A death on campus

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In the wake of student suicides, universities are reflecting on how to respond, and on their approaches to dealing with mental health.

It can sometimes feel like the final days of a semester can't come soon enough. Compounding that feeling, because of where the Easter long weekend fell on the calendar this past academic year, the final exam period at the University of Guelph ended on a Monday instead of the Friday before. Across the undergraduate residences, advisers made extra efforts to check in with students to see how they were doing.

"We are following up and making sure that they know we're still here to support them as they finish up the year," said Patrick Kelly, the associate director of residence life at the U of Guelph, speaking this past spring. The 2016-17 school year had featured extraordinary loss, spurring community members to stay vigilant. Four U of Guelph students took their own lives; two of the suicides occurred in student residences.

The tragedies began when a first-year arts student was found dead in her dorm room in Prairie Hall, part of the university's South Residence, on November 1. U of Guelph president Franco Vaccarino issued a news release the same day. "As a community, there is no greater struggle than losing one of our own, and we will ensure that students affected by this tragedy receive support and assistance," he said. The news release also pointed students and employees to the university's student counselling services, its student support network, the faculty and staff employee assistance program, its multi-faith resource team, as well as the province's Good2Talk helpline for postsecondary students.

Later that semester, on December 10, during the final exam period, a first-year commerce student died by suicide in Lennox-Addington Hall. "We're reminded once again how fragile life is," Dr. Vaccarino said in a news release. "We must reach out and come together as a community to support the family and friends of this student and one another in this time of sorrow."

So went a harrowing school year that didn't seem to let up. The month after — on January 7, the Saturday before students returned to classes from winter break — a first-year marine and freshwater biology student took his own life. Days later, on January 19, a 22-year-old fourth-year physics student died by suicide.

To be sure, student suicide is a tragedy that every university will face at one time or another, and U of Guelph should not be seen in any way as an outlier. Indeed, suicide and mental illness are issues that affect all of society.

Of the four student deaths, only the two that occurred on campus were documented in university press releases. Neither press release mentioned the cause of death, but students or other interested parties could easily find that information through a Google search online. This led to a petition by master of public health student Connie Ly criticizing the university's "brief, generic" statements and the administration's apparent lack of transparency on mental health funding and infrastructure. The petition, titled "Guelph: Stop Losing Students to Mental Illness," garnered close to 3,000 supporters.

Alison Burnett, a registered nurse who is U of Guelph's director of student wellness, acknowledges that anger is part of the grieving process. But, she says that it is university protocol to let families take the lead on what kind of information is released publicly to the campus community, including the student's name and cause of death. None of the families consented to having that information released.

"We've had students die for a variety of reasons. And our first concern is being respectful of the family and their wishes and desires," she says. It's a delicate balance between supporting the campus community as it moves

through grief and honouring the deceased's family wishes. This can make it hard for students to make peace with what can feel like a lack of information.

"There's a lot of ambiguity, people trying to fill in answers to what happened — and rumours," says associate residence life director Patrick Kelly, who has been working with Ms. Burnett on student wellness initiatives in the residences. "We really want to respect the family's wishes of the information that comes out. That adds to people feeling unsure of what happened, and I think that can be frightening for individuals."

Ms. Burnett says the student petition raised valid concerns that highlight where the university can do a better job at communicating its activities. "Some of the things they were alluding to [in the petition], some of those conversations are happening and have been happening," she says. "But if they don't know about it, then we're not doing our job getting that information out to students."

The petition led the university to revisit U of Guelph's mental health framework and consider its gaps — particularly with respect to student engagement. The university is also in the process of creating a priority plan document that will include a mechanism inviting community feedback.

Illustration by David Foldvari.

Right from the beginning of the 2016-17 academic year, Ms. Burnett says she noticed a marked change in the campus atmosphere around mental health. "Many students were accessing counselling support much earlier in the term, which is something we hadn't seen in the past," she recalls.

Usually, Ms. Burnett and her staff would see an uptick in students accessing counselling services later in the semester, as coursework and midterms picked up. "That was new for us and gave us pause to reposition how we deliver services a little bit, and recognize that we needed to make some changes there."

The suicides, she said, made for a very challenging year. "It's definitely had an impact overall on campus, in terms of how people were feeling … and the burden of stress that people were carrying."

The events prompted new collaborations between U of Guelph and its community partners. The local hospital and the Guelph chapter of the Canadian Mental Health Association collaborated with the university on health promotion and crisis prevention initiatives.

However, it seems the public frequently demands immediate solutions. "People often jump very quickly to treatment. 'How many counsellors do you have? If you had more counselling, would some of this have been averted?'" Ms. Burnett recounts. During a crisis, that's where the focus lies.

"But that's only one piece of it," she says. "The longer-term benefits of health prevention and promotion, looking at more systemic issues, are where we should be focusing some resources." Effective mental health care consists of a broad spectrum of supports — like a supportive community willing to have frank conversations, or providing people with the tools and skills to build resiliency and cope with stress — than the stuff that seems most obviously quantifiable, she notes.
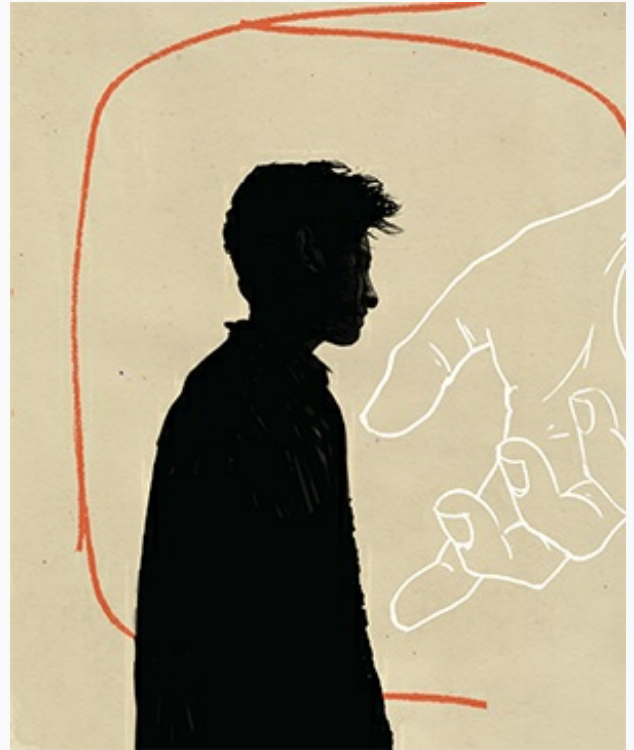
Less than an hour's drive from Guelph, at the University of Waterloo, two other students died by suicide in the span of three months. On January 12, an 18-year-old woman took her life in Beck Hall at UW Place, a student residence.

Then, on March 20, 19-year-old Chase Christopher Graham died by suicide, also at UW Place. Members of the family were quoted in local media referencing their son's death — the university did not release his name.

The news of the second death reached students throughout that day. When she heard, Nicole St. Clair, a second-year political science student, says she was frustrated by how mental health issues are often "slipped under the rug or kind of ignored or stigmatized." That night, she posted an online petition calling for the university to change its approach to mental health. It has since received 15,000 signatures.

"I was not expecting this," says Ms. St. Clair of the huge response. One week later, she and other students met with the university administration to discuss their concerns.

Around the same time, U of Waterloo president Feridun Hamdullahpur released several public statements supporting student mental health on campus. And, following input from faculty, staff, students and members of the community, he announced the creation of the President's Advisory Committee on Student Mental Health .

The committee is "designed to see what more we as a university can do to support people who may be struggling," says Dr. Hamdullahpur in a written statement to *University Affairs* . There will be opportunities for the university community to provide feedback to the committee before a report is released this fall.

"If recent tragedies at universities and elsewhere have taught us anything, it is that we need to have these conversations early and we need to have them often. For universities in general, that means starting the conversation the first day a student arrives and ensuring that the conversation continues on some level for the rest of their time here," Dr. Hamdullahpur says. "My office has also received countless offers of advice and support with widespread agreement that this is an important topic that needs to be addressed by not just our campus, but by society more broadly."

Dr. Hamdullapur says he chose to respond publicly to Mr. Graham's death in March because, as he put it, "after our recent tragedy, it became clear that people in our community wanted to talk about mental health issues, including the issue of suicide." Mr. Graham's family provided students and members of the university administration with separate statements that were read on their behalf at a campus vigil honouring the two students who ended their lives.

The tragedy of student suicide is likely even more widespread than recent events suggest. In the spring of 2016, 41 Canadian postsecondary institutions participated in the American College Health Association's National College Health Assessment, with 43,780 surveys completed by students on these campuses. Among the findings, nearly 45 percent reported, in the past 12 months, having felt "so depressed that it was difficult to function." Also in the past 12 months, 2.1 percent of students said they had attempted suicide — a total of 905 respondents.

More generally, according to Statistics Canada, suicide is the second-leading cause of death, after accidents, for people aged 24 and under. The suicide rate is over three times higher for men than women. "Women attempt and men complete," says Heather Stuart, who holds the Bell Canada Mental Health and Anti-stigma Research Chair in the department of public health sciences at Queen's University.

Queen's experienced its own string of tragedies when six students died, at least three by suicide, over a 14-month period in 2010 and 2011. Empowering student leaders, particularly young men, to organize events, activities and speaking engagements to address mental health stigma is paramount, says Prof. Stuart. That's been happening at Queen's as part of its Caring Campus Project, an initiative funded by the Movember Foundation to address mental health and substance use among first-year male students. The project has expanded beyond Queen's to now include Dalhousie University and the University of Calgary.

Prof. Stuart is currently working to build better practices in mental health programming with a wide range of community groups. For example, "the consensus of mental health professionals in the area is that we shouldn't be

giving people details about how someone suicided," she says. "And we don't want to make the person out to be a hero." However, guest speakers talking to high school audiences about suicide often do this, even unintentionally, she says.

People who approach schools to talk about suicide are often parents or family members of a young person who took their own life, and telling their story and showing photographs of them may be one way for family members to work through their grief. But, Prof. Stuart warns, if vulnerable audience members start to identify or empathize deeply with the person who died, it could potentially trigger a suicide.

Instead, she recommends that speakers place a strong emphasis on how people should respond if they're not feeling well, the kinds of symptoms they might be experiencing, and what to do about it. "Actionable understanding is the key here," she said. "People can know a lot of stuff and never know how to act on it."

In the wake of a suicide on a university campus, there should be a team of mental health professionals deployed to work alongside students, says Prof. Stuart. "They'll have a specific plan, almost like a disaster plan that they'll put into effect," she says. Such teams are deployed in high schools when students die and "this should be a best practice for universities as well."

Too often we react to tragedy rather than planning ahead for it and meaningfully preventing it, she adds. Universities could take cues from workplaces across Canada, where supervisors are trained to identify and manage mental health problems among their staff.

"I think professors and teaching assistants ought to be doing something like that," Prof. Stuart says. "Having the skill set to know what to do about [a mental health issue] and how to direct that person to somebody who can intervene, or how to have a conversation with them — I would think that most professors would say that they don't know how to do that.

We haven't been taught … And yet we're in the best position to identify this problem."

Moving forward, Prof. Stuart would like to see a national effort by universities to co-ordinate their responses to student suicides, "so that it's not just a piecemeal reaction every time something happens."

For Queen's students, the feeling is mutual. Its student-run Mental Health Awareness Committee has engaged in peer-focused outreach on campus since 1996. Similar student advocacy groups exist at other universities, yet there is no coordinated effort across campuses to share knowledge or resources — an area where the outgoing chairs of the Queen's committee would like to see future growth. After all, "We know that people are facing similar pressures and stresses," says Madeline Gillis, who recently finished her time as MHAC co-chair at the end of the 2016-17 school year.

"We kind of do get stuck in the Queen's bubble," adds outgoing co-chair Hannah Billinger. She and Ms. Gillis would like to see more open lines of communication between schools, she says, "to share what's happening, both good and bad." The implementation of a fall reading week, Ms. Gillis notes, is one example of structural change that could do much to provide relief to the academic and social pressures that impact students' mental health.

All of this work takes heart and courage — particularly since mental illness continues to be stigmatized, and the experience of it can be so isolating and frightening. But to Ms. Billinger and Ms. Gillis, there's courage in vulnerability.

"I think if you're able to be vulnerable, you're in a place where you're really able to help people. And there's a way of being vulnerable with strength," Ms. Billinger says. Sharing her own experiences with generalized anxiety disorder and major depressive disorder, she says, has been "a huge part of my recovery."

"We think of courage as being like an act of bravery or selflessness or not being afraid," Ms. Gillis says. But it takes

more forms than that. "It's accepting where you are and being willing to let other people see that and share that."

If you are concerned about someone who may be suicidal or are yourself in distress, please visit the Canadian Mental Health Association's referral website for distress lines and other resources in your province; YourLifeCounts.org for an online lifeline and referral page; or reach out to your local campus health and wellness centre. Postsecondary students in Ontario may call Good2Talk (1-866-925-5454, or 211).