**Group discussion:** Campus Mental Health: Emerging Crisis 101

**Mental Health & Cities Summit**

Breakout Sessions Facilitation Frame - April 9, 2018

Scribe:

| **Discussion Stage**  | **Session Outputs/Notes** |
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| **Defining the problem*** + *Outline 1-3 salient issues that most need to be addressed*
 | Assessment – Cannot be done within the institution, expensive and long wait lists. Lots can happen while someone is on a wait list including getting worse. There needs to be movement towards digital mental health- however the barrier is not students but service providers- front line service providers need to get comfortable with digital service provision and solution. Further, body language etc. can't be captured in digital solutions. School based psychology (services) can't provide all the diagnosis we want. Jurisdictional – unable to help if the student isn't their student. If the student drops out then it can't be picked up by the school. The "problem" is that the it's multi-faceted:* Brain is still developing
* Students are away from home for the first time
* This cohort is different than generations prior (it needs "different" solutions)
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| **What’s worked, what’s promising? What might we consider?*** + *Outline some innovations you’re aware of that show promise in addressing the issues outlined.*
	+ *They can be solutions that have been widely or narrowly tested, or ones that have compelling evidence behind them – the key is items that show promise*
 | -Ensure that private / social service sector is partnering with educational institutions in order to streamline service provision and education. -Ryerson partners with LOFT for their more complex mental health needs. This provides more comprehensive support for these complex cases and frees up other counsellors to help the students with less complex needs. -Digital solutions (availability, cost effectiveness and general effectiveness) -Ontario Telehealth has digital solutions-Peer to Peer digital solutions as well. TCDSB has a partnership with CTYS. Complex cases are referred there. Arrange day treatment etc. Better treatment options. Better Triage. They take 2 cases a month but it would be great if they could take 12.Mental Wellness & Resiliency Solutions: CBT-related workshops, mindfulness training, selfcare, peer support networks |
| **Solution work – how do we move forward?*** + *Outline 3-5 key learnings or practical solutions or considerations for Toronto/the GTA and other municipalities*
 | Explore digital options (especially for waitlist clients)Collaboration with private sector / social service sectorMore robust triaging and intake to diminish waitlists, screen for appropriate interventions. Involve students with the development and operationalization of solutions |
| **Into Action** *(bonus round!)** + *What concrete steps would be needed to move forward in Toronto/the GTA and could be scaled to other municipalities?*
 | -strengthening intake in order to better triage clients to appropriate services. Ryerson got funding for 2 FTE counsellors and hired 2 intake counsellors.-expansion of private/public partnerships |
| **Support from Other Levels of Government*** *What actions, if any, could provincial and federal governments take to support municipalities? Policy changes, financial support etc.*
 | Putting supports into the social determinants of health to lessen the other vulnerabilities students face |
| **Take-away messages from today’s discussion*** + *Outline 2-3 key messages or take-away points (ie what should someone who missed the most need to hear?)*
 | Partner with the private / social service sector. Digital solutionsBetter TriageSocial determinants of health |