MOUNT ROYAL UNIVERSITY

Suicide Prevention Strategic Framework

MOUNT ROYAL
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Land Acknowledgement

Mount Royal University is located in the traditional territories of the Niitsitapi (Blackfoot) and the people of Treaty 7, which includes the Siksika, the Piikani, the Kainai, the Tsuut'ina, and the Îyârhe Nakoda. We are situated on land where the Bow River meets the Elbow River, and the traditional Blackfoot name of this place is "Mohkinstsis," which we now call the city of Calgary. The city of Calgary is also home to the Métis Nation Region 3.

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See **here** for current information on crisis resources, and for available services and resources for mental health see **mru.ca/mentalhealth** and **Appendix A** (Scan of Current Suicide Prevention, Intervention, and Postvention Initiatives).

Executive Summary

"Deaths by suicide have devastating and immeasurable impact and leave families, friends, classmates, coworkers and communities struggling with grief and searching for solutions."
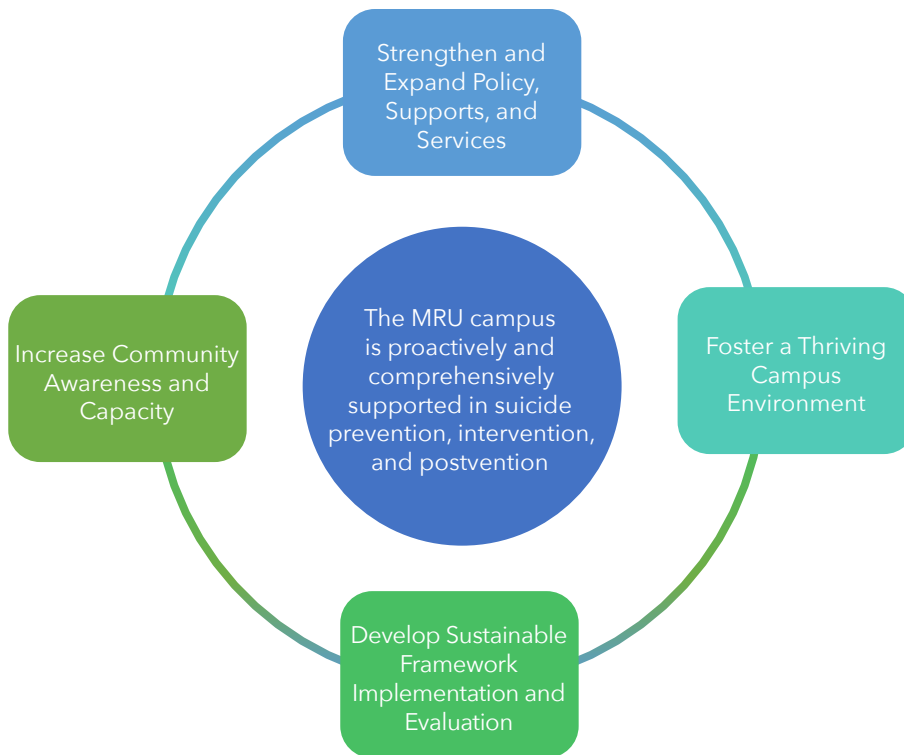
– Public Health Agency of Canada, 2016a.

As a post-secondary institution that has adopted the Okanagan Charter: An International Charter for Health Promoting Universities & Colleges (2015), Mount Royal University (MRU) understands that the health and wellbeing of campus members is vitally important to a flourishing campus community, and we acknowledge the unique role universities can play in advancing wellbeing through systems-based approaches. Suicide is a significant cause of premature death in Canada, and a complex occurence that necessitates a specific focus. Taking a whole campus approach, this strategic framework builds upon MRU's strong history of supporting mental health by providing a comprehensive and systematic roadmap to further improve, expand, and develop suicide prevention, intervention, and postvention initiatives for students, faculty, staff, management, and exempt employees.

This Suicide Prevention Strategic Framework will aim to integrate our institutional values through implementing policies, programs, and initiatives that work to create a thriving campus environment that welcomes open conversation about mental health and suicide prevention, intervention, and postvention for all campus members. Throughout the development of the strategic framework, it became clear the many strengths MRU and our community have, including a willingness and dedication to help community members, which strategies can build upon and further support. Our vision includes opening as many pathways to help as possible for anyone in our community struggling with suicidal thoughts or behaviour.

This framework provides an overview of the need and importance of this work for our campus community. Intended users of the framework include, but are not limited to: departments and academic units, leaders across campus (e.g., Vice-Presidents, Associate Vice-Presidents, Deans, Directors, Managers, and Chairs), and students including representatives from the Students' Association of Mount Royal University (SAMRU).

Individuals who are interested in the research and background work guiding the development of this strategic framework can see the **Methodology**, which includes a review of existing MRU data, a literature review and environmental scan, a scan of current initiatives across campus, and campus community consultations.

Individuals most interested in the resulting recommendations and next steps for this work can see the **Recommendations** over a 1-5 year timeframe, and the supporting **Evaluation Plan**. Specific departments (e.g., Access and Inclusion Services, Facilities Management, Human Resources, Residence Services, etc.) and divisions (e.g., Academic Affairs) are included within the recommendations as areas to be involved in collaborating on the implementation of specific recommendations.

The MRU campus is proactively and comprehensively supported in suicide prevention, intervention, and postvention

Strengthen and Expand Policy, Supports, and Services

Increase Community Awareness and Capacity

Foster a Thriving Campus Environment

Develop Sustainable Framework Implementation and Evaluation

Recommendations are presented in four main goal areas:

1. **Strengthen and Expand Policy, Supports, and Services:** Recommendations for how policies, supports, and services related to suicide prevention, intervention, and postvention can be improved, expanded, or developed.

2. **Foster a Thriving Campus Environment:** Larger campus community-wide actions that support a campus that is open, welcoming, and inclusive to mental health and suicide prevention.

3. **Increase Community Awareness and Capacity:** Initiatives to increase awareness of suicide prevention, intervention, and postvention, and to increase the capacity of campus members to take action in these areas.

4. **Develop Sustainable Framework Implementation and Evaluation:** Mechanisms to ensure that the recommendations and action items of the framework are effectively implemented and routinely evaluated to measure progress.

Suicide prevention, intervention, and postvention are continually evolving, and this framework will continue to adapt to the landscape and emerging evidence. Annual updates to the campus community will be shared to foster transparency and accountability in this work.

Acronyms

ASIST	Applied Suicide Intervention Skills Training
EDI	Equity, Diversity, and Inclusion
EFAP	Employee Family Assistance Program
EWS	Employee Wellness Survey
FSP	Frameworks, Strategies, and Policies
MRU	Mount Royal University
NCHA	National College Health Assessment
PSI	Post-secondary Institution
SAMRU	Students' Association of Mount Royal University
ULG	University Leadership Group

Definitions

For the purposes of our work, we have adopted the definition of suicide from the Centers for Disease Control and Prevention (2011), and definitons of prevention, intervention, and postvention from the Government of Canada's Federal Framework for Suicide Prevention (Public Health Agency of Canada, 2016a) as follows:

Suicide: Death caused by self-directed injurious behaviour with any intent to die as a result of the behaviour.

Prevention: Works to build protective factors and promote mental health and well-being and reduce risk factors that could lead to suicide.

Intervention: Works to address risk of suicide. It focuses on how best to respond early when someone has thoughts of suicide or suicide-related behaviours.

Postvention: Works to help support and heal those affected after the loss or experience of suicide, as well as providing follow-up education/prevention to reduce the risk of future crises.

Steering Committee

The development of MRU's Suicide Prevention Strategic Framework has been led by a Steering Committee comprised of students, staff, faculty, and managers from across the institution. The contributions from these representatives were vital to the creation of the framework.

Membership

Alexander Chiem, Health Promotion Specialist, Wellness Services

Camille Tabacla, Vice President Student Affairs, 2020-2021, SAMRU

Candice Merrill, Manager, Security Services

Curtis Desiatnyk, Manager, Risk and Insurance, Risk Management

Daniel Major, Student

Denika Hartwick, Student

Dion Simon, Medicine Trail Coordinator, Iniskim Centre

Donna George, Healthy Campus Team Lead, Wellness Services

Heidi Peterson, Ability Management Consultant, Human Resources

Janet Miller, Counsellor, Wellness Services

Leah Hamilton, Professor, Bisset School of Business

Marva Ferguson, Assistant Professor, Faculty of Health, Community and Education, and member of the Black, Indigenous, and Peoples of Colour Support Network

Rachelle McGrath, Director, Wellness Services (Chair)

Tess Bickley, Residence Life Coordinator, Residence Services

Trinda Guillet, Coordinator, International Education

Resources

- Administrative Support – Lori Ostegaard, Administrative Assistant, Office of the Vice-Provost & Associate Vice-President, Students; Ivan Zyabkyn - Administrative Assistant, Wellness Services

- Marketing and Communications Support - Julia Thiessen, Strategist, Marketing and Communications

- Research, Data Analysis, and Facilitation Support - Telaina Sewers, Health Promotion Specialist, Wellness Services

Special thanks to Joseph Nguyen, Vice President Student Affairs 2021-2022, SAMRU, for their contributions to the development of this strategic framework.

Guiding Principles

The only way to enable organizational cultural change related to suicide prevention, intervention, and postvention is to foster an organizational environment which demonstrates support and action, reduces stigma, and fosters compassion. The following principles collectively guide this framework.

Shared responsibility. Everyone in the community shares a responsibility to take care of each other and the community should provide supports to help individuals flourish. We believe open conversations, education, responsiveness, robust intervention services, and community connection are drivers of this attitude.

Inclusive by design. We are committed to access, diversity and equity, and this framework is built from an inclusive lens that considers the full range of human diversity with respect to ability, language, culture, gender, age and other forms of human difference. We acknowledge the systemic harms of ignoring discriminatory actions and prejudiced views of privilege-holding majorities. We believe in elevating equity-seeking voices and addressing critical gaps in our supportive network to meet the needs of all.

Human-centered. We believe in flexible and compassionate interventions, awareness and empathy, and respect for the autonomy, agency, privacy, and dignity of all. This includes the implementation of human-centered principles of design such as accessibility and flexibility.

Knowledge and expertise informed. We believe in an informed framework built on the solid foundations of evidence, practice, and community expertise. This work must be holistic, curated from open dialogue, and adaptive to learned experiences and emerging needs with a focus on continuous improvement.

Emphasizing a proactive approach. Through awareness, education, and community outreach, we can engage and respond compassionately before a crisis emerges. These activities, attitudes, and resources should be seamlessly woven into the policy and cultural fabric of the institution.

Supported by leadership. The success of this framework depends on a demonstrated commitment, accountability, and effective resourcing from senior leadership. We emphasize the need for continuous support and commitment, which includes building and maintaining awareness, training responders and community members, and maintaining an informed set of policies, procedures, and expectations for stakeholders.

Introduction

> **There is evidence that indicates each death by suicide significantly impacts 6-20 people while moderately affecting up to 135 people (Cerel et al., 2019).**

University campuses are communities where a diverse array of people work, live, love, learn, and play (World Health Organization, n.d.). As such, universities are unique environments with many interconnected social networks and dynamics where an active role in suicide prevention, intervention, and postvention should be taken. Suicide is a significant cause of premature death in Canada that can impact individuals, families, friends, schools, and communities. Due to the close community nature of university campuses, suicide can be extremely impactful on a ca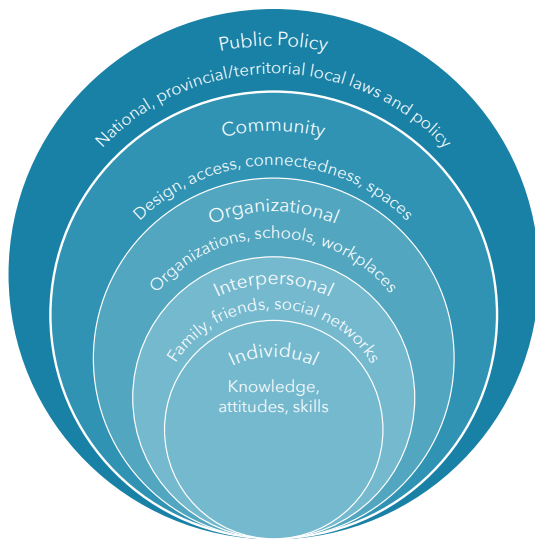mpus community and the effects ripple outwards. There is evidence that indicates each death by suicide significantly impacts 6-20 people while moderately affecting up to 135 people (Cerel et al., 2019).

> **Suicide prevention, intervention, and postvention needs to be responsive and inclusive; it must work to dismantle discriminatory attitudes, practices, and systems, and to eliminate barriers to wellbeing, help-seeking, and support.**

To comprehensively approach suicide prevention, intervention, and postvention, this work must be cross-institutional, trauma-informed, and focus on considerations for all campus members, including students, faculty, staff, management, and exempt employees. This work must consider and respond to the needs of individuals with diverse abilities, and diverse racial, gender, and cultural groups on campus including, but not limited to, international students, Black, Indigenous, and Peoples of Colour, and Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit + campus members. These groups, among other marginalized populations, have and continue to experience higher levels of systemic discrimination, racism, and stigma, which has consistently been implicated as a major risk factor for poor mental health and suicide (Lee & Wong, 2020, Meyer, 2003; Shadick et al., 2015; Sutter & Perrin, 2016; Wong, 2013), and this is reflected in disproportionately higher risks for suicidal ideations and behaviour. We acknowledge both the commonalities and the varying experiences and circumstances among these different populations, and that historical and ongoing marginalization has created inequities in educational opportunities and health status (Bhopal, 2017; Waldron, 2010). Suicide prevention, intervention, and postvention needs to be responsive and inclusive; it must work to dismantle discriminatory attitudes, practices, and systems, and to eliminate barriers to wellbeing, help-seeking, and support. We recognize that an Equity, Diversity, and Inclusion (EDI) approach is integral to fostering an equitable and meaningfully inclusive campus for all campus community members and is central to this work and approach.

To be most effective within a university context, suicide prevention, intervention, and postvention initiatives must consider individual, interpersonal, organizational, community, and public level factors and strategies. For example, this means there need to be strategies focused on suicide prevention literacy and skills at an individual level, awareness and capacity to respond to concerns at an interpersonal and organizational level, and supportive policies at the organizational level. This approach is illustrated by the Socio-ecological model developed by Bronfenbrenner (1977, 2005) featured below.

Public Policy

National, provincial/territorial local laws and policy

Community

Design, access, connectedness, spaces

Organizational

Organizations, schools, workplaces

Interpersonal

Family, friends, social networks

Individual

Knowledge, attitudes, skills

A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

University of Washington Blogs (2017). Socio Ecological Model.

Students face stressful challenges including transitioning to post-secondary life, facing greater responsibility, higher workloads, increased independence, and financial and social pressures (Leathwood & O'Connell, 2003). Post-secondary students also tend to experience higher levels of mental illness compared to the general population (Besser & Zeigler-Hill, 2014). Students with mental illnesses tend to experience poorer relationships, lower levels of campus engagement, lower average grades, and lower rates of graduation compared to their peers not experiencing mental illnesses (Regehr et al., 2013). Although mental illness and suicide ideation and behaviour can be closely related, it is important not to conflate the two. Individuals who experience mental illness may not experience or develop suicidal ideation and behaviours, and suicidal ideation and behaviours can arise in a person who is not experiencing a mental illness. However, it is important to recognize that due to the higher levels of stress and risk of mental illness among students, they may experience higher risk of suicidal ideation (Saleh et al., 2017), and need to be appropriately supported. Among post-secondary aged Canadian youths (ages 17-24), suicide is the second leading cause of death (Public Health Agency of Canada, 2019).

Research on suicide rates and risk factors among faculty and staff working in post-secondary settings has been sparse. However, research from other workplace settings can provide some insights. Approximately 62% of deaths by suicide in Canada are among working-aged adults (ages 30-64) (Statistics Canada, 2020). Workers that face high workplace stress, job insecurity, low wages, inconsistent work schedules, workplace isolation, and gender-based imbalances tend to experience higher rates of suicide (Centre for Suicide Prevention, 2019). Workplace bullying is another risk factor for mental illness and can contribute to a higher risk of suicide for people already experiencing other suicide risk factors (Centre for Suicide Prevention, 2019). Additionally, high pressure and large workloads associated with the need to continually publish high-quality research, in addition to expectations surrounding academic productivity, are major risk factors among faculty (Else, 2017; Flaherty, 2017; Lashuel, 2020). Burnout is another major risk factor among faculty, which affects approximately 10% of university faculty sometime in their career (Henny et al., 2014). Supervisors and managers face many of the same risk factors as the employees they lead. However, they may experience additional stressors as part of their role in overseeing others and potentially higher workloads.

It is noteworthy that this framework was developed during the COVID-19 pandemic. The pandemic caused substantial shifts in the way people learn, work, interact, and live. The presence of the pandemic and shift to online environments introduced a variety of potential stressors, such as forced isolation, increased feelings of loneliness, anxiety with online meetings, increased alcohol and drug usage, and fear of spreading infection (Aquila et al., 2020; Popovic & Lim, 2020). Groups that were at higher risk of suicide prior to the pandemic are also more likely to be impacted by these stressors (Liang & Nestadt, 2021). This framework acknowledges the impact the pandemic may have on suicide ideation and behaviour while being careful not to overshadow stressors and contributing factors that exist beyond the context and timing of the pandemic. The framework also considers the need for multiple methods of education, connection, referral, and service delivery moving forward.

In considering suicide prevention, intervention, and postvention, it is informative to consider not only the risk factors for students, staff, faculty, and managers, but also the unique ways in which these groups can be involved in suicide prevention on campus. For example, students are well-positioned to take on suicide prevention roles for their peers and help make connections and referrals to services. Two-thirds of post-secondary students who chose to disclose suicide ideation first told a peer (Drum et al., 2009). Utilization of peer networks for suicide prevention can be an effective method for addressing suicide risk among students (Ilakkuvan et al., 2011).

> **...a cross-campus and collaborative approach is required to achieve a full, successful, and impactful implementation of this framework.**

The role that faculty have in suicide prevention can extend to both peers and students. Faculty face many unique stressors and are suited to provide expertise, support, and information that is relevant to other faculty (Cal Poly Pamona, 2019). Faculty also frequently interact with students and have opportunities to observe changes in behaviours in students. Faculty play a critical role in supporting students and working with staff to ensure students are directed to appropriate resources and supports.

Staff members are also in a position where they interact frequently with students, faculty, and other staff. Similar to faculty, staff also have opportunities to recognize behaviour changes and signs of suicide ideation among co-workers and students. Additionally, staff are often involved in the development and implementation of suicide prevention initiatives at the institution. Consideration of the diverse methods that staff can contribute to suicide prevention is an important component of effective strategies.

Managers are well-positioned to become involved in workplace suicide prevention programs, and to recognize and help employees that are struggling with suicidal ideation. Managers can become involved in workplace suicide prevention programs, identify and respond to those who may be at risk of suicide, and respond in the instance of a death by suicide (Suicide Prevention Resource Center, 2013). By creating an environment that fosters healthy relationships, a sense of belonging, open conversation, and respect, managers can actively help suicide prevention, intervention, and postvention efforts in the workplace (Suicide Prevention Resource Center, 2013).

While there are different services and resources available for students and employees, many of the institutional strategies to increase protective factors or reduce risk factors for suicide are common for these groups (see Table 1 in **Appendix A** for a list of protective and risk factors related to suicide). The recommendations within this framework include actions specific to particular groups on campus, however, fundamentally a cross-campus and collaborative approach is required to achieve a full, successful, and impactful implementation of this framework. Through this, MRU is committed to demonstrating a proactive and comprehensive approach to suicide prevention, intervention, and postvention. Through these ongoing actions, MRU can create a campus environment where community members feel welcomed and supported, and knowledgeable and appropriately equipped with respect to suicide prevention, intervention, and postvention.

Methodology

Multiple methods were used to gather data to inform a comprehensive understanding of the landscape at MRU with respect to suicide prevention, intervention, and postvention; current initiatives; community needs; and promising frameworks, strategies, and policies. The specific methods used were as follows: **1) a review of existing MRU data**; **2) a literature review and environmental scan**; **3) a scan of current suicide prevention, intervention, and postvention initiatives at MRU**; and **4) campus community consultations**.

1. Review of Existing MRU Data

Students

A primary source of information on student health and wellbeing is the National College Health Assessment (NCHA), which is a valid and reliable web-based survey developed by the American College Health Association. The NCHA collects self-reported data on students' habits, behaviours, and perceptions on various health topics. The results presented below are specific to mental health and suicide.

MRU has implemented the NCHA on a 3 year cycle consistent with provincial and national cohorts. Randomly selected students are contacted by email to participate in the NCHA during a three week period in January to February. The 2019 iteration of the NCHA at MRU had 1,319 students respond, which is a response rate of 33.0%; in the 2016 iteration 1,652 students responded, which is a response rate of 41.5%; and in the 2013 iteration 1,380 students responded, which is a response rate of 27.6%.

Students were asked three questions related to self-harm and suicide within the NCHA (American College Health Association, 2019a):

> » Have you intentionally cut, burned, bruised or otherwise injured yourself in the last 12 months?

> » Have you seriously considered suicide in the last 12 months?

> » Have you attempted suicide in the last 12 months?

- It is important to note that intentional self-harm is not always related to suicide risk, but in some cases it can be.

- The proportion of MRU students who reported seriously considering suicide, or attempting suicide in the last 12 months increased signficantly[1] from 2016 to 2019.
  1 All data that is statistically significant has a p<.05

- The proportion of MRU students who reported seriously considering suicide in the last 12 months was significantly higher in 2019 compared to the Alberta and Canada Reference Groups.

- 19% of MRU students reported they had seriously considered suicide in the last 12 months, which equates to about 1 in 5 or 2,766 students based on the 2018-2019 Learner and Enrolment Reporting System figures (Mount Royal University, 2019).

Table 1. Proportion of students who responded "yes" to "Have you_____ in the last 12 months?"

	MRU			Alberta Reference			Canada Reference		
	2013	2016	2019	2013	2016	2019	2013	2016	2019
Intentionally cut, burned, bruised or otherwise injured yourself	5.3%	8.2%	9.7%	5.6%	8.8%	9.7%	6.6%	8.7%	10.5%
Seriously considered suicide	8.9%	13.1%	19.0%	8.4%	13.1%	16.4%	9.5%	13.0%	16.4%
Attempted suicide	1.5%	1.6%	2.9%	1.1%	2.1%	2.6%	1.3%	2.1%	2.8%

(American College Health Association, 2013a, 2013b, 2013c, 2016a, 2016b, 2016c, 2019b, 2019c, & 2019d)

Students were also asked if they would consider seeking help from a mental health professional if, in the future, they were having a personal problem that was really bothering them.

- The proportion of MRU students who reported they would consider seeking help significantly increased in 2019 when compared to 2016.

- The proportion of MRU students who reported they would consider seeking help in 2019 was significantly larger when compared to the 2019 results in the Alberta and Canada Reference Groups.

Table 2. Proportion of students who responded "yes" to "If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?"

	MRU			Alberta Reference			Canada Reference		
	2013	2016	2019	2013	2016	2019	2013	2016	2019
Yes	75.7%	78.4%	84.0%	74.8%	78.6%	81.8%	74.0%	74.0%	79.8%

*(American College Health Association, 2013a, 2013b, 2013c, 2016a, 2016b, 2016c, 2019b, 2019c, & 2019d)*

While more students indicated they were seriously considering suicide or had attemped suicide within the last 12 months, more students also reported they would consider seeking help from a mental health professional. This willingness to engage with mental health professionals is positive and provides opportunities for engagement in suicide prevention, intervention, and postvention initiatives. Additionally, 84% of respondents in the 2019 NCHA at MRU indicated they were interested in receiving information from MRU on "how to help others in distress" (ACHA, 2019b), which indicates there are opportunities to equip students with information and resources on supporting others.

Employees

The Employee Wellness Survey (EWS) is a survey developed by MRU that has previously been implemented every 3 years and provides information on the wellbeing of employees, including with respect to mental health. The Employee Wellness Survey does not specifically ask about suicidal ideation, but we know suicide and its impacts are not limited to students. In May 2018, all MRU employees were invited via email to participate during a two week period, and a total of 606 employees completed the survey, which is a response rate of 30%. In 2015, 580 employees participated, which is a response rate of 29%; and in 2012, 645 employees participated, which is a response rate of 33%. Employees were asked in the 2012, 2015, and 2018 EWS how they would rate their mental health. Data from the 2018 EWS indicates a statistically significant[2] decline in the self-reported mental health status of employees as compared to 2015, and a statistically significant decline from 2012 to 2015. From 2012 to 2018, the proportion of MRU employees with excellent or very good self-rated mental health significantly decreased from 66.4% to 49.4%.

2 All data that is statistically significant has a p<.05

Figure 1: Self-Rated Mental Health of Employees (Very Good or Excellent)
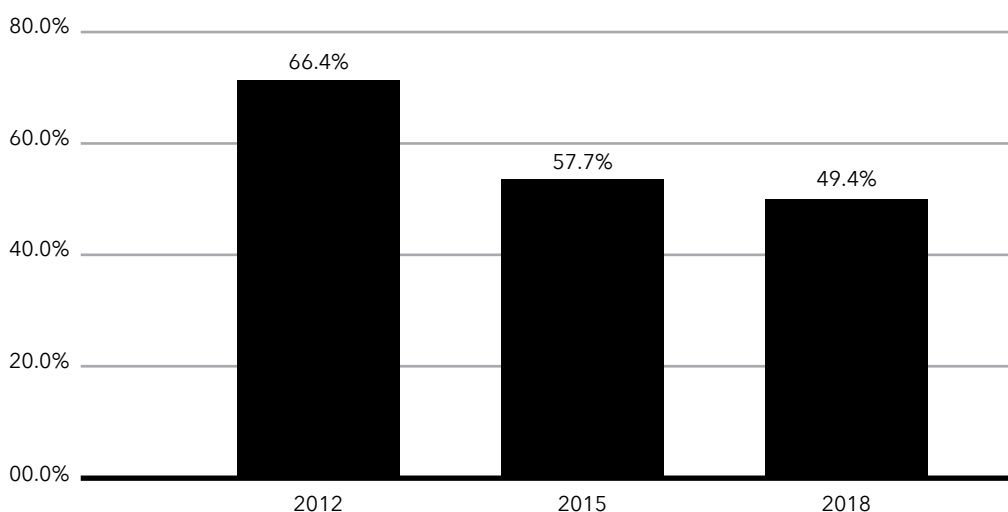
(Mount Royal University, 2012, 2015, & 2018)

2. Literature Review and Environmental Scan

A literature review and environmental scan were conducted to inform the development of the framework. This research helped create a knowledge base to build upon and improve the framework's comprehensive approach.

The literature review included articles that examined the implementation or impact of suicide prevention frameworks, strategies, or policies (FSPs), or whose primary focus was to provide

insight into how FSPs should be implemented. Inclusion criteria used for the search were: an examination of a suicide prevention FSP that was/is implemented within the country of Canada OR an analysis of how suicide FSPs can be implemented or improved within a Canadian context; published between January 1, 2010 to August 30, 2020; and English-language publications. From an initial database search that produced 2,067 articles, 16 articles met the inclusion criteria and were included within the literature review. Prominent themes that arose from the literature review were the importance of improving suicide knowledge and community capacity, taking a collaborative and holistic approach, implementing evidence-based initiatives, implementing relevant data collection methods, evaluating the framework, and being inclusive of Indigenous cultural contexts. Although each theme is an important consideration for a suicide prevention framework, the themes that were most commonly emphasized were collaboration, improving community knowledge and capacity, and Indigenous health. Additional themes that were not strongly identified from the literature review but that MRU recognizes as important include consideration of the unique contexts of the diverse cultural groups across campus, suicide prevention efforts targeting staff and faculty, and stronger action against the stigma surrounding suicide.

Concurrently, an environmental scan was conducted to understand the current state of suicide prevention, intervention, and postvention frameworks and strategies in Canada. The environmental scan included frameworks and strategies from post-secondary institutions, Indigenous organizations, health authorities, and municipal, provincial, and federal governments. At the time the environmental scan was completed, 11 existing frameworks and strategies were found, with additional strategies in the development process. Common components across the frameworks and strategies were providing suicide prevention training, raising awareness of suicidality, reducing stigma, facilitating research of suicide prevention interventions, improving accessibility of services, enhancing postvention measures, and restricting access to means of suicide.

3. Scan of Current Suicide Prevention, Intervention, and Postvention Initiatives

An internal scan of current initiatives was conducted to better understand the ways in which MRU is already providing and engaging in suicide prevention, intervention, and postvention initiatives. Initiatives were categorized by type (services and programs; workshops, education and outreach; online resources; and policies and procedures), scope (prevention, intervention, and/or postvention), and which campus members have access to the initiative (employees and/or students). Initiatives included were considered within the context of increasing protective factors and/or decreasing risk factors associated with suicide. The scan is not exhaustive but aims to highlight some of the current main services, programs, workshops, education, outreach, online resources, policies, and procedures focused more directly on suicide prevention, intervention, and postvention. **Appendix A** includes the full scan of current initiatives.

4. Campus Community Consultations

Across the 10 consultation sessions held, 161 campus members participated.

An important part of the development of this framework was consulting with MRU campus community members to better understand community identified needs and how the framework can be most relevant within our context. Elder Roy Bear Chief was consulted on the framework, and we are grateful for his guidance and informative sharing of wisdom and expertise. Broader campus community consultations consisted of: a) general campus community consultations held in October and November of 2020; b) an information and consultation session held with University Leadership Group members in February 2021; and c) a closed session for individuals involved in postvention held in March 2021. Across the 10 consultation sessions held, 161 campus members participated.

During the community consultations, it became evident that many individuals are passionate about supporting campus members' mental health. Many campus members want to be equipped with the appropriate knowledge and skills, but they are not always sure of existing resources or processes. As such, a common theme that arose throughout community consultations was the need for clear and consistent communications and streamlined resources regarding mental health, crisis, and suicide.

> In multiple ways, the steering committee heard about the importance of postvention and in supporting individuals who respond to critical incidents.

We heard strongly and consistently that buy-in from campus community members and departments will be necessary in order to fully integrate the framework as a core component of MRU's operations. To encourage strong buy-in, campus members need to be confident that the framework is helpful and relevant to them and the MRU community. We aim to gain this confidence through consultation, transparency, a consistent implementation process, and effective evaluation and ongoing improvements. Community members from all operational levels at MRU, including leadership, faculty, staff, and students, will be included throughout the implementation of the framework in order to continue to incorporate the diverse knowledge and interests of groups across MRU.

Postvention became another area of specific focus during the process of developing the framework. In multiple ways, the steering committee heard about the importance of postvention and in supporting individuals who respond to critical incidents. This focus on compassionate postvention is reflected throughout resulting recommendations within this framework.

Included below are summaries of the campus community consultations.

A) Broad Campus Community Consultations

Seven virtual consultation sessions were held with MRU campus members in October and November of 2020. There were two sessions each for staff, faculty, and students, and one session open for all campus community members. A total of 84 people attended the sessions (26 students, 35 staff, 20 faculty, and 3 managers).

Participants could engage verbally or through the chatbox, Google Jamboard, or a Google Form sent out after each consultation session. Two note-takers in each session recorded the verbal responses, while written replies in the chatbox, Google Jamboard, and Google Form were copied verbatim. The questions asked during consultation sessions were tailored to each group, but generally focused on what should be included in the framework, how to ensure the framework has the most impact, how to raise awareness of existing resources, how to encourage buy-in to the framework, and gaps and barriers to existing services.

The data from the consultations were thematically analyzed and sorted into four goal areas that emerged throughout the development of the framework. Under each goal, the responses from the consultation sessions were coded into sub-themes. A summary is outlined below. Across the seven sessions, there was evident support for the strategic framework, passion among campus members who want to contribute to a flourishing campus community, and emphasis on the importance of an inclusive and equitable approach to this work.

1. Strengthen and Expand Policy, Supports, and Services
   a. Increase accessibility of existing mental health and suicide prevention services
   b. Disseminate information about available suicide-related supports and services in a highly visible way
   c. Implement platforms and initiatives that facilitate open conversations on mental health and suicide prevention

2. Foster a Thriving Campus Environment
   a. Reduce stigma surrounding mental illness and suicide
   b. Create an environment that encourages open and safe conversations about suicide and suicide prevention
   c. Promote a sense of community and a shared responsibility for the mental health of each other

3. Increase Community Awareness and Capacity
   a. Implement new and diverse methods to disseminate information
   b. Offer and promote training opportunities for students and employees
   c. Clear communication of available suicide-related supports and services

4. Develop Sustainable Framework Implementation and Evaluation
   a. Conduct ongoing evaluation to measure progress towards achieving the goals of the framework
   b. Ensure that the framework adapts to changing social contexts
   c. Collaborate with departments and diverse groups across campus

B) University Leadership Group Consultation

Two virtual consultation sessions with University Leadership Group (ULG) members were conducted in February 2021. These consultation sessions informed leadership members about the process, timeline, and forthcoming implementation of the Suicide Prevention Strategic Framework, assessed how leadership members viewed their role with respect to suicide prevention, intervention, and postvention, and sought to understand where leadership members see gaps in these areas. There were a total of 68 participants over the two sessions.

The responses from the consultation sessions provided insight into how leaders see their role in suicide prevention, actions and resources that leaders want to see developed, and concerns related to suicide prevention, intervention, and postvention.

The feedback from ULG members aligned with the Suicide Prevention Strategic Framework goals and resulting recommendations as follows:

1. Strengthen and Expand Policy, Supports, and Services
   a. Being knowledgeable and comfortable with the resources available at MRU
      i. Be ready to direct people to appropriate resources
      ii. Be knowledgeable of available mental health training, and promote and coordinate it for team members
   b. Be a resource that people can go to for help
      i. Building trust with team members
      ii. Being approachable for people seeking help
   c. Consistently check in on the mental health of team members
      i. Be cognizant of changes in behaviour
      ii. Be sensitive to the problems that employees may face
   d. Provide supports for people who provide support
   e. Ensure that policies are up-to-date

2. Foster a Thriving Campus Environment
   a. Actively participate in conversations about suicide and mental health
      i. Work to destigmatize mental illness and suicide behaviours
      ii. Address the stigma surrounding mental illness and suicide behaviours

3. Increase Community Awareness and Capacity
   a. Develop guidelines for how to respond after a death by suicide within the campus community
   b. Develop guidelines for how to navigate the boundary between privacy and supporting others
   c. Increase awareness of how to help support people who are unwilling to seek help
   d. Need for resources and policies that succinctly describe how to handle situations related to mental illness and suicide
      i. Checklist/guidelines for:
         1. How to translate policy into action
         2. When to intervene during a crisis
         3. What to do when trying to support someone

4. Develop Sustainable Framework Implementation and Evaluation
   a. Discussion and feedback was not focused in this area

C) Closed Postvention Session

Given campus member feedback on the need to focus on postvention, a virtual closed consultation session with a focus on postvention was held in March 2021 with MRU employees from multiple departments. Employees were identified as individuals who had direct experience(s) with critical incidents at MRU which include community members engaging in suicide behaviour or the experience of a death. The purpose of this consultation session was to hear first hand what is important in postvention initiatives and efforts, to identify any gaps in current processes or initiatives, and to capture feedback on draft recommendations focused on postvention to ensure they are relevant to campus needs. Prior to the consultation session, invited individuals were provided a copy of drafted recommendations focused on postvention. Nine individuals participated in the consultation session in addition to the facilitator and note taker.

Participants could engage and provide comments verbally or through the use of a Google Jamboard. These contributions were recorded and thematically analyzed, and are summarized below.

During the session, individuals reflected on experiences of critical incidents and how they did or did not feel supported by the campus community and processes at that time. Experiences ranged and employees described the sometimes long-lasting impact on themselves and on team members when deaths occurred. Discussion included a focus on needed supports or resources, information or skills for referrals, gaps, and how MRU can best support postvention.

At a high-level, comments from this consultation session mentioned:

- The need to maintain confidentiality and respect privacy while also having clearly outlined processes for sharing vital information that can facilitate reaching out to individuals in distress or crisis, and for supporting employees who are involved in a critical response

- The importance of incorporating Indigenous understandings and practices in these conversations

- The need to focus on how MRU can better support individuals when there have been suicide behaviours, including helping individuals transition back to campus

- The need to explicitly address and consider the mental health of employees in postvention

- The need to focus on the mental health of first responders on campus, and an acknowledgement that not everyone has a thorough understanding and awareness of the responsibilities and impacts on first responders

Specific feedback or comments that are reflected within the Suicide Prevention Strategic Framework goals and resulting recommendations are as follows:

1. Strengthen and Expand Policy, Supports, and Services
   a. Implement consistent institutional debriefs for those involved in incident response
   b. Explore opportunities for departments who are brought into a situation to have closure through an appropriate feedback loop
   c. The importance of focusing on addictions and mental health in a compassionate manner - seeking to understand what may be driving disruptive or challenging behaviour so that individuals can be helped
   d. There was an acknowledgement of departments and individuals on campus who are doing admirable work in prevention, intervention, and postvention
      i. While it was noted that Residence Services does really good work in supporting students, there is concern about gaps for students who are not living on campus and may not be as connected to services
   e. Ensure managers conduct regular check-ins after a critical incident, even if someone is not showing outward signs of being impacted
   f. Consider suicide contagion and clusters, and develop safe and intentional reporting guidelines that are concise and fact-based

2. Foster a Thriving Campus Environment
   a. Discussion and feedback was not focused in this area

3. Increase Community Awareness and Capacity
   a. Need for detailed referral information and clear suggestions and action items for how to help others
   b. Focus on training and building capacity to support employees through challenging times

4. Develop Sustainable Framework Implementation and Evaluation
   a. There needs to be institutional action and leadership commitment which demonstrates support for the health and wellbeing of students and employees. The focus should be on helping individuals and ensuring accountability to this work.

Recommendations

Implementation of this framework will reach the entire MRU community, focusing on suicide prevention, intervention, and postvention from individual to organizational levels. The recommendations are informed by research and community consultations, and they focus on a range of areas for action. Specifically, there are 52 recommendations that fall under the four goals. The recommendations are categorized under four timeframes: ongoing, 1 year, 1 to 3 years, and 3 to 5 years. Recommendations were categorized into timeframes based on urgency and expected time to complete, while considering capacity. There will be a cross-campus Implementation Committee formed to oversee and coordinate implementation of the recommendations.

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1) Strengthen and Expand Policy, Supports, and Services

Recommendations for how policies, supports, and services related to suicide prevention, intervention, and postvention can be improved, expanded, or developed

Recommendation	Timeframe (ongoing, 1 year, 1 to 3 years, or 3 to 5 years)	Areas to Collaborate With
1. Support first-year students with the transition to post-secondary through continued support of the work of the Calgary Regional Network on Post-Secondary Student Mental Health.	Ongoing	Office of Student Success, Wellness Services, Recruitment
2. Support existing, and implement new initiatives that support students who are experiencing stress or anxiety, particularly during times of high student stress (e.g., exams).	Ongoing	Residence Services, Wellness Services, Student Learning Services, Library, Iniskim Centre, Access and Inclusion Services, SAMRU, Cougar Athletics and Recreation
3. Develop and implement a consistent institutional debrief mechanism for those directly involved in postvention incidents to provide support.	1 year and ongoing	Human Resources, Residence Services, Security Services, Wellness Services
4. Review available supplementary student mental health services or resources that expand campus services and/or provide additional platforms for open conversations about mental health (e.g., TogetherAll, Empower Me 2.0, and 7 Cups of Tea) for adoption and promotion.	1 year and ongoing	Wellness Services
5. Develop a guidance document on the processes and personnel involved in conducting check-ins in Residence.	1 year	Residence Services, Wellness Services
6. Develop guidance for memorials when there is a death of a campus member. Included should be clear steps for coordination, cultural considerations, and involvement of the family of the deceased if they wish.	1 to 3 years	Multi-faith Chaplaincy, Human Resources, Wellness Services
7. Develop a mechanism to identify individuals closely connected to and/or impacted by a campus member's death to enable outreach to those individuals.	1 to 3 years	Human Resources, Academic Affairs, Residence Services, Wellness Services

8.	Develop and disseminate a resource (tailored versions for staff, faculty, and managers) for safe reporting and appropriately communicating the death of a campus member in a way that adheres to privacy and confidentiality requirements and respects the wishes of the family. The resource should include a concise outline of steps to support affected individuals (e.g., checking in with team members), options for a wellness professional to come into classes to facilitate communication with students, and options for grief and bereavement support.	1 to 3 years	Human Resources, Wellness Services, Marketing and Communications, Academic Affairs
9.	Bring forward the Death of a Student Policy and Procedure for review, update, and revision with a focus on coordination and compassion.	1 to 3 years	Wellness Services, Registrar's Office, University Secretariat, Office of the Vice-Provost & AVP Students, Office of General Counsel
10.	Review, update, and expand the Death of a Student Internal Protocol document to help stakeholders and departments understand their detailed roles and responsibilities in responding to the death of a student.	1 to 3 years	Wellness Services, Registrar's Office, University Secretariat, Office of the Vice-Provost & AVP Students, Office of General Counsel
11.	Expand programming and resources, and if appropriate external partnerships (e.g., Adult Addiction Services, Know More), related to addictions and substance misuse, including education focused on safer substance use, addictions, and substance misuse.	1 to 3 years	Wellness Services, SAMRU, Human Resources
12.	Engage New Student Orientation to identify opportunities to integrate suicide prevention and intervention information and resources.	1 to 3 years	Office of Student Success, Wellness Services
13.	Review employee onboarding resources and processes to ensure the integration of mental health and suicide prevention information and training, and encouragement of MRU community engagement.	1 to 3 years	Human Resources, Mount Royal Staff Association, Mount Royal Faculty Association
14.	Identify and reduce experienced and perceived barriers (e.g., awareness, wait times, confidentiality concerns) to mental health help-seeking, including considerations for groups that have lower access rates for mental health services on campus.	1 to 3 years	Wellness Services
15.	Review and, if appropriate, expand suicide screening processes and tools in Wellness Services (e.g., Counselling intake form, Columbia Suicide Severity Rating Scale) to increase the ability to effectively identify individuals at risk of suicide.	1 to 3 years	Wellness Services
16.	Bring forward the Death of an Employee Policy for review, update, and revision with a focus on coordination and compassion.	3 to 5 years	Human Resources, University Secretariat, Office of General Counsel
17.	Develop a Death of an Employee Procedure to outline clear roles for various stakeholders in enacting the Policy.	3 to 5 years	Human Resources, University Secretariat, Office of General Counsel

18. Develop supplementary materials to the Death of an Employee Policy as needed to help stakeholders and departments understand their detailed roles and responsibilities in responding to the death of an employee.	3 to 5 years	Human Resources, University Secretariat, Office of General Counsel
19. Explore appropriate opportunities for employees who are brought into a crisis situation to have closure through an appropriate feedback loop.	3 to 5 years	Residence Services, Security Services, Wellness Services, Human Resources
20. Identify and enhance opportunities for collaboration across campus and with community partners with a focus on mental health programming and referrals.	3 to 5 years	Human Resources, Residence Services, Iniskim Centre, Wellness Services, SAMRU, Office of Student Success, Access and Inclusion Services, Security Services, Cougar Athletics and Recreation

2) Foster a Thriving Campus Environment

Larger campus community-wide actions that support a campus that is open, welcoming, and inclusive to mental health and suicide prevention

Recommendation	Timeframe (ongoing, 1 year, 1 to 3 years, or 3 to 5 years)	Areas to Collaborate With
21. a) Complete a review of mental health equity at MRU through tools such as the Equity in Mental Health Framework through the Steve Fund and The Jed Foundation to identify barriers. b) Develop and implement strategies to reduce identified barriers, improve mental health from an equity lens, and support positive mental health for equity-seeking groups.	1 to 3 years	Various departments, groups, and committees across campus as determined by the review
22. Research mechanisms for space renovations, including the renovation plan for the former library, and new designs to include consideration of mental health and suicide prevention.	1 to 3 years	Facilities Management, Wellness Services
23. Determine mechanisms to provide information on suicide prevention to students making a full withdrawal, including methods for enabling outreach directly to students.	1 to 3 years	Registrar's Office, Office of Student Success, Wellness Services
24. Continue and expand support for campus-wide initiatives to reduce stigma surrounding mental health and suicide (e.g., International Suicide Prevention Day, BuddyUp).	1 to 3 years	Wellness Services, Human Resources, Cougar Athletics and Recreation, Academic Affairs
25. Complete the Standard Audit Tool to assess the feasibility and resource requirements for MRU to adopt the National Standard for Mental Health and Well-being for Post-Secondary Students.	1 to 3 years	Wellness Services
26. Research and implement mechanisms for restricting access to means of suicide on campus.	3 to 5 years	Wellness Services, Residence Services, Facilities Management, Security Services

	Timeframe	Areas to Collaborate With
27. Develop and provide resources that clearly outline referral processes for students and employees, and how individuals can support others throughout the pathway of services.	3 to 5 years	Wellness Services, Human Resources
28. Research and explore the feasibility and appropriateness of a text or chat box for the mru.ca/mentalhealth website to increase ease of access and availability of information.	3 to 5 years	Wellness Services, Marketing and Communications
29. Find permanent support for the Iniskim Centre and Wellness Services initiative for Indigenous Elders to be brought to campus to sustainably support students' wellbeing.	3 to 5 years	Office of the Vice-Provost and Associate Vice President, Students, Iniskim Centre, Wellness Services

3) Increase Community Awareness and Capacity
Initiatives to increase awareness of suicide prevention, intervention, and postvention, and to increase the capacity of campus members to take action in these areas

Recommendation	Timeframe (ongoing, 1 year, 1 to 3 years, or 3 to 5 years)	Areas to Collaborate With
30. Increase the number of students and employees with suicide prevention training through regularly offering and encouraging students and employees to attend training that builds knowledge and awareness related to suicide (e.g., Question Persuade Refer, LivingWorks Start).	Ongoing	Wellness Services, Human Resources, University Leadership Group
31. Increase the number of students and employees with suicide intervention training through regularly offering and encouraging students and employees to attend in-depth training that builds suicide intervention skills (e.g., Applied Suicide Intervention Skills Training).	Ongoing	Wellness Services, Human Resources, University Leadership Group
32. Increase the number of students and employees with knowledge and skills focused on harm reduction and opioid overdose through regularly offering and encouraging students and employees to attend Naloxone and Harm Reduction Training.	Ongoing	Wellness Services, Human Resources
33. Implement safeTALK training 3 times per year to increase the number of students and employees equipped with knowledge and awareness related to suicide prevention.	1 year and ongoing	Wellness Services
34. Embed and promote the recently created 'Navigating MRU Services' tool to streamline the process of directing students to relevant resources and supports.	1 year	Student Systems and Communications

35.	Develop a suicide prevention communication plan that includes regular communications across different groups on campus (e.g., faculty, staff, students, management). Information should include resources, different roles in suicide prevention, encouragement of help-seeking, and how to support others. Use diverse communication methods such as social media, websites, emails, and on-campus media and ensure accessibility (e.g., closed captioning, alternative text).	1 to 3 years	Marketing and Communications, Access and Inclusion Services, Student Systems & Communications
36.	Promote awareness of existing supports at MRU through channels such as the MRU website, myMRU, social media, physical media, classes, and office spaces.	1 to 3 years	Marketing and Communications, Wellness Services, Human Resources, Academic Affairs, Student Systems & Communications
37.	Review and revise the **mru.ca/mentalhealth** website so that information is accessible and streamlined for students and employees. This will include providing clear information on community organizations and services available in multiple languages to increase access.	1 to 3 years	Marketing and Communications, Wellness Services, Student Systems & Communications
38.	Explore the development of a centralized website that includes information and resources specific to crisis and suicide.	1 to 3 years	Marketing and Communications, Wellness Services
39.	Make available online training that can be accessed by all campus members with a focus on indicators of concern, managing difficult conversations, and referrals (e.g., 7 Cups of Tea).	1 to 3 years	Wellness Services
40.	Develop and/or share media (e.g., from The Jed Foundation, Mental Health Commission of Canada, or jack.org) that involve narratives of lived experiences to increase awareness of suicide and destigmatize mental illness.	3 to 5 years	Marketing and Communications, Wellness Services, Human Resources
41.	Promote and improve access to after-hours and off-campus resources (e.g., Distress Centre, 211 Alberta).	3 to 5 years	Marketing and Communications, Wellness Services, Human Resources
42.	Determine and regularly offer specific training (including refreshers) for University Leadership Group members with a focus on the role of leadership in mental health, suicide prevention, intervention, and postvention.	3 to 5 years	Human Resources, Wellness Services, University Leadership Group
43.	Research and develop a departmental mental health ambassador program across campus.	3 to 5 years	Human Resources, Wellness Services, University Leadership Group
44.	Explore opportunities to further integrate suicide prevention literacy and training (e.g., ASIST) into academics and to acknowledge this work through e-portfolios, digital badges, and certificates.	3 to 5 years	Career Services, Academic Affairs

4) Develop Sustainable Framework Implementation and Evaluation
Mechanisms to ensure that the recommendations and action items of the framework are effectively implemented and routinely evaluated to measure progress

Recommendation	Timeframe (ongoing, 1 year, 1 to 3 years, or 3 to 5 years)	Areas to Collaborate With
45. Convene a Suicide Prevention Strategic Framework Implementation Committee with broad representation across the campus (e.g., Academic Affairs, Finance and Administration, Students, University Advancement, and SAMRU) to facilitate implementation of the recommendations.	1 year	Academic Affairs, Finance and Administration, Students, University Advancement, and SAMRU
46. Work with the Students division to establish a full-time Suicide Prevention and Case Manager Position.	1 year	Office of the Vice-Provost and Associate Vice President, Students, Security Services Residence Services, Wellness Services, Office of Student Success
47. Develop an audit tool and regularly monitor the activities of the framework and measure progress towards short and long-term outcomes.	1 year and ongoing	Office of Institutional Research and Planning
48. Through consistent communication, raise awareness of the Suicide Prevention Strategic Framework, the shared responsibility for mental health, and the role of leadership in implementation.	1 year and ongoing	University Leadership Group
49. Commit to being accountable to the Suicide Prevention Strategic Framework through yearly reporting to the campus community including progress on scheduled recommendations.	1 year and ongoing	-
50. Assess ongoing developments in suicide prevention, intervention, and postvention and adapt into the framework as necessary and needed to meet the changing needs of the campus community.	1 to 3 years and ongoing	-
51. Coordinate with departments and groups to facilitate alignment between the goals of the framework and their activities related to suicide prevention, intervention, and postvention.	1 to 3 years	Multiple departments across campus
52. Work with university leadership to demonstrate commitment to this work through acknowledgement of the importance of suicide prevention and clear messaging to all campus members.	1 to 3 years	University Leadership Group

Evaluation Plan

The overall goal of this strategic framework is that MRU is committed to demonstrating a proactive and comprehensive approach to suicide prevention, intervention, and postvention. Through these actions, MRU can create a campus environment where community members feel welcomed and supported, and knowledgeable and appropriately equipped with respect to suicide prevention, intervention, and postvention.

Evaluation of the strategic framework is an essential component to assess the progress towards achieving the recommendations and overall goals. When evaluating a suicide prevention framework, it is not feasible to measure success by simply measuring the change in the number of suicides after the framework has been implemented. The framework consists of multi-component strategies that include multiple factors that can affect suicide and suicide prevention. The variety of factors that influence suicide rates can fluctuate over time, and some may be beyond the university's reach (e.g., economic conditions, pandemics, etc.). In some situations the suicide of a campus member may also be kept private, so it may be difficult to know the actual number of suicides among campus members. As the members of a university, particularly the student population, are consistently changing due to new enrollments and graduations every year, there may also be difficulties assessing changes in attitudes over a long period of time.

An approach that can be taken in this case is to assess the progress of more specific lower-level measurable components that make up the framework, which feed into the broader higher-level goals (The Centre of Best Practices in Aboriginal & Torres Strait Islander Suicide Prevention, 2018; World Health Organization, 2018). This can include:

- lower-level components that assess whether the structures and processes required for the framework are in place (1 year).

- immediate outcomes which would include indicators that could be measured within a close time frame from when the framework is implemented (1-5 years).

- long-term and broader outcomes which would encompass indicators that would be measured beyond the implementation of the framework (5+ years).

This would include both process evaluations, which measure the actions that have been taken to achieve the overall goal, and outcome evaluations, which measure defined immediate and long-term outcomes. Combined, these outcomes should lead to the overall goals of the strategic framework.

With the finalization of the strategic framework and recommendations, a process of mapping corresponding metrics and evaluation methods will be completed to provide further guidance for evaluation.

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Appendix A - Scan of Current Suicide Prevention, Intervention, and Postvention Initiatives

Purpose

The purpose of this internal scan is to gather an understanding of the work that is already being done on campus related to suicide prevention, intervention, and postvention by a variety of departments.

When considering services, programs, workshops, education, outreach, online resources, policies, and procedures, it is also helpful to consider the role of these initiatives in increasing protective factors and/or decreasing risk factors associated with suicide. Table 1 below is a summary of risk and protective factors related to suicide.

Table 1: Risk and Protective Factors

The below table is not exhaustive; however these factors may indicate a person's likelihood to be thinking about suicide. It is important to recognize changes in behaviour, indirect or direct comments about giving up on life, and impactful life events or situations that may increase the likelihood of thoughts of suicide. In addition, there are equally as many protective factors that can emphasize and strengthen a person's connection to life. These too are listed below and are not exhaustive; however, they indicate the importance of resourcing communities with support and connection. This list is informed by available research (Castle et al., 2011; Centers for Disease Control and Prevention, 2019; Centre for Addiction and Mental Health, n.d.; Forte et al., 2018; Public Health Agency of Canada, 2016b; Koyanagi et al., 2019; Munn-Rivard, 2014; Suicide Prevention Resource Center, 2020; Western Michigan University, 2013).

Risk Factors			
Individual Level	**Family Level**	**Community Level**	**Society Level**
• Substance Misuse • Access to suicide means • Isolation • Physical or mental illness • Stressful events and circumstances • Chronic pain • Screen time and media • Sleep disturbances • Low self-esteem • Previous suicide behaviour(s) • Feelings of hopelessness • Sudden loss of job, money, or relationships • Impulsive or aggressive tendencies • Struggles with personal identity and sexual orientation • Genetic predisposition • Control over impulses • Food insecurity • Housing insecurity • Pressures with cultural adaptation	• Family violence • History of family illness, substance use, suicide, or trauma • Pressures of being a long term care giver with little support	• Violence • Community-level trauma and suicide • Housing instability	• Stigma, racism, discrimination, oppression, and historical trauma • Firearm possession • Barriers to mental health treatment • Interactions with legal systems

Protective Factors			
Individual Level	**Family Level**	**Community Level**	**Society Level**
• Relationships and connectedness • Resilience and coping • Skills in problem solving, conflict resolution, and non-violent methods of handling disputes • High self-esteem • Cultural, religious, or personal beliefs that discourage suicide • Sense of hope, purpose, belonging, and meaning • Sense of responsibility to others • Regular exercise • Access to healthy and nutritious food	• Positive family relationships • Being able to ask family for help • Pets	• Social support • Mental health services • Sense of community belonging • Participation in community events	• Accessible mental health infrastructure • Effective clinical care for mental, physical, and substance use disorders • Employment • Policies that support suicide prevention

Tables 2 to 5 below provide information about current services, programs, workshops, education, outreach, online resources, policies, and procedures across MRU that are related to suicide prevention, intervention or postvention. The information included was obtained through meetings with individuals from various departments and/or from information readily available about services (e.g., description of services included on department websites). The information presented below focuses on current MRU employees and students; it should be noted that alumni of MRU can access some campus services post-graduation, including one appointment with Student Counselling Services with a focus on how to access off-campus resources.

Given the breadth of protective and risk factors associated with suicide, many initiatives across campus play an important role. This includes the many peer programs and volunteer opportunities available across campus, New Student Orientation, reading week, community events, the Student Advocacy Centre and clubs through the Students' Association of Mount Royal University, intramurals, community initiatives by the Mount Royal Staff Association and the Mount Royal Faculty Association, as well as informal initiatives that occur organically. The information in Tables 2 to 5 below is not exhaustive but aims to highlight some of the main services, programs, workshops, education, outreach, online resources, policies, and procedures focused more directly on suicide prevention, intervention, and/or postvention. While not every initiative is focused on suicide prevention, intervention, and postvention, it is often the case that individuals delivering or facilitating services and programs can facilitate referrals for what the person they are supporting needs in the moment, including sometimes in relation to suicide prevention, intervention, and postvention.

It is also important to note that many valuable collaborations and partnerships exist with organizations and service providers within the community.

Table 2: Services and Programs

Services and Programs						
Program or Department	**Description**	**Prevention**	**Intervention**	**Postvention**	**For Employees**	**For Students**
Wellness Services	Student Counselling Services (SCS) offers 1-on-1 counselling, groups, and webinars, as well as consultations for employees on how to respond to student concerns. SCS is also available to help respond to postvention situations. SCS has collaborations across campus including with the Iniskim Centre, the Pride Centre, International Education, and Access and Inclusion Services.	✓	✓	✓	Consultation is provided for MRU employees	✓
	Health Services is a comprehensive primary care clinic that includes services with physicians, nurses, mental health nurses, a psychiatrist, and Primary Care Network allied healthcare professionals. They can also provide 1-on-1 education, support, and referrals for individuals in distress.	✓	✓	✓	✓	✓
	Dating, Domestic, and Sexual Violence Response and Awareness Coordination includes specialized, trauma-informed support available for anyone who has been impacted by dating, domestic or sexual violence. An Advocate can provide confidential information, support, safety planning, advocacy and discuss on- and off-campus reporting options that are available.	✓	✓		✓	✓
	The Healthy Campus Team provides health promotion and education on various topics including mental health, depression, and suicide. Peer programming provides student volunteers with the training and support to deliver health information to the campus community.	✓	Referral		✓	✓
Human Resources	Human Resources provides information to employees on services offered by Homewood (Employee Family Assistance Program provider), and supports employees with mental health issues through accommodations.	✓	✓	✓	Employees have access to Human Resources. Employees and family members have access to EFAP	

Program or Department	Description	Prevention	Intervention	Postvention	For Employees	For Students
International Student Support Centre	The International Student Support Centre provides a vibrant space for students from all backgrounds to meet other MRU students as well as students studying on exchange. Resources include International Student Supports and the Inbound Exchange Guide.	✓	Referral			✓
SOS International	SOS International provides emotional support for students, staff, and faculty who travel abroad for MRU related purposes. Care is delivered through a dedicated helpline, mental health professionals that can assist in over 60 languages, and face-to-face counselling sessions.	✓	✓	✓	✓ Employees who travel abroad for MRU related purposes	✓ Students who travel abroad for MRU related purposes
Residence Services	Residence Life Coordinators (RLCs) and Senior Residence Advisors (RAs) are ASIST trained and RAs take safeTALK. RLCs complete welfare checks if requested (in collaboration with either Security Services or Calgary Police Services), and refer to Student Counselling Services for postvention support.	✓	✓	✓		✓
Concerning Behaviour on Campus Team (CBCT)	The Concerning Behaviour on Campus Team (CBCT) is a confidential resource students, faculty and staff can contact 24/7. CBCT is there so you can report behaviour that might be signs a person may cause harm to themselves or others. By watching out for the physical safety and mental well-being of those around us, the Mount Royal community can improve the quality of life for everyone on campus.		✓		✓	✓
Security Services	Security Services responds to alarms and accidents, provides emergency first aid and responds to unusual activity on campus 24/7. Security Services refers to Student Counselling Services, the Residence Life team, Calgary Police Services, and off-campus crisis lines when addressing a student at risk of suicide. Staff will contact Calgary Police Services/Emergency Medical Services and the Director of Security when encountering someone who has died by suicide. Dangerous locations on campus are secured by a key/card reader and high locations on campus are locked off.		✓	✓	✓	✓
Early Support	Early Support is an online service that allows Mount Royal to reach out to students who may need additional support on campus. By reaching out and providing students with relevant resources and support at the right time, Early Support helps ensure that small issues don't turn into big problems. Early Support is designed to support students who have academic or non-academic concerns and who are unsure where to go for support.	✓	Referral		Employees can refer students	✓

Program or Department	Description	Prevention	Intervention	Postvention	For Employees	For Students
Iniskim Centre	The Iniskim Centre offers programs and services to increase the engagement and success of Indigenous students while also raising awareness of Indigenous peoples and cultures.	✓	✓	✓		✓
	Traditional and ceremonial Elders are brought in to sit with students to have one on one or group discussions.	✓	✓	✓		✓
	Talking and Sharing Circles are offered weekly or monthly for students to share any current personal, emotional, physical or spiritual issues that may be present.	✓	✓	✓		✓
	Traditional face painting is offered by Elders for spiritual and mental cleansing. This lets students know that cultural practices are one way to cope with life challenges and are seen as a form of transformation and release.	✓				✓
	A sweatlodge is suggested for students who are struggling with life's toughest situations to help them release and offer up the current problems and to gain strength and insight to help them deal with them in the safest way.		✓			✓
	One-on-One spiritual guidance helps students see their current situation through a different lens and provides a daily medicinal smudge for ongoing cleansing.	✓	✓	✓		✓
Multi-faith Chaplaincy	MRU has a team of chaplains and faith representatives connecting to a variety of faith traditions helping us explore these adventures and challenges as we travel along our life's path. They coordinate events, services, memorials, studies, and prayers.	✓	✓	✓	✓	✓

Program or Department	Description	Prevention	Intervention	Postvention	For Employees	For Students
Students' Association of Mount Royal University (SAMRU)	The Pride Centre is dedicated to fostering a safe, inclusive, and celebratory environment for people of all genders and sexual orientations. Services available in the Pride Centre include community support resources, a library, free prophylactics as well as referrals and in-centre expertise on topics related to relationships, identity and sexual health	✓	✓			✓
	The Peer Support Centre (PSC) is a transformative community based upon shared dignity, caring, and trust. The PSC provides peer-led, barrier-free services, connecting all parts of the campus community to support students as they achieve their various goals. Various programs address financial security, food security, peer support and supportive listening (confidential peer mentoring and referral services)	✓	✓			✓
	The Benefit Plan through Gallivan and Associates Student Networks provides students with a comprehensive set of extended health and dental insurance benefits	✓	✓	✓		Students taking nine credits or more at MRU are automatically enrolled in the Student Health and Dental plan
Access and Inclusion Services	Access and Inclusion Services assists the University in creating an accessible learning environment that encourages full participation in academic courses for students experiencing disabilities. Reasonable accommodations are tailored to the individual, flexible, and are determined by considering the barriers within the unique environment of a post-secondary institution. Access and Inclusion Services encourages student development and educates MRU about becoming a more accessible, equitable and inclusive learning environment	✓				✓

Table 3: Workshops, Education, and Outreach

Workshops, Education, and Outreach						
Program or Department	**Description**	**Prevention**	**Intervention**	**Postvention**	**For Employees**	**For Students**
Wellness Services - Workshops	There are a variety of workshops offered through Wellness Services including, but not limited to:					
	Managing Stress is a 75 minute workshop that focuses on stress and strategies to deal with the demands of being a student.	✓				✓
	Happiness and Resilience is a 75 minute workshop focused on practical steps to increase resilience and intentional activities to help in personal and academic lives.	✓				✓
	Managing Anxiety and Worry is a 75 minute workshop focused on understanding anxiety and tools and strategies for coping.	✓				✓
	Grief and Loss Support is a 75 minute workshop focused on understanding grief and how to support healing from a loss.			✓		✓
	Naloxone and Harm Reduction is a 2 hour training focused on harm reduction practices, the current state of the opioid crisis in Alberta, and how to respond to an opioid overdose.	✓	✓		✓	✓
	The Inquiring Mind is a 4 hour workshop developed by the Mental Health Commission of Canada focused on increasing awareness of mental health, reducing the stigma of mental illnesses, and providing resources to maintain positive mental health and increase resiliency.	✓	Referral			✓
	Bystander Interventions to Sexual Violence is a 3 hour training focused on building the skills and confidence to recognize sexual violence and intervene when it is happening.	✓			✓	✓
	Supporting Survivors of Sexual Violence is a 3 hour workshop. This skills based program teaches participants fundamentals of sexual violence, myths/misconceptions, trauma, and how to respond to a disclosure of sexual violence.	✓			✓	✓

Program or Department	Description	Prevention	Intervention	Postvention	For Employees	For Students
Wellness Services - Workshops	Building the Love You Want is a 4 week program that teaches participants skills for relationships. The 4 modules are: self-care and self-compassion, boundaries and attachment styles, consent, and managing breakups and rejections.	✓				✓
	Managing Breakups is a 1 hour workshop that walks participants through common feelings that come up with break-ups and connects it with stages of grief. Participants leave with a self-care plan around how they can process a breakup.	✓				✓
	First Responder to Sexual Assault and Childhood Sexual Abuse Training. This 2 day training was developed by the Association of Alberta Sexual Assault Services. Participants learn about sexual violence across the life-span and practice responding to a disclosure.	✓			✓	✓
	The Stepping Up Program is a research based program with 4 modules developed by peer facilitators focused on the prevention of relationship violence.	✓				✓
	ASIST is a 2 day interactive and practice-based course that teaches participants how to provide suicide first aid interventions. ASIST is presently offered to campus members twice per year through grant funding.	✓	✓	✓	✓	✓

Program or Department	Description	Prevention	Intervention	Postvention	For Employees	For Students
Wellness Services - Workshops	safeTALK is a 3.5 hour workshop that alerts one to warning signs indicating risk of suicide that emphasizes the importance of recognizing the signs, communicating with the person at risk and getting help or resources for the person at risk.	✓	Referral		✓	✓
	Question Persuade Refer (QPR) is a certified suicide prevention program that takes approximately 1.5 hours to complete. It supports people in learning to recognize the signs of distress and builds awareness of suicide. QPR is offered multiple times throughout the year and is presently available online.	✓	Referral		✓	✓
Human Resources - Workshops	A variety of workshops are offered through Human Resources and Homewood Health.	✓			✓	
SAMRU - Workshops	"Keep an Eye on it" training focuses on learning to identify suicide warning signs and referral.	✓	Referral			Volunteers for Peer Support and Queer Support
Wellness Services - Education	International Suicide Prevention Day - September 10. Over 50 countries connect to promote understanding about suicide. MRU supports this initiative through social media.	✓	✓	✓	✓	✓
Wellness Services - Outreach	Healthy Campus Team - Peer to peer mental health educators (P2PMHE) are student volunteers committed to raising awareness and educating their peers about mental health and mental illness.	✓	Referral		Employees can participate in passive programming	✓

Table 4: Online Resources

Workshops, Education, and Outreach						
Program or Department	**Description**	**Prevention**	**Intervention**	**Postvention**	**For Employees**	**For Students**
Wellness Services	Online educational initiatives and resources include:					
	mru.ca/mentalhealth website: single destination for information and resources	✓	✓		✓	✓
	Campus Well: free online health magazine for students	✓			✓ Employees can access	✓ Targeted for students
	Breathing Room: free eight-module online program focused on building resilience and coping skills	✓				✓
	@MRULiveWell social media accounts where mental health is a priority focus	✓				✓
	Faculty and Staff Toolkit: Supporting Mental Health and Survivors of Dating, Domestic, and Sexual Violence on Campus	✓	Referral		✓	
	Mental Health Blackboard Module (faculty can embed the course directly or students can **sign up to be enrolled**)	✓	Referral			✓
	Mental Help Folder	✓	Referral		✓	✓
	Dating, Domestic, and Sexual Violence Folder	✓	Referral		✓	✓
Human Resources	**Wellness at Work** webpage links to many resources available through Homewood Health	✓	✓	✓	✓	

Table 5: Policies and Procedures

Policies and Procedures						
Program or Department	Description	Prevention	Intervention	Postvention	For Employees	For Students
Death of an Employee Policy	The university policy related to the death of an employee. The policy is not specific to death by suicide, but would include death by suicide.			✓	✓	
Death of a Student Policy	The university policy related to the death of a student. The policy is not specific to death by suicide, but would include death by suicide.			✓		✓
Death of a Student Procedures	The university procedures related to the death of a student; it is not specific to death by suicide, but would include death by suicide.			✓		✓