

**U21 University Mental Health Declaration  
Case Study Repository**

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<b>Country/region</b>	Canada (Hamilton, Ontario)
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<b>Title of initiative</b>	Promoting Departmental Wellness During COVID-19: Lessons Learned from an Iterative Approach in Psychiatry
<b>Declaration principle which the project applies to (highlight all that are applicable):</b>	
<p>Principle 1: Promoting and sustaining a positive environment for optimal mental health and wellbeing</p> <p>Principle 2: Student participation in design and delivery of policies and programs</p> <p>Principle 3: Reducing stigma and addressing discrimination</p> <p>Principle 4: Responsibility for linking students to supports and services on and off campus</p> <p>Principle 5: Building the evidence base through monitoring and evaluation of policy, programs and services</p>	
<b>Summary of initiative</b>	<p>The Department of Psychiatry and Behavioural Neurosciences (DPBNS) at McMaster University has made a commitment to the deliberate fostering of wellness for all faculty, learners and staff. Wellness is a key component of the Department's equity, diversity, and inclusivity (EDI) mandate, and is in the portfolio of the Vice-Chair of the Department. In order to respond to the COVID-19 pandemic, we developed a multi-pronged initiative aimed at promoting wellness in our Department during this challenging time.</p> <p>A key feature of our initiative was the establishment of a <b>COVID-19 Wellness Working Group</b>, which consisted of administrators, clinician-educators in both psychology and psychiatry, learners, and PhD-trained researchers. Initially, the Working Group met virtually on a weekly basis to establish a plan for supporting Department members during the pandemic. The curation of a <a href="#">resources page</a> on the DPBNS website and the deployment of <b>monthly surveys</b> to gauge departmental needs were core foci of the Working Group.</p> <p>Our surveys allowed us to maintain an up-to-date pulse on Department members' needs as they evolved throughout the pandemic and helped inform broader supports for promoting wellbeing within the Department. The results of each survey</p>

	<p>were summarized and taken back to the Working Group for discussion. They were also shared with departmental leadership, who provided a high-level summary at monthly Department meetings, and with other institutional leaders interested in adopting a similar approach. Specific action items were developed following each survey, representing an <b>iterative feedback loop</b>. For example, following the first set of survey results, an <b>online drop-in support group</b> was convened and made available to all members of the Department on a weekly basis. This group was facilitated by the Chair of the Working Group (also the DPBNS Vice-Chair) and a senior resident. The Working Group also formally connected with both hospital-based wellness support services and faculty-based services to ensure the coordination of available resources.</p>
<p><b>Evidence/outcomes that have been achieved (if applicable)</b></p>	<p>The success of our initiative was demonstrated by high survey response rates (&gt;20%) during each round and consistent, positive feedback from survey respondents about the extent to which they felt supported by the Department. Approximately 80% of respondents reported feeling supported or very supported by the Department, and 90% were satisfied or very satisfied with the quantity and quality of information provided. Nearly a quarter (23%) reported having attended the online support group at least once and close to a third (29%) reported having accessed the online resources page. Department members who made use of these resources found them to be very helpful; however, even members who did not use them commented that they felt reassured knowing that supports were available to them should they be needed.</p> <p>An unintended consequence of our approach to supporting wellness during COVID-19 was that our surveys revealed not only concerns related to the pandemic, but also other departmental and societal issues affecting members' wellbeing. One example was the Black Lives Matter Movement, which had led to a renewed focus on EDI. In light of their importance, these issues became part of the conversations had by the Working Group. An area of focus was ensuring equity within the Working Group's own practices by expanding membership to include diverse voices, encouraging implicit bias training for all members, making supports available at multiple time points to increase accessibility, and coordinating with other groups aimed at promoting EDI in the Department such as the Indigenous Mental Health Working Group and LGBTQ2S Working Group.</p>
<p><b>For more information</b></p>	<p>Please visit our online resources page (<a href="https://psychiatry.mcmaster.ca/news-events/covid-19">https://psychiatry.mcmaster.ca/news-events/covid-19</a>) or contact Dr. Karen Saperson (<a href="mailto:saperson@mcmaster.ca">saperson@mcmaster.ca</a>).</p>