COU Submission to the Ministry of Health and Long-Term Care

Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy

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and the Minister of Training, Colleges and Universities

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COUNCIL OF
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INTRODUCTION

The Council of Ontario Universities welcomes the opportunity to provide feedback to the Ministry of Health and Long-Term Care, Mental Health and Addictions Strategy. The recommendations in this report were developed in consultation with the Ontario Committee on Student Affairs (OCSA), the Ontario College Health Association (OCHA), the Inter-University Disabilities Issues Association (IDIA), Ontario Universities Human Resource Professionals, and representatives from university Psychiatric Services and Counselling Services. This report also draws on information collected through interviews and meetings with mental health service providers (counselling services, health and accessibility services) at universities in Ontario.

Universities provide an array of services to encourage student participation, retention and the academic career goals of students. They also provide a range of services that promote health and well-being. Universities in Ontario are committed to providing services for students with disabilities, including those will mental illness and addictions. Health services, counselling services and accessibility services, all provide service to students with mental health conditions. In addition to other important supports to its students, universities also provide supports to staff and faculty members who may be struggling with mental health or addictions challenges. This is part of a larger belief on the part of many Ontario universities that healthy work environments are critical to promoting both individual and broader community health.

Our consultations have shown that mental health is increasingly becoming a challenging issue on university campuses. At many levels of administration and student services, concern has been expressed over the increase in the number of students with mental illness as well as the increase in the severity and complexity of the cases being presented. It is not fully understood why there is an increase in the number of students presenting with mental illness on university campuses. However, there is speculation that the increased effectiveness of medication, the power of early diagnosis and intervention, and the increase of mental illness in society as a whole all contribute to the growing success of people with mental illness entering universities. This report provides an overview of the services that are currently being provided on campuses for students, staff and faculty with mental illness as well as an overview of the gaps in these services. Finally, it provides recommendations on areas where further actions can be taken to improve services for students with mental illness.

We would like to thank the Ministry of Health and Long-Term Care for developing a comprehensive mental health and addictions strategy that encourages inter-ministerial collaboration and shared resources to better support persons with mental health conditions to make “Ever Door the Right Door”.

THE CONTEXT: MENTAL ILLNESS IN CANADA AND STUDENTS WITH MENTAL ILLNESS

According to Health Canada, 20% of Canadians will experience mental illness during their lifetime. Mental illness affects people of all ages, educational and income levels, and cultures. The *Canada Campus Survey*, reports that **youth, aged 15-24**, **are the most likely demographic to suffer from certain mental disorders or substance dependency problems** with the onset of most mental illnesses and psychological disorders occurring during adolescence and early adulthood. **This age coincides with the age at which the majority of students attend university.** Youth aged 15-24 are most likely to suffer from selected mental disorders such as mood disorders, schizophrenia, anxiety disorders, personality disorders (including eating disorders), first onset psychosis, suicidal behaviours, or substance dependence problems (Statistics Canada 2003).

Of youth aged 15-24, 18% reported having feelings and symptoms consistent with one of the following mental disorders: mood disorders, anxiety disorders, personality disorders, schizophrenia and suicidal behavior. Only 12% of those between 25-44, and 8% 45-64, and less than 3% of those 65 and above reported having similar feelings (Statistics Canada 2003). To further compound the issue, it is reported that youth are less likely to use resources for problems concerning their mental health or use of illicit drugs.

The *Canada Campus Survey* reports that **students are more likely to suffer from psychological distress than the general population**, or the general youth demographic. 29% of students report elevated levels of psychological distress, 47% report stress, 32% report worry/sleep loss, 31% report being unhappy or depressed and 32% report hazardous drinking (Adlaf et al. 2004, 61).

Statistics provided by the Ministry of Training, Colleges and Universities report the following:

- An increase in the percentage of university students with disabilities using Access Services from 1.12% in 1991-1992 to 3.8% in 2007. This is a 320% increase in the number of students with disabilities using the services of the Access Offices (from 4,045 to 17,002 students).
- Over this same time period, the general student population grew 32% (from 335,101 to 442,189 students).

The most recent data shows the majority of the students using access services required accommodations for a primary disability that was non-visible (including learning disabilities, medical conditions and mental illness). The data available and key informant interviews point towards a shift taking place in the population towards increasing numbers of mental health problems and the increase in the complexity of the illnesses presented.

Directors of university counselling services are acutely aware of the challenges that this presents. According to the *Canadian Counselling Centre Survey*, 2004/2005, over the past 5 years, 92% of counselling centre directors reported believing the number of students presenting with severe psychological issues has increased (Crozier and Willihnganz 2006, 75); 89% reported that the severity of issues has increased (Crozier and Willihnganz 2006, 75); and 97% reported an increase in number of clients taking medication (Crozier and Willihnganz 2006, 82). Counsellors expressed general concern for the increase in students with severe psychological problems and the growing demand for services without the appropriate growth in resources (Crozier and Willihnganz 2006, 88).

Faculty and Staff & Mental Illness:

Consistent with broader Canadian trends, universities have seen an increase in mental health and addictions related health issues in both sick leave and long-term disability absences (University of Toronto 2008). In fact, Sun Life's database of post secondary institutions, or like employers, estimate psychological disabilities represent over 50% of the cases compared to other types of disability claims (University of Toronto 2008).

Vice Presidents and Assistant Vice Presidents of Human Resources across Ontario universities are aware of these trends and are committed to the development of programming to support faculty and staff. A number of Ontario universities have placed a strong emphasis on the development of a healthy work environment providing concentrated services for faculty and staff.

SERVICES AVAILABLE ON CAMPUS

Access Offices/Centres for Students with Disabilities

The duty to accommodate students with disabilities comes from the *Ontario Human Rights Code*. Students with disabilities are accommodated on campus through disability services, or accessibility offices (henceforth "access offices"). Access offices have the primary goal of assisting students in achieving academic success though providing innovative services and accommodations for students with disabilities. Accommodations may include making class materials available in alternate formats, note taking, sign language interpreters, computers with adaptive software, reduced course loads, more time on exams, extensions and other measures (OSAP website 2009). Accommodations are individualized, respectful of one's dignity and right to privacy and remove barriers for students with disabilities. Accommodations allow individuals to gainfully participate; they do not alter the requirements of specific programs or give students an advantage over those without disabilities.

All access offices require students requesting accommodation for a disability to provide psycho-educational or medical documentation as to the nature of their disability or disabilities and the limitations or restrictions that arise from the disability. The access office is then responsible for putting these accommodations in place through communications with faculty members and departmental staff. It should be noted that due to privacy legislation, the nature of the disability remains confidential and cannot be disclosed without the student's consent. Only the type of accommodation required can be communicated to faculty members.

Counselling Services

All Ontario university campuses offer counseling services to their students free of charge. These services were originally set up to deal with students for short-term situational issues. Personal counselling, career counselling, academic counselling, consultations, as well as emergency response, are the primary responsibilities of counselling services. Key informant interviews with representatives from the university community, as well as the *Canadian Counselling Directors Survey* suggest that there is growing concern about the increasing number of students with mental illness and the increase in severity and complexity of the issues being presented at counselling services (Crozier and Willihnganz 2006, 75). Interviews with key informants revealed that counselling services do not have the appropriate staff or expertise to meet the needs of mentally ill students on a long-term basis or to serve students with severe mental illness.

Some counselling centres have access to a psychiatrist through health services or as a part-time consultant. If available, psychiatrists are often part-time and do not provide psychotherapy or any long-term treatment. As the demand for their services is extremely high and increasing on campuses, they generally are only available for consults, prescribing medications, and diagnoses.

Health Services

University health services provide medical care for students who do not have a family doctor, or for students living away from home. It is often the first point of contact for students suffering from mental illness. As more students are presenting with severe mental illness, the demands on the physicians in health services are also increasing. Physicians have a critical role to play in the lives of students with mental illness. They are able to rule out physical causes of mental health symptoms and treat concurrent disorders. Health services report the concern that mental health medical visits typically take longer than other appointments.

Services Available to Faculty and Staff

Human Resource officials have noted an increase in the number of faculty and staff who are suffering from mental illness. In addition, aggregate data from one university's health benefits provider indicated that anti-depressants are the most common drug prescribed to faculty and staff. HR professionals have also observed a high number of employees with substance abuse problems. As more faculty and staff are staying in the work force later in life, HR professionals have had to meet the challenges of an ageing work force. Attending to early forms of dementia and accessibility/disability issues with regards to faculty and staff are no longer uncommon. Universities HR departments are committed to creating a health work environments and offer a range of services to faculty and staff to support those suffering from mental illness and addictions. Examples of these services include:

- Employee Family Assistance Programs (EFAP) offering resources either online or face-to-face counselling appointments for Faculty, Staff and their families. The online EAP offers e-counselling and also provides information and support on a range of work, family and life issues, including articles, action plans and self-directed help kits on mental well-being and addictions
- On campus, Human Resources; staff members are available to faculty and staff to communicate any concerns and requests for assistance or accommodation;
- Healthy Workplace Committees have been formed and offer programs in life balance and stress management;
- Specific departments organize accommodations for faculty and staff, which are separate and distinct from the student services offered.

FUNDING

Access Offices

Access offices are primarily funded by the *Access Fund for Students with Disabilities* (ASFD), and administered through MTCU. This fund provided approximately $23.6 million for colleges and universities in 2008-09, with over $10.1 million allotted to universities. This funding is allocated to every publicly-funded institution in Ontario based on full-time student enrollment (not the number of students with disabilities at the institution). Additionally, there is *Access to Opportunities* funding from the Reaching Higher Plan that is allotted based on the number of students using access services (approximately $4 million for colleges and universities in 2006-2007 and $4.4 million in 2007-2008 and $6.3 million in 2008-09), this includes the *Interpreters Fund* for students who are deaf, deafened and hard of hearing and the *Transition from School to Postsecondary Education* funding that is used to provide an online resource for students and parents of students transitioning to universities (MTCU 2008, 9). Total funding for college and university students with disabilities in Ontario has increased from approximately $12 million in 1991-1992 to $45.8 million in 2008-2009 (MTCU 2008, 9; MTCU 2009). Of this, Universities received $17.4 million to support students with disabilities in 2008-09 (MTCU 2009)

Students may also be eligible for the *Ontario's Bursary for Students with Disabilities* (BSWD) and the *Canada Study Grant for the Accommodation of Students with Permanent Disabilities* (OSAP website 2009). These grants provide non-repayable financial assistance to full- and part-time students for disability-related services, supports and equipment that they may need to participate in postsecondary education (OSAP website 2009). Eligible students receive up to $2,000 from the BSWD and up to $8,000 from the *Canada Study Grant* (OSAP website 2009). The grants may be used towards: tutoring, readers note takers, interpreters (oral and sign), attendant care for studies, talking calculators, tape recorder, vision/learning aids, hearing amplifiers, learning disability assessments, computers and software, special needs accessories for computers, counselling, specialized chairs and other supports (OSAP website 2009). The BSWD is a component of OSAP and must be used towards education-related supports; it cannot be used for medical or therapeutic supports.

Counselling Services

Counselling Centres are most often funded centrally through the institutional budget with top-ups through student ancillary fees (key interviews; Crozier and Willihnganz 2006, 34). Universities have chosen a variety of methods in their service set-up. Some universities have a central office for counselling services; others have a central office as well as counsellors that are integrated into programs and faculties or residences. In some instances, the faculties/programs may be partially responsible for covering the costs of a counsellor. Other universities have integrated counselling services with health services.

Health Services

Physicians in campus health facilities are dependent on the Ontario Health Insurance Plan (OHIP) Fee-for-Service billing model and not funded through central university budgets. A percentage of OHIP billing is generally retained to assist with overhead costs and support staff of running the health centre. On-campus health services are doctor-centered medical services. Medical referrals are necessary in order to access psychiatric services. Health services are more likely than counseling services to have access to a psychiatrist – this may be on a full - or part-time basis. In some cases, universities receive a small top-up from student ancillary fees to help cover the costs of these services but they are generally targeted towards health promotion programs such as smoking cessation and services that are not covered by OHIP, such as medical notes.

KEY ISSUES AND RECOMMENDATIONS

The following key issues and recommendations are organized according to the strategic directions laid out in *Every Door is the Right Door,* the Mental Health and Addictions Strategy of the Ministry of Health and Long-Term Care. These strategic directions are: early intervention, meeting people on their terms, transforming the system, strengthening then mental health and addictions workforce, stopping stigma and creating healthy communities (MOHLTC 2009).

The university sector supports the vision of "opening doors for people with mental illness and addictions" and is committed to working with the both the Ministry of Health and Long-Term Care, the Ministry of Training, Colleges and Universities and the wider mental health community in order to "get the plan right" (MOHLTC 2009, 4). Investing in the continuum of mental health services, reducing the fragmentation of services, targeted health promotion and improving the cooperation and coordination between mental health and health services both on and off campus will be required in order to address best serve students with mental illness.

The MOHLTC estimates that "every $1 spent on mental health and addictions saves $7 in health costs and $30 dollars in lost productivity and social costs" (MOHLTC 2009, 16). In light of the high earnings and community contributions made by university graduates, targeting mental health interventions and resources towards a university population would have the potential to yield high returns in terms of lost productivity. Additionally, given the growing number of students with mental illness, it would have a significant impact on improving mental health outcomes in the province.

The university sector envisions a multi-pronged approach to supporting students with mental health challenges that removes barriers to services and integrates seamlessly with community mental health services. Strong partnerships with government stakeholders and community mental health service providers are required in order to support and enhance services for this unique population.

Strategic Direction 1: Act Early – Identify Mental Health and Addiction Problems Early and Intervene Appropriately

a. Key Issue: Identifying Students and Employees at Risk and Addressing Campus Safety

Because of the stigma associated with mental illness, we know that many students who need assistance managing their illness do not seek the appropriate help. These students may behave erratically, or exhibit signs of distress in different areas of campus. Because university campuses are so large, it is often difficult for one department, or person, to identify or flag a student as being "at risk." Cross-campus communication and coordination amongst various campus entities: access centres, counselling centres, residence, health services, security and the university equity office has proven effective in facilitating early interventions with students at risk. Further, with the passing of Bill 168 on December 10, 2009, *The Occupational Health and Safety Amendment Act* (*Violence and Harassment in the Workplace*), employers have obligations to create a healthy workplace that is safe for all and to protect employees from workplace violence and workplace harassment.

Recommendation: Establishing Students of Concern/Students at Risk Committees as well as Employee Risk Committees to Promote Campus Safety

Most universities in Ontario have formally set up, or are in the process of setting up, "crisis teams" or "student-at-risk committees" to respond to students in crisis or to identify students who may be in crisis. Some universities have also set up similar committees for faculty and staff. These committees play a key role in promoting campus safety by identifying and assisting students at risk and facilitating crisis prevention on campus. They are poised to intervene in a number of circumstances including: if students are suicidal; if a student engages in threats or disruptive behavior; drug and alcohol misuse; harassment; academic problems; or drastic changes in mood or behaviour. Access centres, counselling centres, residence, health services, security and the university equity office are often participants on these teams.

These teams provide an important mechanism for flagging undetected students that may be acting out or behaving erratically in different areas of campus. Students exhibiting signs of distress can be identified to the committee, by staff, faculty, staff or other students where their behaviour can be evaluated and an intervention staged if necessary. In these situations, access to and collaboration with community based mental health support services for triage, referral, assessment, treatment and on-going support is a key component to ensuring campus safety, and supporting the student to seek the services they need.

Universities should work together to develop a compendium of best practices on the implementation and operation of "student-at-risk committees" which will help to facilitate improvements. This will also ensure that best practices are shared across the

Ontario university community and that university campuses remain safe environments with adequate mechanisms in place for preventing violence and emergency situations.

With the passing of Bill 168 on December 10, 2009, *The Occupational Health and Safety Amendment Act* (*Violence and Harassment in the Workplace*), employers have obligations to create a healthy workplace that is safe for all. The establishment of high risk committees for staff and faculty is one step that many universities are taking to ensure that they are responding appropriately to risk concerns.

Strategic Direction 2: How Can We Meet People on Their Terms? – Develop a Range of Evidence-Based, Person-Directed Services

a. Key Issue: Assessment, Documentation and Determining Appropriate Accommodations

Proper assessment of students with mental illness is critical in establishing appropriate supports for them. While documentation is often very clear for physical disabilities and learning disabilities in terms of specifying the type of accommodation that is required, this is not always the case for mental illness. Access offices often receive proof of diagnoses with no indication of how to best accommodate students academically. Further, the need for accommodation and the type of accommodation required can fluctuate or change drastically along with the episodic and unpredictable nature of the illness.

Establishing appropriate accommodations may be a trial and error process for students with mental illness. To further complicate matters, if the student does not have a contingency plan in place in the event of a crisis, accommodations may need to take place retroactively after an episode of acute illness. This may involve course withdrawals after the institutions deadline or petitioning for grades to be removed from academic transcripts.

There are **no universal guidelines** that indicate what accommodations are best suited to assist students with mental illness academically. Student access services need to be able to "meet students on their terms;" this can be challenging without a rigorous evidence-based understanding of what accommodations work best. From experience, we know that there is an individual element as to the effectiveness of the accommodation: accommodations that work for one student are not guaranteed to work for another. If students have been recently diagnosed with mental illness, or have not received accommodations in the past, they may not be able to self-advocate for an appropriate accommodation as they are unaware of what strategies would best assist them in reaching their academic goals.

Recommendation: Encourage RFP's and Practical Research on Effective Methods of Supporting Students with Mental Illness

Universities should be supported to encourage Requests for Proposals for research in the following areas:

- Developing **educational assessments** for students with mental illness to better understand how mental illness affects learning.
- Establishing standards/**guidelines** for accommodating students with mental illness in crisis and non-crisis circumstances. These guidelines would need to be flexible and cognizant of the changing needs of students with mental illness over the course of their illness and university careers.
- Identifying **best practice**s across the university sector for accommodating students with mental illness.
- Tracking the types of accommodations that are linked to positive outcomes for students with mental illness.

b. Key Issue: Providing Culturally Appropriate Services for International Students, Aboriginal Students and First Generation and Second Generation Canadians

The university sector in Ontario has attracted a significant number of international students and scholars/ faculty. According to the Government of Ontario, there are currently 35,000 international students from 199 countries studying in Ontario. Ontario universities and the Ontario government want to stay competitive in attracting the best and brightest students across Canada and internationally. Providing adequate services and supports for students and staff once they arrive – including mental health services - is essential.

Medical professionals and university staff recognize the need to support diversity as an essential component of "person directed services". Access to mental health services is not equal across cultural and ethnic groups. Some cultures or ethnicities may have more difficulty than others in reaching services. Some may not accept the idea of western counselling models and only be comfortable in physician visits. As these students are often far from home, they may be isolated with more pronounced mental health needs. Key informants noted that some students may present with complex mental health issues. This can include post traumatic stress from fleeing countries stricken by war or unrest or living in refugee camps, being exposed to violence, sexual violence, or being separated from their families.

Offering culturally relevant mental health and counselling services for international students or students from a variety of cultural communities is a complex task. As universities strive to attract more international students and are becoming increasingly diverse, there are a number of concerns that need to be addressed with regards to providing culturally relevant and appropriate services to address diverse mental health needs.

> One of the key things about mental illness is that it affects the way that you think about yourself - your spiritual and cultural beliefs. People relate much better to people of their own culture. If you are the person with the illness, the relationship you have with your care provider –your doctor or nurse – is probably the most crucial thing to getting well and gaining recovery. If that person is able to understand your cultural belief system, then the chances of a successful outcome is better (Dr. Janice Wilson, New Zealand Deputy Director General of the Mental Health Directorate, quoted in Kirby 2005, S9).

Recommendations: Developing Culturally Appropriate Assessment Tools and Ensuring Equal Access to Services for All Students

Universities should be supported to develop new guidelines and assessment tools to ensure services are culturally relevant and appropriate:

- **Culturally relevant assessment tools for physicians, clinicians and counselors** need to be established and implemented. Assessment tools and treatment mechanisms for mental illness may not be culturally appropriate in all in instances. It is crucial for counsellors and accessibility staff to be trained in cultural sensitivity. Physicians should also be aware of the cultural sensitivities of mental illness.
- **Awareness of and training for culturally relevant services** to develop culturally-competent services must be increased. Links with community services may be especially useful in this area, especially in urban centers. International students or students from different cultural communities may present to counselling staff or access offices with complex mental health issues. Counselling centres should have staff who are trained in cross-cultural counselling and/or be aware of where these services can be sought out in the community.
- **Issues surrounding the medical coverage for International Students** must be resolved. International students are excluded from OHIP coverage while in Ontario. They are required to purchase the University Health Insurance Plan (UHIP). These students have comparable, but not identical coverage to domestic students. It should also be noted that for a variety of reasons (from coverage to ability to navigate the health system), it may be more difficult for international students to access external services, including mental health services, if necessary. These students may rely heavily on the services available on campus for support. This can be further exacerbated by cultural stigma around mental illness and the absence of an available support system (such as family). Physicians have noted that since many students are unwilling to seek assistance beyond their offices, there is an increased pressure on physicians to address the mental health needs of these students.

Presently, there is a tension within the system between international students and physicians regarding the cost/compensation associated with students on UHIP. Physicians are currently lobbying universities to increase the UHIP fees paid to doctors to that of Ontario Medical Association (OMA) rates which are 75-80% above OHIP rates. UHIP rates are already 25% above OHIP rates. At the same time, international students feel the premiums for UHIP are too high and are lobbying universities to lower or eliminate UHIP premiums.

Strategic Direction 3: Transform the System – Provide Access to a Seamless System of Comprehensive, Effective, Efficient, Proactive and Population-Specific Services and Supports

a. Key Issue: Improving Access to Community Mental Health Services and Facilitating Smooth Transitions between Community and University Services

Students with mental illness may not be adequately supported by the services available on campus. They may have to transition into community services if they require long-term care or hospitalization. If this is the case, university students are subject to the same shortages in health and mental health professionals as the rest of the province and encounter the same difficulties as the rest of the community: long wait lists for access to external psychiatric services and unreliable availability. Further, there is often a poor understanding in community mental health services of what services are available on campus and what services are not. This can create confusion and slow down the referral process as students are not always perceived to be “part of the community”. This may be especially pronounced for international students. Better transitions are needed between community mental health services and campus services, so that treatment can be seamless. Further, students across the province should receive the same quality of care, regardless of where they choose to pursue their studies.

University counselling centres were originally set up to deal with a high volume of students for short-term situational issues. Many centres have established strict session limits or guidelines that restrict the number of visits in order to handle the volume of requests. Personal counselling, career counselling, academic counselling, consultations, as well as emergency response, have historically been the primary role of counselling centres. They are not designed to serve students with severe mental illness, or those requiring long-term care.

This design of service delivery poses a problem as the number of students with more severe and complex mental illness increases on campus. Some universities have a psychiatrist available to them on campus through health services, or in consultation with counselling services, while others have to rely on the services available in the community. On campus psychiatrists are often part-time and do not provide psychotherapy or any long-term treatment. As the demand for their services is extremely high, they generally are only available for consults, prescribing medications and diagnoses. One key informant noted that her university’s ability to refer students to

a psychiatrist was based on her previous work experience in a psychiatrist's office and her continued positive relationship with her previous employer. She mentioned her desire to formalize this arrangement and to create other mechanisms for referral into community mental health services. This feedback was echoed in consultation with members of the Inter-Universities Disability Issues Association (IDIA).

Although psychologists or psychotherapy may offer a viable alternative and helpful treatment to long term-psychiatric care, their services are not covered by OHIP and are often out of reach for most students and most sufferers of mental illness. University counselling services, that are not properly equipped to handle severe cases of mental illness or long-term care, are often a student's only option for support. These shortages may be further exacerbated by regional capacity and individual/ institutional relationships to mental health service providers.

Universities located in larger city centres (such as Toronto, Hamilton, Ottawa) are able to access services more readily than those located in regional centres such as Thunder Bay, North Bay or Peterborough. However, even institutions in large cities report long wait times and difficulties when referring students for long-term mental health care. More mental health professionals and services are required to properly meet the needs of those with mental illness, including meeting the needs of students.

In Ontario, there is a general shortage of psychiatrists and services for those suffering from mental illness. In the National Physicians Survey, 71% of physicians indicated that patient access to psychiatrists in Ontario is fair to poor (National Physicians Survey 2007, Q25a). This is indicative of a general shortage of psychiatrists and services for those suffering from mental illness. These shortages are exacerbated by regional differences. Key informants indicated that some universities have strong connections to community mental-health care providers and others do not. All universities have expressed an interest in forging or deepening these connections.

Recommendations: Forming Partnerships and Integrating with Community Services

Ontario universities should work with MOHLTC, MTCU and community providers to:

i. Establish formal partnerships with mental health providers in the health services sector and the community in order to help students access services that are not available at the university. Universities would like MOHLTC to help facilitate a dialogue with community service providers in order to better understand the boundaries and limitations of the services available on campus and in the community, and to discuss how smooth transitions can take place between community and campus services.

ii. Engage in better discharge planning for students who may transition in and out of community services and go through periods of hospitalization. University health professionals would like to be notified when students with mental illness have been discharged in order to facilitate their transition back into campus life. This would involve collaboration or coordination between hospital and university personnel to coordinate services plans with the student/patient and could include such areas such as treatment, academic accommodations, community or campus based psycho-educational support groups, and follow-up plans in order to promote relapse prevention, optimal health and successful transition back to campus.

A broader discussion needs to take place on the *Freedom of Information and Privacy Protection Act* (FIPPA) and the *Personal Health Information Protection Act* (PHIPA), as it applies to the information that can be shared among and between internal and external support systems. In the instance that a student is transferred to hospital under the *Mental Health Act*, the hospital may be unable to communicate any information regarding the student to the health providers or other campus services at the university. This has resulted in students returning to university residence after discharge without the appropriate supports organized on campus.

iii. Work with MTCU and MOHLTC and community partners to develop university specific "Tool Kits," to better inform students of the mental health resources available to them on and off campus. These tool kits would need to be institutionally specific in order to tap into community resources. Guidelines on the contents of these tool kits could be developed centrally with support from MTCU, MOHLTC and community mental health agencies (for examples YMCA, YWCA, United Way and CAMH).

b. Key Issue: Coordinating Different Services On and Off Campus – Ensuring that Every Door is the Right Door

Counselling services, health services and access services have all expressed concern over the time pressures that result from the increased number of students with mental illness. Staff in these areas are increasingly stretched to provide services for both students with mental illness and students with other accommodation, health, and counselling needs.

Key informant interviews revealed that employees in access offices might manage upwards of 150 students each. Typically, accommodating students with mental illness requires more intensive resource allocation. Counselling centres are also stretched; some have implemented triage systems and require students with less serious issues to wait weeks for appointments, while they address students with the most serious concerns. Physicians have also noted that mental health visits are not fairly compensated through the billing system. The time required for a mental health medical visit is longer than the time required for an ordinary annual medical visit, but they are not compensated appropriately. This dis-incentivises physicians to provide mental

health care. Overall, managing students with mental illness creates increasing demands on time and resources across the university.

Recommendation: Improving the Coordination of Services: Taking a Case Management Approach

Ontario universities should work with MOHLTC to secure resources to help Ontario universities move to a "case management" approach for students with mental illness.

Taking a **case management** approach to students with mental illness is thought to be the most effective means to having them succeed on campus and transition into the workforce/community post-graduation. Key informants indicated that a case management approach shows great promise. Informally and formally there is a great deal of communication that takes place amongst counselling services, health services, and access services on campus. Communication between these services and community-based mental health services can be effective as it allows for the most appropriate individualized supports to be put in place for each student with mental illness. Recognizing the costs associated with the staffing requirements of this approach is essential for its success.

This approach requires that a case manager be assigned to students suffering from mental illness; the manager is responsible for assisting the student navigate the complexities of mental health services and ensure they are getting the services they need. This approach would ensure all services are working to complement each other without duplication or omission. Although this approach is widely anticipated to be the most effective in working with students with mental illness, there remain a number of difficulties associated with implementing it on university campuses:

1) Time and Labour Intensiveness - Taking a case management approach would be time and labour intensive; it would require that a case manager be assigned to students with mental illness in order to facilitate communication across different services both on and off campus. The manager would be responsible for advocating on behalf of the student, putting accommodations in place, and developing a contingency plan with the student in the event of an acute episode of illness. Universities do not currently have the staff or financial resources necessary to provide this service and would benefit greatly from coordinating resources with the MOHLTC.

2) Privacy and Confidentiality - Privacy is often critical for individuals seeking mental health care. Counselling and health services are confidential services and information about a student cannot be shared with staff, faculty, or others unless the student consents.

   Taking a case management approach would require the consent of the student accessing the service, as it would allow information to be shared across different

university services more readily as well as communication with outside mental health resources and hospitals when necessary. The current Freedom of Information and Privacy Protection Act (FIPPA) and the Personal Health Information Protection Act (PHIPA) have constraints on the information that can be shared between internal and external services and could constrain this approach without the prior consent of the student.

Key informants indicated that they are not always clear on the interpretations of privacy legislation and how to best serve students under the legislation. Counselling centres, health centres or other individuals may disclose personal information without an individual's consent if the information custodian "believes on reasonable grounds that the disclosure is necessary for the purpose of elimination or reducing a significant risk of serious bodily harm to a person or a group of persons," in order to mitigate this risk. However, the interpretation of which situations warrant intervention is often unclear and the decision relies on the sound judgment of the individual.

The Information and Privacy Commission of Ontario has provided guidelines on disclosure of personal information without consent. While these guidelines provide assistance to the university sector, the decision to disclose sensitive health information occurs on a case-by-case basis and is based on the judgment of whomever is responsible in a particular circumstance – doctor, counsellor, residence advisor, faculty member, Executive Head, etc.

Institutional guidelines or policies in this area help facilitate sound protocols for reporting and information disclosure. Having an Emergency Disclosure Contact at the university, who is available for immediate consultation, can help to coordinate relevant university bodies and ensure that decision making takes place in accordance with defined roles and responsibilities and can assist the process of disclosing personal information when necessary. This individual should be well versed in assessing situations regarding students with mental illness, be aware of to whom to report, what the scope of the disclosure will be, and be responsible for notifying the individual whose information is being disclosed.

Strategic Direction 4: Strengthen the Mental Health and Addictions Workforce - How Can We Ensure That We Have the Right People With the Right Skills in the Right Places?

a. Key Issue: Providing Comprehensive Care in the Primary Care Setting and Comprehensive Seamless Services

Physicians are often the first point of contact for students with mental health and addictions problems. University health centres are often perceived to be the least stigmatized, most-accessible environment for students seeking help. For this reason, university health centres have seen the volume of students presenting with mental illness rise significantly. Ensuring that university health centres have the capacity to offer comprehensive services to students is of paramount concern.

The Ontario College Health Association (OCHA) believes that integrating collaborative mental health services through collaborative mental health teams is the most effective way of serving students with complex mental health needs. There is currently a successful model of a collaborative mental health team at McMaster University

Recommendation: Funding Collaborative/Multi Disciplinary Mental Health Teams

The model at McMaster has worked well in supporting students with mental health issues. Ontario universities would ask that as a first step, MOHLTC identify funding to test the McMaster model at other Ontario universities. Additionally, smaller institutions may wish to identify models that would work better for them. In the long-term, Ontario Universities would like to work with MOHLTC to develop a sustainable funding structure for student health services that provides the necessary human and financial resources to permit such approaches to be implemented on our campuses.

McMaster University set up a multi-disciplinary Mental Health Team as a pilot project. This team strives to integrate mental health services across the Centre for Student Development (CSD) and Campus Health Services (CHS) and ensure that practitioners are actively engaging in patient-centred care to ensure that students are accessing all the services they need. This team includes a psychiatrist, a mental health nurse, and a physician from CHC, a counselor and a disability specialist from CDS, and an administrative assistant. Presently, this initiative is funded out of the Student Affairs budget. While it is effective in serving students, it is costly to operate and not included under OHIP ($135,000+ annually). Ongoing funding for this initiative and other collaborative health models would greatly support universities in providing adequate services to students with mental illness. It is widely believed that collaborative mental health teams are a best practice model for serving students and individuals with mental illness.

Strategic Direction 5: Stop Stigma – Bring Mental Illness and Addiction Out from Behind Closed Doors

a. Key Issue: Promoting Healthy Living and Mental Health and Reducing Stigma

Stigma remains one of the most common barriers for people seeking treatment and in disclosing their mental illness to friends, family and colleagues or in the classroom. Although there are more students with mental illness seeking assistance now than before, it is suspected that there are many more students who are undetected and do not seek treatment. Without proper diagnosis, treatments and supports, students with mental illness are at a higher risk for episodes of acute illness or behavioural problems than those receiving supports. It was noted that students with mental illness often do not identify with the services provided at the access office. They may not be aware that they are eligible for academic accommodations due to their illness or that accommodation could be a critical component of their academic success as well as beneficial in supporting their mental health and preventing relapse.

Health Canada's *A Report on Mental Illness in Canada* reports that youth aged 15-24 are the most likely demographic to suffer from certain mental disorders or substance dependency problems with the onset of most mental illnesses and psychological disorders occurring during adolescence and early adulthood (Health Canada 2002, 7). This demographic coincides with the age at which the majority of students attend university.

Attending university may also bring on additional stresses that make this population more vulnerable. According to the *Canada Campus Survey*, 29% of students report elevated levels of psychological distress, 47% report stress, 32% report worry/sleep loss, 31% report being unhappy or depressed and 32% report hazardous drinking (Adlaf et al. 2004, 61). This is a significant increase from the 18% reported in the general population.

Students with mental illness often seek assistance from the access office late in the semester after a crisis or a period of feeling overwhelmed. If students can be successfully encouraged to seek accommodations sooner, they could benefit from simple accommodations such as being advised to take a reduced course load. Accommodations such as this could be integral in maintaining periods of mental health and stability. Further, if a student has a documented disability, including a mental health disability, they are able to take a reduced course load (40%) without affecting their OSAP eligibility.

Recommendation: Health Promotion Campaigns

MOHLTC, MTCU and universities should work together with relevant community partners and agencies to develop targeted mental health promotion campaigns for university students.

University students could benefit greatly from targeted mental health promotion campaigns. These campaigns can assist students in identifying the signs and symptoms of mental illnesses and identifying the appropriate services on campuses or in the community that could assist them in better managing their mental health or that of others. Campaigns can assist students, staff and faculty by promoting mental wellbeing and healthy lifestyles. They

can also promote social inclusion of people living with mental illness and build understanding to the stressors that exist in the university environment. Universities should be encouraged and supported to promote mental health and mental wellness campaigns on their campuses.

Strategic Direction 6: Create Healthy Communities – Fostering supportive communities

a. Key Issue: Supporting Faculty and Staff to Meet the Needs of Students

Faculty and staff may feel under-equipped in handling difficulties or behavioural issues that can arise regarding students with mental illness. This may be particularly relevant with regards to part-time staff or instructors or visiting faculty who are unfamiliar with the services available on campus. It is critical that faculty and staff are aware of on campus and community resources, how to act, react, or assess threats and students-at-risk. Appropriate response in emergency situations is critical, as well as awareness of strategies that may prevent situations from elevating to crisis level. Informants and mental health professionals agree that, in order to prevent mental health emergencies, faculty and staff need to be well aware of the services available on campus and how to utilize these resources.

Recommendation: Increasing Awareness and Knowledge of Mental Illness

i. Universities should work together with MOHLTC, MTCU and community agencies to develop awareness campaigns to ensure that faculty, staff and students are well informed of mental health services available on campus and in their communities. Awareness campaigns can assist in promoting a culture of acknowledgement and trust on campus and encouraging more students, faculty and staff to seek treatment if they are experiencing symptoms of mental illness.

ii. Universities should work with MOHLTC, MTCU and community agencies to help Ontario universities develop (or access) training courses for faculty and staff (Mental Health 101 and compliance with the Accessibility for Ontarians with Disabilities Act); this would cover conducting threat assessments and referring students to appropriate services, and knowledge about services related to students with disabilities. Many access offices and counselling centres provide print and web-based resources for faculty and staff that can be accessed on a voluntary basis. Other mechanisms of resource delivery include: information and training provided during new faculty orientation, counsellors provided within faculties, presentations on request at faculty meetings or at deans' meetings and optional training and seminars on accessibility and disability issues. Training in identifying students at risk and on how to refer students with mental illness is not mandatory. Key informants indicated there are many faculty and staff who are <u>not</u> familiar with how to assess and respond to a student at risk or assist them in seeking help.

    Increasing training opportunities will help facilitate a better understanding of mental illness among faculty and staff. While students with mental illness may go

through periods of withdrawal, hospitalization, mania or psychosis, they will also go through periods of stability and success. Achieving a better understanding of the nature of mental illness on campus could assist students with mental illness succeed academically and receive the accommodations they deserve

iii. MTCU and MOHLTC should support and encourage partnerships between universities and community mental health services in order to increase community links on campus and the awareness of community services.

SUMMARY OF RECOMMENDATIONS

Strategic Direction 1: Act Early - Identify Mental Health and Addiction Problems Early and Intervene Appropriately

1) *Key Issue*: Identifying Students at Risk and Addressing Campus Safety
   Recommendation: Establishing Students of Concern/Students at Risk Committees as well as Employee Risk Committees to Promote Campus Safety

Strategic Direction 2: How Can we Meet People on Their Own Terms? - Develop a Range of Evidence-Based, Person-Directed Services

1) *Key Issue*: Assessment, Documentation and Determining Appropriate Accommodations
   Recommendation: Encourage RFP's and Practical Research on Effective Methods of Supporting Students with Mental Illness
2) *Key Issue*: Providing Culturally Appropriate Services for International Students, Aboriginal Students and First Generation and Second Generation Canadians
   Recommendation: Developing Culturally Appropriate Assessment Tools and Ensuring Equal Access to Services for All Students

Strategic Direction 3: Transform the System -– Provide Access to a Seamless System of Comprehensive, Effective, Efficient, Proactive and Population-Specific Services and Supports

1) *Key Issue*: Improving Access to Community Mental Health Services and Facilitating Smooth Transitions between Community and University Services
   Recommendation: Forming Partnerships and Integrating with Community Services
2) *Key Issue:* Coordinating Different Services On and Off Campus – Ensuring that Every Door is the Right Door
   Recommendation: Improving the Coordination of Services: Taking a Case Management Approach

Strategic Direction 4: Strength the Mental Health and Addictions Workforce - How Can We Ensure That We Have the Right People With the Right Skills in the Right Places*?*

1) *Key Issue*: Providing Comprehensive Care in the Primary Care Setting and Comprehensive Seamless Services
   Recommendation: Funding Collaborative/Multi Disciplinary Mental Health Teams

Strategic Direction 5: Stop Stigma – Bring Mental Illness and Addiction Out from Behind Closed Doors

1) *Key Issue*: Promoting Healthy Living and Mental Health and Reducing Stigma
   Recommendation: Health Promotion Campaigns

Strategic Direction 6: Create Healthy Communities – Fostering supportive communities

1) *Key Issue*: Supporting Faculty and Staff to Meet the Needs of Students
   Recommendation: Increasing Awareness and Knowledge of Mental Illness

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