protocols for responding to student mental health situations (for example, a student manifesting psychotic behaviour in a student residence) in consultation with university stakeholders and community services
- Identify gaps in the provision of information for students with mental health conditions, and work collectively to develop strategies for addressing them
- Identify the professional development and community education needs of the university community with respect to mental health issues, and cultivate innovative ways of delivering mental health information and training to target audiences.

Members of the Network have met several times during the Fall 2004 - Winter 2005 terms, and have identified a number of initiatives they wish to pursue over the next academic year, including: improvement of communication with students to present options for support; and development of additional strategies for identifying students in early stages of difficulty or crisis.

Campus and Community Involvement

I meet regularly with key personnel in different departments on all three campuses of the University, and attend meetings of related committees and working groups. These developing liaisons allow the Coordinator to become more informed about current issues and efforts, and to co-ordinate the Student Crisis Response Programs efforts with those initiatives. Ongoing liaisons with numerous individuals and offices also help to enhance the effectiveness and visibility of the Student Crisis Response Programs. I am involved with the following committees:

- Student Affairs Advisory Committee
- Women's Safety Network
- Interim Room Steering Committee (designated Case Manager)
- Status of Women Advisory Council
- Community Safety Advisory Board (St. George)
- ODA Compliance Committee – Sub-committee on Mental Illness
- December 6th – 16 Day Campaign (to eliminate violence against women)

Emerging Trends in Student Crisis Response

Increasingly, many more students are arriving at University with limited coping skills, or lacking the resiliency to deal with major changes and disappointments: lower than expected grades; relationship break-up; family pressures, including parental expectations; competitive admission to desired programs or faculties; financial stresses; lifestyle issues including those related to alcohol and drug use, and sexual behaviour. To retain these students in the university environment and to help them succeed, the University needs to continue to develop its comprehensive system of strategies for support. For students who come from a secondary school environment where the priority has been supportive learning, a University environment that expects students to take major responsibility for their learning can produce substantial anxiety.

Many more students are being diagnosed with mental health conditions as well. The substantial increase in mental health issues – depression, anxiety and first episode psychosis – is not limited to the University population; the impact in the University community, however, is different. Some students respond to emerging or unmanaged mental health conditions with behaviour that is viewed as disruptive. While most University staff and faculty want strategies other than discipline to deal with disruption, they do want the University to deal with it. Students who interfere with the teaching and learning activity of the University need clear limits and clear consequences.

Finally, our strategies for supporting students in crisis need to align with the vision outlined in *Stepping Up*. The policies and resources we develop for students must encompass the possibility that students may at some point need to “step out” while they deal with other priorities, or gain control back in their lives. Allowing students who are in crisis, or who are too ill to cope, to continue to register and try to attend is inconsistent with the goals of the academic plan. We need other alternatives: compassionate, supportive and reasonable options for coping with crisis.

Program Priorities for 2004-2005

- Ongoing participation in High Risk Cases oversight, and development of the University’s capacity for critical incident response in light of the new Policy on Emergency response.
- Continued capacity and network building through educational programming, with a particular focus on outreach to faculty.
- Continued development of crisis-related educational materials for University of Toronto faculty and staff
- Expansion of networks of support to include more community crisis response agencies and services, such as the Gerstein Centre and the Centre for Addiction and Mental Health, through the work of the Mental Health Information Network.
- Planning and co-ordination of a conference dealing with student mental health issues for fall 2005.

Summary

Serving the diverse needs of students in crisis requires not only adequate resources and effective programming; it also requires increased sensitivity and capacity among the many individuals at the University who regularly encounter students in difficulty or distress. The Student Crisis Response Program endeavours to address both of these needs – by offering student-centred programs and centralized resources to fill in some of the identified gaps in service (such as specialized case consultation and case management, and on-site critical incident response), as well as by providing opportunities for local communities to develop their own knowledge and expertise in assisting students in crisis.