

**Transcript for Capacity to Connect: Training for Faculty and Staff**  
**BCcampus webinar held on February 9, 2022**  
**Facilitator: Matty Hillman**

Matty Hillman:

So hello and welcome everybody. Welcome to the Capacity to Connect training. This is a training about how faculty and staff at post-secondary institutions can support student mental health and wellness. I want to thank you all for being here, taking time out of your schedule to learn a little bit and have some great discussions about mental wellness, on post-secondary environments. My name is Matty Hillman and I will be your facilitator today. So just a little bit about this training. Well, this is our fourth delivery in, in a series of facilitations. As you saw, we are recording this one. This is a new BCcampus training. It's an open education resource that can be adapted to any institution. So if you're interested in having this rolled out at your institution, we will certainly discuss that, and see where it can be adapted there. Originally this training came, from Vancouver Island University. So a little bit about myself. I am a faculty member at Selkirk College in the School of Health and Human Services. My background's in child and youth care and I've been an educator for about six years now, working with BCcampus for the last couple. Working on workshop designs around sexual violence prevention, mental health and stuff like that. So really, really happy and grateful to be in this role. Next slide, please.

So to acknowledge the, the unseated territories that, that I am speaking to you from. Several indigenous groups have been stewards of this land since time immemorial. But I'd like to start by highlighting the Sinixt people, the lakes, people who, despite the sort of erroneous myth by the federal government, they're not an extinct people, and they are very much here alive and well, fighting for their sovereignty. In addition to that, the, the Syilx, the Ktunaxa and the Secwépemc People also are important to acknowledge. I think it's really important to connect the, often try and connect the content to the land. And in many cases that's in identifying that dominant and hurtful violent ideologies like colonization are, at play here. We're going to talk about certain marginalized groups being at greater risk for, for mental health issues, having less supports. And really just facing discrimination in social and cultural settings contributing to, to this, mental health issues. So I'd like to just hear a bit about from, from folks here. If you want to just maybe drop in the chat a bit about yourself, where, what institution you are tuning in from, maybe your role there. If you'd like to acknowledge the traditional territory that you're that you're on, that would be great. So yeah, just tap on a little hi in the chat. Thank you.

So with any presentation or a group dynamic, it's important to set a bit of groundwork in terms of guidelines to support emotional safety. Because the reality is, we will be discussing difficult topics here. Mental health issues impact all of us, whether directly or peripherally. So let's start by having a confidential space here lets not share necessarily the names or the institutions. If we do share. I do really encourage participation though that really does help kind of bring, the experience alive and grounded in our experiences. I'm certainly not going to call on people and, and please don't feel pressure to participate or contribute. I do appreciate it when people have their cameras on and stuff like that. But certainly just really the takeaway here is take care of yourself. There's difficult stuff here and sometimes that can be triggering, sometimes it can have a bit of a delayed effect. So know who your supports are. If you're interested in talking with me. At the end of the training, I was hanging around and I'm happy to connect at a later date to if you have future questions. Let's just be mindful of the BCcampus guidelines that folks all sort of agreed to coming in to just be respectful and mindful of languages and pronouns. Really speaking from our own experiences with I-statements. We may have

different perspectives here, but we can be respectful with those differences. Again, just take care of yourself, do what you need to do, if you need to leave at anytime, that's fine. Sometimes we ask if you could drop a little note that if you are leaving early, we know You're okay. Yeah. Again, please do participate as much as you're comfortable with. Next slide, please.

Okay. So in terms of what this training offers, as I stated, this is about staff and faculty supporting students, mental wellness. Really, this is about the connection that we all, the relationship that we all have with students through our role and how we can utilize that connection to essentially recognize when students are struggling and experiencing signs of distress, showing signs of distress. How to respond with, empathy, validation, understanding compassion, and then ultimately referring students onto the appropriate campus resources or sometimes in the community. So that's sort of three. R framework recognizing, responding and referring, is that our framework for this training. So we'll be returning to that several times. Next slide, please.

So every good course or workshop has its presentation or learning objectives. For this one, we're going to start with just some terminology around describing mental health, mental wellness, mental until illness. So looking at some terms, we're going to look at those three R's really and, and sort of identify signs that we can look for in students. Um, because really that's, that's our bridge, that's our entry point into the conversation, is recognizing when students are struggling. And then in terms of response, we're going to discuss what, you know, what empathy is, how it differs from sympathy. You know, a bit about how it's not about fixing, it's not about solving problems. It's much more about compassion, holding space, humanism. Then we'll, we'll discuss appropriate resources for students, for different student demographics on campus, perhaps stuff in the community, as well as 24-hour resources. And so sort of bracket that all we need to understand or discuss, understand our limitations. Either our personal ones in terms of our boundaries and readiness to support or the boundaries within our institution. You're seeing that that Paula and the tech team here is supporting me, they're dropping in various links to supports to this training. So there's a number of handouts that I think you would've gotten in the registration e-mail. I'll be referring to those. They're great. One is the wellness wheel activity. Yeah, there you go. They've just been dropped in. So it's a beautiful tool that we'll look at in the training. The other is, is the Cole's notes. It's the one pager handout of really summarizing the key takeaways. So really great resources there. You've also got the link to the, Facilitator's Guide and slide deck. Again, this is open education available to any institution and with a few minor tweaks, you can really make it specific to your institution. Great. All right, next slide please.

Alright, so we've already really covered this, but again, just take care of yourself. Yeah. And I'm here. I'll actually drop my e-mail in right now. And again at the end. I think sometimes at this point it's talking specifically about resources for staff and faculty. Just identifying how colleagues, supervisors, your chair's can be excellent resources and also for those of us with the efap employee assistance programs, stuff like that. Hopefully you all have your self-care practices that we utilize to get through these challenging times. Right? Next slide, please, Abigail.

Okay, So as I mentioned, you know, this type of work is really grounded in relationship. The relationship is just, it's so fundamental to so much of life, but certainly in interpersonal communications, that relationship is what makes the space safe and comfortable for students to, to talk about issues that are personal, that are still stigmatized. So that's really our, our foundation to supporting other people is, is that relationship. And you know, for me, I, I recognize that there's this power differential with educators and students. Different students from different backgrounds see that differently. And what that looks like? Because it can look like a barrier. Students aren't necessarily going to be forthcoming even when

they are struggling, even when you say right from the get go, you know, I'm here for you. I want to support you. I say that every class I have, and I still feel it's really important to reach out and to be that initiator when it comes to these conversations, you know, you're not expected to be a counselor. Certainly. This is what's called community-based mental health education and that's what I call it. This is the type of training that it is valuable for counselors and I've done this stuff for PhDs and psychiatrists, but it's also super valuable for the, for the security guard, the librarian, in the community setting, the hairdresser, the bus driver. This is about bringing up all of our mental health literacy and comfortability dealing with and talking about this stuff to make it a sort of a shift, a cultural shift in our communities. And that's where, you know, that's our role in this. So next slide, please.

Okay. Pragmatically, we'll be together for about two hours. Again, I'm pretty easy going when it comes to facilitation and teaching. If you want to use the hand function, or if I'm not seeing it, you can just jump in and interrupt me. Please use the chat whenever those handouts will drop them in again at the end. And I'll be referring to them. What we're going to do. So what this kinda looks like. There's I think there's one video. There's three breakout rooms where we're going to put in, in groups of two to four to discuss some stuff in a smaller setting. You know, there's opportunities for reflections just in the larger group. So some diverse engagement methods here. So let's go on to the next slide, please.

Okay, So we're gonna end. This is going to be our first breakout room in just a minute here we're going to put you in pairs and just discuss what is mental health and wellness. I've been using those terms interchangeably. It's certainly become a really common term in our lexicon, but how would you define it? So we'll begin groups to meditate on that for four to five minutes.

Welcome back. I hope you had an opportunity there to... Could I hear from a couple folks, any highlights from that discussion?

Participant:

Hi this is [...] from [...] speaking. I was in a room with Heather from SFU, we had a great conversation about using the terms mental health and mental wellness and how we tend to lean a little bit more towards using the wellness because it has more of a positive, even just the word, well, usually when we hear that word, we're thinking about positive things. We've been using that word a little bit more than health. Usually when we think that we thought it was interesting that when we bring up health, our brains kind of shift towards something negative or like what's wrong with my health or something like that. Yeah, that was one of the parts of our discussion.

Matty Hillman:

Awesome, thanks. Anyone else? Let's go on to the next slide, please.

So here's a couple definitions. There's parts of each of these that I do like the first one, mental health being the capacity of every individual to think, feel, and act in ways that enhance their ability to enjoy life and deal with challenges. And the second one, being a positive sense of emotional, spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity. So for me, what stands out in that first one, especially that last kind of three words, there, deal with challenges. I think it's, really important to note that that's when our mental health is really put to the test. And where are our support systems and our skills and practices are needed so much. You know, life is easier when things are going well, right? And that goes for our mental health. But when, you know, the, the partner leaves, the pet dies, you don't get the job. We don't get the tuition, we don't pass the test. That's really when were tested here. And then the second piece here being, you know,

including aspects of emotional and spiritual well-being. We're going to look at a really holistic model here of health and wellness. And that's something super important to note. Just the inner play between, between physical and mental health is, is huge. they can't be separated. And we can think about many examples of that. Where if you sustained a physical injury and you laid up and you're on the couch with a broken leg for weeks or months at a time. Certainly, you know, your mental and your emotional health is impacted and sometimes the other way around too. So I think that's the direction we need to move in. More as a society, we still see a very Divided sort of siloed approach to health and society. You generally go to one place for physical health and to another place for mental and emotional stuff. Also noting culture, equity, social justice. You know that mental health is unique to different individuals, to different cultures. And certainly the role of social inequality plays a big piece in someone's wellness, poverty, housing, respect and all the [...] playing a big role in someone's wellness straight. I love that you brought up that sort of shift that I'm noticing is well, two words, saying mental wellness. These terms are interchangeable in my mind, but I do think wellness carries a more positive, preventative, sort of tone to it. Next slide, please.

Okay, so we're going to look in the next slide at the wellness wheel. The wellness wheel, well it aligns with indigenous perspectives are around holism. And this is really important in terms of our work with students to, to be looking at them in a holistic sense. And I'll talk a bit more about that in a minute. But the wellness wheel represents balance. It provides this perfect sort of visual metaphor for all the different domains of health that, that make up ourselves and how those are interconnected and, and all equally important. And just like with a wheel, the wheel functions best when there's, when there's sort of equality in the balance where similar with our health, you know, we want to be fairly equal and working on all of those domains. You know, we're, we're better off to have four and fives all the way around and then some eights and a whole bunch of 2s, you know. So, again, holism, balance and the interconnection of health domains. So let's flip to the next visual here, please.

So there it is. You can see we have nine interconnecting dimensions of wellness or health domains. I've been calling them. I think certainly there's some that are really heavily leaned on an associated with academics and the student experience and others that aren't. So this, this can just be a wonderful tool to help bring, just bring awareness to students or anyone in around these domains. Another kind of great outcome of using this tool is that it can often highlight what we're already doing. That is wellness practices, right? So often students can, look at this and they can find acts and practices in their life that fit into these. And that can be really empowering too. It's not just a sort of deficit-based tool. What am I not doing? What am I missing? But it can really show what you already are doing. One thing I love to do is make a little sort of contest out of it and say, you know, what can you do or what do you do? That hits as many domains as possible, right? Because it can be a little overwhelming, like, Oh my gosh, there's nine areas that I need to be constantly checking in with and taking care of. But I'll use an example from my own life. You know, when, when I go out for a cross-country ski with some close friends and we're, we're out in nature and it's sunny and it's quiet. I certainly am grateful. Sort of spiritual feeling in those times I'm getting physical exercise. My environment is just pristine and I have the social and emotional connection with, with some really great people. It's like right there I just knocked off like four or five domains and I'm I'm back in the office for lunch, so yeah, just pointing out this as a tool to see what we're already doing as well. I'm just going to take a look at the chat here. I saw some good stuff being popped in. So Chris said, we spoke about the term wellness as representing a relatively recent shift. Yeah. Great. As a baseline or dysfunctional towards a sense of psychological, physical, and emotional well-being. Awesome. Thank you. Dr. David said, multifactorial. Nice. Yeah. I think that's important too. I don't know if I mentioned that this is an individualistic like an individual. Place of balance that we're looking for and you know what, someone's functioning is, isn't someone else's. And that can be related

to our personal experiences, culture, whatever. But, you know, it's about what that person wants and strives for, for their level of functioning, production, social engagement. So very individualized. Thanks so much. All right, some links here from Marissa. Awesome. Thanks folks. All right, next slide, please.

Okay, so it's important to sort of balance all conversations. Not just with mental health and risks and the negative, but also with the resilience. And resilience is our ability to, to adapt and bounce back from challenges and setbacks. We all have resilience within us. And noticing when those stressors appear and being proactive. I think that's an important piece too. We talk about self-care and these dimensions of wellness, let's be proactive, right. Let's not wait until we're on that edge of burnout or to that exam week to put those practices in place. Resilience is also really individual and, and that's something we can, we can look for with students. And whenever we're engaging in conversations with them around their, wellness or what they may need. I think it's always really important to start with asking them. What's, what do you think would help? What's possibly worked for you in the past? Who else is in your world? We want to empower and respect, self-determination and respect that we all have our strengths and resilience within us. And use that as a starting place for these conversations. All right, I think the next slide is going to be another small group activity.

We're going to put, I think in groups of four this time. And we're going to discuss the wellness wheel or you're welcome, you're invited to discuss the wellness wheel. Some things to consider. What stressors might fall under different parts of the wheel. For students, I think we'll all have some really good experiences and examples there around the financial and intellectual and all that stuff. You know, how might students behave when they're facing these i.e. what might we notice in relation to certain stress and stressors? And then to balance that, what are the strengths and resiliency's that you notice your students or you might look for. So we'll spend about five minutes in those groups and then we'll come back. Welcome back. So let's, hear maybe a bit in the chat from folks would team up and maybe there's one group that wants to share. Share, verbally, but I will monitor the chat too. Logan, go ahead, thanks.

Participant:

So our group talked at least a little bit about using the wellness wheel to, instead of jumping right to page two and tips. Just starting off with asking the students how they're doing. Sort of engaging with them at the level of not, not trying to get them to improve, but just doing maybe using the wellness wheel to do an assessment of where they are and not feeling like they have to do everything in or have all of the boxes checked because that might put pressure on them, but just sort of starting with acceptance of where they're at and, and sort of taking an inventory and where they might be strong at the moment.

Matty Hillman:

Yeah. Awesome. Thanks. Awesome. There's some stuff coming in on the chat to Madison. Yeah, please go ahead. Or, sorry. Catherine? Yeah.

Participant:

Yeah is was just describing and actually now, as we go broke out at the break room thinking about how I'm going to incorporate the wellness wheel into that assessment. But when classes moved online, I set up an assignment for students to evaluate, do some self-assessment and set some goals for themselves, like you mentioned, around professional behaviour like being in class, being prepared. Reaching out when they need help, helping their classmates, things like that. And I found that the students started adding thing to it. So I gave them five goal areas that came up in a lot of the research of what is professionalism. And they started adding things to it. One of the things that came up a lot. They wanted

to make sure they were building in time to look after their physical and mental health. They saw that as an element of their professionalism. And then another added that knowing when to say no, like drop out of the class don't do an extracurricular activity. That they were really insightful and very savvy about how they want to manage their mental health

Matty Hillman:

Nice. What fields are the students in then?

Participant:

Electrical engineering.

Matty Hillman:

Okay, Awesome, great. It's awesome for me to always hear about these, self-care practices and wellness and boundaries. You know, It's a common theme in the social sciences. Social work in the fields health and services. But to hear that about in business and science, that's awesome. Certainly, that is part of professionalism. I Love Lucy's point here too that, you know, yes, as, as educators and staff, we are focused on that academic and intellectual side. But certainly, with my students, That's rarely the challenge when they're struggling academically. It's usually about the context and what else is going on in their life. I saw there was one more hand there. Sorry, I missed [...] [...].

Participant:

Hi there. I guess just a reflection I had in terms of the wellness wheel. In some ways, I wonder whether it kind of represents or even if it's a reminder of how important it is for different departments to be able to come together and work closely together so that we can offer an integrated support systems to students, because even like it for my perspective, for instance, I work as a counselor and the counselling services. We have the privilege of hearing, perhaps a wider view on students' experience, but we still don't have any insight on what's happening in their academic kind of lives. What's happening in their personal lives. So kind of hearing from other departments is always helpful and being able to kind of tailor these dynamics is very, very helpful for the students ultimately.

Matty Hillman:

Thank you, awesome. Yeah, super important that those connections between the different departments, if we had more time, I'd really like to discuss expanding the idea of self-care beyond the individual, right? We're really, we're really great as a society and focusing on those individual needs and responsibilities. But we need to consider community Self-care and institutional self-care, right? What is, what are instructors doing for students in terms of accommodations? What does the institute provide in terms of resources for staff and students? So yeah, I mean, moving beyond just that individual to looking, how are we supporting the community as a whole? Great discussion, folks. We're going to keep going for the sake of time, can we get to the next slide, please?

Okay, So just sort of a quick summary of terms here. Mental health as were kind of leaning, mental wellness. Is that just that capacity to think, feel, and act in ways that enhance our life, mental health issues and mental illness. So the primary differentiation here is severity and duration of problems or the impact that it's having on your life and also diagnoses right. So the mental illness may be accompanied by diagnosis mental health, we can think of that more as our everyday health, right? Just like our physical health, some days we wake up feeling a little more tired and some days were a little more energetic and just feeling great every day. And we have our own mental health sort of assessment where we're at. In terms of diagnosis. I mean, there's, there's the pros and the cons to that knowledge.

Certainly, that's not our focus as support staff and community mental health folks. I think it can be helpful. You know if a student does share a diagnosis that that provides us with some information. But essentially, we support people the same whether they have a diagnosis or, not. And they're just struggling. Usually, the mental health issues are more associated with a situation like a time-limited situation, a loss or a disappointment. Next slide, please.

So this is called recovery. You know, people living with mental illness can have a good, good mental health and can be happy and engaged and have social circles and have that positive life experience. Usually, recovery is associated with substance use, but certainly we can use it in relation to mental health and mental wellness. One sort of little takeaway that I often talk about is what people need in the broad sense to be living well in recovery is these two things is consistency and low stress. And of course, those are very broad and doesn't really get into the details. But if you think about that for yourself or others, when we know what we're expecting each day and our stress is relatively low. We're usually doing a lot better than when we're dealing with new unexpected challenges. So consistency and low stress are keys to recovery. Next slide please.

So just another visual model here. These two axes create four quadrants that we can just briefly discuss here. So top right, well first of all, the spectrum here that the quadrants. So mental illness, no mental illness that that would be, as we just discussed, either diagnosis or severe impairment, where the, the vertical y-axis is mental, mental health and the mental health we all have, the good day, the bad day, the good week, the bad month. So this leaves four quadrants. Top right, there is kind of objectively the best place you could be. You do not have a diagnosis or any severe mental illness and you're doing great in terms of your daily mental health. You're taking care of yourself. And that sort of holistic sense of the wellness wheel. Bottom left is, is arguably the worst place you could be having a diagnosis or severe mental health issues along with those sort of daily lifestyle issues as well. You know, not sleeping well. Yeah, lots of stress, poor social connection, stuff like that. So the other two, are important to point out too. So, bottom-right. That can be many students that do not have a diagnosable or severe mental illness, however, their lifestyle and their environment is contributing to poor mental health, right? They're stressed. They're not eating well, they're not they're not sleeping well. Perhaps partying, stuff like that. And then, the top left is a really important one. This is the recovery one. This is though, despite a diagnosis or severe challenges with mental illness, you can still thrive. You can still have that positive life experience with connections, support, perhaps medication, definitely, self-care and lifestyle practices and all of that. That's the recovery quadrant there. Let's check the chat. Here are a couple of people just bouncing out, all good. let's keep going. Next slide, please.

So one final visual continuum here. Pretty straightforward in terms of the higher functioning to the left and moving all the way to severe and persistent impairment. And that would be across domains of life, your social, your school, your family life, things like that. So for our intents and purposes, we want to stay to the orange and left for the work that we're doing with students. Always suggesting and encouraging support from professionals. But that's sort of the orange to the right, that severe, that's going to be a case. That could be a case of contacting crisis services whenever that may be for the situation and definitely having yeah, that's sort of a crisis situation to the right there. Next slide, please.

So as I've already mentioned, students are not treated or do not have equal life experiences right? There. Intersectional social location highly dictates the experience they have. Breaks. So discrimination and inequality and violence are often a result of those social locations. Race, sexual identity, disability, things like that. And of course, this type of discrimination leads and contributes to mental health issues. So some groups below there that we know are much more at risk for mental health issues due to their

intersectional locations. Young students, female students, students away from home for the first time. Certainly students with a disability, indigenous students, etcetera. So we're going to have a small discussion about that in a minute, actually on the next slide. So let's go to the next slide.

And so let's leave this up to you. Let's do some chat. In the chat there. Yes, Thanks, David. Absolutely. That's socioeconomic just slices right through all of those social locations. So let's hear a bit from you here what are some specific challenges you might notice in groups. I mean, we're doing some generalizing here, but base it on your experiences, sorry, this is just not going to be in groups. We're just going to do this in the chat [...]. Yes, so yeah, absolutely. Thanks, Lucy, and pointing out just again, the need for respect around names and pronouns and things like that. Yeah. Yeah. Finding that common experience. yeah, absolutely. Tracy. Thank you. Sure. Yeah. Yeah. Poor pedagogy. Especially when, you know your strengths as a student aren't being honored in terms of how to show your knowledge, right? Yeah, thanks. Marisa. I just did a short workshop on trauma-informed teaching for some staff here and pointing out that especially with international students being aware of the lived experience that they bring into international and indigenous and the lived experience they bring into conversations, you know, topics in courses around colonization, being aware of what's happening on a global scale in terms of that may be impacting students that are in Canada now, but a family and other places. He had the bureaucracy. Thanks. Thanks Logan. Lack of family support. Different social norms. Yeah. Yeah, absolutely. Thanks, Lucy. Especially if you know your program like, like the one I teach in is so grounded in, in like Western dominant culture. It's such a, it's such an extra learning to try and have on top of the theoretical and [...] pieces. Oh, yeah, thanks, David. Unreasonable expectations. Yeah. There's yeah, there's some there's some of that. Unscrupulous recruiters and stuff like that. Wow, great, great ideas here folks. Thanks. We're going to keep going. Yeah, of course, COVID, you know, we can kind of make this blanket statement that we're all in this time of stress and uncertainty. I talked about certainty or consistency and low stress. Well, how are very many of us even getting that at all, right, now, let's move on to the next slide, please.

I got a little bit of time to make up here behind, but just a few stats, you know, nothing shocking but not surprising here. Absolutely prolific. In general. These are reported stat. So we know that they're going to be much higher than this because people still do experience stigma and barriers to accessing services. And then the recorded statistically. Next slide, please.

So a little more bit more specific to the post-secondary environment. A few years ago, 70% of students almost experience overwhelming anxiety. That's not normal anxiety, that's not the good amount before an exam or something. The suicide rates are, are very serious. Yeah, good point there, Lucy. Suicide rates are very serious. It's the second, it's the second cause of death for young people under 25. And I just heard that it, that it's the number one for me for men under 25. And there's not just the impact on the individual. It also ripples out to impact dozens and dozens of people. We're going to talk about suicide in just a minute. But yeah, big stats here. Next slide, please.

So maybe just to get in the chat, if you have any thoughts to these statistics, do they surprise you, or any takeaways here? The prevalence, I mean, we did just mention COVID, the instability, the political climate. I mean, there's just no shortage of troubling situations these days. Okay. Yeah, interesting. Anxiety. Yeah. Yeah, costs. We could have such a great discussion here around anxiety in the education system. Yeah. I tend to agree. Thanks folks. We're going to keep going just to keep things on track. Really want to get to the practice pieces here. So next slide, please.



Okay, so we're going to move into the framework here. This is our framework for working with students. Let's move on to the next slide, please.

I'm just going to provide a little bit of guidance here, so recognize, so what we're looking for here is noticeable changes in the student's words, actions, body language. Essentially, anything that we notice is there is a change. We want to look for objective observations. You don't want this to be based on something someone else has said or some sort of other kind of judgment. It's about the objective things we notice. As that bridge into, excuse me, into the conversation. We want to be compassionate and kind in our tone. You know, we can highlight the positives about the student before recognizing the change. And often that is the case right. It's a change. So there was a state before that, that we can we can start with, you know, hey, I noticed that for the first four months or four weeks of the semester, you've been contributing a lot in class. It's been great. It's really helping my, myself and other students learn. Something. Seems like it's changed in the last couple of weeks. He missed a few classes and now you're you know, you're not you're not engaging as much. Is something going on that you want to talk about. You know, the other important piece in this recognized stage, that first entry point Consider the environment you're in, the space that you're in. Are you sort of ready to have this conversation, right? Do you have the time? Do you have this sort of capacity within yourself? You know, is it better to do it outside the classroom, maybe heading back to your office or something like that. So just considering that personal place and the environmental context there, I saw Lucy note about the huge course loads. Sorry, student numbers. Sure. Yeah. And that can be the that can be that your entry point. See, I could not imagine having 300 students. Mm-hm Yeah, Dave's got a good point there. Next slide, please.

So again, these, these observations, these, these signs that were looking for, they can be across the, the holistic wellness domains, right? So I, I appreciate what Lucy is saying here. The academic observations that's gonna be their most sort of focused area to notice things for those of us that have smaller cohorts. Sometimes students share to. They will share, maybe offhandedly or in some kind of comment that they did just experience a breakup or they're really feeling lonesome and homesick. So really any kind of any kind of shift. This is also tough too. Sometimes, you know, these are sort of stereotypical traits of young adults too. And it's easy to dismiss them as, you know, sort of early 20s being early 20s. But the worst thing that can happen, is you check in with someone and you know there isn't anything going on for them and you believe them and they admit that I'm just, you know, maybe I'm a little hung over or something. Everything's good, but it's worth that. It's worth that effort to just reach out and enquire next slide, please.

So in terms of responding, this is where I usually, like to start by saying, this is about presence and this is about being present. And it's not really about finding a solution. I find that humans in general, we're really solution-driven. And when someone comes to us or we discuss a problem with someone, often we go to how can we fix this for them, right? You don't want to see people suffer. It comes from a place of good intention. But as we'll see and talk about it, it's really a lot more about just being there, acknowledging, showing your understanding, right? These skills called active listening. The foundation for the, for the helping fields is, you know, giving someone your full attention. Having open body language that shows you're interested, making eye contact. Not interrupting, showing you understand with those little nods and checking that you're following through paraphrasing and things like that. But mostly it's about validating, you know, letting someone know that it's okay, it's normal that they're feeling that they're feeling these things. Considering what they're going through. My sort of little cheat script for, for responding is thus three things. If you can communicate that the student is not alone. We just talked about the very prolific nature of mental health issues, that they're not alone. This isn't uncommon, right? It's not your fault. This is this is a health issue just like if you had if you had a flu or

something, you're not alone, it's not your fault. And there's help out there. You know, if you can convey any of that. Yeah. Thank you, Paula. If you can convey any of that or all of that? You're not going to be doing any harm. You're just going to be helping. Because I think for a lot of people it can be tough, Like what do I say? You know, I'm not a counselor. But if you can stick to that it's not your fault, you're not alone, there's help out there. You're getting the gist of it across. You're getting the message across. Okay, so let's hear from you a bit. Flip to the next slide please.

So apply this to yourself. Think of a time that you were mildly distressed. What did you need? Was it advice? Probably not. So let's hear. What do you what do you need at times when you're distressed? Yeah. Thanks. Great, be there. Listening and connection . Yeah. Yeah. That sounds great. Ice cream, Totally. Holding space. Yeah, we call it that too at safe space. Yeah. Yeah. Absolutely. Yeah. Exactly. That validation. Yeah. Self soothing. Sometimes I differentiate between self soothing, self care, community care. Okay. So the rest is into the self soothing with Nutella, time and space. Yeah, time. Yeah. Escape. Yeah. Thanks for being so participatory folks. All right, On the next slide we're going to hear from everybody's favorite social worker.

I thought that she was a social worker, then I read that she was a sociologists, but Brené Brown's going to take us through empathy. Take it away, please.

Video from Brené Brown:

So what is empathy and why is it very different than sympathy? Empathy fuels connection. Sympathy drives disconnection. Empathy, it's very interesting. Theresa Wiseman is a nursing scholar who studied professions, very diverse professions where empathy is relevant and came up with four qualities of empathy. Perspective, taking the ability to take the perspective of another person or recognize their perspective is their truth. Staying out of judgment, not easy when you enjoy it as much as most of us do. Recognizing emotion in other people and then communicating that, empathy is feeling with people. And to me I always think of empathy as this kind of sacred space. When someone's kind of in a deep hole and they shout out from the bottom and they say, I'm stuck, it's dark. I'm overwhelmed. and then we look and we say, Hey, then we climb down. And we say I know what it's like down here. And you're not alone. Sympathy is, oh, it's bad. Aha. Uh no, you want a sandwich? Empathy is a choice and it's a vulnerable choice because in order to connect with you, I have to connect with something in myself that knows that feeling. Rarely if ever, does an empathic response begin with, at least. Yeah. And we do it all the time because you know what? Someone just shared something with us. That's incredibly painful and we're trying to silver lining it. I don't think that's a verb, but I'm using it as one. We're trying to put the silver lining around it. So I had a miscarriage. At least you can get pregnant. I think my marriage is falling apart. At least you have a marriage. John's getting kicked out of school. At least Sarah is an a student. But one of the things we do sometimes in the face of very difficult conversations is we try to make things better. If I share something with you that's very difficult. I'd rather you say, I don't even know what to say right now. I'm just so glad you told me. Because the truth is, rarely can a response make something better? What makes something better, Is connection.

Matty Hillman:

Awesome. So any takeaways there? I saw a lot of things in the chat. What stood out there? Yeah. I'm glad you told me. Yeah. Not just I'm glad you told me, but I don't even know what to say. Like you could just be that transparent. Like I can't fix that, but I mean, I wouldn't say I can fix that, but I don't know what to say, but I'm here, you know. Yeah. I think also just noting that, that idea that providing solutions

does come from, You know from a good natured place. But we're not particularly as a society comfortable with emotions and how to handle emotional things. So we go to that really pragmatic approach. Thanks, Jessica. Yeah, exactly. It's hard to not try and fix things. Mm-hm. Yeah. Awesome. Thanks folks. Anyone else? Do you want to expand on that, the medicalized view on emotions, I'm not sure.

Participant:

Sure. Yeah. I guess my thought was that the idea of fixing something. Very, much the kind of a western based kind of frame of thinking and the idea of kind of something breaks. Then we try to find a solution for it, trying to get rid of it, trying to fix it. When it comes to mental health. And my understanding is almost like the complete opposite. when, something kind of presents itself has a difficulty, has an obstacle. There is value in being able to be with it. Yes. And sit with it. As opposed to trying to kind of invalidate this part of ourselves and get rid of it. If that makes sense?

Matty Hillman:

Yeah, thank you. Excellent points. I mean, yeah, that idea of being with emotions, again, not something we're really indoctrinated to be comfortable with in our society. I think Robin mentioned vulnerability there too. I think it requires vulnerability on both sides there. And again, that's not a celebrated trade in Western neoliberal society, right But it's taking hold Brené Brown's pushing at the idea of vulnerability. All right, Thanks folks. Let's keep going. Next slide, please.

Okay, So in terms of, I've mentioned these already, but these are those foundational active listening skills. And they include just being present as best you can. The body language, the eye contact, and having the distractions and the phone away and in that right, comfortable. Private space. Listening without judgment. I mean, we've heard Brené say that we can't have judgment in these cases, speaking from what we've noticed, our own observations again, keeping them objective. That'll help sort of. Minimize any sense of judgment that people may experience. Remember, we're all in positions of power, relative power over students. And that comes with its own dynamic that we need to be aware of, at least. Acknowledge their thoughts and feelings with compassion. We can show that we're listening and understand by paraphrasing what we've heard and just let them know that we're concerned. Again, it's not your fault, you're not alone. Help is out there. You can see the threads of that within these statements. Things. Thanks, David. Yeah, I understand exactly what you're saying. I just wasn't sure if you meant what Brené said, was suggesting, but certainly the standard approach is medicalized, like what's the solution to it? Okay, let's keep going. We're going to just touch on suicide next.

Certainly, the small amount of time that we covered here does not do it justice or provide the depth of conversation that this topic deserves. However, it's important to just touch on it because all mental health struggles come with an increased risk for suicidality. And as we'll see in a second, the key piece to suicide prevention on a, community level is around comfortability, discussing it, asking about it. And, you know we're not there yet, right? And we said we need to minimize the stigma around talking about it, especially when it comes to students and mental health. So I'll just also note that there are other trainings that go into much more depth. There's a two-day training on, suicide prevention. And there's an upcoming BCcampus training called Let's Talk that'll be coming out soon. That provides a framework for suicide intervention, warning signs for suicide like I said, is any they accompany any mental health issue, like depression. Also increased substance use, difficult life circumstances, referring to death. We'll talk a bit about planning and stuff like that. So again, the takeaway here is that we need to be able to ask and talk about it. Is, it is uncomfortable, but it's really important. So next slide, please.

Okay, so for a minute for yourself here. Take a second to reflect and feel free to drop something in the chat. What are your concerns, worries, fears about asking a student if they're thinking about suicide. There are some real, real, ones out there. Well, I mean, Logan for me I think that sounds like that's not a bad outcome at all. You know, what that does is that shows that you're comfortable talking about it. I mean, again, I think about that the sort of pros and cons of asking those questions. And you know that if someone says no, the worst thing that can happen really is you know maybe they laugh and they are surprised that you asked, but it shows that you care. Yeah. So what if they do say yes and then what do we do next, right? So Lucy's point is a really important one. So there is a very common myth that asking about inquiring about suicide gives someone that idea and that's not the case. Research shows us that that's not the case. Really. What it does is it provides us shows us as a person comfortable to talk about it. So that it's such a, common fear. And it's not the case that it provides that ideation. So David, Dr. David writes. Right. So you know thinking about that relationship, we go more into detail on the other trainings. But you know, essentially asking again, gives the, individual the sense that there's someone here that's comfortable talking about this that cares enough to ask. And that's not necessarily something that they've had before. Right? Okay, Interesting. Thanks, Logan. I'll think about that one for a minute. I'm just also looking at Dr. Tracy's here too. I think that's a really real issue too. is, you know, if there aren't supports or they're not good or they're not available, or they're not suited for the group or the individual. That's a very real fear. That could be really grounded. All right, So thanks Nicki. That's an important one to, again, going into this deeper in other trainings that were never the responsible for another person's actions or outcomes. That's not the case. And what suicide prevention is about, is about trying to keep that person safe for one more day until tomorrow and then the next day, it's about putting those resources in place, giving them the resources that they need and having a safety plan. Yeah. So I see that there that responsibility factor. Yeah. Please go ahead.

Participant:

I just wanted to kind of share felt about how do we, how do we approach the subject of suicidality with the students? And I have encountered that in my work quite extensively. I, I don't think that I would kind of say directly to a student. Are you suicidal or not? Because exactly kind of, kind of allows that space for misconception, for misunderstanding for the other person feeling disconnected and wanting to walk away from us. But what I have found helpful is when I feel is the right time, kind of asking gently and sensitively whether they are, how would they describe dark moments? You know, what's, what's the darkest moment they might have experienced in the past few days? Or something like, depending on how they respond to that, I might ask something like, have you ever considered harming yourself in any way or form? So I wouldn't kind of directly mentioned the word suicide because it carries a little weight and is stigmatized. But something about in our protein, this with empathy, with sensitivity, warmth, and showing curiosity rather than kind of coming from a place of expertise that I know exactly what's going on with you. I'm going to force you to tell me, which I think it's a recipe for disconnection. If that make sense?

Matty Hillman:

Yeah, thank you. Really appreciate that. Yeah, sharing that experience. Again, ultimately thinking about our relationship, that relationship we have with that student is going to influence the way we engage with and, the way we. You know the things we notice and therefore how we get to having that concern and asking, you know, we can always something I might say is grounding it in what they've already told me about their experience. Certainly there's going to be things going on that are challenging. So I might say something like, Wow, that sounds really hard and, and you're in a lot of pain. You know, suicide or harming yourself May seem like a way out of that. Is that is that something that you've thought about? In terms of my year, in terms of my training or the resources that I've referred to. They do suggest I

mean, I appreciate what you're saying and certainly you likely as a therapist and more experienced than me. But you know that comfortability with the word suicides can be important. Sometimes if we use sort of colloquial language, I'm not saying that your suggestion was, but if we say something like, Oh, you're not thinking about doing something stupid or silly or sometimes even the idea of it being painful is not there for someone when it's seen as a solution. At least being clear and what we're saying, I think is an important piece. Again, this is uncomfortable, and it is a very stigmatized word. On a sort of community level. The more people we can have showing their comfortability, talking with it. Hopefully the lower the stigma will get. I have never regretted asking but I have regretted not asking.

Participant:

Yeah. Just to clarify. Yeah. I absolutely agree with you. I don't I didn't mean that I would kind of name it when it is needed to be named is just that I guess, in that kind of first-aid approaching this conversation with someone because I can hear from the tone that for many people. It's a taboo, kind of how can they approached this? So maybe in the first instance, might be worth kind of finding a more gentle way. You're not rushing yourself into that rather than saying, Okay, are you suicidal. But yeah, definitely kind of name it, not shying away from it is Also very grounding as well.

Matty Hillman:

Great. Thank you. Thank you very much. Yeah. Lucy's point to there around our own experiences and the triggering nature of these conversations is important to know as well. be aware of. If you're not that right person, that's okay. You know, I think it's better to acknowledge that and know that and find that warm hand off to someone else. Thanks for listening. All right, great conversation folks. Let's go to the next slide.

So just some other pieces to consider when having this conversation. And so asking students if they want to talk about it. Again, in terms of support at starting with them, like what do you think would help? Who else is in your circle? Who do you, have you share this with someone else? Being non-judgmental and empathetic, of course, avoiding sort of flip it responses of, you know, there's so much to live for or you'll feel better one day. So not minimizing the feelings expressed. These are, this is one of those ones where confidentiality may not be possible. And if that is the case, that that doesn't mean that we just need to say, Look, I know you told me this, I need to call someone. We can still empower someone even if we know that we need to bring someone else in and if this is feeling too much for you to, handle, you know, we can simply say look this sounds really serious. I really am concerned about you and this is kind of beyond, my beyond level of expertise, I think we should consider including someone else. Here's some ideas, you know, do you want to take a walk up to the hospital with me? Can we call them Crisis Line together? Do you have if you have a family member or a mental health mental health folks in your life that we could call together? I think we need to call someone who do you think we should call, right? So you can still empower and sort of give some agency even in those situations. If this is an acute crisis, then, then we do need to reach out and get that person help and really not leave them alone. So what, makes the risk high are a few things. Certainly previous experience, previous attempts, and again, experience or even suicides in a community. Sometimes there's a contingent factor, a really detailed plan, right? So the more detailed the plan, the access to the means. Have they done some planning about their final possessions or pets or something like that. Because, you know, there can be a difference between someone saying, yes, I'm thinking about suicide and someone who is close to suicide. I mean, we've all think thought about it. We're talking about it right now. So we can continue to, you know, even if we get that affirmative answer talking about in determining where that risk is, do they have the means? Are they alone? Have they had previous attempts? Yeah, Thanks David for pointing out the cultural piece. They're different topics are, differently accessible for different groups, right? And,

and for some more traditional cultures, suicide, substance use, sex, all of these, all of these things that come with risk are possibly more difficult to talk about. Okay, We're cruising along here. Let's go to the next slide, please.

Just to wrap up the suicide piece, you know. Yeah, The big topic, lots more to cover. If you want to discuss anything outside of the workshop and I'm super happy, thank you for all your super insightful and experience-based insights there. So in terms of the final R , the referring piece, knowing what's out there in your community and in the institution. So on the next slide, we'll just do a sort of a general summary here of what's out there in general counseling services.

Often there'll be a crisis a crisis counseling counselor available. Campus security perhaps in some of those crisis situations, hopefully you have things like pride. Pride groups and centres, indigenous students support services. Perhaps you have medical professionals on campus, international support services. What's missing here to me? Can you drop some stuff in the chat? Like what else might you see in your institution that's not here? Right, Students Support Coordinator. So that might be, I mean, we have a healthy campus coordinator here. Maybe that's similar to that accessibility. So you have a mental health first? Yeah. Mental Health First Aid Team? Sure. Yeah. So some staff and I did mentioned on Thursday's training too, so there's some staff that have that. Okay. So online support. Yeah, Great. Yeah, I'm here to talk. Yeah, we'll talk about a few phone and online ones. Yeah. So I think that's a good point there where it says, Well, like I I'm sure you probably all chose this training on your own accord, but, you know, I've pushed for mandating this, you know, how great would it be if every staff had this training? So I think there is that. Family doctor yeah. Good first stop often for, you know, for people who are maybe less receptive about mental health specific services, whether that's due to past experiences or cultural viewpoint. But the family doctor, right? Sometimes I think, or maybe newer Canadians. It's not just as simple as saying, Hey, why don't you go to the doctor, but we can start really back it up a bit and say, hey, did you know Canada has a funded medical system? Did you know that there's a walk-in clinic down at the mall that you don't need an appointment. Did you even know that you can talk to doctors about mental health stuff, right? So really backing it up to that, to that foundational accessibility point. Lucy added there too. Yeah, thanks. Thanks, Dr. David to right. Spiritual leaders, 12 step groups. Those are all great resources rates. Students are, I'll just say, you know, students are a little bit more resource than the average community member. I do encourage students, look you are paying tuition. You're paying a lot of tuition, you really need to, I really invite you to use as much of it is as you can for the services, free counseling, get those massages and acupuncture because you have that coverage. You know, there are victim services to out there in the community for, for victims of crime. So knowing what's out in the community can be helpful too. Not every student would be as comfortable with accessing a campus-based resources, maybe seeing one outside in the community. The last point I want to make here is around the warm hand off. I I don't think it's enough to just say, Look, we have counseling, you should really go do it. I will walk students to that, to the reception and help them book appointments. I will tell them about the counselors that I know and they're warmth and empathetic manner. I'll even share what counselling is like. No, it's great. Who doesn't want to sit and talk to someone who's a really good listener and talk about yourself for an hour, right. Counselling is great. We still need to destigmatize that, that it's not just for unwell people, that it can be used preventively, things like that. Awesome folks. Let's go to the next slide, please.

Okay, So just in terms of more of that 24 hour support, There's a couple three different resources here at BC suicide line, Mental Health Support Line. And Here2Talk Perhaps you have other ones more regional to you. We have a regional crisis line as well. All right, next slide, please.

Okay, so you know what happens if we kind of encounter where we could call resistance or a student refuses help. Well, you know, ultimately, we all have our right to self-determination in most cases. And if there's no risk of harm to the student, that's okay. They have a right to privacy, they have the right to choose help. That doesn't mean we need to end our engagement with them right now. That you know, if there was a fourth R or we can call it retain. And we can check back in with that student and we should, we could say something like, look, I can tell you're not interested in talking about this right now. Or going to see anyone about it and that's okay. That's your right. But I want to let you know I'm here to talk about this in the future if that changes, I'm happy to help you set up an appointment, stuff like that. We've already talked a bit about this risk of immediate harm to self or others that can look like having a plan for suicide and the means to it. That could look like someone highly intoxicated and getting in a car that could look like someone experiencing a psychotic episode. And that's where we just refer. We get help around that suicide. Jumping back to suicide again. We can call as helpers, we can call the crisis line ourselves, right? If we don't know what to do, we can even frame it that way. Look, I'm not sure. Can I call the crisis line? You can listen and we don't, We won't have to tell them who you are, but we can either I always like to encourage like you can frame it around your learning or maybe even your ignorance. Like I took this course and it told me this is what I should do. You know. Yeah. Let's go to the next slide, please.

Our last piece here before a little bit of practice here is maintaining boundaries. So just thinking about yourself, what can you do and what are the limitations of your role and your compacity. Next slide.

So really this is different an individual for everyone. So it involves us being self-aware, checking in with ourselves, with our feelings. So some signs that you may be more involved than is in your own best interests is that you're feeling responsible for the student. Jumping back to that suicide conversation, they were not responsible for student's actions or behaviours we're really not. We're, I think we have a sort of a social responsibility to do what we can, but we're not responsible for outcomes. So if you find yourself thinking about the students sort of ruminating outside of your regular work hours, that can be tough. I mean, I'm guilty of that for sure. If you think about the problems the student brings are more than you can handle. Again, it's outside your scope. You're trying to solve the problems. That gut feeling, that intuition, intuition is not as respected of a feeling as it should be. I think if you have a gut feeling, go with it. If you see a pattern of repeating, I think that was mentioned Dr. David maybe said that, you know, it's about that repetition. And everyone can have bad days or two. But, you know, if you're seeing that consistently. Oh sorry, That one's about repeating a pattern. A pattern repeating itself in your interactions with the students. So maybe some, transference they're triggering. We find yourself avoiding the students are having big feelings. Those are some good signs that, you know, it be good to reach out to a colleague or supervisor. So next slide, please.

So we all have our limits, you know, consider referring on or consulting. If you're unsure about what to do. If you're unsure about what to say or if you just seem continued to be worried and have that sort of gut feeling. Okay, next slide, please.

Okay. So we ,what do we have left for time here? Yeah, We've got just enough time here. So just to sort of taking this a little bit further to the brainstorming. Maybe you can drop a bit in the chat. What, what does self-care look like for you? What could it look like in the situation that we're discussing here? You know, you just had a challenging conversation with, a student. And your feeling big things, what can you do from that self soothing to that consulting? What's there for you and your institution or your life. Maybe just a couple of things in the chat. Yeah. You have to breathe. Absolutely. [...] I love that. I often talk about, you know, one of the most therapeutic levels, therapeutic aspects of counseling is, is not

necessarily grounded in some counseling modality or anything like that. It's actually just the act of getting emotions, thoughts, feelings out, externalizing up and share that can happen grade with a therapist, but it can also happen with your partner, dog or journal, right. Just getting that out so we're not carrying it, expressing it. And we can do that confidentiality to confidentiality as well. Doing something for you. Nice Yeah. Exercise? Absolutely. Moving the body that lines up with the breath work. You can't run, bike, ski, hike without breathing deeply. Yeah, thanks. Thanks. Yes. Yeah, practice first. So I mean, that preventative piece. If, you know, if you know what works to bring your anxiety down, then you know what to do and when it's up rate as opposed to trying that new practice for the first time, when you are in a heightened state? Yeah. Yeah. Showers, baths. A good laugh. Thanks, folks. Okay. Great. Great. Great. Yeah. I don't know. Dr. David, maybe we're just the tuned in group we want to experience those emotions instead of a little bit of numbing but a little bit of wine can go good way. Yeah. Yeah. Self-medication, for sure. Music, dancing. I have a three-year-old. She's pretty much my whole self care. Of course, he's also the source of my anxiety sometimes too. But you know. Nutella! Awesome folks. Okay, Well, we're going to flip into the last elements here, and that's going to be some breakout rooms unpacking a couple of scenarios. So the cool thing about BCcampus trainings is that their is student engagement in the creation of them. I've done some work as the subject matter expert writing the content, but then I've also done work supporting students to critique the trainings, give their feedback and write scenarios that are representative of their lived experiences. So they're very real, they're very grounded in experience the students have. So we're going to split into two groups. And each group is going to look at one scenario. And you're going to essentially discuss this scenario, applying what you've learned here. Hopefully like leaning on that, that three R framework. This isn't a right answer. One solution. You can think a bit about that. It depends. You can think a bit about what would this look like in my context as opposed to a different one? But essentially we want to think about how might we respond to the student in this situation? You know, what, what might we point out that we've noticed and, and how they really think about the script that you're actually going to say. Don't forget to validate what they're saying around their struggles. And then what services might we suggest based on the student's needs and the institution? Who might you need to check in and consult with? And is it a suicide risk here that we should ask about. Throughout all of this. Just try and imagine like how does this feel, is it comfortable or uncomfortable? Is this realistic for you? So we're going to go into two groups. You're going to either be in an even or an odd group. Even group is going to do scenario two, an odd group is going to do scenario six. Those are going to appear in the chat here. There you go. You will, so you'll see these in the groups. So just look at what number group. Even's doing two, odds doing six will go about four, five minutes to unpack that, then we'll come back and discuss and we'll send you off there now. Give you a longer seven minutes. I think we've got time for. All right. Welcome back Folks hope you had some time there to discuss. Let's hear, I think we will just have time for one group on each, can we hear from one group that discussed scenario two supporting an indigenous students in stress. What came up for you and thinking about this scenario, what might you say? Respond, Refer.

Participant:

Are we doing it int the chat?

Matty Hillman:

We could. I'd love to just hear someone speak to it too. If you want to go ahead. Yeah.

Participant:

No for sure. I just didn't know if I needed to start typing feverishly. So I guess we would talk about the need for flexibility in that case, because we do, like, I do work with indigenous students and I know that



if it's, if they're doing a culturally like respective funeral. It does take it does take a while. And I think, Oh my gosh, my brain. Just the other girl that was in the group with us. She was saying that. And I lost my train of thought completely. Anyhow. So I kind of was talking about the need for flexibility. It depends on the course's too, because like the nursing courses, the science courses, they might, they might not be as flexible. And I will also chat with a student depending on where they are in. Not necessarily in the culture, but there are students that are indigenous that have no cultural background. Now, for whatever reason, whether it be. So, I wouldn't necessarily talk to those students about like, I don't know the answer, citizens spirits and what not because they're not connecting to that. However, if the person was raised in that and if they weren't, if they were raised in it, then I would feel comfortable talking a little bit about that. And also like again, letting them know that they're not alone. And also, I wouldn't necessarily in my opposition, say that I will contact all of the student, the students, professors or whatever. Just because I'm not in the academic, like role at all. But I could, I could send them to the [...] support services for indigenous students and perhaps, maybe chat with their program coordinator. Okay. Yeah, thanks.

Matty Hillman:

Thanks [...]. Bit in there from Dr. David too. Yeah. I think she's here. This student is Ready to go back for, for the cultural protocols that are going to be time consuming. I think really focusing on their needs as priority right now. Regardless of the time they take. And that's the need that they have in terms of their mental health and their cultural connection helps.

Participant:

Sorry, I wouldn't necessarily, I would second that I wouldn't necessarily start introducing that the wellness wheel at this point because their career like now, but letting them know that you like and I'm like, no matter where you are not alone, there are people here for you. We're here to basically make sure that you properly yeah.

Matty Hillman:

Yeah. I love the idea of being the advocate where we can maybe that's done your role for some instructors, they could be comfortable with that in terms of accommodations. You know, Dr. David's got a great piece here around where whereas the institutional flexibility, like it needs to be there. We need to have that sort of top-down accommodations to raise faculty advisor. Yeah. Great. Good Folks. Good. Yeah. Just don't forget that response, that responsive, validating. All great ideas around moving forward and solutions. But it can be in that moment with them in their, in their grief. A bit too Awesome. Thanks. Various I've forgotten in there and everyone else is contributing points. So just briefly now, we can do this in the chat, but hopefully somebody can speak verbally to the number. Scenario seven, oh sorry, scenario six around a student's student to it's been just showing changes in behavior, looking disheveled. He think he smell alcohol. Drop in performance. What would we do here? What would we say here? Anyway? Oh, yeah.

Participant:

Yeah. We just talked about how we quit and just talk to them and see if they're doing okay. Of the things mentioned, you might go straight just to talk to them first about the last missed item and how we can help them to extend that time or if there's any other things that they needed. And then your responses for the [...] would be dependent on what you shared with or wanted to share with you. And I think, yeah, we were just very it's all dependent on what they're saying and dependent on what. Yeah. Thanks. Conversations.

Matty Hillman:

Yeah, absolutely. You know, starting with those objective things a bit. It I think I agree. There's a great comment last time around maybe that those observations around alcohol and then their appearance, maybe those aren't the best ones to start with, though that can come off as a little bit judgey or blaming there. But, you know, starting with the performance in class and, and going from there. Again, relationship being key to where that goes. Anyone else have points on that one? Okay. Well, I'm sorry, that was. That was a little rushed at the end there that people tend to get the most out of that. So I hope you had a chance there. I do really encourage you to check out the facilitation guide. They have more scenarios for practice in there as well as the slide deck. All it's going to drop that link in there in a minute, but we'll go to the next slide here.

We really are at the end here, so thank you so much. Here's just a summary of the, of the tools, some of the visuals that we used, the wellness wheel, that sort of spectrum of mental wellness. The three our framework. Next slide, please.

So I love this, this really sort of encapsulates the theme here. I've learned what? 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. Certainly. I mean, that's the focus here in terms of that, that emotional connection holding space, showing care and compassion. This is really just grounded in humanism, treating people with respect and as, as humans, multifaceted humans that we, that we care about because we do, we all care about our students. You've shown that by being here. Thank you and so much. I'll hang around if anyone wants to chat. We'll go to the final slide and we'll say goodbye for now folks.