TOWARDS A COMPREHENSIVE MENTAL HEALTH STRATEGY:

THE CRUCIAL ROLE OF COLLEGES AND UNIVERSITIES AS PARTNERS

ONTARIO COLLEGE HEALTH ASSOCIATION
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EXECUTIVE SUMMARY

As the Ontario College Health Association (OCHA), we propose that any comprehensive mental health strategy requires the inclusion of colleges and university students as a target population, and consultation with university and college health and wellness services as stakeholders and partners in planning and devising community mental health strategies.

College and university students comprise a vulnerable high-risk population. A comprehensive mental health strategy for assessment and early intervention with the student population would have a significant impact on student health and wellness, as well as their ability to be academically and professionally successful. Overall such a strategy would improve students' chances of becoming engaged and contributing members of society. Resources spent on this group will yield the highest return in decreasing the social and economic costs of mental illness in society.

Campuses are communities with established infrastructures that can support mental health. As such, colleges and universities serve as valuable sources of information on mental health programs for college and university students, as well as issues and challenges in their implementation. Campus communities need to facilitate the creation and implementation of an enhanced and comprehensive mental health strategy to best serve their students. The creation of a successful campus mental health strategy can occur only through enlightened policies, targeted mental health promotion, and integrated care for students struggling with mental illness.

Health and education stakeholders must cooperate in supporting the mental health initiatives of colleges and universities in order to address the complex numerous factors that contribute to mental illnesses in postsecondary students. Governmental financial resources earmarked for mental health services in colleges and universities are required to provide a full continuum of proactive mental health care.

INTRODUCTION

The Canadian Mental Health Commission, launched August 2007, proposed to create a national mental health strategy with the release of the draft document, *Toward Well-being and Recovery: A Framework towards a Mental Health Strategy for Canada*, January 2009. The Ontario Ministry of Health and Long-term Care released its document; *Every Door is the Right Door - Towards a 10-Year Mental Health and Addictions Strategy: A discussion paper* in July 2009. While both documents recognize the importance of targeting youth for interventions in order to improve population mental health, the reports overlooked the key role that colleges and universities play in promoting community mental health.

We, as Ontario College Health Association (OCHA), an association for college and university health services, are health educators/ health promoters, nurses, physicians, and medical clinic staff and managers, witness the devastating effects of mental illness on our students. Speaking from our shared experience as some of the front line care givers of students with mental illness, we will highlight in this report, the importance of targeting postsecondary students, the role that colleges and universities play in mental health promotion, and the barriers that prevent proactive and seamless mental health care on campuses.

A UNIQUE AND CRITICAL POPULATION

As the World Mental Health Organization has stated, "there is no health without mental health". The health of any community, nation and society overall is dependent on the mental well-being of its members.

At the same time, however, communities world-wide are challenged by increasing demands on mental health services, particularly in light of either increased life pressures on individuals due to political and economic crises, or greater awareness and diagnosis of mental disorders and illnesses. Managing the demand has proven to be one of the more significant challenges facing not only modern healthcare worldwide, but also families, workplaces, and schools, including colleges and universities.

Unique population

University/college students are some of the brightest and hardest working young adults in our society. They are on the cusp of their wage-earning careers. Many have the potential to be leaders in the next generation. At the same time, however:

- **Most postsecondary students fall into the highest risk age group for mental illnesses and substance dependencies**.
  According to Statistics Canada, teenagers and young adults aged 15-24 were the most likely to report mood disorders and substance dependence problems (18% in comparison with 12% and 8% in 24-44 year olds and 45-65 year olds respectively).
- **University students are more likely to report mental illness symptoms than non-university students.**
  A survey of mood disorder symptoms, carried out by Adalf (2005) showed that forty-two percent of Ontario university students, compared to 17% of Ontario adults aged 18 to 29 years, reported elevated distress. (Adalf, 2005, p.112)
- **Ontario University students report having mental distress that significantly impacts their lives.**
  Fifty-one to 60% of students reported feeling hopeless; 33-43% reported feeling so depressed they were not able to function; and 6-9% seriously considered suicide in the 12 months prior to the questionnaire. (ACHA, 2009, unpublished data from six Ontario university campuses)

While in college or university, many students live away from their families and other supports for the first time. They often work part-time or full-time to support their post-secondary studies. Student and parental expectations for academic success similar to that previously attained in high school add further pressure to already stressed students. Students also may not be equipped to resist the pressure from peers to make unhealthy lifestyle choices involving alcohol and drugs. Even factors as simple as loss of sleep and less than adequate nutrition can significantly interfere with the emerging adult's ability to cope with their new circumstances. International students and recent immigrants may be even more vulnerable to mental health problems because they may be living further away from family and other supports than their peers. Differences in language and cultural norms may also impede them from seeking and receiving help. Some students, having left the family home, embarking on adulthood, or triggered by stressors, start dealing with childhood trauma and abuse during their postsecondary education years.

Critical population

On the other hand, when university/college students develop mental illness, they are often earlier in the course of the illness and, as a result, tend to be easier to treat. This means fewer students would develop severe substance abuse or chronic untreated medical illness and have less personal, social, and economic costs. As well, people go to college/ university with the purpose of learning. That fact coupled with the relatively young age group most students fall into, often creates an attitude of openness to new ideas.

Therefore, university/college students are well positioned to respond positively and adhere to mental health interventions, and are, thus, a perfect population to target health messages regarding lifestyle choices and newer ideas that de-stigmatize mental illness which will have lasting effects on their lives. Furthermore, when students with mental illnesses are be supported in a timely and effective manner, they will be more likely to succeed in their academic endeavours and become productive members of society.

It is in the best interest of society for graduates to embark upon the next stages of their lives unencumbered by severe mental illness and/or addiction. Early interventions aimed at college and university students would lead to less future dependency on the health care system, thereby decreasing mental health care costs over the long term. It has been estimated that every $1 spent on mental health and addictions treatment saves $7 in health costs and $30 dollars in lost productivity and social costs (Ontario Ministry of Health and Long-Term Care, 2009, p.16). Given the prevalence and onset of mental illness and addictions among the university/ college student population, targeting them for mental health interventions would have a great impact on improving mental health in society with significant financial and social cost savings.

COMPLEX STIGMATIZED ILLNESSES REQUIRE A MULTI-PARTNER RESPONSE

Jasmine, a 21 year-old student studying social work, was recently diagnosed with depression at the beginning of her third year of university. She was doing well on a treatment plan that included a combination of psychotherapy and antidepressant medication. In the second term, she presents to the medical clinic after missing a number of follow-up appointments, asking for a "sick note". Her counsellor has recommended that she request for a medical certificate which could allow her to drop her failing courses without penalty. Jasmine reports that when she went home for the winter break, her parents and boyfriend found out she was taking an antidepressant medication. They told her that she could not be depressed, and that she "just needed to think positive thoughts". They told her that the medication was bad for her, that her doctor was "pushing drugs". As a result, they would not give her the money to purchase new medications when she ran out of student loans in the second term. They also encouraged her not to continue with counselling as it would "mess with her head'.

*All patient stories are composites of multiple patients in order to maintain anonymity.

It is well recognized that mental disorders and illnesses are caused by complex interactions of numerous factors, many of which are not fully understood. Social determinants of health such as education, income, and employment have profound effects on mental health. Genetic factors, childhood emotional trauma, recreational drug and alcohol use, sleep habits, psychological factors, and personal and financial stressors can interact and contribute to mental illness. Stigma against mental illness is pervasive. It deters individuals from seeking professional help and following through with plans of care, ultimately, impeding their full recovery.

With such broad factors and complex interactions, sophisticated and coordinated efforts from many types of care givers, armed with knowledge and resources supported by many sectors of society and government are needed to address the mental health concerns of this population.

VITAL CAMPUS COMMUNITY AND SERVICES

The average undergraduate student is between 17-22 years old, has left the familiar stability of home, family, and friends, and is for the first time attempting to independently navigate life's ups and downs. The university/college community serves as a social safety net for students. College and university campuses are communities that have an established infrastructure ideal for creating a safe and supportive environment for mental health promotion and integrated care. They contain the continuum of health care that can prevent and address mental health problems: health promotion and accessibility, counselling, and medical services.

HEALTH PROMOTION

Campus Health Promotion units are crucial in any comprehensive college/university mental health strategy as the proactive and preventative component. They attempt to provide students with information and tools to help identify mental health and addiction problems in themselves and/or their peers. They also strive to teach students problem-solving, coping, and social skills which can help to support them in times of difficulty and to assist them in recognizing when they may need to seek professional help. Health Promotion practitioners supported by health promotion theory, practice and research, seek out and create collaborative partnerships to assist in providing safe, supportive and inclusive campus environments so people with mental health issues can feel more comfortable in seeking and getting the support and the care that they need.

Many colleges and universities have dedicated health promotion/ health education staff whose aim is to provide students with education, information and guidance in making informed health and lifestyle choices that contribute to achieving success in academic goals and lifelong health and wellness. These choices can greatly affect mental as well as physical health. University/college students are in many ways a captive audience and can be targeted by health promotion campaigns. These campaigns often use well designed and maintained websites, posters, videos, information sessions, display booths and resource centres designed to engage students.

Campus-based Health Promotion **programs** often employ paid and volunteer students to conduct campaigns in collaboration with groups such as housing and student associations. These Health Promotion Peer programs provide opportunities for student leaders to learn about mental health issues, earn income, gain work experience and take on a leadership role on campus. Health Promotion **teams** have experience with social marketing and health education strategies targeting behavioural and

attitudinal changes toward smoking and other substance abuse. This experience can be applied to combat the stigma of mental illness and encourage good mental health lifestyle choices. The Peer Health programs are an integral method of improving student and community capacity and supporting the social determinants of health such as income, education, and employment.

The Health Promotion field contributes to the prevention of mental health problems through supporting initiatives in health education, social marketing, and creating social supports through peer mentorship and community development. Perhaps a more important, and yet less visible contribution is its grounding in concepts, theories, and practice of population health with the emphasis on needs assessment, program evaluation, and reflective and evidence-based practice. Health Promotion practitioners have skills and tools that can benefit campus mental health care givers by providing assistance with needs assessments and evaluation to improve programs and services.

"All Ontarians should know the signs and symptoms of mental illness and addictions so they are aware when they or someone close to them may be at risk. They should know the steps to take to reduce their risk, such as exercise, meditation, proper nutrition, spending time with friends and family, and other ways to manage stress. They should also know when self-management isn't enough and where to go for help."

(Ontario Ministry of Health and Long-Term Care, 2009; p. 28, 29)

MENTAL HEALTH SERVICES

Jeff was a 19-year old first-year student living in a university residence. In late-October some of his friends approached their residence assistant worried that Jeff had started isolating himself. The residence assistant informed her supervisor, and took steps to involve Jeff with his neighbours, but continued to see negative changes in his behaviour. A few weeks later, Jeff told a friend he was contemplating suicide. A professional member of the residence staff immediately met with Jeff to assess the suicide risk. He was then referred to both Student Health Services and Counselling Services where he got next-day appointments to see his physician, and to speak to a counsellor. Jeff continued to see his counsellor and physician on a weekly basis with regular communications between the counsellor and physician on his progress. On-going support was provided in his residence community. He also received academic accommodations through accessibility services when he indicated that he was falling behind in his classes. By the next semester Jeff was back on-track academically and continued to remain involved in his residence community. He continued to meet with a counsellor on a monthly basis until the end of the academic year.

The community has a number of mental health services in place to intervene when students demonstrate a mental health need. These services include accessibility, counselling, and medical services.

Accessibility services assist students who require academic accommodations as a result of illness. This service is important to students with mental illness as the illness can often interfere with a student's ability to concentrate and to do academic work. Mental disorders are often chronic, intermittent, and treatable. Students who have been identified as having a mental health disability are able to make use of academic accommodations and other accessibility services to help them succeed academically. At the same time, in order to receive accommodation, they must be under the care of a health provider. Hence, the accommodation requirement is further encouragement for students to seek assessment and treatment for mental health problems. Accessibility services also advise students with mental health illnesses how to manage their academic work in spite of their impairments.

Counselling services also provide help to students with personal, career and academic issues. As is the case with accessibility service, the aim is to enable students to succeed and to improve student retention. Counsellors attempt to enhance personal development and academic capacity in students, especially as the students are faced with challenges of mental illness for the first time. Psychotherapy is a key component in the management of mental health problems, often leading to illness resolution and prevention of further relapse. Counsellors can serve as trainers and consultants to the college/university community, helping faculty and staff recognize and refer distressed students early to prevent academic and personal crises. They are core members of multidisciplinary teams that manage students at risk of mental health emergencies, some that could threaten the safety of individuals and the community-at-large.

Campus medical services are often composed of a team of nurses, family physicians, and psychiatrists. In their role as a mental health service, medical services diagnose mental disorders, navigate the intersection of physical and mental illnesses, recommend and prescribe medications, and monitor treatment progress. Some medical care providers are trained in and provide different types of counselling. Physicians are also capable of mandating psychiatric assessment if the patient appears to be at imminent risk of harming themselves or others.

Mental health services on campuses deal with a population with a narrow age range that is, to a great extent, affected by developmental and mental health issues. This enables professionals providing mental health support on campus to develop expertise in these areas that are not often found in the external community. They are also familiar with the academic expectations of their own institution and are able to help students navigate them. As employers, colleges and universities tend to draw professionals who are passionate about students and learning. This dedication coupled with their expertise, provides students with ideal care-givers.

Aside from receiving comprehensive care, another benefit of on-campus services is proximity and accessibility. Students typically spend a great deal of time on-campus and the services offered there are convenient locations for students to seek help. Additionally, campus mental health services may be viewed as less stigmatizing places to seek help than a hospital or specialty psychiatry clinic, resulting in a greater potential that students will seek help before their concerns become severe or disabling.

OTHER CAMPUS SUPPORTS

Piotr was a new international graduate student who started spending less and less time in the research lab. The other graduate students noticed that he was becoming aggressive and argumentative. He started accusing them of stealing his ideas and planning to get him kicked out. His faculty advisor arranged to meet with him after finding out about Piotr's changing behaviour from the other students. During the meeting, Piotr was agitated but agreeable to the professor questions and suggestions of seeking help. After a week long absence from school, he started contacting his professors, other students, and faculty administrators. He was concerned that people were 'out to get him' and that was the reason why he must 'get them' first. The faculty brought the case to the institution's student-at-risk team, concerned for the safety of his staff. The student-at-risk team determined that the threat was moderate but not imminent. Security officers met with the professor and his staff to create a safety plan. The student was registered with accessibility services for a mental illness but he refused to see any of the campus mental health services when they reached out to him. The Student Conduct Office contacted him to say that he was at risk of being suspended for his disruptive behaviour and that they should meet to discuss the issues. He was made aware that the school required a medical certificate from a physician to say he was fit to be at school During the meeting of the student with the Student Conduct Officer, it was discovered that he had stopped taking his medication and attending medical appointments due to financial constraints. He was informed of the student bursary program, and an appointment was made with the medical clinic. Piotr restarted his medication, resumed his studies, and graduated without further incident.

People with mental illnesses and/or addictions benefit from having mental health services integrated with health care, community, social, and educational services (Ontario Ministry of Health and Long-Term Care, 2009 p.36). As illustrated in the story, in a university/college setting there are a number of support systems and detection mechanisms available to a student in crisis, in particular if the student is living on campus. The university/college is an interconnected community. Students with mental health problems are more likely to be identified, and may be more likely to be linked with appropriate services in a timely manner. Aboriginal services, student programs, residence staff, chaplains, faculty and staff all have connections to students and are able to refer them to resources as needed.

Moreover, communication and cooperation between services, faculty, and staff allow for more integrated support of students, with less chance of 'falling between the cracks'. Student-at-risk committees are one such example of effective collaboration on colleges and universities. These committees are usually composed of representatives from accessibility, counselling, and medical services, as well as security, academic affairs, discrimination and harassment prevention, and student conduct officers. The committees meet to share information, assess the risks posed by students to themselves and others, and determine appropriate measures to ensure the safety of the campus community while supporting the students with mental illnesses. Using conduct policies, they can strongly encourage students to seek care if a mental illness is a contributing factor in academic or behavioural misconduct.

ALIGNED GOALS

The general missions of universities and colleges are aligned with community health promotion goals. Currently, colleges' and universities' *raison d'être* is to provide training and education - enabling students the ability to lead healthy productive lives. The success of colleges and universities is measured using indicators such as student retention and post graduate employment rates. The academic abilities and success of students are predicated on health, especially mental health for memory, concentration, and learning among other things. The concerted efforts of postsecondary institutions to support mental health are required to achieve institutional goals.

Student retention and success have been linked to the concept of **student engagement**, which tries to describe a high level of student learning and personal development. "Research in many disciplines has provided evidence of the value of active engagement and social interaction in enhancing learning" (Kenny, 2005, p.38). The social interactions that promote academic learning also enhance mental health and self-esteem. Mental health promotion goals of building student capacity and enhancing social connections through creating campus community line up with ideas and methods of enhancing student engagement.

The tangible benefits of attending postsecondary institutions are the attainment of education, employment, and an income. These results are significant social determinants of mental health. Resources invested in universities and colleges can only contribute to the health and wellness of society and the minimization of overall health costs. Postsecondary institutions improve their chances of success with recognition of the importance of and supporting mental and physical health initiatives on their campuses. **Education and health are interdependent and reciprocal. Therefore, the efforts to promote both in collaboration are synergistic and mutually beneficial.**

HAZARDOUS GAPS

Karen was a 4th year nutrition student who was referred to the medical centre by a faculty member concerned about the student having an eating disorder. During the initial assessment, the physician determined that Karen was only eating one meal per day and using cocaine to lose weight and boost her energy. Her weight was normal but low. She was encouraged to book an appointment with the campus counselling centre and attend Narcotics Anonymous. A referral was made to the local eating disorder treatment centre, which had a one year wait time. Her faculty member was requested to find a community dietician for the student. Karen subsequently booked and cancelled several follow-up appointments with the physician. She finally returns to clinic six months later complaining of dizziness and fatigue. At this time, her weight is 20 lbs less than the healthy weight for someone of her height. She has stopped using cocaine but only takes in Diet Coke and crackers each day. The student did not follow-up with any appointments made with the counsellor or dietician. Karen now has symptoms of depression and cuts herself to deal with any emotional distress. She is failing her courses and will no longer be a student at the end of term, which means she will no longer have access to the campus physician or counsellor.

Although campus communities have associated services and policies that can serve as a safety net for students with mental health problems, significant gaps exist that allow students to be 'lost' to their illnesses. Lack of coordination, funding, adequate staffing, and a primarily reactive response are some of the obstacles to delivering the ideal high standard of service.

FRAGMENTED SERVICES

Although a number of mental health services are located on each campus, the degree of coordination and collaboration between these services varies greatly due to a number of potential barriers that exist. These include physical, departmental, and professional barriers, as well as the lack of time, resources, or will required to overcome these barriers and foster relationships. Physical distance between services prevents spontaneous communication that could occur if people work in the same space. Departmental barriers exist due to reporting structures and cultures that keep colleagues apart. Professional barriers are the most invisible and potentially the most significant obstruction to providing seamless care. They stem from differences in training, professional language, theories, expectations, status, power, and compensation. Communication and trust are vital when professionals share the responsibility of caring for vulnerable individuals with mental health problems. Protected time and work are required to build professional relationships but are often sacrificed to the high demand for direct service. Students suffer

when their health care providers cannot give the most appropriate care because they lack key information. Students are also forced to repeat their stories multiple times, which can worsen their emotional distress.

Potential pitfalls also exist for students who are transitioning into or out of campus community services. Any new student has to adjust to the campus setting with different expectations and stressors. Students with existing mental illness have a higher need for resources and are more vulnerable to stressors of change. Yet, because of stigma or mental health impairments, they are less likely to find and access the necessary resources. Often, there are difficulties in accessing information from previous mental health care givers that are necessary for providing appropriate and timely care.

With severely ill students, the lack of communication between campuses and hospitals during the admission and discharge of students to and from hospital can seriously compromise their health and recovery. Campus members, especially for students who live in residence, can hold significant information about the ill student that is often not part of their in-hospital assessment. Students can appear better than they are without important corroborating information. Not including campus representatives as part of discharge planning allows students to "fall between the cracks" as no one on campus is aware of their return or their needs. Expectations of residences to support suicidal students living on campus place heavy burdens on residence students and staff during 24 hour "suicide watches".

Transitioning students out of the college/ university setting can also be challenging. Students who suddenly leave school because of worsening impairments and academic failure from mental health illnesses lose their access to campus related supports when they most need them. These include counselling and medical services, the student drug plan for medications, and financial assistance/student loans. With scarce resources and long wait times in the external community, these patients are at risk of becoming more ill, and thereby decreasing their chances of returning and completing their education.

REACTIVE RESPONSE

Like the health care system everywhere, mental health care within colleges and universities tends to be reactive, with the majority of resources focussed on managing problems as they arise. Yet prevention and early treatment are known to be more effective and, ideally, should be the primary goal for any health care system.

Campus mental health promotion has a key role in preventing and minimizing the harms that stem from mental health disorders through health education, community building, and advocating for healthy policy changes. However, there is little recognition and understanding of the importance and function of health promotion at most colleges and universities. Health promotion is usually minimally funded with,

on average, only one staff person available per campus. The primary activity of health promotion on campus is health education, with very little resources and supports for needs assessments, program evaluations, advocacy, and community building. Health education, although an important approach to prevention, is not enough by itself to address all the broad factors that contribute to mental illnesses.

PIECEMEAL FUNDING

Gaps within mental health services are closely linked with resource availability and funding methods. College and university accessibility services, for example, are funded by the Access Fund for Students with Disabilities Fund (ASFD) and allocated funding by the Ministry of Training, Colleges and Universities according to institutional enrollment numbers. They also receive funds based on the number of students using their services and the number of students with certain targeted disabilities. Though the funding from the Ministry is on-going, there are numerous demands and requirements imposed on the service that necessitate further funding from the postsecondary institution, which are subject to financial pressures and inter-departmental competition for funds found within each college/university.

Funding for counselling services may come from the institution, from student fees, from third party insurers or from a combination of these sources. As universities and colleges face ongoing financial constraints, counselling services are subjected to budget cuts in spite of a constant, if not growing, need for counselling.

As a way to cope, counselling services are forced to create longer waiting lists, provide care for a shorter period of time and with less frequent sessions, limit the number of sessions per student, and to service more urgent cases first. In other words, the service is in danger of becoming more reactive and less proactive – allowing students to progress further along in their illness duration and severity before being provided with help. At some schools, students can be seen weekly, others only once a month or once every two months. Wait times can be up to 2-3 months, depending on the time of year. Few universities/ colleges have the resources to provide longer term psychotherapy to resolve more complicated mental health issues. And yet if they were dealt with at the earlier stages often found in colleges/ universities, the negative impact on the individuals, their families, and society could be significantly reduced.

Limitations in mental health medical services are directly related to funding issues and physician shortages. Most physicians in campus medical centers are compensated through billing Ontario Health Insurance Plan (OHIP) Fee-for-Service. This payment method tends to reward physicians who have numerous short visits with patients and penalizes physicians caring for more mental health patients who require longer appointments, have difficulty showing up for appointments, and require more time for documentation and for consultation with other mental health care givers.

Ontario has introduced new funding models which provide incentives for more preventative practice and does not rely on the number of patients seen per day. However, these models require patients to register with one physician group and forego seeing others. Given the transient nature of college/university students who are unable to remain with only one physician group, campus medical services are unable to take advantage of these excellent funding methods.

As a result of the higher percentage of patients with mental health illnesses, the inability to choose another funding model, and the large decrease in demand for physician services during summer months and mid-terms/finals, many physicians in campus medical services receive significantly less compensation for the work they do when compared to working in the external community. Coupled with physician shortages in most communities and the aversion of some family physicians to treating mental illnesses, retention of doctors becomes a significant issue for most colleges and universities. Retaining psychiatrists is an even bigger challenge due to an even greater shortage of psychiatrists and the large financial incentives paid to them for being affiliated with a hospital. Some universities/colleges have been unable to attract a psychiatrist in spite of active recruitment for several years. These campuses rely on community psychiatrists, some of whom have year long waiting lists.

HIGH RESOURCE NEEDS

Significant challenges arise from the fact that more and more students are arriving at university/college already requiring or under psychiatric care. In addition, the severity of illness seen on campus seems to have increased since more students are being accommodated through accessibility services and are more able to participate in higher education, despite their mental disabilities. Although it is positive to have students who were once excluded from post-secondary education now accessing higher education, college and university mental health services were not designed to support such clients. Clients with severe mental illness require a large proportion of the resources available: psychiatry, medical care, nursing care, psychological counselling, academic counselling and academic accommodations. In turn, students with less severe mental or emotional health problems, and students who need mental health support for the first time may have difficulty accessing the mental health and addiction services they need.

International students may be more vulnerable to mental health illnesses from greater stressors of adjustment; and knowledge, language, and cultural barriers to accessing mental health care. More time and special expertise is required to bridge language and cultural barriers in order to effectively treat international students with mental health illnesses. With federal and provincial governments' interest in recruiting more international students, the burden of supporting their mental health needs will only increase.

Mental health resources can vary greatly from campus to campus depending on the resources in each community setting and the priorities and competition for money within each college or university. This can lead to great inequities for mental health care for students across the province and country. Ultimately, what is lacking is a comprehensive mental health strategy for campuses and universities. Mental health care on campuses is fragmented with inconsistent, and in some cases unstable, funding from various sources and ministries. With few resources to carry out needs assessments and evaluations of existing programs and services, an overarching view of where we have been and where we need to go is missing.

RECOMMENDATIONS

In conclusion, we have clearly demonstrated that universities and colleges need to promote mental health and provide coordinated mental health services to a critical population in society. Consequently, the OCHA is making the following recommendations.

1. **To be relevant, provincial and national mental health strategies must highlight and target the student population of colleges and universities for interventions.**

    - *College and university students are at the highest risk for mental health illnesses in society.*
    - *Interventions aimed at this population will provide the highest yield in preventing the large personal, social, and economic costs of mental health illnesses.*

2. **Government, health and education stakeholders must build strong partnerships to support a comprehensive mental health strategy for colleges and universities.**

    - *Colleges and universities are ideal communities to undertake the mental health promotion and early intervention strategies for their students.*
    - *The co-operative and coordinated efforts of multiple levels of governments, education and health ministries and organizations, and campus front line mental health care givers are required to transform systems in order to have significant impact on preventing and treating these chronic, complex, stigmatized, high resource needing illnesses in students.*

3. **Government, health and education stakeholders must financially invest in the full continuum of mental health initiatives and services in colleges and universities.**

    - *College and universities currently have inconsistent, reactive, unstable, underfunded, and fragmented initiatives and services for mental health.*
    - *Prevention and strategic program and service planning based on needs and evidence are woefully neglected.*

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