

2016

Faculty and Staff Guide to Student Mental Health

IDENTIFYING AND REFERRING STUDENTS IN DISTRESS

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Special acknowledgement is given to Catherine Savini for the helpful tips outlined in her article “Are You Being Rigorous or Just Intolerant” (Chronical of Higher Education, May 04, 2016) and to the BC Partners for Mental Health and Addictions Information, HereToHelp website, from which sections of this guide were adapted.

The HereToHelp website provides detailed information on a range of mental health issues. HereToHelp is available at <http://www.heretohelp.bc.ca>.

IMPORTANT CONTACT NUMBERS

On-Campus	Off-Campus
<p>Langara Counselling Department Location: B Building, Room B111 Phone: 604.323.5221 Email: counselling@langara.bc.ca</p> <p>Langara Health Services Location: B Building, Room B101 Phone: 604.323.5256</p> <p>Student Conduct & Judicial Affairs Location: Building T, room T206B Phone: 604.323.5151 Email: scja@langara.bc.ca</p> <p>Campus Safety and Security Location: Front of campus facing West 49th Ave, across from the bookstore. Phone: 604.374.2373 or 4444 from an internal phone Emergency number: 911</p> <p>Human Resources Department, Labour Relations & Human Rights Location: Building B, Room B201 Phone: 604.323.5618</p> <p>After hours Contact Campus Safety and Security. Security personal will contact the College on-call resource person as appropriate, or call 911</p>	<p>General Crisis Counselling & Suicide Prevention</p> <ul style="list-style-type: none"> • Vancouver: 604-872-3311 • Burnaby/New West/Surrey: 604-951-8855 • Richmond (Chimo): 604-279-7070 (8am to midnight) • Outside the Lower Mainland: 1-877-820-7444 or 1-800-784-2433 <p>Crisis Centre of BC online chat (noon to 1am) www.crisiscentreachat.ca (adults) www.youthinbc.com (youth)</p> <p>Victimlink (victims of violence) 1-800-563-0808</p> <p>Sexual Assault Women Against Violence Against Women (WAVAW): 604-255-6344 BC Society For Male Survivors of Sexual Abuse: 604-682-6482 or 1-888-682-6482</p> <p>For more off-campus resources see Langara Counselling website Langara Health Services website Student Conduct and Judicial Affairs website</p>

INTRODUCTION

The number of students experiencing mental health problems has risen at a dramatic rate over the past decade. Recognizing signs of emotional distress and responding with compassion can be critical in helping a student resolve difficulties that are interfering with their educational success. A recent study of undergraduates by the American College Health Association revealed that a significant percentage of post-secondary students are coping with mental health issues.

- A majority (54.0%) of undergraduate students reported experiencing symptoms of elevated distress including overwhelming anxiety, anger, sadness, loneliness, or exhaustion (Fall 2015 Reference Group Executive Summary” acha-ncha.org).
- Over half (53.1%) of undergraduate students rated their level of stress at ‘more than average’ or ‘tremendous’ (“Undergraduate Students Reference Group Executive Summary, Spring 2015” acha-ncha.org.)
- About one-third (32.5%) of undergraduate students reported stress as a factor affecting their academic performance (“Spring 2015 Reference Group Executive Summary” acha-ncha.org).

It is our hope that this booklet will assist faculty and staff identify students with mental health concerns and facilitate compassionate, supportive referral to campus resources.

WARNING SIGNS OF MENTAL HEALTH CONDITIONS

The early signs of a mental health condition can be difficult to recognize if you have no previous experience with them. Sometimes a person who is becoming increasingly ill may not realize or accept that there is anything wrong.

Instructors and colleagues are not diagnosticians or doctors but are often expert observers, and can recognize early warning signs of mental illness if they know what they are.

The following are some of the more common signs of mental illness. Sometimes these changes are subtle, and happen gradually over time.

Marked changes in personality

- Confused thinking
- Inability to cope with problems and daily activities
- Strange ideas or delusions
- Excessive fears, worries, or anxiety
- Prolonged feelings of irritability or sadness
- Significant changes in eating or sleeping patterns
- Thinking or talking about suicide
- Extreme highs and lows in mood
- Abuse of alcohol or drugs
- Excessive anger, hostility
- Paranoid behaviour
- Social withdrawal
- Irrational fears

Marked changes in work habits, behaviours, performance or attendance

- Consistent late arrivals or frequent absences
- Disorganization in completing work or in work habits
- Lack of cooperation or a general inability to communicate with others
- Frequent complaints or evidence of fatigue or unexplained pains
- Problems concentrating, making decisions, or remembering things
- Missed deadlines, delays in completing tasks or assignments
- Making excuses for missed deadlines, or poor quality work
- Decreased interest or involvement in work
- Individuals who experience these or similar problems may simply be having a bad day or week, or may be working through a difficult time in their lives. A pattern that continues for a long period, or repeats, may indicate an underlying health problem.

COMMON MENTAL HEALTH CONDITIONS

Mental disorders take many forms. Some common mental illnesses are:

- Mood disorders (depression and bipolar)
- Schizophrenia
- Anxiety
- Brain Injuries
- Psychosis
- Personality disorders (while the other items in this list would be considered mental illnesses, personality disorders are not normally considered illnesses. Personality disorders can combine with mental illnesses, making accurate diagnoses more difficult.)

MOOD DISORDERS

Mood disorders are a group of mental health conditions that affect how a person feels and thinks about themselves, other people and life in general. This includes depression, bipolar disorder (combining episodes of both mania and depression) and dysthymia (chronic low-grade depression) (“Mood Disorders” heretohelp.bc.ca).

In a recent survey of undergraduate students, 35.3% reported their depression interfered with daily functioning. Individuals with mood disorders frequently suffer significant distress or impairment in social, occupational, educational, or other important areas of functioning, and often are at risk of suicide (“Undergraduate Students Reference Group Executive Summary Spring 2015” acha-ncha.org).

Common Symptoms of Depression

- Feelings of worthlessness and sadness that impair effective functioning
- Loss of interest in activities
- Change in appetite, disturbed sleep and decreased energy

Common Symptoms of Bipolar Mood Disorder

- Extremely high levels of energy resulting in behaviour that is out of character, (i.e. spending very freely and acquiring debt; breaking the law or showing lack of judgment in sexual behaviour).
- Symptoms may be severe and may last for several weeks, interfering with relationships, social life, education and work.

SCHIZOPHRENIA

Schizophrenia affects approximately 1% of the Canadian population. Onset is usually in early adulthood. Schizophrenia can be treated effectively with a combination of medication, education, primary care services, hospital-based services and community support, such as housing and employment (“Schizophrenia” phac-aspc.gc.ca).

Common Symptoms of Schizophrenia

- Confused thoughts, delusions (false or irrational beliefs), hallucinations (seeing or hearing things that do not exist)
- Difficulty performing tasks that require abstract memory and sustained attention
- Marked social, educational, or occupational dysfunction

ANXIETY DISORDERS

Anxiety disorders affects approximately 12% of the population, causing mild to severe impairment. For a variety of reasons, many individuals may not seek treatment for their anxiety. Types of anxiety disorders include generalized anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and phobias (“Anxiety Disorders” heretohelp.bc.ca). Anxiety disorders can be treated effectively in community settings.

Common Symptoms of Anxiety Disorders

- Excessive anxiety, negative feelings, fear or worry, often resulting in avoidance of situations that might precipitate anxiety, or in compulsive rituals that lessen the anxiety.
- Relationships, school, work life, social activities and recreation are impaired
- Hyperarousal (“Hyperarousal” healthcentral.com)

SUBSTANCE ABUSE/MISUSE

Excessive or inappropriate use of alcohol or other drugs that negatively interfere with one’s daily life.

OTHER MENTAL CONDITIONS

There are disabilities that can impair mental functioning. Examples include Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, and traumatic brain injury.

BRAIN INJURIES

An injury of the brain due to trauma (most often caused by vehicle crashes, falls, or sports activities) that can result in effects that range from mild and transient symptoms of concussion to profound and permanent impairments of neurological function (“Mapping Connections” phac-aspc.gc.ca). In Canada, brain injuries accounted for 2.2% of activity-limiting injuries suffered in one year, 2009-2010 (“Appendix 3: Type of Most Serious Injury” statcan.gc.ca).

Common Symptoms of Brain Injuries

- Excessive sleepiness
- Inattention
- Difficulty concentrating
- Impaired memory
- Faulty judgment
- Depression
- Irritability
- Emotional outbursts

- Difficulty switching between two tasks
- Slowed thinking (“Symptoms” braininjury.com)

PSYCHOSIS

Psychosis describes conditions that affect the mind, in which people have trouble distinguishing between what is real and what is not (“Psychosis” camh.ca.). When this occurs, it is called a psychotic episode. About three out of every 100 people will experience an episode of psychosis in their lifetime. Psychosis affects men and women equally and occurs across all cultures and socioeconomic groups. Psychosis usually first appears in a person's late teens or early twenties.

Common Symptoms of Psychosis

- Delusions and/or hallucinations
- Disorganized speech, thoughts or behaviour
- Reduced motivation and socialization
- Difficulty functioning normally, i.e. generating ideas, concentrating, sleeping

PERSONALITY DISORDERS

Personality disorders are a group of mental disturbances defined as “enduring patterns of inner experience and behaviour” that are sufficiently rigid and deep-seated to bring a person into repeated conflicts with his or her social and occupational environment. Onset usually occurs during adolescence or in early adulthood. Approximately 6% to 9% of the population are affected.

Common Symptoms of a Personality Disorder

- Intense emotions and mood swings
- Irresponsible, impulsive behaviors
- Low self-worth
- A frantic fear of being left alone
- Aggressive behavior (“Personality Disorder – Symptoms” nhs.com)

STUDENTS IN DIFFICULTY

Students typically experience post-secondary education as a time of significant transition and adjustment. Stress arising from this period of change may have multiple sources and impacts, including educational, social, financial, work, or family. Open access institutions, like Langara College, may admit a larger proportion of students who have particular challenges that can contribute to difficulties or effect pre-existing mental health problems.

Many students have temporary setbacks or special needs that can be overcome through support and aid in the development of enhanced coping skills. Timely and effective assistance to address the needs of these students increases the probability that they will achieve their educational goals.

Other students experience significant difficulties. These students are at considerable risk and while remediation to enable these students to cope successfully, it may not always be possible. It is important to provide assistance to help them address the issues, explore alternatives, and make appropriate decisions.

IDENTIFYING AT-RISK STUDENTS

The indicators below are important when considering whether to refer a student for help. To prevent possible over-interpretation of a single or isolated behaviour, it is useful to consider everything you know about the student and to look for clusters of signs. Some possible signs are listed below:

Stated Need for Help

- Students may communicate a need for help to you directly.

Marked Changes in Mood or Behaviour

Actions which are inconsistent with a student's normal behaviour may indicate that they are experiencing psychological distress. Indicators include marked changes in behaviour such as:

- Withdrawal from usual social interaction, including classroom participation
- Withdrawal from academic work (missed classes, assignments, or exams)
- Disruptive behaviour in class
- Conflict with classmates, instructors, friends, and family
- Repeated requests for special consideration
- Noticeable changes in energy level (hyperactivity or exhaustion)
- Spells of unexplained crying, outbursts of anger, or unusual irritability
- Difficulty concentrating, confusion, marked indecisiveness
- Expressed feelings of helplessness or hopelessness

Difficulties Communicating and/or Apparent Distortions of Reality

Communication difficulties and apparent distortions of reality may be symptomatic of more severe psychological problems that require professional assessment and treatment:

- Irrational conversation
- Garbled and disjointed thoughts or speech
- Auditory or visual hallucinations
- Inability to distinguish fantasy from reality
- Disorientation
- Disturbing material in academic assignments
- Bizarre, strange or paranoid behaviour (i.e. apparently unfounded accusations of persecution)

Significant Changes in Personal Relationships or Identity

Problems may result when an individual experiences a traumatic change in a personal relationship and/or when the environment significantly changes (i.e. moving to a new country). Break-ups, the illness or death of a family member or close friend, difficulties in marriage or family relationships, or changes in family circumstances can all result in increased stress and psychological difficulties. Attending Langara is also often a time of exploration and change in a student's identity. Although these transitions can be very positive, they may also be accompanied by stress and conflict.

Learning Problems

Many students find their academic workload is much greater than they anticipated. While it is expected that all students will go through some adjustment period, those who demonstrate a consistent discrepancy between their performance and their potential may need assistance. Things to look for include:

- Difficulty in keeping up with course work, inadequate preparation for exams

- Incapacitating test anxiety or problems associated with concentration

Drug and Alcohol Abuse

The use of alcohol and other drugs has always been a part of our society. While having a glass of wine with dinner or a pain tablet for a headache is rarely a problem, excessive or inappropriate use of alcohol or other drugs (including prescription drugs) can interfere with daily life and negatively affect work, relationships, physical and mental health.

If a student appears to be inebriated on campus or you suspect drug use, Security should be called and student must leave the campus. As a follow up later, it is important to attempt to refer the student for Counselling. Substance abuse may be indicative of psychological problems.

In the case of an apparent drug overdose or severe drug reaction, call 911.

PROMOTING MENTAL HEALTH IN THE CLASSROOM

In her article “Are You Being Rigorous or Just Intolerant”, Catherine Savini offers sound advice for instructors to enhance the promotion of mental health in their classrooms. Speaking from her own experiences as a professor, Savini begins by stating that many instructors have an unreasonable expectation of how a “model” student should behave and perform in school. Many excellent students are simply unable to attend all classes, sit attentively, participate in discussions, or even meet deadlines due to an array of learning challenges or personal distractions they may be experiencing. On the other hand, there are students with psychiatric conditions who are “model” students. Therefore, Savini suggests that everyone would benefit if instructors chose not to draw conclusions about students solely based on behaviour and/or performance indicators.

A 2011 survey by the National Alliance on Mental Illness identified stigma as the leading barrier for students to seek help. A good way to mitigate the adverse effects of stigma is by openly discussing mental health in the classroom or during one-on-one conversations with a student you are concerned about. Communication is essential, and both parties involved will benefit by reaching common ground and gaining a mutual understanding.

Savini provides suggestions that help create an equitable learning environment:

- In class, promote campus events and extracurricular activities for students
- Bring in public speakers to raise mental-health awareness
- Include a statement about mental health in your syllabus. The University of Alaska Anchorage provides examples of related syllabus statements on their website ([https://www.uaa.alaska.edu/ispi/Facultyand Staff/syllabus-statements.cfm](https://www.uaa.alaska.edu/ispi/Facultyand%20Staff/syllabus-statements.cfm))
- Ensure a variety of mental health and wellness materials are readily available
- Check in with students who miss multiple classes (or other inconsistent behaviours)
- Ask for course feedback midway through the semester so changes can be made to the teaching strategies
- Have a large assignment divided up and due in stages, instead of just one due date for the final product
- Cut down on lecturing and increase the amount activities and interactive learning opportunities (“Are You Being Rigorous or Just Intolerant?” chronicle.com)

HOW TO APPROACH A STUDENT WHO APPEARS TO BE IN DIFFICULTY

If you decide to approach a student you are concerned about, or if a student reaches out to you for help with personal problems, the following suggestions may be helpful:

LISTEN to the student in private when both of you have the time. Give the student your patient, undivided attention, and let the student talk with minimum interruption. Often just a few minutes of effective listening is enough to help the student feel supported and more confident about what to do. Do not touch the student without asking, or do anything to help other than talk and listen unless they have expressed their consent or you feel the situation is an emergency.

ACKNOWLEDGE the student's thoughts and feelings in a sensitive, compassionate way. Let the student know you understand the student by reflecting back the essence of what has been said.

EXPRESS CONCERN without making generalizations or assumptions about the student. Be specific about the behaviour which gives you cause for concern. For example, "I've noticed you've been absent from class lately and I'm concerned," rather than "Where have you been lately? I'm worried about your grades."

OFFER HOPE. Reassure the student that things can get better. Help them realize they have options and resources, and that things will not always seem hopeless. Your purpose is to provide enough hope to enable the student to consult a professional or other appropriate person, not to solve the student's problems.

REFERRALS TO THE LANGARA COUNSELLING TEAM

A referral is usually indicated in the following situations:

- A student presents a problem or asks for assistance outside your range of knowledge
- A student is reluctant to discuss a problem with you
- Previous efforts to assist the student have been ineffective
- A student exhibits behaviour which may suggest a mental health condition

All Langara College counsellors have completed their training at the Master's level or higher in the field of counselling, are members of the BC Post-Secondary Counsellors' Association, and have extensive experience working with young and mature adults in post-secondary settings. Langara counsellors have highly developed skills in personal, relationship, crisis/critical incident, and career counselling, as well as assessment, consultation, and referral. In addition, they have strong working relationships with other student support services and can facilitate referrals as appropriate.

Langara counsellors are committed to provide the highest level of service consistent with the ethical standards of the BC College of Psychologists, the B.C. Post-Secondary Counsellors' Association, and the Canadian Counselling Association.

Counsellors work closely with Langara Disability Services and Health Services. Students who have mental health disabilities may need educational accommodations and/or specialized services. The Disability Services team designs educational accommodations and works closely with instructors, while the Health Services can provide medical assessments and referrals.

CONFIDENTIALITY

All information gathered in Counselling sessions is held in strict confidence. No information is released to Langara administrators, instructors, outside agencies, or anyone else unless permitted by the student or as required by law.

HELPFUL REMINDERS

- In making a referral, emphasize that seeking help is a sign of strength and courage, not a sign of weakness or failure.
- Be direct in letting the student know that you believe it is important for the student to seek counselling.
- Inform the student that counselling is confidential and that they are simply available to listen and help.
- If you can, prepare the student for what they might expect at their first counselling appointment. Tell them what you know about the Counselling Department, such as their friendliness or empathy.
- Ensure the student has the contact name, number, and location of the Counselling Department. If possible, walk the student to the Counselling Department.

If the student appears hesitant, or reluctant to access Counselling, you can:

- Offer to contact counselling yourself while the student is still in your office.
- Offer to sit with the student while they place the initial contact call themselves.
- If you feel comfortable and deem it appropriate, offer to accompany the student to make the appointment.

RELUCTANCE TO SEEK PROFESSIONAL HELP

Remember, seeking counselling is a personal choice.

- Acknowledge, validate and normalize the student's fears and concerns about seeking help.
- Point out that a situation does not need to reach crisis proportions in order to benefit from assistance. The earlier an issue is identified, the easier it is to begin taking steps to rectify the situation.
- Acknowledge that some people or cultures may feel seeking help is an admission of weakness or failure, but in fact it takes considerable courage to reach out.
- Remind them that the counselling provided is professional, confidential, and free of charge to all Langara students.
- In some cases, a student may be motivated enough to seek help, but for various reasons may not want to seek counselling. A referral to Langara Health Services may be a more suitable alternative for some students.
- Finally, give the student an opportunity to consider other alternatives by suggesting that they might need some time to think it over.
- If the student emphatically says "no", then respect that decision, and leave the situation open for possible reconsideration at a later time.

Follow-Up

- Ask the student if they want to arrange a time to meet again, to reinforce their decision to obtain appropriate help and your commitment to assist them in this process.
- Offer to check with the student later to hear how counselling went.

Except in emergencies, leave the option open for the student to accept or refuse assistance. If the student is unwilling to seek counselling, do not force the issue and do not attempt to deceive or trick the student into going. Offer to follow-up with the student to see if the referral was effective, but avoid pressing the student to disclose details.

Please note:

Due to confidentiality restrictions, Langara counsellors cannot tell you if a student kept an appointment, or what was discussed in the appointment without written permission from the student.

CONSULTATION

Counsellors, the Disability Services Manager, as well as the Manager of Student Conduct and Judicial Affairs, are available to hear any concerns you may have about a student. A brief consultation can help you to sort out the relevant issues, explore alternative approaches, and identify other resources.

Ask for a consultation:

- If you are concerned about a student and unsure whether or not to intervene
- If you are uncertain about how to respond to a student's request for help
- If a student resists your efforts to assist/refer and you are uncomfortable with the situation
- If you know the student is already a client of one of Langara's Service Departments

Situations Requiring Immediate Referral

REFERENCES TO SUICIDE

A suicidal student may present a variety of warning signs that include references to unbearable pain, withdrawal or isolation, wanting to die, and/or feeling hopeless or trapped. Additionally, distortions of reality, mood swings, sleep inconsistencies, anxiety, agitation, recklessness, and substance abuse are all subsidiary symptoms. If a student talks or writes in a manner that suggests self-harm, immediate referral is necessary. Regardless of the circumstances or context, any reference to suicide (even 'jokes' or 'hints') should be taken seriously.

Any judgment about the seriousness or possible lethality of the suicidal thought or gesture should not be made without consultation with a mental health professional. Call the Counselling Department for assistance.

In the event of an actual suicide attempt, immediately call 911 and Langara Security. Langara Security will contact Langara counselling personnel as appropriate. Counsellors can assist with reactions and concerns of other affected students, faculty, and staff.

EMERGENCY SITUATIONS

The Counselling Department and Langara Health Services set aside time each day to see students on a quick response basis. For urgent situations involving students unable to secure help on their own, call first, and then accompany the student to the Counselling Department or Health Services. Students requiring immediate help can be seen the same day during weekday office hours.

AFTER-HOURS EMERGENCY

If a student is acting in a manner that seems likely to endanger themselves or others and is unwilling to seek help on their own, call 911 and Security. Security will contact the on-call college employee available to assist with after-hours emergencies, if needed.

DEALING WITH DISRUPTIVE, HOSTILE OR INTIMIDATING BEHAVIOUR

SETTING CLASS NORMS

It is good practice to set your expectations of student conduct in your class at the beginning of the semester when you are making the usual announcements of evaluation procedures, assignments, etc. This can be done verbally, in writing or as part of a negotiated "Classroom Agreement." The Office of Student Conduct and Judicial Affairs can assist you in developing class norms with your students at the beginning of your program or class.

FIRST OCCURRENCE OF DISRUPTIVE BEHAVIOUR

When a student disrupts the class to the point where it cannot continue, pause the class and request that the behaviour stop, adding, "Please see me after class". Discuss your concerns with the student in a private location if possible.

CONTINUATION OF DISRUPTIVE BEHAVIOUR

If the student persists in the disruptive behaviour, you may ask the student to leave class for a specified period. If the student refuses to leave, feel free to call Security for assistance.

Document the incident(s), noting day, time, place, who and what are involved, and particularly what was said and any significant behaviour the student exhibited. Discuss the situation with Student Conduct and Judicial Affairs and/or your Department Chair.

MEETING WITH A STUDENT

When you meet with a student to discuss disruptive behaviour, give the student the opportunity to explain her or his actions. The following six-step approach may be helpful when discussing your concerns with the student:

Setting Effective limits

1. Explain exactly which behaviour is inappropriate
2. Explain why the behaviour is inappropriate
3. Give reasonable choices or consequences
4. Allow time for the student to demonstrate a change in behaviour
5. Enforce consequences if change does not occur
6. If appropriate, suggest a referral to Counselling.

If you do not feel comfortable meeting with the student on your own, arrange with your Department Chair or Student Conduct and Judicial Affairs for someone else to be present. You could also choose to meet the student on your own, but have someone check in on you during the course of the meeting.

HARASSMENT OR INTIMIDATION IN OR OUTSIDE THE CLASSROOM BY A STUDENT

Harassment of other students or yourself, inside or outside the classroom (including during office hours), should be communicated to your Department Chair and the Office of Student Conduct and Judicial Affairs. If you are concerned about your safety, contact Security.

DISRUPTIVE OR THREATENING BEHAVIOUR

Behaviour that poses a threat to others or seriously disrupts the classroom must be immediately addressed.

Harmful behaviours might include:

- Verbal and non-verbal threats
- Intimidating behaviour
- Violent acts (to people or property)
- Otherwise anti-social behaviour

Intervention varies with the severity of the offending behaviour. Minimally this would include describing the unacceptable behaviour to the student, reviewing Langara Student Code of Conduct, requesting that the behaviour stop, outlining the consequences to the student should they not comply, and referring the student to Counselling.

Physical violence causing bodily harm and specific threats should be reported to Langara Security and the Office of Student Conduct and Judicial Affairs.

HEALTH AND SAFETY ISSUES

ASSESS YOUR TEACHING SPACE FOR SAFETY

It is a good idea to be able to quickly access the following information in an emergency:

- The nearest telephone to call Security
- Your exact location on campus

Healthy Limits

When assisting students in difficulty, it is important not to extend yourself beyond your comfort level in terms of involvement, skills, and time commitment. Healthy limits enable you to help students in an effective and personally satisfying manner.

Maintain clear and consistent boundaries and expectations. Dealing with students in distress can be a stressful and taxing experience.

Get support

Seek out the support of your colleagues, Supervisor, Department Chair, Division Chair or the Office of Student Conduct and Judicial Affairs. If you need additional personal support, Langara employees have access to the Employee Assistance Program (EAP). Information on the services is available through the Human Resources Department website.