OUSA
Ontario Undergraduate Student Alliance

POLICY PAPER

Student Health and Wellness

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EXECUTIVE SUMMARY

This policy on student health and wellness takes a broad look at a range of health concerns felt by Ontario's post-secondary students, as identified by the student membership of OUSA. These concerns and recommendations are in response to emergent trends, and further resolve issues that have not been addressed since the last policy on student health was ratified. Based on principles that look to improve overall wellness in student populations, these recommendations seek to bring greater attention to the current mental and physical health care needs amongst our students regardless of their current health or socio-economic standing, or physical and mental ability.

With this policy, OUSA hopes that students will be provided with the resources and services they need to ensure their overall wellbeing and success. This policy addresses eight interrelated areas that present particular challenges to PSE health and wellness systems. The responsibility of optimizing care in many of these areas must be a shared effort between the government, institutions, and students. For each of the areas, clear suggestions for the province and universities are brought forward, articulating the ways in which OUSA believes Ontario could have healthier, happier, and higher performing post-secondary students.

OUSA's recommendations for each of the eight sections are as follows:

HEALTH PROMOTION

- The incorporation of wellness programming starting in orientation week and running throughout the entire academic year
- Wellness promotion should expand beyond issues that impact students in the classroom
- All of Ontario's universities should have a reading break in each semester
- There must be a set standard of health awareness training for new faculty and staff
- Exams should be structured in ways that acknowledge and promote the wellbeing of students

CAMPUS WELLNESS CENTRES

- All university stakeholders should work together to establish a comprehensive strategy for enhancing service provision
- Consideration of alternatives to fee-for-service physician compensation models
- Post-secondary students should be exempt from outside-use deductions if they are enrolled in Family Health Teams
- Dedicated funding from the government for the integration of primary medical care and mental health services
- Mental and physical health services should share facilities in order to better facilitate an integrated care model and overall student wellness

MENTAL HEALTH

- Continued investment dedicated to frontline mental health support
- Dedicated government investment towards system-wide initiatives to improve student mental health
- All campuses must establish optimal counsellor-to-student ratios
- Extension of OHIP coverage of mental health services for youth aged 18 to 25
- Better mental health initiatives to decrease stigmatization and lower barriers to

accessing care
- Institution support for peer support programs and initiatives
- Mandatory mental health and wellbeing education, training, and resources for faculty and staff
- Institutional policies, structures, and organization need to reflect the importance of student mental health and wellness

ATHLETICS AND RECREATION

- Athletic and recreation services should be promoted in ways that reduce perceived barriers to access
- Opportunities for students to provide feedback on program planning
- Athletics and Recreation departments should be accountable to students in their spending and program planning
- Funding allocation should prioritize the wellbeing of the whole student body
- Ancillary fees should reflect the real cost of the services will receive
- Intramural sports must include adaptive sport options

NUTRITION

- Dedicated government funding for the support of nutritional campaigns and healthy on-campus food options
- Lower prices for nutritious food options
- Availability of reduced portion sizes sold at prices that reflect the reduction
- Access to resources to increase nutritional knowledge, like registered dieticians
- Better accommodation of dietary restrictions
- More student input and feedback in the choice of food service provider and food options available on campus

ACCESS TO CARE FOR MARGINALIZED GROUPS

- Health care and counselling staff and services must reflect the diversity of the student population
- Training for wellness service providers on the needs of marginalized groups provided by the government
- Special accommodations for pregnant students, new mothers, and students with chronic illnesses on university campuses
- Institutions must better support the transitions of students who have suspended their studies
- Improved access to expertise and resources for students involved in sex or gender reassignment processes
- The government should provide additional resources to institutions for the improvement of long-term care

CAMPUS SECURITY AND SAFETY

- Institutional record keeping and public reporting of violent criminal activity that occurs on or around campus
- Institutions must take responsibility for providing all security and safety services on campus

- Standardized hiring processes and requirements for security personnel across institutions
- Institutional funding for infrastructural improvements to increase students' feelings of comfort and safety while on campus

SEXUAL VIOLENCE

- Every institution should have support centres for students who have experienced sexual violence
- Better academic accommodation for students who have been traumatized by sexual violence
- Government resources for the provision of long-term care to survivors of sexual violence
- More consistent processes for communication, reporting, and recourse related to sexual violence on campus

GLOSSARY

Aboriginal refers to individuals who identify as First Nations, Métis, Inuit, or having other indigenous ancestry.

Accessibility services refers to services that assist students who require academic accommodations as a result of illness or disability. To receive accommodations students must have documentation of illness from a physician, nurse, or other medical practitioner.

Adaptive sports refers to recreational and competitive sports adapted for individuals with physical, cognitive, or developmental disabilities. These sports often parallel sports played by able-bodied athletes, but include modifications in the equipment or rules to meet the needs of all participants.[1]

Campus health centre refers to medical clinics on post-secondary campuses that primarily serve students, and employ nurses, family physicians, psychiatrists, and sometimes other health care professionals.[2]

Community Health Clinic (CHC) refers to health care organizations, usually in high-need urban areas, that include a team of salaried family physicians, nurse practitioners, registered nurses, social workers, dieticians and other professionals who work together to provide health care for their community. CHCs do not require patients to agree to exclusively seek primary care through the CHC.

Counselling services refers to university services that provide students with personal counselling, including navigating mental health and wellness issues. These services may be part of the campus health centre, or considered a separate service.

Counsellor refers to registered or certified counsellors who are trained to assess mental health problems and use different counselling methods to support their patients. These services are not covered by OHIP.[3]

Family Health Team (FHT) refers to a group of salaried health care personnel, including family physicians, registered nurses, social workers, and possibly others, which provide care to a group of rostered patients, who agree to exclusively seek primary care through the FHT.

Fee-for-service refers to physicians who are not provided a fixed annual salary, but rather compensated based on the number of services they render to patients. Nearly all university health services operate on a fee-for-service model.

Health promotion refers to initiatives intended to enhance the health and wellness of the university community, which are often, though not always, preventative in nature.[4] Initiatives can include providing information and tools to students, work to teach positive coping skills, and health and wellness training for faculty and staff.

LGBTQ+ students refers to lesbian, gay, bisexual, transgender, queer and questioning

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[1] "Adapted Sports," *Achievement Centers for Children*, Accessed November 12, 2014. http://www.achievementcenters.org/adapted-sports.html

[2] "Towards a comprehensive mental health strategy: the crucial role of colleges and universities," *Ontario College Health Association* (2009).

[3] "Getting Help," *Canadian Mental Health Association*, Accessed November 11, 2014. http://www.cmha.ca/mental_health/getting-help/#.VGJFCvTF-MJ

[4] Gail MacKean, "Mental health and wellbeing in post-Secondary education settings: A literature and environmental scan to support planning and action in Canada," (presentation, June 2011 CACUSS pre-conference workshop on mental health, Toronto, ON, June, 2011).

students, as well as all students identifying with a sexual minority, including but not limited to, those that identify as asexual, two spirited and intersex.

Mental illness refers to mental health problems—significant changes in thinking, mood, and behaviour associated with distress and impaired functioning—that are diagnosed and treated by mental health professionals including depression, bipolar disorder, anxiety, social phobia, eating disorders, schizophrenia, and personality disorders.[5]

Mental health issues refers to mental health that is less than optimal, but not necessarily an illness or disorder.[6]

Mental health nurse refers to Registered Nurses and Registered Practical Nurses who specialize in psychiatric mental health nursing, which includes the assessment of mental health needs, development of a nursing diagnosis and plan for care, as well as the implementation, evaluation, and continued revision of the plan.[7]

Mental wellness refers to a dynamic process, in which a person's external circumstances interact with their psychological resources to satisfy – to a greater or lesser extent – their psychological needs and to give rise to positive feelings of happiness and satisfaction.[8]

Psychiatrist refers to medical doctors who specialize in the diagnosis and treatment of mental illnesses. They are able to prescribe medication and use counselling to support patient recovery. Their service fees are covered by OHIP.[9]

Psychologist refers to medical professionals with masters or doctoral degrees in psychology. They are trained to assess, diagnose, and treat mental health problems and disorders, but unlike psychiatrists, they cannot prescribe medication. Psychologists practicing in a community typically do not provide services covered by OHIP.[10]

Peer support groups refers to groups that offer safe spaces for students coping with mental illness or mental health issues to share their experiences and connect with people who understand what they are going through. These groups can be formally organized by mental health professionals or informally organized as a casual group of peers.[11]

Peer supporters refers to individuals who are trained to provide support and understanding, help navigating the mental health system, links to community services, and support individuals in achieving personal goals. Peer supporters often have intimate experiences with mental illness, be it personal experience or in supporting a loved one.[12]

Point-of-choice is used in this paper to refer to the spaces where students place their food orders and/or decide which food items they will eat.

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[5] "Secondary Education Resources: Definitions," *Centre for Addiction and Mental Health*, Accessed October, 2014. http://www.camh.ca/en/education/teachers_school_programs/secondary_education/Pages/secondary_education.aspx

[6] Gail MacKean, "Mental health and wellbeing in post-Secondary education settings: A literature and environmental scan to support planning and action in Canada," (presentation, June 2011 CACUSS pre-conference workshop on mental health, Toronto, ON, June 2011).

[7] "Frequently Asked Questions from CFMHN," *Canadian Federation of Mental Health Nurses*. Accessed November 11, 2014. http://cfmhn.ca/content/frequently-asked-questions-cfmhn

[8] "Measuring wellbeing in policy: issues and applications," *New Economic Foundation*. Accessed May 2011. http://b.3cdn.net/nefoundation/575659b4f333001669_ohm6iiogp.pdf

[9] "Getting Help," *Canadian Mental Health Association*, Accessed November 11, 2014. http://www.cmha.ca/mental_health/getting-help/#.VGJFCvTF-MJ

[10] Ibid.

[11] Ibid.

[12] Ibid.

Recreational physical activity refers to leisure activities that involve some physically active component and are practised outside of a competitive framework.

Visible minority is used in this paper to refer to individuals who are non-Caucasian in race or non-white in colour, including Aboriginal peoples.[13]

Woman (also women) is used in this paper to refer all individuals who self-identify as a woman.

[13] Adapted from definitions used in the 2011 National Household Survey conducted by Statistics Canada.

INTRODUCTION

In the current PSE health system, there are divides between physical and mental health that are fuelling students' concerns for the quality of their care. On many campuses, medical services and counselling services are located in separate facilities. Stigmas surrounding mental health, mental illness, sexual violence, and trauma still deter students from addressing these issues and seeking out help when they need it. In the 2013 National College Health Assessment organized by the American College Health Association, over half of Canadian students did not receive information from their post-secondary institution regarding important health topics like:

- How to help others in distress
- Nutrition
- Relationship difficulties
- Sexual assault and violence prevention
- Sleep difficulties
- Suicide prevention.[14]

This paper and its accompanying policy statement seek to alleviate barriers to care on university campuses through the promotion of a more holistic approach to student health. OUSA proposes that institutions and government adopt a strategy that heeds the overall wellness of post-secondary students. By encouraging the growth of a culture that values students' health as a process of caring for the mind, body, and spirit as one entity, we can better address students' current health care concerns. In order for this culture to thrive, systems of care must also work as single entities to ensure the wellbeing and ultimate success of patients.

Students are looking for better integration of services and resources in order to improve communication and referral amongst wellness care providers, access to peer and community support networks, and the quality of long-term care. Students ask for more flexibility in their care options as well as in academic accommodations for students who must suspend studies for extended lengths of time. Students require their campuses to commit to health promotion, and to be safe and secure, free from sexual violence, crime, and cultures that perpetuate hate and discrimination. The details of students' concerns surrounding these issues are provided herein, as well as recommendations for addressing these concerns and solving the problems they create.

[14] "ACHA-NCHA II: Canadian Reference Group Data Report," *American College Health Association* (2013).

HEALTH PROMOTIONS

PRINCIPLES

Principle One: Health and wellness should be promoted in a holistic manner - giving appropriate attention to lifestyle management, education, treatment, and triage. Health and wellness should be understood as interdependent.

Service divides between health issues and methods of treatment can lead to cultural division on the perception of overall wellbeing. More specifically, by separating mental health, physical health, and healthy living strategies from persistent illnesses ignores their influences on each other. This division contributes to perceptions that some things are more acceptable to discuss and seek help for. A holistic approach would aim to alleviate the stigmatization of certain health issues by removing the distinction between different aspects of health and promoting well being all together. Such an approach would most notably aspire to end cultural segregation of mental and physical health, lessening stigma around mental health issues and mental illness. This would improve the continuum of service delivery, helping to decrease the number of incidences of crisis and improve referrals to appropriate levels of intervention. For example, not all students seeking help for mental health issues and illnesses will need to see a psychiatrist (an expensive and difficult to access resource) if the system can effectively facilitate referrals to academic counsellors or mental health nurses.

Principle Two: First-year students should enter an environment that eases their transition into university by promoting healthy lifestyle choices and coping strategies.

Transition into first-year is a time that shapes a student's university experience, and the habits that a student develops during that transition can help determine their success for the rest of their time at school – and beyond. To ensure that their education is successful, positive health and wellness strategies should be heavily promoted to incoming students. The first-year transition period has been linked to developing attitudes, expectations, motivation and approaches to learning that will stick with students for the duration of their university experience.[15] It is important to emphasize this transitional period to ensure that students begin their post-secondary careers with the highest potential to succeed and excel.

Easing the transition should include strategies of limiting potential concerns as well as directing students to areas that can help with potential challenges. First-year challenges can include struggles related to culture shock, homesickness, loneliness, self-esteem, or identity. Informing students of the services available on campus and promoting wellbeing is crucial for dealing with potential health issues that may arise during their transition into university. During this time, students need to be given advice on maintaining healthy lifestyles that constructively deal with and reduce tension because many of the issues they experience in their first year, they will be experiencing for the first time. Every first-year student should be equipped to effectively manage their time, sleep schedule, and stress in addition to their academic commitments.

[15] Angela Bowles, Alexandra Dobson, Ron Fisher, and Ruth McPhail, "An exploratory investigation into first year student transition to university," *Research and Development in Higher Education: Reshaping Higher Education*, ed. K. Krause, M. Buckridge, C. Grimmer and S. Purbrick-Illek (Gold Coast: HERDSA, Inc., 2011): 61-71.

CONCERNS

Concern One: First-year students are vulnerable to withdrawal from universities for reasons that can be addressed through resiliency and wellness strategies.

Students have been proven to be more likely to withdraw from university during their first year of study, with diminishing attrition rates noted as they progress through their degree.[16] Several studies credit the development of coping and learning strategies with increasing persistence over time. Expectations, attitudes, motivation, and approaches to education that are learned in students' first year of study will impact the ways in which they adapt to new expectations and pressures as well as how they experience university in the years following. This introductory transition—from orientation programming to ongoing development—also influences the level of student engagement, development, and performance.

It is concerning that students who otherwise would have the ability and desire to persist in their education may choose to withdraw without any existing interventions intended to provide them with the skills and strategies needed for success, for example, information on and help with managing time, stress, diet, and interpersonal relationships.

The determining factors of transitional success can be divided into two categories: intrinsic and extrinsic. Intrinsic accounts for study, effort and culture. Extrinsic includes learning at university, facilities, social environment and orientation. To ensure that the university students are successfully being integrated into an academic environment, the merit of extrinsic values needs to be accounted for.

Concern Two: Courses are structured in ways that promote unhealthy life patterns.

Sleep has been directly linked to health and academic success, showing that poor sleeping habits are detrimental to academic success.[17] Lack of sleep and stress go hand-in-hand, and there is concern that assignment crunch time and exam periods are designed in ways that are stressful and promote limited sleep. Exam scheduling, for example, does little to consider the individual timetables that a particular student is given, putting the burden on the student to either work through the schedule they are given or to seek an accommodation of their own accord.

Though less of a scheduling concern because students have some degree of control over which courses they enroll in, there is limited consideration for the cumulative effect of work volume in a student's courses. Individual faculty tend to assign high-value work at the same time of year with little coordination amongst themselves, meaning that students are often expected to navigate multiple assignments or tests at the same time.

In the American College Health Association (ACHA) National College Health Assessment (NCHA), conducted nation wide in the spring of 2013, 56.5% of Canadian post-secondary students reported that their academics had been traumatic or difficult to handle in the previous year while 57.6% reported experience more than average and tremendous stress in the previous

[16] Rachael E. Maunder, Matthew Cunliffe, Jessica Galvin, Sibulele Mjali, and Jenine Rogers, "Listening to student voices: student researchers exploring undergraduate experiences of university transition," *Higher Education* 66, no. 2 (2013).
[17] Ana Allen Gomes, José Tavares, and Maria Helena P. de Azevedo. "Sleep and Academic Performance in Undergraduates: A Multi-measure Multi-predictor Approach," *Chronobiology International* 28, no. 9 (2011): 795.

year.[18] High workloads, high levels of pressure on assignments and meeting due dates have been listed as primary causes of education-related stress.[19]

Exam structure plays a major role in shaping the health habits of students. Studies reveal that having exams structured as open-book rather than memorization and information-based testing substantially reduce students' anxiety and result in greater academic outcomes.[20] Exam stress has been linked to a series of other health issues including:

- Lack of a balanced and nutritional diet – 73.6% of respondents stated that their diet was not healthy during the exam period, and
- Lack of exercise – 55.4% of students not receiving daily physical activity.

Concern Three: Faculty and staff lack the training and resources required to fulfill their role in recognizing unhealthy behaviour and aiding student development.

Faculty, staff and other front-line contacts for students are in a unique position to recognize signs that a student may be having difficulty in the university environment. They're often one of the first points of contact for a student who is having a hard time, usually in the form of asking for a one-off concession. They're similarly uniquely positioned to have a direct influence on mitigating that difficulty, either as an administrator or mentor.

However, many faculty and staff may find themselves ill equipped to identify or help a student who is struggling. Others might be hesitant to get involved out of a concern for a student's privacy or their own liability should they do so. A lack of training in campuses resources for students, or the process for appropriately referring a student to help, only compounds this discomfort.

RECOMMENDATIONS

Recommendation One: Universities should set aside funding to incorporate more wellness programming and awareness throughout the year.

Orientations are an important part of a student's transition into university. By promoting healthy lifestyle habits during students' first steps into university, it could help shape students' academic careers into healthy ones. This would include (but would not be limited to) promotion of proper sleep schedules, active lifestyles, healthy time-management, and study habits from a holistic health approach. This could also be used to create an inclusive culture surrounding health and limit stigma towards certain health concerns.

Offering funding for wellness programming and awareness programs throughout the year offer the option to have university staff administer said programs or preferably have students employed in promotional roles. These campaigns are typically run through a collaborative effort between health promotion/education staff, which are staffed by most PSE institutions. Often, these staff members are students, which not only produces youth employment opportunities,

[18] "ACHA-NCHA II: Canadian Reference Group Data Report," *American College Health Association* (2013).

[19] Sara B. Oswalt and Christina C. Riddock, "What to Do About Being Overwhelmed: Graduate Students, Stress and University Services," *College Student Affairs Journal*, 27, no.1 1 (2007).

[20] Afshin Gharib, Noelle Mathew & William Phillips, "Cheat Sheet or Open-Book? A Comparison of the Effects of Exam Types on Performance, Retention, and Anxiety," *Dominican University of California* 2, no. 8 (2012).

but also creates an inclusive peer-to-peer approach towards promoting healthy lifestyles. Campaigns can use posters, booths, seminars, videos, and websites to draw students, or any measure that ensures an engaged audience.

Recommendation Two: Promotional campaigns should expand towards lifestyle health concerns.

Students' health and academic success is not limited to classroom related activities. Sleep has been proven to play a role in the academic success of students. Grade point average has been found to be associated with the amount of sleep prior to school and schoolwork.[21] In fact, when asked to relate to the statement "I generally sleep badly," students who related "very much" had significantly lower GPAs than all other students surveyed.[22]

Physical activity has also been connected to attaining higher success rates in school. In 2001, Field, Diego, and Sanders found high school students who exercised and engaged more hours of sports than their peers had significantly higher GPAs.[23] A separate study by Oh et al. in 2003 surveyed more than 6000 students in grades 5, 8 and 11 and found greater academic success to be associated with higher levels of physical fitness.[24]

Although these two factors are not directly related to classroom activity, they influence students' in-class performance. Thus, to ensure that students are informed about habits and lifestyle choices that improve their academic success we should encourage universities to promote health and wellness outside of the classroom. Possible strategies include reduced fees to access sports on-campus, financial supports for clubs and activities that promote healthy living, more introductory classes to physical activities, and possible recognition or material rewards for students who regularly undertake activity.

Recommendation Three: All universities in Ontario should build their course calendars with the intent to provide a reasonable reading break for students in both Fall and Winter academic terms, the length of which should be determined in appropriate consultation with students.

Campuses across Ontario are becoming more open to having Fall reading weeks. Ryerson, McMaster, Brock, Carleton, Trent and others were some of the first universities to introduce a fall reading break and such breaks have been proven to help students manage their required coursework in a fashion that minimizes stress.

Considering the adoption of reading breaks by 12 of Ontario's publicly-funded universities, it seems reasonable to request that all universities in Ontario follow this trend and introduce a fall reading week or break. Individual institutions should work within their course calendars to define the most optimal break would be for individual institutions.

Although the recent introduction of Fall reading breaks across Ontario makes it challenging to find situationally specific research that presents the merit of said breaks, there is an adequate amount of research that demonstrates the value of vacation in relation to burn-out rates. Short

[21] Jane F. Gaultney, "The Prevalence of Sleep Disorders in College Students: Impact on Academic Performance," *Journal of American College Health* 59, no. 2 (2010).

[22] Ibid.

[23] Howard Taras, "Physical Activity and Student Performance at School," *Journal of School Health* 75, no. 6 (2005): 215.

[24] Ibid., 216.

vacations (generally reported as 7-10 days) reduce burn-out rates, stress levels and absenteeism that last for as long as 4 weeks.[25]

For reference, universities that currently offer such reading breaks are listed below:[26]

Table 1: Ontario universities that give students a fall reading break.

University	Fall Reading Break	Number of Academic Days Off
Algoma University	Yes	1
Brock University	Yes	4
Carleton University	Yes	5
Lakehead University	Yes (Law school only)	2
Laurentian University	Yes	5
McMaster University	Yes	2
Ryerson University	Yes	5
Trent University	Yes	5
University of Guelph	Yes	1
University of Ottawa	Yes	5
University of Toronto	Yes	2
University of Windsor	Yes (Except Education)	5
Western University	Yes	2
Wilfrid Laurier University	Yes	4
York University	Yes	5

Recommendation Four: Universities set and maintain a standard of up to date training and health awareness requirements for faculty and staff.

Faculty and staff are at the frontline of any potential issues that students could experience. It is essential that they are provided the training and resources needed to ensure learning spaces are safe, promote healthy living and are inclusive to any possible health requirements.
As it stands, the required training for faculty and staff varies amongst campuses. Western University makes it mandatory for all employees to have Supervisor Health and Safety Awareness Training, WHMIS, and accessibility in service or teaching showing an understanding of the Accessibility for Ontarians with Disabilities Act (AODA). They must also aim to prevent harassment, violence, and domestic violence at the university.[27] This is an extensive list of requirements, but enables all staff members to recognize signs that a student is struggling, and exposes them to on-campus resources that are intended to support such students.

Other schools are much more limited. For example, the University of Waterloo offers optional training for faculty and staff that only includes Skills for the Workplace courses and skill building from the Centre for Teaching Excellence.[28] McMaster University offers optional guides;

[25] Mina Westman, and Dalia Etzion. "The Impact of Vacation and Job Stress on Burnout and Absenteeism," *Psychology & Health* 16, no. 5 (2001): 595–606.

[26] "Fall Reading Week," *Central Student Association*, Accessed October 17 2014. http://www.csaonline.ca/campaigns/fall-reading-week/

[27] "Required Training," *Western University*, Accessed October 17 2014. http://uwo.ca/hr/learning/required/index.html

[28] "Training courses for faculty and staff," *University of Waterloo*, Accessed October 17 2014. https://uwaterloo.ca/arts-computing/faculty-and-staff/training-courses-faculty-and-staff

one in particular focuses on faculty members in context to AODA and another on being a teaching assistant.[29] These are great options but focus only on concerns mentioned in the AODA rather than taking a holistic approach to looking at health, one that recognizes the role of time management, physical health and regular engagement in success. Trent University hosts workshops for faculty and staff to become more engaged with health issues, generally revolving around mental health and accessibility issues. [30] Yet again, these workshops are only optional. Brock University promotes a holistic approach to Human Rights and Equity Services, but training is voluntary rather than a required for all staff and faculty.[31]

To ensure that faculty and staff from all institutions are well equipped with health and safety training, the hiring process should ensure that all applicants to any Ontario university will receive a minimum level of training in addressing both mental and physical health. Current faculty and staff should also be held to the same set of standards in order to ensure that students feel comfortable and know that their wellbeing is considered in all academic scenarios. If all campuses required training as intensive as Western University's, students' needs could be more easily addressed in more health conscious environments.

Recommendation Five: Student curricular assessments should be orchestrated in ways that accommodate general health concerns while efficiently maintaining the role of a course examination.

Universities need to acknowledge that dominant assessment techniques are not appropriate for every student. Some assessment techniques do not accommodate certain students' unique health requirements. In essence, many existing exam structures place too heavy of a burden on students' well being. Specifically, stress and anxiety issues have been directly linked to the student experience and traditional closed-book exam formats. Studies comparing open-book and traditional closed-book examinations show that students are more likely to retain information from open-book than memorization.[32] This also correlates with studies that show academic performance improves as student anxiety is lessened.[33] Studying habits that are often tied to closed-book exams increase stress levels and produce other latent effects, such as: suicide, smoking, and drinking.[34] Considering the direct and latent health concerns brought on by closed-book examinations, in addition to the low retention rates of information, incorporating alternative examination methods would be beneficial to students' health and wellbeing. Researching and integrating alternative assessment methods and techniques should be the responsibility of institutions. Students have differing needs and in order to provide all students with a healthy academic experience, assessments must accommodate a variety of students' needs.

[29] "Index of Teaching and Learning Resources," *McMaster Institute for Innovation and Excellence in Teaching and Learning*, Accessed October 16 2014. http://miietl.mcmaster.ca/site/resources/

[30] "Workshops and Events," *Trent University*, Accessed October 17 2014. http://www.trentu.ca/idc/events_tep_2013-2014.php#Lund

[31] "Resources and Training," *Brock University*, Accessed October 17 2014. http://www.brocku.ca/human-rights/resources-training

[32] Afshin Gharib, Noelle Mathew, and William Phillips, "*Cheat Sheet or Open-Book? A Comparison of the Effects of Exam Types on Performance, Retention, and Anxiety*," California: Dominican University of California 2, no. 8 (2012).

[33] Urim Zoller, and David Ben-Chaim. "Interaction between examination type, anxiety state, and academic achievement in college science: An action-oriented research," *Journal of Research in Science Teaching* 26, no. 1 (1988).

[34] Terence Hicks & Eboni Miller, "College Life Styles, Life Stressors and Health Status: Differences Along Gender Lines," *Journal of College Admission* (2006): 22-29.

CAMPUS STUDENT WELLNESS SERVICES

PRINCIPLES

Principle Three: The Ontario government and universities bear primary responsibility for ensuring that every Ontario student has access to a minimum standard of health services.

Expanding enrolment and accessibility has meant that Ontario's universities are now host to a variety of populations with varied needs in terms of health services. Students, like any other segment of the population, have a right to a minimum standard of health care where patients' efforts to stay healthy are encouraged, optimal care is delivered when patients get sick, and the system is maintained for future generations.[35] This minimum standard of care should offers students those health services necessary to maintain physical and mental health during their time at university. Institutions should be equipped to deal with the common mental and physical health concerns exhibited to a greater degree by students as well. A minimum standard of care should include health resources and information, the expertise needed to treat common student ailments, responsive and comprehensive referral and care networks, and accessible spaces and hours. It should also include a focus on the retention of staff so as to provide expertise, and to ensure consistency of treatment for students.

Governments and institutions should be applauded for striving to make university education accessible to broader segments of the Ontario population. Their responsibility does not end when the student accepts entry to an institution however. Rather, student personal growth, health, and success rely on a continuum of support and engagement from, as well as the creation of community within their institutions. When students arrive in their new communities they may lack the mobility, knowledge or comfort to seek out care. Moreover, given that many community health services are already understaffed—with some municipalities having long-wait times for care as basic as a family physician—they are not equipped to handle a large influx of students each year. For these reasons, it is important that a minimum degree of access and care be available in the institutional community.

There is significant social benefit in having the youth of Ontario engage in post-secondary education; not only in their having a degree but, also in the development of citizenship. This second endeavour requires the healthy development of a student, inside the classroom and out. It also requires that the Ontario government work with institutions to ensure the availability of certain important health services and that their operation remains a priority focus for institutions.

Principle Four: Students' health and wellness is best addressed through a centre where health services, counselling services, and student accessibility services are integrated together.

To adequately and respectfully treat mental health issues and accommodate students with disabilities, and chronic illnesses, these services and resources must be housed in an integrated student wellness centre. Students must have to access one place where any aspect of their health and wellbeing can be addressed. The separation between a health centre, a counselling centre,

[35] Adapted from Ontario Public Health Standards system vision and mandate. ["Ontario Public Health Standards 2008," *Ministry of Health and Long-term Care*, 2014.]

and an accessibility centre can be detrimental to building an inclusive community.[36,37] Centres such as those at McMaster University and Waterloo University are models that integrate both medical, counselling, and accessibility services.

Students should be able to go to a centre where they share the same reception desk as any other student seeking any type of support, resource or service regarding their wellbeing. This centre should have an integrated approach to wellbeing. The health team should also be diverse and comprehensive to ensure that every aspect of health and wellbeing are treated by the appropriate health care provider. Mental and physical health problems are interwoven. The complexity of these issues and primary care can truly be treated appropriately when the health care professionals are housed in one place. By placing mental health and accessibility services alongside primary care services, societal stigma can be alleviated and feelings of shame for seeking help and fear of discrimination can be minimized.

Principle Five: Student health services are best provided by integrated student health teams that are adequately staffed and paid through an alternative funding model to fee for service.

Student health concerns reflect different demands and usage patterns than those exhibited in the general population. The optimal treatment of health issues more commonly exhibited by students, including addictions, mental wellness, and sexual health require a comprehensive treatment framework. This should consist of a team of practitioners and care workers that can work in concert to address individual cases through responsive referral and communication networks and spaces. Integrated student health teams should reflect the diverse and unique needs of students by including mental health nurses, registered dieticians, case workers, and trauma counsellors. Integrated student health teams should also include nurse practitioners as they not only provide a cost effective funding model for health care, but can also provide a holistic student-centred care and successfully deliver educational resources to students.[38] Integrated student health teams rely on staff expertise and collective experience, fair compensation, and respect for the unique demands placed upon the team in the treatment of a student population. Given the uneven demand for services, with slow times in the winter and summer months, fair compensation is only most easily realized through salaried, rather than fee-for-service, models.

CONCERNS

Concern Four: Many student health centres are understaffed and there are gaps in services at some on-campus health service centres.

On-campus health centres continue to cite a lack of staff as their number one challenge in providing optimal care to their growing student populations.[39] Correspondingly, when asked what their top priority for new resource investment would be, the directors of most campus health care centres indicated the hiring of additional specialized personnel, such as psychiatric nurses, are top priority.[40] While students are generally considered a healthy population, there are a growing number of health concerns on university campuses due to expanding enrolment

[36] Gwyneth Rees, Guro Huby, Lian McDade, and L. McKechnie, "Joint working in community mental health teams: implementation of an integrated care pathway," *Health & Social Care in the Community* 12 no. 6 (2004): 527-536.
[37] Maria Donald, Jo Dower, and David Kavanagh, "Integrated versus non-integrated management and care for clients with co-occurring mental health and substance use disorders: a qualitative systematic review of randomised controlled trials," *Social Science and Medicine* 60, no. 6 (2005): 1371-1383.
[38] "Registered Nurses: Steeping up to Transform Health Care," *Canadian Nurses Association*. 2013.
[39] In-person interviews conducted by OUSA in September and October of 2014.
[40] In-person interviews conducted by OUSA in September and October of 2014.

and increasing access and persistence of populations with specialized health issues. Further, the relative youth of student populations actually makes them susceptible to a unique slate of health concerns.

On-campus health centres are currently operating outside of industry best or average practices for staff-to-client ratios. It is recommended to have roughly 1 counsellor to every 1,500 students[41] and the broader population in Ontario has one physician to every 500 patients.[42] Using Wilfrid Laurier University as an example, we find 5 physicians responsible for a patient population of almost 15,000, and a counsellor to student ratio of 1 to 2000. This is especially concerning given the particular vulnerability of student populations to mental illness. Even those centres that report themselves as adequately staffed will describe difficulty in recruitment and retention. Excessive wait times for diagnoses, care, and follow-up indicate the time stresses experienced by health care providers on university campuses. Additionally the professional and mental health stresses that existing staff experience because of the unique schedules and demands of students indicates the need for more human resources in providing care to this unique demographic. A survey of campus health centres shows that 70% of centres expect clinical staff to take after-hours and weekend calls for mental health emergencies, while only 4% provide additional compensation for this service and only 22% give compensatory time off.[43]

Some on-campus health care service centres are failing to provide important services required by their student populations. Vaccination services, regular physical check-ups, sexual health diagnoses and treatments, blood work, and treatment follow-ups are subject to service schedules that are often not flexible enough for students' schedules. In some cases, these services are quite limited, creating long wait times for scarce appointment times. In other cases, these services and their long-term provision are not at all available on campus. At many institutions, staff and students alike express that the counselling models available are geared towards developmental issues or day-to-day problems and are not focuses on psychotherapy or clinical needs. As such, students with clinical issues like depression, trauma, or family troubles that make student life exponentially more difficult are sometimes not receiving the care they require.

Communication and collaborative opportunities are being missed on some university campuses. This includes opportunities both within on-campus health centres and in establishing connections with community service networks. These gaps in communication may be compromising optimal care for patients as they move through referral and collaborative treatment, and may mean that important patient information is not being correctly translated in emergencies and long term care alike.

Concern Five: There is an over-reliance on user fees in the delivery and availability of student health services.

Students are often called upon to subsidize the operation of certain services, spaces or activities where the required funding from the government or institution is not available. While students understand that their direct contribution is sometimes needed to ensure the high quality and specific support services that they require, we have observed an overreliance on user or student fees in the provision of health care services on Ontario campuses. Whether it is in the form of a service or appointment fee, or in a universally applied ancillary fee for capital and/or operating costs, students are paying for access to health care on campus – a marked departure from the provision of care in the broader community.

[41] "Canadian Registered Mental Health Therapists Self-Sufficiency Study," *Health Canada, Chronic and Long-Term Care Division* (2011).

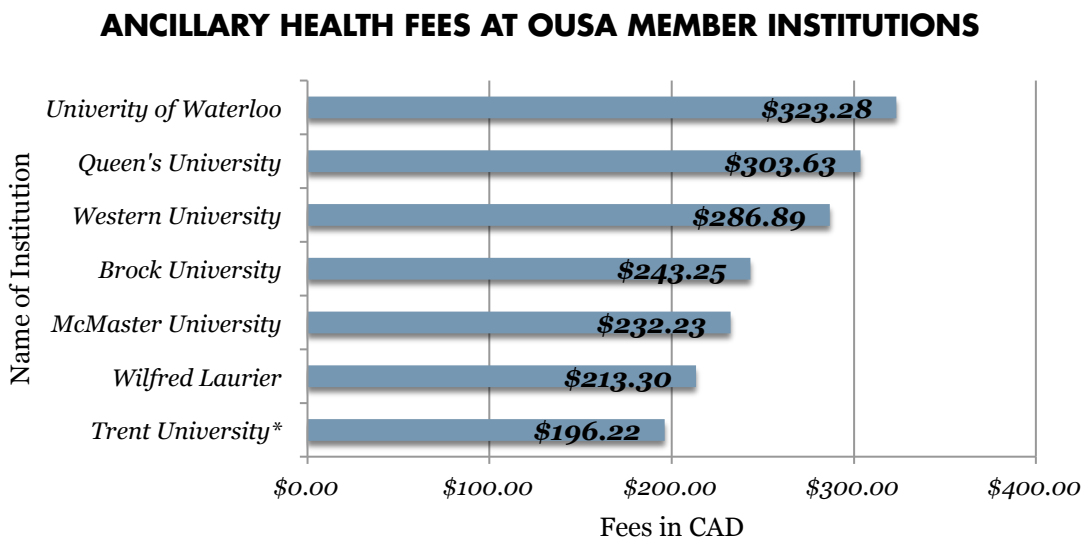
[42] "Physicians per 100,000 population by Province/Territory, 1986-2012," *Canadian Medical Association* (2012).

[43] Telephone survey conducted by OUSA in August 2014.

Ontarian students already pay the second highest ancillary fees in the country[44], at an average of $807 per student, which includes a health services fee ranging from $20 to $196. Students are concerned that in times of resource shortfall they might be called upon to provide additional funding in order to preserve a certain degree of service in their institutions. This added financial burden, on top of the sometimes difficult to manage tuition and other fees, negatively impact students' willingness to seek out treatment. Even more concerning, should the provision of services continue to rely on student contributions, health care options may become limited should students be unable to pay.

The following chart compares ancillary health fees, which includes all health services fees and fees for health and dental plans, at OUSA members' institutions.

Figure 1: Per student ancillary health fees at OUSA members' institutions for 2014-15 academic year.[45]



*Fees at Trent University, Oshawa for 2013-14 academic year.

Concern Six: Students enrolled in a Family Health Team in their home community may be restricted from accessing health care on campuses.

Family Health Teams (FHTs) are health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dieticians, and other professionals who work together to provide health care for their communities. Since 2005, over 200 FHTs have been created and almost 2 million Ontarians are members of these FHTs. Given their rise in popularity, students are increasingly becoming members in their home communities. However patients who enroll in FHTs agree "to seek treatment from their [FHT] family doctor first," and to forgo others, with exemptions only for emergencies or hospital-provided care.[46] If a doctor feels that a patient is violating this condition, they are not obligated to serve them in the FHT. The tendency of post-secondary students to move between multiple communities results in FHTs losing their access bonus (a premium paid to physicians for

[44] Statistics Canada, "Table 477-0058 - Financial information of universities and degree-granting colleges, revenues by type of funds, annual (dollars)," *CANSIM (database)*. Accessed October 24 2014.

[45] Based on an audit conducted by OUSA of institutions' financial services and student union websites.

[46] Ministry of Health and Long-term Care, "Guide to Patient Enrolment," *Government of Ontario* 2005. Accessed October 24 2014. http://www.health.gov.on.ca/en/pro/programs/fht/docs/fht_enrolment.pdf

patients who do not seek outside treatment) for these patients and sometimes results in students' removal from their hometown FHT. Certain students' hesitancy to seek health care at their institution then is obvious if they risk the ability to access their FHT when they return to their home communities.

Another complication is that patients are only allowed to switch the FHT that they are enrolled with twice a year. This means that a student cannot simply change membership between their home FHT and the clinic at their institution or in the broader community as they move back and forth. If FHTs are to persist as a model of health care delivery in Ontario then students will have to be a consideration in their function. Given the transient nature of students geographically dependent care options are unnecessarily restrictive and can comprise students' ability to access care in either their home or adopted communities.

Concern Seven: The fee-for-service compensation model used in university health clinics creates difficulties in physician retention.

The retention of physicians and counsellors with experience in student service delivery is important to effective care on university campuses due to students' unique needs and service demands. However, the current fee-for-service model—where physicians are compensated based on the individual services they render to patients—can mean that practitioners at campuses receive less compensation than their community-based peers. This is due in part to uneven demands for service throughout the year given the cycles of student attendance, with declines over the summer and holiday breaks, and spikes during mid-terms and final exams due to stress and the need for illness verification. Another issue with the fee-for-service model is that counselling services are compensated at a rate lower than physical health services, yet these services comprise a much greater proportion of services performed on university campuses.

For these reasons, retention of staff with the experience and expertise necessary to maximize on-campus care is difficult. Particularly in the areas where students tend to seek care most often: sexual health, addictions, and mental health. Further, students who must engage in longer-term treatment may have additional barriers to care in the form of practitioner turnover.

Concern Eight: The fee-for-service model encourages physicians to see patients more quickly, which jeopardizes the quality of care.

Compensating physicians and counsellors based on individual services rendered to patients encourages physicians to see patients more quickly, which has the potential to compromise the care of the patient, particularly given the nature of many student health concerns. Additionally, a fee-for-service model of physician-only clinics may not be optimal when treating mental health issues because of the high degree of collaboration and cooperation necessary in providing this type of care. Medical services, counselling services, accommodations and disability services must have clear and consistent lines of communication and referrals in the treatment of mental health issues.

The fee-for-service funding model may be hindering efforts to create these communicative structures by limiting physicians' commitment to collaboration and long-term care in favour of more immediate services that could be rendered. This model also contributes to departmental barriers through reporting structures and cultures that keep colleagues apart as well as an increase in situations where practitioners spend the majority of their time outside of shared physical spaces that encourage collaboration. Directors of on-campus health service centres share these concerns as well, citing fee-for-service models of compensation as barriers to

delivering comprehensive long-term care for patients. They suggest that moving away from such a model might empower physicians to adopt student care provisions as "almost a specialty."[47]

Concern Nine: The current status quo of offering campus health services and counselling services as two different services further contributes to stigma around mental health and mental illness and discourages students from seeking counselling services.

In most campuses, counselling services and campus health services are physically located in two distinct locations. Students who may want to seek help regarding mental health issues, may be discouraged if they feel that reaching out to counselling services may single them out in front of their peers. [48],,[49] The physical separation of these services signals to students that their mental health is outside of their primary care. This perception that mental health services are outside of the 'traditional' services creates further divides in the campus community regarding student overall wellness. Student accessibility services offices are also needed to accommodate the needs of student health and wellness. The physical separation of accessibility services offices from campus health services and counselling services can create additional barriers to access for students who need to use these services.

Concern Ten: Campus wellness centres lack assisted referral procedures for directing students to community health and counselling services.

The provision of adequate crisis, and short-term health and counselling services on campus can be critical to providing optimal care. Effective referrals to the community can help meet students' long-term needs. The community health professional resources to which a student may be referred will often be specialists who are not staffed in campus wellness centres, such as trauma counsellors or dieticians. At some centres, referral procedures may only consist of information sharing. This type of referral does not ensure that the student actually connects with the community health and counselling services. Additionally, support from the university is lacking as the students receive these services.[50]

RECOMMENDATIONS

Recommendation Six: The government, in collaboration with institutions, student organizations, and other sector stakeholders, should create a comprehensive strategy for enhanced student health service provision on post-secondary campuses.

The increasing demands being placed on campus health care centres as well as the increasing breadth and depth of service required by Ontario's expanding student population, requires a comprehensive strategy to ensure that the necessary services are introduced and preserved on our campuses. Filling gaps in service that contribute to students motivations for not pursuing care or failing to participate in ongoing treatment should be a priority for the government and institutions going forward. The formulation of this strategy should include consultation with sector stakeholders including but not limited to, practitioners, student groups, and institutions

[47] Karen Ostrander (Health Services Manager), OUSA interview, *Wilfrid Laurier University*, 2005.

[48] Gwyneth Rees, Guro Huby, Lian McDade, and L. McKechnie, "Joint working in community mental health teams: implantation of an integrated care pathway," *Health & Social Care in the Community* 12, no. 6 (2004): 527-536.

[49] Maria Donald, Jo Dower, and David Kavanagh, "Integrated versus non-integrated management and care for clients with co-occurring mental health and substance use disorders: a qualitative systematic review of randomised controlled trials," *Social Science and Medicine* 60, no. 6 (2005): 1371-1383.

[50] Principals' Commission on Mental Health. "Student Mental Health and Wellness: Framework and Recommendations for a comprehensive strategy," Queen's University (2012).

themselves. Any new frameworks need to consider the specialized treatment needs and high mobility of student populations and should examine:

- Best practices already being explored in Canadian post-secondary institutions,
- Successful approaches in the broader community, and
- Examples from other jurisdictions.

Minimum standards of service need to be established and core principles of service and compensation need to provide for both practitioners and clients. New standards should focus on accessibility, education, early interventions for both mental and physical health challenges, and the delivery of core health services for this unique population.

The following chart describes core principles of transformation that should inform this strategy; both the expansion and enhancement need to be considered. While this data is presented from the perspective of the entire health-care system in Ontario, the current practices and strategies for enhancement are consistent with what is needed on university campuses and provide helpful insight for the direction of campus specific health service provisions.

Table 2: Transforming the system.

Where We Are Now	Where We Want to Be
Student Wellness Promotion is overlooked	Student Wellness promotion is a priority
Prevention is overlooked	Prevention and early identification are priorities
The system helps only people who reach services	The system reaches out to the whole population and all who need help
Services focus on treatment	Services focus on healthy development, recovery and harm reduction
Care is disease or provider-centred	Care is person-driven and family-centred
People with mental illness and/or addictions have limited support to manage their own care	People with mental illness and/or addictions are empowered and supported to manage their own care
Care is reactive and episodic	Care is proactive and ongoing
Providers and programs work in isolation	Providers and programs work collaboratively
Services plan and operate in separate silos	Services are integrated and coordinated
There is a sense of isolation and frustration	There is a culture of improvement and innovation
The system uses date and measurement for reporting	The system uses data and measurement to improve services

This strategy should be dynamic, incorporating feedback and adjustment mechanisms. As such, it should be driven by outcomes and student satisfaction, and should be periodically revisited so as to remain responsive to the often-changing needs of student patients. Perhaps one of the most important elements of this strategy should be a commitment to developing mechanisms for expanded collaboration within the university community and dismantling silos of service within health centres, the governing bodies of residence and student life, faculty and administration, and the broader community's health services.

The role of the government as a motivating, funding, and supervising body is critical here. Their participation is also essential in incorporating existing secondary initiatives around anti-stigma education and illness prevention into university health programming. Arlene King, Ontario's Chief Medical Officer of Health, describes the spirit of this strategy when she says:

> "Real public health – the kind of public health Ontarians deserve – will only truly be practiced when we apply a health lens to every policy that is implemented in this province, every program that is carried out, and every service that is delivered."[51]

The difficulties facing health care at our universities are also opportunities. Just as the difficult years spent at university can provide significant personal and social reward, providing the education, care, and attention needed to attain overall wellness can produce the healthy attitudes and minds students needed to succeed as productive employees and citizens. Capitalizing on this opportunity requires a clear road map for communication, care, and funding and strong leadership from the government.

Recommendation Seven: The government should pursue alternatives to the fee-for-service physician compensation model, including Community Health Centres on post-secondary campuses.

There are difficulties that fee-for-service models present in the retention of staff experienced in the delivery of student health care, as well as the incentivizing of high patient turnover and individual service delivery. It is important then that the government and institutions explore alternative compensation options so as to encourage comprehensive and long-term care for students as well as the retention and fair compensation for physicians who deliver experienced student care. An alternative compensation model will also have to acknowledge the importance of complete frontline mental health care to student populations, and the role that effective collaboration has to play in the delivery of physical and mental health care.

Students recommend that the government consider some of the practices of Community Health Centres (CHC) as a model for the compensation of physicians and the delivery of care. CHCs provide primary health care and health promotion for a community, are usually located in priority neighbourhoods, and have salaried teams of professionals including nurses, doctors, dieticians, psychologists, psychiatrists and social workers. The compensation model does not require patients to roster or agree to seek medical attention only from their CHC. There are now 73 CHCs across Ontario, with staffing models ranging from 12 to 200 individuals.

Although these high-cost initiatives are largely geared towards low-income neighbourhoods and follow models and practices that may not be completely transferable to a university campus environment, there are elements in their delivery and mandates that make sense in a post-secondary institution and community context. The CHC funding model and structure lend themselves to the critical comprehensive, fairly compensated, and collaborative approach to health care that student populations require. Additionally, CHCs provide incentives for the provision of more specialized and specific health care services (like health promotion, illness prevention, and continuing medical education), which has the potential to work well for unique populations with specialized needs. Since CHCs do not require enrolment, they work well with the highly transient nature of students. Also, because they are being used to target marginalized populations in broader communities, their operations provide a good model for addressing the needs of student populations.

In addition to the CHC model, another alternative model involving a more passive type of enrollment could compensate physicians for a reasonable percentage of the students attending an institution rather than the number of actively enrolled patients. This percentage could be set based on a regular audit of students' use of the campus clinic.

[51] Arlene King. "Health, Not Health Care – Changing the Conversation, 2010 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario," *Queen's Printer for Ontario* (2011).

Recommendation Eight: The government should exempt post-secondary students enrolled in a Family Health Team from the outside use deduction of the access bonus to reflect the nature of post-secondary student mobility.

A November 2011 OUSA survey suggests that 70% of students use campus health clinics at some point over the course of their studies. These services are such an important part of student life and wellbeing while at school, but the enrolment provisions of FHTs jeopardizes the access bonus paid to their FHT physician and in turn, ultimately results in some students' removal from their FHT back home. The arrangement made when a patient enrolls with a FHT means that a patient should seek treatment from members of the FHT first, and that if a doctor feels that a patient is violating that agreement they can remove a patient from the family health team. The access bonus is a semi-annual payment to the staff of FHTs for exclusively providing core services to their enrolled patients that is intended to reduce patients' use of core services by non-FHT providers. The access bonus is calculated at the group level for all physicians in a FHT, and is the difference between the value of each individual physician's total maximum special payments (based on base rate payments) and the value of patient services claimed outside the FHT. Where the difference is either zero or negative, there is no access bonus payment. With significant compensation at stake for their home practitioner in the likely event that a student seeks care at their institution, it is obvious that a physician would be motivated to enroll another patient in the FHT in the student's place in order to maximize the group's access bonus.

What OUSA recommends is that when students who belong to FHTs access services at an on-campus health centre, those services are exempted from outside use deductions. This would allow students to continue their enrolment in their home FHTs without diminishing compensation for its staff. Although this will result in the hometown FHT physicians receiving additional compensation for services they are not delivering, in effect resulting in the government paying more for students' care, this exemption will allow students the flexibility of using their campus wellness services without fear of being removed from their home FHT. This will ensure continued care no matter the students' location. This approach can also remove barriers to students' access to care, as post-secondary studies can aggravate the onset of mental illness and addiction for some students, while others may require contraception or treatment for sexually transmitted infections. It is in the best interest of the health care system to remove any obstacles to treating these issues early in order to drive down long-term costs.

Recommendation Nine: The government and institutions should provide dedicated funding for student wellness centers that integrate primary medical care and mental health services on campuses.

The mental and physical health of students is of critical importance to the functioning and effectiveness of our institutions as the ability of an individual to persist and succeed in this environment is paramount. The effectiveness of health care providers and students' access to frontline health care should be priority investments for institutions and should remain so even during challenging economic times. To that end, the Government of Ontario, through the provision of funding envelopes to institutions and outcome-based accountability mechanisms (such as Multi-Year Accountability Agreements or Strategic Mandate Agreements), should require dedicated resources that ensure the continued availability of high quality wellness services for students. Provincial capital funding for post-secondary institutions should be made available for the capital needs of student health clinics. The capital costs of expanding health care facilities have always been the responsibility of the government in Ontario. Facilities on post-secondary campuses should be no different.

Student contributions to the operations of wellness centres and the provision of health education should be assessed in a fair manner—the availability, quality, and enhancement of health care on campuses cannot be overly reliant on direct student funding through user or ancillary fees. The funding and accountability mechanisms that govern service delivery should be sufficient not only for the provision of a minimum standard of core services, but should also empower wellness centres to create collaborative care spaces while encouraging innovation and specialization in student health and wellbeing.

Recommendation Ten: Institutions should move their student health and mental health services to a shared physical space to better facilitate the practice of a holistic and integrated care model. Student health, mental health and accessibility services should also have the same point of access.

Institutions should strive to integrate their student health and mental health services to ensure optimal care for student wellness. Students should be able to enter a facility and know that they can see a health care practitioner for any issue regarding their overall wellbeing. By addressing all student wellness related issues in one physical location students will feel safe and comfortable using the services provided in such a centre. Care in these centres will allow for better communication of students' physical and mental health concerns since all health care providers will be in close proximity of one another. This closeness will facilitate integrated charting and treatments that include all aspects of students' wellbeing, ultimately allowing for holistic diagnoses, treatments, and overall care. While the services that a student receives from student accessibility services are not medical in nature, they are integral to a student's health and wellness. The physical point of access to these services should be shared with student health and mental health.

Recommendation Eleven: Campus wellness centres must create assisted referral that ensures students are supported when receiving community health and counselling services maintaining the fewest number of points of contact necessary.

When campus wellness centres refer students to community health and counselling services, they must provide the appropriate assistance and support for students to access optimal services that meet their unique needs. To ensure that assisted referrals are provided to students, policies and protocols must be put in place for campus wellness centres to adhere to. Communication between universities and community services must be frequent and ongoing to ensure that campus wellness centres can provide adequate referrals—including bookings and the communication of diagnoses—that encourage students' commitment to their own care. Liaison committees, comprised of community health professionals and campus wellness services representatives, provide a possible method of ensuring this type of referral. Additionally, protocols should be in place that ensure that the community health services can inform the university, with students' permission, when campus support mechanisms may be necessary to provide students with optimal care.[52]

[52] Arlene King. "Health, Not Health Care – Changing the Conversation, 2010 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario," *Queen's Printer for Ontario* (2011).

MENTAL HEALTH

PRINCIPLES

Principle Six: Students at all publicly subsidized universities in Ontario should have access to mental health services.

Over the last several years, the prevalence and severity of student mental health concerns has been escalating on at Ontario post-secondary institutions and recognition of the need to focus on prevention while providing more services for students has been growing. The World Health Organization, World Bank, and government leaders worldwide have identified mental health and wellbeing as priority areas. Mental health is a critical component of an individual's overall health and wellbeing, and as such mental health services should be as readily accessible as other traditional physical health services at all institutions.

The typical age for the onset of many mood disorders and mental illnesses is 18 to 24. This means that students typically have their first encounter with mental illness while in college or university. Similarly, young adults aged 15-24 are more likely to report mood disorders or dependency issues than any other age group. Given students' particular vulnerability to mental health issues, there are significant demands for mental health care and counselling services on university campuses. It is clear then, that students must have adequate access to support networks, appropriate information regarding mental health, and mental health treatment as well as a consistent minimum standard of care available at their institutions.

Mental wellbeing is critical to participating and thriving in post-secondary education. Failure to provide mental health support on campuses has the potential to compromise student access and retention rates, undermine the government's mandate with respect to post-secondary education, minimizes the return on the public investment in education, and puts the long-term sustainability of the health care system at risk. Many of the factors that negatively impact mental health issues are being driven from within the post-secondary education system and experience itself, and therefore the system must bear some responsibility for prevention and service provision.

Ontario is also experiencing increasing amounts of students transitioning into university with a mental illness, due to increased diagnosis and supports in the primary and secondary levels. While it is important to focus on the promotion, prevention and intervention of mental health and mental illness, there must also be adequate resources for students with a mental illness or lived experience with a mental health issue to use. While prevention and education must occur, special attention must also be given to this student group. The campus community must acknowledge and respect the needs that this student population has and that the experience after treatment is as important as during treatment. [53]

Principle Seven: Mental health and mental illness should be conceptualized as two different contributors to overall wellness.

Mental health is defined as 'The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with challenges we face. It is a positive sense of

[53] Mary O'Hagan, Céline Cyr, Heather McKee, and Robyn Priest, "Making the Case for Peer Support," (report to the Mental Health Commission of Canada - Mental Health Peer Support Project Committee, 2010).

emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections, and personal dignity.[54]

Mental illness is the term used to refer to mental health problems that are diagnosed and treated by mental health professionals. In the medical professions, they are also called "mental disorders" but this is not a term that is very comfortable to most people. This would include such problems as depression, bipolar disorder, anxiety, social phobia, eating disorders, schizophrenia, and personality disorders.[55] In essence, they have a diagnosable, persistent condition that may require at least some professional care.

Mental health and mental illness should be considered as two dimensions on a continuum wherein one student may have a mental illness yet may still have good mental health allowing them to "flourish" while another student without a mental illness may experience periods of poor mental health causing them to "languish".[56]

Principle Eight: Post-secondary institutions should have strategic goals, policies and practices that reflect the importance of student mental health as a foundation for learning and student wellbeing. Universities should strive to provide supportive and inclusive environments for students with mental health and wellness issues.

For all students to flourish and succeed throughout their university experience, campus communities must foster a healthy, supportive, and inclusive educational environment. A culture where care and support towards mental health are present recognizes that students' overall wellness (including good mental health) are critical for success. Each campus must be committed to campus wide mental health education and literacy. The institutional community must acknowledgement that it is responsible for the mental wellbeing of all its members. An inclusive and supportive community will allow for students to feel safe and comfortable when seeking help. An environment and culture committed to mental wellbeing will allow students to fully participate in their educational experience.

Principle Nine: Institutions must have initiatives that increase the knowledge and understanding of the determinants, nature, impact, prevention, and management of mental health issues.

An institution' structural policies, practices and goals impact students' mental health and can in turn impact student learning and experience. The organization of an institution should reflect the promotion of a community that values the mental wellbeing of its students. [57] General mental wellbeing can be improved by increasing the institutional community's knowledge and understanding as this helps to build students' resilience and ability to maintain positive wellbeing. It has been demonstrated that knowing resilience factors, such as the awareness of signs of stress, knowledge of constructive coping strategies, and belief in one's ability to cope, have been found to be associated with decreased symptoms of depression in university

[54] Corey L.M. Keyes, "The Mental Health Continuum: From Languishing to Flourishing in Life," *Journal of Health and Social Research* 43 (2002): 207-222.

[55] "Secondary Education Resources: Definitions," *Centre for Addiction and Mental Health*. Accessed October, 2014. http://www.camh.ca/en/education/teachers_school_programs/secondary_education/Pages/secondary_education.aspx

[56] Centre for Innovation in Campus Mental Health and CAMH Health Promotion Resource Centre, "Ask the Experts! Mental Health Promotion on Campus," (webinar, August 27, 2014).

[57] "Post-Secondary Student Mental Health: Guide to a Systemic Approach," *Canadian Association of College and University Student Services and Canadian Mental Health Association* (2013).

students.[58] Increasing mental health awareness also recognizes the responsibility of the institutional community to take action in promoting student mental health and wellbeing, and to instill lessons of self-care and care for others.

Principle Ten: Mental health services must be provided through a collaborative and integrated approach from multiple health care practitioners and services.

Mental health support and services can be provided by a variety of health care professionals who each provide a unique service for students with mental health issues and illnesses. While traditional health care services can be provided by physicians, psychiatrists, and counsellors, other positions, like mental health nurses, should also be part of interdisciplinary health care teams. Some student wellness centres have benefitted from having a staff person dedicated to a case management or coordination role. This person specializes in aiding students who seek support, finding them the appropriate care or support resources, and ensuring that they are adequately referred. To keep the privacy of student case files, they must only be accessible to the health care practitioners who need it. Additionally, student case files must continue to be upheld to the existing standard privacy guidelines that health care practitioners must already follow.

Mental health services must be broad in nature in order to support students through mental health issues and concerns. They must also provide specialized programming to meet the demands of specific student populations.

A silo approach to providing health services often results in those struggling with mental health to be under served, become frustrated with the process, or to slip through the cracks altogether. This uncertainty is damaging to the long-term health of the student patient, but also significantly increases the cost and resources that must go into treating these cases. A collaborative effort between multiple practitioners creates an environment of care to help students through their challenges, and creates significant efficiencies for providing much needed care for students.

A multi-disciplinary approach that develops a seamless continuum of care across services and levels of intervention has been identified as being critically important. Student services also seem to be quite isolated from the broader post-secondary culture with its own language and culture. If Canadian post-secondary institutions are to move towards developing a culture that promotes mental health and wellbeing, in order to support good learning and students' success, then student services needs to be better integrated into the broader college, university and community environments.

Principle Eleven: Institutions must support the creation of peer support programs that can provide support and resources for students who may be experiencing mental health concerns.

Peer support is an essential component of mental health services. To not limit the type of mental health services available for students to deal with their mental health or mental illness, there should be a variety of services from which students may find the best service that are appropriate for them. Students should be able to access peer support in both group and one-on-

[58] Richard G. Sawatsky, Pamela A. Ratner, Chris G. Richardson, Cheryl Washburn, Walter Sudmant, and Particia Mirwaldt, "Stress and depression in students: The mediating role of stress-management self-efficacy," *Nursing Research*, 61, no. 1 (2012): 13-21.

one settings to address the importance of accessibility for students with mental health issues or illness.[59]

Peer support is often provided by individuals who have some lived experience with mental health issues or illness. People with lived experience can provide each other with huge benefits as they help each other develop their personal resourcefulness and self-belief. This could alleviate pressure on clinical mental health, physical health, and medical services. The success of peer support programs is rooted in the values that peer support is another method of seeking mental health service outside of the mainstream mental health services. [60] Peer support can additionally reduce symptoms and distress while improving a person's quality of life. Additionally, peer support has been shown to positively impact an individual's treatment and recovery from a mental health issue. While, peer support is an important support for recovery and wellness, it must be acknowledge that this type of support is intended to be complementary to traditional medical care. Thus, peer support cannot replace the medical care that a student may need.

CONCERNS

Concern Eleven: Many students are affected by mental illness, which hinders student success and contributes to long-term burdens in the health care system.

Undergraduate college and university students are a vulnerable and high-risk population with respect to mental health issues. There are a number of internal and external factors behind this particular vulnerability, which often combine to increase the likelihood of the emergence of mental health issues during their undergraduate experience. Firstly, most undergraduate students fall within the age bracket that most commonly experiences the onset of mood disorders and mental illness. This means students first encounters with mental health issues will typically occur while they are at school. In addition to this, there are a number of other environmental sources of stress that are often experienced during undergraduate years:

- Many students at university are living away from home from the first time in their lives, away from familial and social support networks.
- Many students are often experiencing new types of relational and familial challenges during their time as undergraduates—for example, romantic relationships, deaths in their family, change in social networks, and challenges with roommates.
- Universities and colleges are often demanding, competitive, high-stress environments, which can trigger anxiety and depression related illnesses.
- Participating in post-secondary education is an increasingly costly venture, which adds pressure to succeed, and creates the requirement for students to spend considerable amounts of time managing their finances.

There is evidence to suggest that mental health issues are prevalent on university campuses. In the 2013 National College Health Assessment (NCHA), 20.5% of post-secondary students in Canada reported feeling hopeless in the two weeks prior to taking the survey; 12.8% reported feeling so depressed it was difficult to function. In the same survey, 5.9% of students had considered committing suicide in the last 12 months. Students also reported that these mental health issues were impacting their ability to excel in their studies—7.6% reported receiving a

[59] Kim Sunderland and Wendy Mishkin, "Guidelines for the Practice and Training of Peer Support," *Peer Leadership Group, Mental Health Commission of Canada* (2013).

[60] Mary O'Hagan, Céline Cyr, Heather McKee, and Robyn Priest, "Making the Case for Peer Support," (report to the Mental Health Commission of Canada - Mental Health Peer Support Project Committee, 2010).

lower exam grade due to depression and 5.6% reported receiving a lower course grade due to depression.[61]

The advent of a mental health issues in university can signal a life-long struggle for some students, with social and productivity costs that are dependent on the treatment made available to them before, and during, the onset of a mental health issue or illness. Early interventions aimed at post-secondary students can actually lessen the future need for health care, with $1 invested in early mental health treatment saving an estimated $30 in lost productivity and social costs. Similarly, according to the Don Drummond report: "In 2000, the economic costs of mental health and addiction issues were estimated to be $33.9 billion. 85% of these costs ($28.7 billion) came from a loss of productivity, while the remaining $5.2 billion were due to costs of hospitalizations, community mental health and substance abuse programs, law enforcement, supportive housing, fire losses and capital costs."[62] More recent estimates of the economic costs of mental health and addiction are pegged at $39 billion annually, with productivity losses accounting for 74% of the costs.[63]

Concern Twelve: There are inadequate staff-to-student ratios at student wellness services, resulting in long wait times for treatment and presenting a significant barrier to treatment.

As mental health concerns become increasingly prevalent on Ontario's campuses, the use of mental health services has risen. In 2013, nearly 35% of undergraduates said they had used the on-campus mental health services or counselling at least once. With increased usage, wait times at university counselling centres are also increasing.[64] Based on survey results, the average wait time for a counselling appointment in 2013 at Ontario universities was seven days.[65] However, depending on the time of year and subsequent demand, students can be left waiting 1-3 months before being seen by a practitioner, particularly for follow-up appointments.[66] This speaks to a significant resource shortage with respect to providing adequate student support services, and a lack of recognition for the value of early intervention. For many students, the wait times will simply be too late to adequately address their issues; and even if this is not the case, opportunities for significant social and monetary cost savings for individuals, families, and society will have been lost.

Students are often redirected to seek continuing care in the community as the campus services cannot provide continuing care. Services in the community also have extremely lengthy waiting times and further increase the waiting times for students to receive care and support. Additionally, if a student is being forced to seek care outside of the campus community that they are safe and comfortable in, students may decide not to seek help in the community. If the mental health services are in communication with other campus services, the campus community can truly serve and support the student. This type of comprehensive approach will not exist in a community mental health service.

[61] "ACHA-NCHA II: Canadian Reference Group Data Report," *American College Health Association* (2013).

[62] "Report of the Commission on the Reform of Ontario's Public Services," *The Commission on the Reform of Ontario's Public Services* (2012).

[63] "Every Door is the Right Door: Towards a 10-Year Mental Health Strategy," *Ministry of Health and Long-Term Care* (2009): 16.

[64] Ontario Postsecondary Student Survey. Conducted by CCI Data on behalf of the OUSA, 2014.

[65] Ibid.

[66] Ibid.

Concern Thirteen: Students that need counselling services most are often not accessing them due to barriers, 'silos' within campus resources and the stigmatization of these services in the broader campus environment.

Students that may want to access services regarding their mental health are often not accessing these services due to the stigma associated with these services. There are a number of barriers that prevent students from accessing mental health treatment that differ in important ways from those barriers that prevent access to more traditional health services. Some of these barriers include: lack of time, privacy concerns, financial constraints, a lack of perceived need for help, being unaware of services, skepticism of treatment efficacy, concerns about confidentiality, and concerns of administrative sanctions (i.e. being forced to leave the university or take a leave of absence).

Particularly concerning amongst student populations is that while they are at increased risk for mental health problems and self harm they are not necessarily more likely to reach out for help. In fact, one study indicated that among student populations almost 80% of those who committed suicide had never participated in counselling services on campus. In 2013, only 1 in 5 Canadian students who reported feeling severely depressed in the last year had received any kind of treatment.[67]

The experience of mental illness is complicated and symptoms can manifest themselves in other physical illnesses. This contributes to students' misdiagnoses and mistreatment of mental and physical illnesses. The lack of integration between health care providers is another contributor to inconsistencies in treatments and can exasperate certain health problems at the cost of others.

Stigmatization around mental health issues is currently one of the single largest barriers to addressing mental health, and in many cases it is preventing students who need support, and who are paying into services, from accessing treatment. Stigmas surrounding mental health issues and illnesses may be particularly prevalent amongst young adults since how they are viewed by their peers is often considered very important. Some students may be reluctant to take ownership over their struggle with mental health because of perceptions of weakness. Anecdotal evidence suggests that this is particularly true of international students, who are reluctant to make use of available supports despite having legitimate stressors, like being away from their family and established support structures.

Stigmatization is one of the most substantive barriers for students in terms of access to mental health support services on university campuses. In order to overcome this, campuses must strive to become more socially inclusive spaces that encourage strong peer support networks, and equip faculty and staff with the appropriate knowledge for providing support and advice to those students who are struggling.

Concern Fourteen: Current policies and practices of post-secondary institutions may discourage the importance of mental health as an institutional priority.

Currently, most post-secondary institutions do not have comprehensive policies or structures that reflect the importance of student mental health and wellbeing. Faculty members are often ill equipped to fully understand the complexities of student mental health issues. Currently, training for staff and faculty is inconsistently available across Ontario's universities, or may be optional where available. Instructors can act as first point of contact for students and may have

[67] "ACHA-NCHA II: Canadian Reference Group Data Report," *American College Health Association* (2013).

the ability to recognize changes in student behaviour. Instructors will be better prepared to direct students to appropriate resources if they receive the proper training. Additionally, with short-term distress or crises, instructors have the ability to make accommodations. There are few university wide policies regarding these types of situations and students often receive inconsistent accommodation. If instructors are unfamiliar or do not understand the complexity of the issues students are facing, students may not receive the accommodations they require.

Concerns Fifteen: Peer support services face issues of access, funding, stigma, and general lack of integration into universal service strategies, impeding a student from accessing them.

Students may be unaware that peer support is a legitimate option for them to cope with their mental health concerns. Mainstream services such as counselling or psychiatric treatment can be perceived as the only types of help for mental health concerns, deterring students from seeking out other services or resources as a way of coping with their distress. Additionally, institutions' mental health services may be unaware of the peer support programs that exist on campus, impeding students from accessing this type of service through traditional means. Peer support services that are offered by students with lived experience or appropriate training also fill a niche for students who have overcome their struggle with mental health issues or mental illness and no longer need clinical treatment, but understand the value of a support network. Justifying funding for these types of services can prove challenging, as it asks for the incorporation of resources that can be viewed as outside of mainstream health care services. Peer support services in most institutions are not funded by the university but rather by each campus' student association.

RECOMMENDATIONS

Recommendation Twelve: When governments and institutions are considering allocating investments in campus health they should prioritize frontline mental health supports at post-secondary institutions.

One of the most effective ways to combat mental health issues and mental illness, and reduce the long-term dependency on the health care system is through early intervention. Early intervention programs have the potential to make a positive impact on the long-term health of post-secondary students, the sustainability of Ontario's public health care system, and the overall health of the Province.

In order for early intervention programs to be successful, more investment is critical. Because this is an issue that has emerged quickly, institutions require financial support to get caught up on their service offerings.

Mental health and wellness needs to be addressed at every campus and across every student population, which makes it an ideal area for investment through direct funding. The Ontario government has already signalled their understanding of the importance of this issue. In 2012, the government committed to investing a total $257 million dollars over three years in the province's mental health system to help children and youth access support services. Included in this announcement was a commitment to helping college and university campuses with supporting students in the transition from secondary to post-secondary education. Since 2012, the province has spent $34 million on mental health support at Ontario's post-secondary

campuses.[68] Most recently, the province has pledged an additional $12 million over the next two years to fund mental health projects for post-secondary students specifically.[69]

Funding mental health initiatives through dedicated envelopes would provide institutions with additional resources that would alleviate some of the dependence on student fees for funding these services, and afford them sufficient freedom to pursue solutions that work best for their campuses and students. At the same time this strategy realizes broader government objectives around addressing systemic issues related to mental health. For the purposes of setting a funding envelope for front-line care, it is important to have a comprehensive definition of frontline care that includes:

- Psychologists, counsellors, mental health nurses, and other direct practitioners,
- Campaigns that promote student mental health and resilience,
- Workshops aimed at enhancing coping and stress management skills,
- Mental health training initiatives for professors, students, and other university employees who are in direct contact with the student population, and
- Aboriginal counsellors, international student support staff, disability support staff, LGBTQ+ student supports, and other support workers who may not be classified as mental health workers but who often provide mental health services.

Mental health funding envelopes must not permit institutions to decrease the proportion of operating funding devoted to mental health supports. Including institutional matching requirements for the funding, or mandating the funds be used only for new staffing positions or initiatives are two possible ways to ensure funding from the mental health envelope truly leads to its intended outcome: an increase in mental health support, services, and resources for students.

Recommendation Thirteen: The government should dedicate funding for system-wide initiatives aimed at improving the mental health of all post-secondary students.

The government should consider earmarking funding for system-wide initiatives as an important step in improving mental health services on a systemic basis. Many practitioners cite a strong need for best practice and information sharing amongst institutions in order to reduce duplication and increase efficiency. Some suggestions for how this fund could achieve these goals:

- Develop more robust help phone and text-based support services for post-secondary students dealing with mental health issues,
- Develop a more seamless referral process for students that use help phone programs,
- Develop a periodic survey of mental health services the measures wait times, attrition associated with mental illness, retention, graduation and employment rates to better inform resource allocation,
- Consistently disseminate current educational and training programs aimed at staff and faculty across all institutions (for example, Mental Health First Aid, or Mental Health 101),

[68] Louise Brown, "Ontario pledges $12M for post-secondary mental health project,." *Toronto Star*. Last modified October 10 2014. Accessed October 13 2014. http://www.thestar.com/yourtoronto/education/2014/10/10/ontario_pledges_12m_for_postsecondary_mental_health_projects.html
[69] Ibid.

- Investigate the system-wide provision of care through online software and programs, similar to Feeling Better Now at the University of Guelph, to connect students with mental health services,
- Develop more robust transition programming for students moving from secondary to post-secondary education, and
- Ensure that institutional and government processes are responsive to the needs of students dealing with mental health issues.

Recommendation Fourteen: All campus wellness centres should have a minimum ratio of counsellors to students to ensure adequate service provision.

The current shortage of counsellors is creating a massive service problem for students. The average wait times are such that help is often not available to students when they need it most. Establishing a minimum ratio of counsellors to students will ensure that students' needs can be addressed, that early intervention programs are successful, and that consistent care is provided across all Ontario campuses. Based on consultations with counselling service providers on Ontario campuses, the suggested ratio would be 1 for every 1,500 students. However, service standards outside of the university setting are currently much higher with respect to patient load ratios, with the average patient load at 1 to 1,000 for counselling services. Based on current student populations and standards, most Ontario universities need to hire new counsellors in order to meet students' needs. While other health practitioners, such as mental health nurses, can take some of the burden away from counsellors, the provincial minimum ratio of counsellors should still be in place to ensure adequate service provision. Establishing a reliable source of revenue to hire additional counsellors should be made a major priority by the government and institutions. In addition to sufficient counsellors at each institution, the adoption of triage models provides an opportunity to increase efficiency by ensuring that students are directed to the appropriate services for their specific needs.

Recommendation Fifteen: An extension in OHIP needs to occur for youth from 18 to 25 to ensure that they can be covered and receive appropriate mental health services.

Currently OHIP covers some mental health services to children under 18. As youth over 18 will continue, and are more likely, to show symptoms of mental health issues, coverage of OHIP should continue after the age of 18. A family doctor can diagnose and treat some mental health concerns but only some of these treatments are billable under OHIP. If you are referred to a psychiatrist the services are covered by OHIP. If a student is referred to a psychologist who does not work at their institution, the services will not be covered by OHIP, nor will the services of most counsellors and mental health nurses, beyond an initial consultation or set of initial sessions. Private health insurance can cover these costs depending on the plan, but not all students have insurance, or insurance that would cover these costs. Given the aforementioned statistics on loss of productivity and the amount of suicidal youth who had not sought or received help, it is in the interest of the government to extend coverage for mental health services during a person's youth to ensure that they can be diagnosed and received the appropriate care necessary before a student needs to seek emergency care.

Recommendation Sixteen: Campus wellness centres should engage in mental health awareness initiatives to encourage students to seek out assistance. These approaches should include development of students' self-management and coping skills so that they are able to be resilient when experiencing mental health issues or coping with mental illness.

Campus wellness centres should engage in initiatives that encourage resilience and self-healing behaviours for students who need assistance with mental health issues or mental illnesses. [70] If efforts are not undertaken to reduce the stigma around mental health struggles students will continue to suffer in silence. Measures must be taken to educate faculty, support staff, and students so that natural support systems can be established. A positive messages needs to be sent to students who are struggling to make them feel that it is acceptable to be experiencing these challenges and let them know that support is available. This change in culture requires more effort put into making members of the campus community aware of what supports and services are available.

The dialogue around mental health cannot be limited to college and university campuses; it cannot stop there if we are to truly break down the stigmatization that currently exists. Considerable progress has been made, but broader education around mental health must take place throughout the province in order to reduce stigmatization and raise awareness about the supports and services available to support those who are struggling. Often family members and close friends are the first point of contact for students struggling with their mental health; these individuals, who are often outside of the campus community, need to resources to prepare them to offer good advice to students and recognize the detrimental effects of perpetuating stigmatization.

A post-secondary student will encounter a variety of challenges throughout their education. Students are faced with the maintenance of interpersonal relationships, independent living, and personal discovery and growth all the while managing academic demands. Self-management competency and coping skills will strengthen students' resilience and ability to manage the many demands of student life. Strengthening these skills also decreases their vulnerability to mental health issues and illness related to depression and anxiety. [71]

Recommendation Seventeen: Campus wellness centres should ensure they are well-integrated with health care providers in the surrounding community.

In order for mental health services to achieve their desired outcomes, they must become more integrated and collaborative across campuses and in the community. Holistic care that acknowledges students' full breadth and depth of health care needs is essential, especially with respect to managing mental heath issues and mental illnesses. The systems that allow for continuity of care are likely to be the most critical component to achieving integration and a more positive and effective user experience. The current system of functioning in silos creates challenges for patients, practitioners, and administrators. Ensuring access to patient information through well-connected departments and appropriate communication infrastructure connecting campus wellness centres to community-based practitioners are essential first steps for moving toward an integrated system that puts students' needs first.

[70] "Post-Secondary Student Mental Health: Guide to a Systemic Approach," *Canadian Association of College and University Student Services and Canadian Mental Health Association,* (2013).

[71] Ibid.

Community-based care may be required to fill service gaps at some campuses. Efficient and effective care can be provided if institution-based and community based practitioners are able to work as true partners. If this approach is to be successful, it will require coordination and collaboration between these health care providers to provide a seamless experience that supports its patients and does not excessively duplicate or contradict the care provided by any health care practitioner in the system. The provincial government has an important role in supporting and incentivizing these partnerships, which could involve already existing Local Health Integration Networks taking on new responsibilities for primary and family-based care.

Recommendation Eighteen: Institutions should support existing, or create new, peer support programs that students can access. Peer support volunteers should have ongoing review of their activities to ensure their own wellbeing.

To ensure the success of peer support programs, value-based training must be given to people interested in peer support to ensure that adequate and proper support is given. Institutions must work to include peer support programs as a method in which students can seek support and resources when experiencing mental health issues. Peer support should be a core component of the mental health services offered by each institutions. Institutions must embrace and work with peer support to reflect the value of this important mental health service. Referral to peer support services must not only come from campuses' wellness centres, but from all university units that interact with students if deemed an appropriate measure for a student.

Peer support services with students with lived experience can provide a unique kind of service for students with mental health issues and illnesses. They can offer an inclusive and understanding community that builds resilience on students with mental health issues. Peer support services often can allow students to converse about their individual experiences on their campus and provide advice. This type of service also forms a much needed community environment for students who identify with mental illness and need to have this specific type of peer support to ensure that they continue to flourish.

While peer support services greatly contribute to the holistic mental health care students should receive and have access to, the limitations of peer support must be acknowledged. Peer supporter must not provide counselling services, as peer support does not replace medical care. To adequately provide peer support, training guidelines, such as those set up by the Mental Health Commission of Canada, must be followed. This includes, but is not limited to, the education of the values, ethics, and principles of peer support such as dignity, respect, and social inclusion. Volunteer peer supporters must also know how to respectfully build supportive relationships and understand how to prepare to end these relationships when appropriate.[72] In addition, volunteer peer supporters need to have frequent reviews where the service administrators monitor the relationships in which the volunteers are engaged. These reviews will ensure that the volunteers continue to follow their mandate as well as provide opportunities to check-in on the wellbeing of the peer supporters themselves.

Recommendation Nineteen: Mental health and wellbeing education, training, and resources must be provided to all institutional staff who interact with students.

Faculty, staff, academic advisors, and any other members of the institutional community that frequently interact with students need to be prepared to "recognize, respond, and refer" student

[72] Kim Sunderland and Wendy Mishkin, "Guidelines for the Practice and Training of Peer Support," *Peer Leadership Group, Mental Health Commission of Canada* (2013).

distress. When authority figures are able to recognize early indications of psychological distress, students may have more trust in the institutional community as support network. When this trust is established, students will be better able to seek out support and resources before their concerns become unmanageable. Institutional community members must also have the confidence to reach out to students and help connect them to appropriate resources and services.

Academic advisors may interact with students at times when they are particularly vulnerable and are most likely to witness early signs of distress. These advisors must receive the highest mental health education available on campus, along with support for professional development in order to decrease the demands on their role and prepare them to support students in their overall wellness.

It is integral that campus gatekeepers promote positive mental health and wellbeing and consider the potential impact on student mental health when making decisions across campus. An effective educational tool that can be used to educate gatekeepers is the Approach, Listen, Support, Refer (ALSR) method: [73]

- Approach: If a gatekeeper notices an indicator of mental health issues, they should make an effort to reach out and make contact with the individual of interest.
- Listen: A gatekeeper must listen to what the student has to say attentively and without judgment.
- Support: The gatekeeper must reassure and comfort the student.
- Refer: The gatekeeper must encourage and direct the student to the appropriate campus resources.

Recommendation Twenty: Institutions must evaluate and change their policy, structure and organization to ensure student mental health is reflected as an important institutional value.

Each institution should set, in policy, an approach that organizes and builds the organization in a way that reinforces values, beliefs, and behaviours in order to encourage an inclusive, supporting, and understanding community towards mental wellness. Policies and structures should also clearly assign responsibilities and resources where needed to support this culture and individual students. Each institution should review their policies, processes, organizational structures, and pedagogies to acknowledge the needs of students with serious mental health needs. Guidelines need to be developed to reduce unnecessary stress/distress for students through program and course design. These guidelines must encourage and promote accessible learning while preserving academic integrity.

[73] Mike Condra and Joanne Roston, "Engaging Faculty in Campus Mental Health," (webinar, Centre for Innovation in Campus Mental Health, June 25, 2014).

ATHLETICS AND RECREATION

PRINCIPLES

Principle Twelve: Moderate levels of physical activity among the student population yield substantial benefits for individuals, universities, and the public health system.

Parties at every level of the PSE system have a vested interest in the success of students at these institutions. A basic level of physical activity has a huge array of benefits to individuals, many of which lie in two areas of special concern to university students: mental health and academic performance.

Sports participation has been shown to reduce the frequency of depression and suicide amongst post-secondary students—men who do not participate in sports are twice as likely to report suicidal behaviour while women who do not participate are over one and a half times as likely to report this behaviour, when compared to their peers who do participate in sports.[74] Physical activity also works to alleviate stress and improve self-esteem.[75,76] Moderate physical exercise has also been associated with increases in students' ability to concentrate and improved memory.[77,78]Evidence of these effects can be seen in the grades of student athletes who are able to maintain the same GPAs as their peers despite investing less time in their studies.[79]

Facilitating or encouraging the promotion of physical activity allows universities to proactively combat the academic and personal problems that are likely to impact students. Ultimately, this could reduce wait-times at support services and academic advising. The broader public health system could also benefit from the increased promotion of physical activity amongst university students for similar reasons. Reducing these costs is a large incentive for institutions and the province to invest in physical activity across post-secondary institutions.

Principle Thirteen: The primary goal of Athletics and Recreation should be the promotion of overall wellness amongst all students through physical activity.

The primary role of Athletics and Recreation departments should be the improvement of the wellbeing of the student body through physical activity. As the funding for these departments is provided largely by levies across the entire student population, athletics and recreation must be focused on the benefit of the entire cohort of students—this includes every member of a given campus, regardless of ability. Such a responsibility is implied by the equal collection of fees across the student body. In order to fulfill this mandate, programming must be available which is accessible to all students, and integrated in such a way that participants are not stigmatized or isolated. To this end, a consistent emphasis on accessible and approachable programming must be present.

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[74] David R. Brown, and Curtis J Blanton, "Physical Activity, Sports Participation, and Suicidal Behavior among College Students," *Medicine & Science in Sports & Exercise* 30 (2002): 1087–1096.

[75] Kenneth R. Fox, "The effects of exercise on self-perceptions and self-esteem," *Physical activity and psychological wellbeing* 13 (2000): 81-118.

[76] Teru Nabetani and Mikio Tokunaga, "The Effect of Short-Term (10- and 15-Min) Running at Self-Selected Intensity on Mood Alteration," *Journal of Physiological Anthropology and Applied Human Science* 20, no. 4 (2001): 233–239.

[77] Jeanick Brisswalter, Maya Collardeau, and Arcelin René, "Effects of acute physical exercise characteristics on cognitive performance," *Sports Medicine* 32, no. 9 (2002): 555-566.

[78] Maria C. Catering and Emanuel D. Polak, "Effects of two types of activity on the performance of second-, third-, and fourth-grade students on a test of concentration," *Perceptual and motor skills* 89, no. 1 (1999): 245-248.

[79] François Trudeau and Roy J. Shephard, "Relationships of physical activity to brain health and the academic performance of schoolchildren," *American Journal of Lifestyle Medicine* (2009).

CONCERNS

Concern Sixteen: The majority of post-secondary students fail to meet weekly requirements for physical activity.

In it's current state, post-secondary education is at odds with a physically active lifestyle as reflected by a majority of university students failing to meet daily recommendations for physical activity. The Canadian Society for Exercise Physiology recommends that adults aged 18 to 64 should accumulate at least 150 minutes of moderate to vigorous intensity aerobic activity per week and add muscle and bone strengthening activities at least two days per week.[80] In the Spring 2013 National College Health Assessment, 18.5% of Canadian students reported engaging in 150 minutes (or more) of moderate cardio or aerobic exercise in the week prior to filling out the survey—only 8.5% reported engaging in these activities at a vigorous intensity. When asked how many days in the past week they had engaged in substantial strength training exercises, 34.1% of students indicated two or more days.[81]

Significant negative correlations have been found between psychological burnout and physical activity such that, adults who engage in less physical activity are more likely to be affected by burnout (stress and depression related to their work environment).[82] A lack of physical activity amongst post-secondary students threatens their mental wellbeing and academic performance. This problem can also put additional strain on institutional support resources and services—when more students are burnt out and stressed, more students may need to access these services.

Eventually, this lack of physical activity leads to great health burdens for the Ontario public health system. The direct costs of treating health issues associated with sedentary lifestyles were estimated at over $2.4 billion in 2009. Adding indirect costs brings the total to $6.8 billion in health care costs, up from $5.3 billion in 2001.[83] If students are not encouraged and enabled to adopt health lifestyles early in their lives these public costs will likely increase.

Concern Seventeen: Many universities fail to engage transitioning students with opportunities for physical activity.

Through young adulthood there is a widely observed decline in physical activity patterns. On average, in the twelve year period from age 14 to age 26, individuals will see a 24% drop in their physical activity.[84] A disproportionately large portion of this drop occurs during the transition out of secondary school. This decline is especially steep for males entering post-secondary education: in 2012, a joint study between McMaster University and the University of Toronto demonstrated that following the first 8 weeks of post-secondary education, the number of individuals whom were sufficiently physically active dropped from 66% to 44%.[85] These results point to the need for Athletics and Recreation departments to strive to make their programming better known and more approachable. A large component of this decrease lies in the fact that

[80] "Canadian Physical Activity Guidelines and Canadian Sedentary Behaviour Guidelines," *Canadian Society for Exercise Physiology*. Accessed October 23 2014. http://www.csep.ca/english/view.asp?x=94

[81] "ACHA-NCHA II: Canadian Reference Group Data Report," *American College Health Association* (2013).

[82] Mohammad Ali Sane, Hassan Fahim Devin, Rafat Jafari, and Zahra Zohoorian, "Relationship Between Physical Activity and It's Components with Burnout in Academic Members of Daregaz Universities," *Procedia-Social and Behavioral Sciences* 46 (2012): 4291-4294.

[83] "Physical inactivity costs taxpayers $6.8 a year," *CBC News*. Last modified June 7 2012. Accessed Oct 23, 2014. http://www.cbc.ca/news/health/physical-inactivity-costs-taxpayers-6-8b-a-year-1.1134811

[84] Carl J. Caspersen, Mark A. Pereira, and Katy M. Curran, "Changes in physical activity patterns in the United States, by sex and cross-sectional age," *Medicine and science in sports and exercise* 32, no. 9 (2000): 1601-1609.

[85] Matthew Y. Kwan, John Cairney, Guy E. Faulkner, and Eleanor E. Pullenayegum, "Physical activity and other health-risk behaviors during the transition into early adulthood: a longitudinal cohort study," *American journal of preventive medicine* 42, no. 1 (2012): 14-20.

only 11% of students who weren't already sufficiently active could be motivated to embrace a more active lifestyle.[86] These statistics underscore a need for immediate and persistent promotion of physical activity.

Concern Eighteen: Recreational programming appears to receive limited funding compared to the potential benefit it holds for students.

Some of the most prolific examples of recreational physical activity on campus are intramural sports. However, a polling of 20 Canadian universities found that only 2 institutions provided intramurals at no extra cost to students.[87] A major benefit to student communities, intramurals have been shown to contribute to higher grade point averages amongst students.[88] While completely subsidizing intramural sports may be an unrealistic goal for some institutions, the demonstrated impact achieved through intramurals suggests that they should be financially supported, at least in part, by athletics and recreation departments. In students' experience it seems that institutions appear to value the opportunity to recover activity costs over the opportunity to support and expand potential intramural involvement.

This is just one example of how recreational activities are rarely discussed as equivalent with varsity athletics. This is concerning because intramural sports and recreational activities provide the same benefits of stress reduction, self-esteem, improved memory, and more favourable long term health outcomes as more regimented forms of physical activity. [89,90,91,92] Further, these recreational activities have the potential to benefit a large number of students.

Concern Nineteen: Students who attend satellite campuses pay the same ancillary fees for facilities and services that are not located on their campus.

Students agree to pay fees with the belief that this money will eventually work its way back down to benefit them. If students at satellite campuses are expected to pay fees that are re-directed to a different campus, their fees are effectively being used to sponsor the experience of other students. For some students at satellite campuses, their fees paid do not reflect the services they receive. This inequitable distribution of fee damages students' trust in their administration.

Concern Twenty: Adaptive sports, which accommodate individuals with physical disabilities, are minimally included in the same framework as more standard sports.

Adaptive sports have the potential to create a number of positive impacts on participants. Individuals with disabilities have reported improved body image, positive changes in confidence, and redefined physical barriers. These effects are noted to propagate outwards, resulting in expanded social interactions and a higher propensity to initiate interaction with peers. When persons with and without physical disabilities participate, the experience is even more valuable. Feelings of normalcy, freedom, and competence, opportunities to build social

[86] Matthew Y. Kwan, John Cairney, Guy E. Faulkner, and Eleanor E. Pullenayegum, "Physical activity and other health-risk behaviors during the transition into early adulthood: a longitudinal cohort study," *American journal of preventive medicine* 42, no. 1 (2012): 14-20.

[87] Spencer Graham, "Policy Paper: Ancillary Fees," *McMaster University Students' Union* (2013).

[88] Godfrey A. Gibbison, Tracyann L Henry, and Jayne Perkins-Brown, "The Chicken Soup Effect: The Role of Recreation and Intramural Participation in Boosting Freshman Grade Point Average," *Economics of Education Review* 30, no. 2 (2011): 247–257.

[89] Kenneth R. Fox, "The effects of exercise on self-perceptions and self-esteem," *Physical activity and psychological wellbeing* 13 (2000): 81-118.

[90] Teru Nabetani and Mikio Tokunaga, "The Effect of Short-Term (10- and 15-Min) Running at Self-Selected Intensity on Mood Alteration," *Journal of Physiological Anthropology and Applied Human Science* 20, no. 4 (2001): 233–239.

[91] Jeanick Brisswalter, Maya Collardeau, and Arcelin René, "Effects of acute physical exercise characteristics on cognitive performance," *Sports Medicine* 32, no. 9 (2002): 555-566.

[92] Maria C. Catering and Emanuel D. Polak, "Effects of two types of activity on the performance of second-, third-, and fourth-grade students on a test of concentration," *Perceptual and motor skills* 89, no. 1 (1999): 245-248.

networks and positive comparisons with able individuals were all reported by participants with disabilities.[93] [94] Through these mechanisms, adaptive sports present an impressive tool for combating stigma.

Given these benefits it is critical that adaptive sports are accessible to students at every post-secondary institution. Currently, many schools fail to adequately incorporate adaptive sports in to the traditional framework for athletics present at their schools. At McMaster, intramural sports are open to persons of all abilities; however, this is not specifically highlighted in their intramural calendar through the offering of an adaptive sport team.[95] It is rare that a school offers more than one adaptive sport through intramurals during a given academic term. It is also rare that varsity adaptive sports are present on campus. Further, the high costs associated with adaptive sports equipment prevents many individuals from participating outside of the university environment.[96]

Concern Twenty-one: Barriers exist which deter women from using athletics facilities.

While contemporary athletics facilities are used by both genders, some universities see low attendance rates amongst women. "While women currently constitute over half of University of Toronto's student body, they continue to be under-represented in most forms of physical activity."[97] Athletics and recreation facilities sometimes present as unwelcoming towards women and may stir feelings of discomfort.[98] The cause for this discomfort may vary greatly from individual to individual. [99] Some women have articulated that the tendency for certain spaces to contain far more men than women is an issue. Others have described negative feelings due to a lack of female staff in athletic facilities. At Ryerson University, some women requested women-only hours for religious reasons—like being unable to work out in front of men without a head covering—while others reported they were generally uncomfortable using the facilities and wanted to go to the gym without being stared at.[100] There is no doubt that these reasons are far from comprehensive. Nonetheless barriers to access exist for some women. Feeling unwelcome in athletic and recreation spaces contributes to some women's avoidance of these spaces and subsequent low-levels of physical activity.[101] As such, a lack of effort towards making athletics facilities more welcoming to women unfairly deters access and is detrimental to overall health outcomes among the overall student body.

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[93] Neil R. Lundberg, Stacy Taniguchi, Bryan P. McCormick, and Catherine Tibbs, "Identity negotiating: redefining stigmatized identities through adaptive sports and recreation participation among individuals with a disability," *Journal of Leisure Research* 43, no. 2 (2011): 205-225.

[94] Elaine M. Blinde, and Lisa R. McClung, "Enhancing the physical and social self through recreational activity: Accounts of individuals with physical disabilities," *Adapted Physical Activity Quarterly* 14 (1997): 327-344.

[95] "McMaster Intramurals: Getting Started FAQ," *McMaster Athletics and Recreation*, Accessed October 23, 2014. http://marauders.ca/documents/2011/9/1//Intramural_Calendar.pdf?id=140

[96] Ramon Zabriskie, Neil Lundberg, and Diane Groff, "Quality of Life and Identity: The Benefits of a Community-Based Therapeutic Recreation and Adaptive Sports Program," *Therapeutic Recreation Journal* 39, no. 3 (2005): 176–191.

[97] "Women-only Hours," University of Toronto Faculty of Kinesiology and Physical Education, Accessed November 13, 2014. http://physical.utoronto.ca/AboutUs/Equity_and_Accessibility/Women_Only_Hours.aspx

[98] Jessica Salvatore and Jeanne Marecek, "Gender in the Gym: Evaluation Concerns as Barriers to Women's Weight Lifting," *Sex Roles,* 63, no. 7-8. (2010): 556–567.

[99] Maxine Leeds Craig, and Rita Liberti, "'Cause That's What Girls Do': The Making of a Feminized Gym," *Gender & Society,* 21, no. 5. (2007): 676–699.

[100] Prajakta Dhopade, "RAC rolls out women-only gym hours," The Ryersonian, Last modified September 19, 2014, Accessed November 13, 2014. http://www.ryersonian.ca/rac-rolls-out-women-only-gym-hours/

[101] Megan Teychenne, Kylie Ball, and Jo Salmon, "Perceived Influences on and Strategies to Reduce Sedentary Behavior in Disadvantaged Women Experiencing Depressive Symptoms: A Qualitative Study," *Mental Health and Physical Activity* 4, no. 2 (2011): 95–102.

RECOMMENDATIONS

Recommendation Twenty-one: Recreational programs should be promoted and offered in ways which recognize their value to the student body.

Recreational programs offer a host of benefits to participants. They have been shown to provide powerful venues for social interactions and fostering a sense of community. Through this effect recreational sports are a valuable tool for improving student retention.[102] These opportunities also facilitate physical activity, which leads to reduced stress, as well as improved self-esteem, stronger memory, and superior long term health outcomes.[103,104,105,106] In order for Athletics and Recreation departments to have the greatest positive health impacts on campus, there is a need for recreational programs to be supported and promoted. The encouragement and structure of recreational activity should be embraced as a keystone method for generating long-term health benefits for students across the university.

Recommendation Twenty-two: Athletics and Recreation departments must actively promote services to their student communities, and do so in a way that addresses the most commonly perceived barriers to physical activity.

It is not enough for Athletics and Recreation departments to offer fitness opportunities; as the principle overseers of physical activity on campus, these departments have a responsibility to inform, invite, and educate students on the availability of these opportunities. Community wide promotional campaigns might be effective interventions for encouraging physical activity. These initiatives should be focused on the key barriers most students perceive as preventing them from engaging in more physical activity. These include "lack of time," "feelings of incompetence," "not understanding the benefits," and "unfamiliarity with the social physical space".[107 ,108,109]

Individuals whom are transitioning are particularly impeded by a lack of general knowledge of what programs actually exist to benefit them and where to find them.[110] Athletics and Recreation departments should also employ programming that addresses the specific barriers to access experienced by transitioning students. Group training classes that are specifically for beginners, classes that last shorter periods of time, and lower cost options are just a few possible ways in which barriers to access for transitioning students can be addressed.

By addressing barriers to access for all students and demonstrating a commitment to the broader student community, Athletics and Recreation departments may be able to help students increase their levels of weekly physical activities.

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[102] Lori Artinger, Lisa Clapham, Carla Hunt, Matthew Meigs, Nadia Milord, Bryan Sampson, and Scott A. Forrester, "The Social Benefits of Intramural Sports," *National Association of Student Personnel Administrators Journal* 43, no. 1 (2006).

[103] Kenneth R. Fox, "The effects of exercise on self-perceptions and self-esteem," *Physical activity and psychological wellbeing* 13 (2000): 81-118.

[104] Teru Nabetani and Mikio Tokunaga, "The Effect of Short-Term (10- and 15-Min) Running at Self-Selected Intensity on Mood Alteration," *Journal of Physiological Anthropology and Applied Human Science* 20, no. 4 (2001): 233–239.

[105] Jeanick Brisswalter, Maya Collardeau, and Arcelin René, "Effects of acute physical exercise characteristics on cognitive performance," *Sports Medicine* 32, no. 9 (2002): 555-566.

[106] Maria C. Catering and Emanuel D. Polak, "Effects of two types of activity on the performance of second-, third-, and fourth-grade students on a test of concentration," *Perceptual and motor skills* 89, no. 1 (1999): 245-248.

[107] Laurie Grubbs and Jason Carter, "The relationship of perceived benefits and barriers to reported exercise behaviors in college undergraduates," *Family & Community Health* 25, no. 2 (2002): 76-84.

[108] Arzu Daskapan, Emine Handan Tuzun, and Levent Eker, "Perceived barriers to physical activity in university students," *Journal of sports science & medicine* 5, no. 4 (2006): 615.

[109] Nancy C. Gyurcsik, Steven R. Bray, and Danielle R. Brittain, "Coping with barriers to vigorous physical activity during transition to university," *Family & Community Health* 27, no. 2 (2004): 130-142.

[110] Julian Reed, "Perceptions of the availability of recreational physical activity facilities on a university campus," *Journal of American College Health* 55, no. 4 (2007): 189-194.

Recommendation Twenty-three: Any optional fees imposed on students should reflect the real cost of the services gained.

A number of universities in Ontario require that students pay an additional fee to gain full access to athletics equipment. For example, McMaster University requires students to pay for a membership in order to use the Pulse Fitness Centre on top of ancillary athletics and recreation fees. While this model is not inherently flawed, it is open to abuse. It is inequitable to expect for students wishing to utilize the campus gym to pay additional fees to do so and use the amount that has already been collected from them to sponsor varsity athletics and facilities costs. Students at satellite campuses should not be expected to pay inflated fees for subpar services nor should they pay aspirational fees for services that are in planning stages. To ensure that this opt-in fee model is fair, the cost of optional fees must reflect the real cost of the services received.

Recommendation Twenty-four: Athletics and Recreation should encourage participation in adaptive sports by including them in intramural offerings and other programming, and allocating funding to the purchase of adaptive sports equipment.

An important step towards the integration of adaptive sports exists in ensuring that at least one adaptive sport should be featured as an intramural sport each term. Adaptive sports should also be included in a competitive framework, and highlighted amongst athletics showcases whenever possible. Further, in order to facilitate broader participation in these sports, each institution's Athletics and Recreation department should be responsible for purchasing adaptive sports equipment.[111] This should better facilitate broad participation in adaptive sports. By regularly and thoroughly integrating adaptive sports into the traditional athletics framework, post-secondary institutions help to empower persons with disabilities.

Recommendation Twenty-five: Athletics and Recreation departments should encourage women's equitable access to facilities through women-only hours, spaces, and/or programming.

Women-only fitness accommodations present an important step towards ensuring women feel welcome in athletics facilities. For example, women-only hours alleviate many of the barriers some women experience while accessing athletics facilities. They ensure that women will not feel watched by men, nor will they feel outnumbered. Many women, whether they are regular gym users,[112] or inexperienced users,[113] have reported women-only hours to improve their experience and encourage them to use athletics facilities more regularly. University of Toronto "usage statistics show that while female participation in particular facility spaces is low during regular hours, it increases notably during times scheduled for women only."[114] A similarly valuable step may be the introduction of dedicated spaces for women's use, which would employ exclusively female staff. [115] A third initiative to consider is the introduction, expansion, and promotion of woman-centric programming. This list is not meant to be exhaustive, but rather offers a set of

[111] Ramon Zabriskie, Neil Lundberg, and Diane Groff, "Quality of Life and Identity: The Benefits of a Community-Based Therapeutic Recreation and Adaptive Sports Program," *Therapeutic Recreation Journal* 39, no. 3 (2005): 176–191.

[112] Maxine Leeds Craig and Rita Liberti, "'Cause That's What Girls Do': The Making of a Feminized Gym," *Gender & Society,* 21, no. 5 (2007): 676–699.

[113] Megan Teychenne, Kylie Ball, and Jo Salmon, "Perceived Influences on and Strategies to Reduce Sedentary Behavior in Disadvantaged Women Experiencing Depressive Symptoms: A Qualitative Study," *Mental Health and Physical Activity* 4, no. 2 (2011): 95–102.

[114] "Women-only Hours," *University of Toronto Faculty of Kinesiology and Physical Education*, Accessed November 13, 2014. http://physical.utoronto.ca/AboutUs/Equity_and_Accessibility/Women_Only_Hours.aspx

[115] Megan Teychenne, Kylie Ball, and Jo Salmon. "Perceived Influences on and Strategies to Reduce Sedentary Behavior in Disadvantaged Women Experiencing Depressive Symptoms: A Qualitative Study." *Mental Health and Physical Activity* 4, no. 2 (2011): 95–102.

options that could prove beneficial to the broader goal of creating athletics facilities that are safe and comfortable for all individuals.

NUTRITION

PRINCIPLES

Principle Fifteen: Positive nutrition and eating habits across the student population yield benefits for individuals, post-secondary institutions, and Ontario's public health system.

Improving student eating habits will result in marked benefits for all stakeholders in the PSE system. Beginning with the student perspective, poor diet reduces performance on academic evaluations.[116,117] When students embrace a nutritious diet, they have been shown to earn higher grade point averages from their transition years through to their last years in PSE.[118,119] Healthy eating habits have been tied specifically to superior memory recall in younger students.[120] Further, poor nutrition is known to affect sleep quality, which can affect one's emotional and stress levels. With this in mind, it is no surprise that positive nutrition has a major impact on individual's quality of life. Ensuring students have the most positive experience is in both their own, and their home institution's, interests.

Beyond immediate personal benefits, eating habits influence trends that resonate on a provincial scale. Nutrition and eating habits are the largest factors implicated in obesity and weight gain.[121] As such, poor nutrition represents a major cost to the province through the $4.5 billion dollar health care burden associated with obesity.[122] The relationship between obesity and eating also exists on campus. Across all the post-secondary institutions in the United States, 34% of students are obese or overweight.[123] More than half of all undergraduate freshmen reported gaining unwanted weight, with average weight gained ranging from 4.6 to 7.4 pounds.[124] Of those who gained weight, 47% blamed a change in eating habits.[125]

Nutrition plays a major role in the lives of students. It fosters happiness, stronger academic performance, and better long-term health outcomes. With this in mind, the pursuit of healthy eating habits across post-secondary students is an important goal for individuals, institutions, and the provincial government alike.

Principle Sixteen: Campus food service providers have a responsibility to engage with students as partners in an equitable, mutually beneficial relationship.

On campus eateries are in a unique position as businesses. Compared to the general public, students are far more dependent on the food provided in their immediate vicinity. University

[116] Mickey T. Trockel, Michael D. Barnes, & Dennis L. Egget, "Health-related variables and academic performance among first-year college students: implications for sleep and other behaviors," *Journal of American College Health* 49, no. 3 (2010): 125–31.

[117] Ibid.

[118] Ibid.

[119] Michelle D. Florence, Mark Asbridge, Paul J. Veugelers, "Diet Quality and Academic Performance," *Journal of School Health* 78, no. 1 (2008): 209–215.

[120] David Benton, Deborah S Owens, and Pearl Y. Parker, "Blood Glucose Influences Memory and Attention in Young Adults," *Neuropsychologia* 32, no. 5 (1994): 595–607.

[121] B.A. Swinburn, I. Caterson, J.C. Seidell, and W.P.T. James, "Diet, Nutrition and the Prevention of Excess Weight Gain and Obesity." *Public Health Nutrition* 7:1a (2007) 123–146.

[122] Peter Katzmarzyk, "The Economic Costs Associated with Physical Inactivity and Obesity in Ontario," *The Health & Fitness Journal of Canada* (2011).

[123] Jo Ann Nicoteri and Mary Jane Miskovsky, "Revisiting the freshman '15': Assessing body mass index in the first college year and beyond," *Journal of the American Association of Nurse Practitioners* 26, no. 4 (2014): 220–224.

[124] P.B Brevard and C.D. Ricketts, "Residence of College Students Affects Dietary Intake, Physical Activity, and Serum Lipid Levels," *Journal of the American Dietetic Association* 96, no. 1 (1996): 35–38.

[125] John Edwards and Herbert Meiselman, "Changes in dietary habits during the first year at university," *Nutrition Bulletin* 28, no. 1 (2003): 21–34.

students identify cooking skill, convenience, and economic incentives as reasons to eat at fast food restaurants.[126, 127, 128] Students living in residence are generally required to purchase a meal plan, which can only be used at these on-campus locations while those living off-campus spend so much time on campus that their opportunities to eat food prepared at home are limited. These situations guarantee a high level of business at on campus eateries. Such a business-customer relationship should be used as a basis for positivity encouraging and enabling campus eateries to provide the best possible options for the students without needing to sacrifice sales and profits. However, the relatively dependent nature of students on institutional food service providers rarely goes acknowledged. In order to avoid exploiting their customers, campus food services must engage in meaningful consultation and respectful business practices.

CONCERNS

Concern Twenty-two: There is insufficient infrastructure designed to facilitate nutritious eating amongst students.

Students as a whole often have poor dietary habits. This trend may be due to the fact that, for many students, university is their first time having full control over their food choices. A relative lack of nutritional knowledge means that cost and convenience tend to be the primary concerns when university students purchase food. In the way that institutions' food systems currently exist, there is a lack of infrastructure designed to promote and support healthy eating on campus.

There are virtually no incentives or programs rewarding healthy eating. On-campus eateries rarely indicate which food options are more or less nutritious, nor do they post specific nutritional details, putting the burden of knowledge on students. Given a busy schedule and the high stress associated with transitioning to university and undertaking full-time studies, it is understandable why few students take the time to educate themselves on nutritious eating habits when they first arrive. Students may be interested in learning about nutrition but institutions do not promote resources for helping students determine what nutrient and energy levels are right for them. The absence of an accessible dietician, guides for healthy eating, or nutritional information for on-campus dining presents barriers to students' ability to make educated nutritional choices.

Beyond this, many on-campus eateries leave fast food options open later than other more nutritious options. In particular, salad bars are often closed long before doors are locked. This is particularly troubling as many students practice non-standard eating hours.[129, 130] This eliminates healthy food options, forcing students to resort to less healthy options in order to accommodate their schedule. Such an arrangement contributes to a culture of poor eating habits among students and has the potential to solidify long-term unhealthy eating trends.

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[126] Jennifer House, Jenny Su, & Ryna Levy-Milne, "Definitions of Healthy Eating Among University Students," *Canadian Journal of Dietetic Practice and Research* 67, no. 1 (2006): 14–18.

[127] Marie Marquis, "Exploring convenience orientation as a food motivation for college students living in residence halls," *International Journal of Consumer Studies* 29, no. 1 (2005): 55–63.

[128] Kristin Morse & Judy Driskell, "Observed sex differences in fast-food consumption and nutrition self-assessments and beliefs of college students. *Nutrition Research,"* 29, no. 3 (2009): 173–179.

[129] Ruth H. Striegel-Moore, Debra L. Franko, Douglas Thompson, Sandra Affenito, and Helena C. Kraemer, "Night Eating: Prevalence and Demographic Correlates," *Obesity*, 14, no. 1 (2006): 139–147.

[130] Jatturong R. Wichianson, Stephanie A. Bughi, Jennifer B. Unger, Donna Spruijt-Metz, and Selena T. Nguyen-Rodriguez, "Perceived stress, coping and night-eating in college students," *Stress and Health* 25, no. 3 (2009): 235–240.

Concern Twenty-three: On campus food services operate in ways that would be unacceptable in external settings.

The Consumer Protection Act forbids generic gift cards from ever expiring.[131] However, some meal plans come with restrictions on how much money can be preserved from year to year. As these meal plans constitute thousands of dollars, are generally mandatory for those in residence, and are finitely flexible, this practice is unacceptable. Setting these expiry dates encourages excessive eating at the end of the term for those who have money remaining. It also discriminates against individuals who naturally consume less, or prefer to cook the majority of their own meals – whether this be for financial, personal, or health related reasons.

Further, the establishment of monopolies and long-term contracts rarely leads to improved service. Rather, it allows on campus eateries to be complacent in the face of student needs, and disconnects these institutions from the forces of competition that naturally push other businesses to provide the best options for customers.

Concern Twenty-four: Food services rarely engage in student consultation, and as a result, fail to reflect the diversity and values of their student population.

Students make up the vast majority of customers for on-campus eateries. However, these eateries rarely invite student feedback, seek compromises, or strive to improve their service. As such, these eateries commit themselves to being disconnected from student interests or desires. This is detrimental for both parties: it neglects the opportunity for feedback to make eating on campus more desirable, while also limiting the satisfaction of students with the food options that are most accessible to them. As a result, on campus eateries will rarely cater to and reflect the values of the students who use them. This result is especially troubling as the diversity of students in Ontario.[132] It is incumbent on campus eateries to continuously update their menus to accommodate different tastes and backgrounds.

Concern Twenty-five: Some on-campus eateries employ serving practices that encourage unhealthy eating habits.

Serving practices can have a profound impact on the eating habits of those attending on-campus eateries. Individuals consume more food, and by extension more calories, when given large portions and containers.[133,134] Leftovers taken home from the eatery are likely to be eaten more rapidly than regular food.[135] In both cases, students are more likely to over-eat. Failing to offer students half-portion food options, or charging much higher margins on these options may negatively affect the consumption habits of students and promote poor health.

[131] Consumer Protection Services, "Buying or Using Gift Cards," *Government of Ontario*. Last modified July 11, 2014. https://www.ontario.ca/consumers/gift-cards

[132] T. W. L. Chui, K. Tran, and H. Maheux, "Immigration in Canada: a portrait of the foreign-born population, 2006 Census," *Statistics Canada*, (2007).

[133] B Wansink, "Environmental factors that increase the food intake and consumption volume of unknowing consumers," *Annual Review Nutrition* 24, no. 4 (2004): 55–79.

[134] Barbara Edelman, Dianne Engell, Paul Bronstein, and Edward Hirsch, "Environmental effect on the intake of overweight and normal weight men." *Appetite*. (1986): 771-83.

[135] P. Chandon and B. Wansink. "When are stockpiled products consumed faster? A convenience-salience framework of post-purchase consumption incidence and quantity," *Journal of Marketing Research* 39 (2002): 321–35.

Concern Twenty-six: Students are often forced to choose between low-cost, low-quality food options and higher-cost, more nutritious options.

Healthier food options, like whole grains and lean meats, are typically more expensive than their higher calorie counterparts.[136] This unfortunate reality is getting worse as the cost of less nutritious food is rising much more slowly than that of healthier food options. In North America today, a diet consisting of healthy options costs $1.54 dollars more per 2000 kilocalories.[137] These differences in price point are also present in on campus eateries.

As many students earn minimal income, this cost can quickly become an issue. Forcing students to choose between healthy and affordable food options erodes past healthy eating habits, and fosters a culture that may ignore healthier food items. In this atmosphere, students who elect to purchase healthier options may suffer financially. This dichotomy is damaging to students' overall wellness.

Concern Twenty-seven: Universities often lack infrastructure to sufficiently accommodate dietary restrictions.

There is no common standard for post-secondary institutions' accommodation of dietary restrictions.[138] Many institutions will not commit to making 100% of their staff aware of different allergens in food. This practice prevents students from entirely trusting the recommendations of these staff. Most institutions require individuals to request ingredient lists for different foods. This places an uncomfortable social requirement on students with questions about specific allergens. Certain institutions silo allergen-accommodating foods to only specific locations on campus. This has the potential to inconvenience students based on where they are typically located, and can stigmatize individuals by excluding them from other establishments. Altogether, these practices can create a very negative, isolated experience for students with allergies.

Concern Twenty-eight: Barriers exist to the regular preparation of cooked meals by students, which encourages unhealthy eating habits.

Cooking has not only been shown to increase fruit and vegetable consumption, but also to reduce the frequency of convenience food consumption.[139],[140] Choosing to opt for convenient, ready-made meals has been associated with increases in weight and decreased nutritional value.[141] Similarly, higher frequencies of restaurant eating have been associated with higher rates of obesity.[142] On top of this, cooking one's own meals prompts healthier choices when eating out.[143] As cooking presents the only clear alternative to ready-made or restaurant meals, increasing the rates of cooking in a population is an important move towards improved

[136] Karen Jetter, and Diana Cassady, "The Availability and Cost of Healthier Food Alternatives," *American Journal of Preventive Medicine,* 30, no. 1 (2006): 38–44.

[137] Mayuree Rao, Ashkan Afshin, Gitanjali Singh, and Dariush Mozaffarian, "Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis," *Public Health. BMJ Open,* 3, no. 12 (2013).

[138] Janet French, "Comparing Universities," *Allergic Living*. http://allergicliving.com/wp-content/uploads/2013/08/Comparing-Universities.pdf

[139] Christina Hartmann ,Simone Dohle, and Michael Siegrist, "Importance of Cooking Skills for Balanced Food Choices," *Appetite* 65 (2013): 125–31.

[140] Thomas A. Brunner, Klazine van der Horst, and Michael Siegrist, "Convenience Food Products. Drivers for Consumption," *Appetite* 55, no. 3 (2010): 498–506.

[141] Klazine Van der Horst, Thomas Brunner, and Michael Siegrist, "Ready-Meal Consumption: Associations with Weight Status and Cooking," *Public Health Nutrition* 14, no. 2 (2010).

[142] Megan A. McCrory, Paul J. Fuss, Nicholas P. Hays, Angela G. Vinken, Andrew S. Greenberg, and Susan B. Roberts, "Overeating in America: Association between Restaurant Food Consumption and Body Fatness in Healthy Adult Men and Women Ages 19 to 80," *Obesity Research* 7 (1999).

[143] M. Caraher, P. Dixon, T. Lang, and R. Carr-Hill, "The state of cooking in England: the relationship of cooking skills to food choice," *British Food Journal* 101, no. 8 (1999): 590–609.

nutritional and health outcomes. Indeed, cooking in young adults has been related to higher diet quality.[144]

However, despite the demonstrable improvement in nutritional quality associated with cooking meals, studies have demonstrated that the majority of young adults don't prepare their own meals even weekly.[145]This statistic also applies in specifically student populations.[146] Such findings reflect a currently unmet need in culinary education for youth. Among students who rarely cook, many report that they have never been taught or are not confident practicing cooking.[147] These barriers are easily overcome and present the opportunity for long-term improvements in dietary.

RECOMMENDATIONS

Recommendation Twenty-six: Envelope funding should be issued to campuses in order to support nutrition campaigns and the establishment of on-campus eateries that encourage healthy eating.

Currently, there are very few incentives for on-campus eateries to promote healthy eating. When businesses operate in a private framework, there is often pressure to disregard the best interests of the consumer in favour of the best interests of the corporation. One simple way to counteract this is to provide monetary rewards for business practices that are supportive of students' nutrition and wellness. Given the incredibly large cost of poor nutrition in Ontario, the tendency for individuals to develop worse nutrition habits in university, and the increasing number of individuals attending post-secondary education, the provincial government has a vested interest in fostering positive eating habits on campuses.[148, 149]

Each individual institution knows best how to work with their respective food providers. By introducing envelope funding, institutions can then be tasked with motivating their respective food providers to introduce practices that promote good nutrition.

Recommendation Twenty-seven: On-campus eateries should offer low cost, nutritious food options.

France has introduced policies that penalize the purchase foods with high levels of saturated fats. A number of studies have determined that these measures, in combination with subsidies for more nutritious food options, has an unambiguously positive impact on the population's food choice.[150, 151]

Implementing similar initiatives and decreasing the cost of healthy food in on-campus eateries is an easy way to reduce the financial pressure to eat unhealthy options. Students, and

[144] Maree G. Thorpe, Mark Kestin, Lynn J. Riddell, Russell S. J. Keast, and Sarah A. McNaughton, "Diet Quality in Young Adults and its Association with Food-Related Behaviours," *Public Health Nutrition* 17, no. 8 (2014).

[145] Nicole I. Larson, Cheryl L. Perry, Mary Story, and Dianne Neumark-Sztainer. "Food Preparation by Young Adults Is Associated with Better Diet Quality," *Journal of the American Dietetic Association* 106, no. 12 (2006).

[146] M. Marquis, "Exploring convenience orientation as a food motivation for college students living in residence halls," *International Journal of Consumer Studies* 29, no. 1 (2005): 55–63.

[147] Carole A Bisogni, Margaret Jastran, Luana Shen, and Carol M Devine, "A Biographical Study of Food Choice Capacity: Standards, Circumstances, and Food Management Skills," *Journal of Nutrition Education and Behavior* 37, no. 6 (2005): 284–291.

[148] P.T. Katzmarzyk, "The Economic Costs Associated with Physical Inactivity and Obesity in Ontario," *The Health & Fitness Journal of Canada* (2011).

[149] J.S. Edwards, and H.L. Meiselman. "Changes in dietary habits during the first year at university," *Nutrition Bulletin, 28*, no 1 (2003): 21-34.

[150] R. Tiffin, and M. Arnoult, "The public health impacts of a fat tax," *European Journal of Clinical Nutrition* 65, no. 4 (2011): 427–33.

[151] G. Yaniv, O. Rosin, and Y. Tobol, "Junk-food, home cooking, physical activity and obesity: The effect of the fat tax and the thin subsidy," *Journal of Public Economics 93*, no. 5–6 (2009): 823–830.

individuals in lower income brackets, tend to be more aware of price changes and as such will likely respond well to these measures.[152] Under this framework, there does not need to be a net cost to any given student. Further, as more individuals choose healthy options, the cost associated with these items may drop given that bulk quantities can be ordered and fewer portions will spoil.

Recommendation Twenty-eight: Food items which vary in portion size should be available for all major meals, and these smaller items should be sold at the same margin as their larger equivalent.

Given their role in increasing over-eating, there must be alternatives to large portions offered in on-campus eateries.[153, 154] This is a critical step in ensuring health conscious students are able to maintain choices that promote positive health. If students are unable to opt for a smaller portion, regardless of how well they understand the role of portion size in over-eating, their desire to be more health conscious will likely yield no benefit. It is also critical that students are not penalized with larger relative costs for ordering these smaller portions. The profit margins on a given food item should be consistent regardless of portion size. This ensures that students are free to opt for the food item which best suits their needs, rather than the item they feel provides the most value.

Recommendation Twenty-nine: Foods items which accommodate a number of dietary restrictions should be present at every on campus eatery.

Students with dietary restrictions of any form should feel welcome in every on-campus eatery. This is only possible if students have the ability to find food that accommodates their dietary restriction regardless of where they choose to eat. Providing this removes the potential for stigmatization based on eating location, and ensures that individuals with dietary restrictions are not made invisible by limited food choice. Beyond creating a more inclusive environment, this also ensures individuals are not forced to skip meals or alter their schedules due to a limited availability of restriction-friendly eateries.

Recommendation Thirty: Service staff should be provided training on acceptable options for individuals with dietary restrictions.

In order for individuals with dietary restrictions to feel comfortable relying on staff members' allergen knowledge, it is necessary that every employee is guaranteed to have received allergy specific training. Providing such training demonstrates that the institution recognizes and values, needs, and safety of students with dietary restrictions. Further, every one of these staff should be equipped with basic knowledge of restriction-friendly alternatives, so that they are best able to welcome individuals with dietary restrictions into their establishment.

Recommendation Thirty-one: Easy to interpret materials outlining which items accommodate a number of common food restrictions should exist in every eatery.

Individuals who live with dietary restrictions are very accustomed to living with their specific eating requirements. By providing resources within campus eateries that inform students about the ingredients present in each dish as well as other common elements of restriction, these

[152] Peter J. McGoldrick, Helen J. Marks, "Shoppers' Awareness of Retail Grocery Prices," *European Journal of Marketing,* 21, no. 3 (1987): 63–76.

[153] B. Wansink. "Environmental factors that increase the food intake and consumption volume of unknowing consumers," *Annual Review Nutrition* 24, no. 4 (2004): 55–79.

[154] Barbara Edelman, Dianne Engell Paul Bronstein, Edward Hirsch, "Environmental effect on the intake of overweight and normal weight men." *Appetite* (1986): 771-83.

students are no longer dependent on the knowledge of staff to determine what food items are suitable for them. This decreases the burden on staff and empowers students with dietary restrictions to eat on campus with much more confidence.

Recommendation Thirty-two: On campus eateries should highlight nutrition information, especially those elements most relevant to nutrition, at the point-of-choice.

On-campus eateries have a responsibility to provide students with adequate information to make healthy choices. Caloric content, as well as percentage daily value of macronutrients, should be made readily available and done so in ways that reflect the critical role of these components in nutritious eating. Point-of-choice (POC) nutrition programs can help create environments that are supportive of health and wellness.[155] POC nutrition programs are particularly helpful for individuals looking to increase or decrease specific nutrients, or follow a specific diet; for example increasing consumption of fruits and vegetables while decreasing intake of fat.[156] A joint program between Ottawa Public Health and Ventrex Vending, *Fuel to Xcell* has had success in high schools. Sales of healthy snacks doubled in the first year of implementing the green, yellow, and red coding system.[157]

On-campus food service providers are on the frontlines of student nutrition and dietary health. By mandating that nutritional information and health messages be placed at points of sale, institutions can promote healthy decision-making and nutritional awareness through their food providers. POC nutrition programs have the potential to provide both short-term health benefits to students, in terms of making more informed choices on campus, and long-term benefits associated with improved nutritional literacy.

Once this information is made available, on campus eateries can capitalize on this by introducing promotional offers for foods whose point-of-choice information reflects a greater nutritional value. Loyalty programs have been shown to increase customer retention and satisfaction for standard businesses.[158] By introducing similar programs specifically for salad bars, or low-calorie food options, students will likely demonstrate a greater commitment to healthy eating, or be more inclined to overlook the potentially higher cost of these nutritional items.

Recommendation Thirty-three: Food service providers should be decided upon following extensive consultation with students.

The initial introduction of a singular campus food provider is a massive decision impacting many students over a number of years. In order for this provider to best reflect the interest of students, and for students to obtain the most value, the initial request for proposal should be created with heavy student feedback. This provides the student body with a clear venue for influencing the content of bids that will be considered.

[155] "Evidence-Based Background Paper on Point-of-Purchase Nutrition Programs." *Dietitians of Canada*. (2006): 14-16.

[156] Ibid.

[157] Ibid., 13.

[158] R.N. Bolton, P.K. Kannan, and M.D. Bramlett, "Implications of Loyalty Program Membership and Service Experiences for Customer Retention and Value," *Journal of the Academy of Marketing Science* 28, no. 1 (2000): 95–108.

Recommendation Thirty-four: Major food providers on campus should seek and consider student feedback on available food options.

Following the introduction of a campus food provider, there is no guarantee that students' interests will remain static for years to come. In order for on campus food providers to continue to provide the best possible service for students, they must collect and incorporate student feedback at regular intervals. Feedback initiatives foster a positive relationship between students and their on-campus eateries. Ultimately, if the desires of students are better reflected in on campus eateries, there will naturally be greater interest in these eateries from the student body.

Recommendation Thirty-five: Each campus should provide resources for students to improve their nutritional knowledge, including a registered dietician and educational classes. In the case that specific resources are unavailable on campus, students should be connected with external options. These resources should be advertised in campus eateries.

There have been numerous studies confirming that nutrition education programs benefit the health of those who participate.[159, 160] Nutritional education programs can help students address lack of knowledge and increase their general health awareness. This is an important benefit as many students may not be aware that their diet is currently deficient.[161] By introducing a registered dietician on campus, as well as providing group courses on positive eating, the university will be taking clear, proven steps towards better nutrition on campus. Additionally, if the flexibility of use and expiration of meal plans was improved, students would have better access to on-campus eateries for longer periods of time and therefore, more exposure to institutional nutrition promotion efforts. In the case that providing these resources directly on campus is unrealistic, every effort should be made to direct students to an alternative options located off campus.

[159] E.J. Ha, and N. Caine-Bish, "Effect of Nutrition Intervention Using a General Nutrition Course for Promoting Fruit and Vegetable Consumption among College Students," *Journal of Nutrition Education and Behavior* 41, no. 2 (2009): 103–109.

[160] R.T. Chlebowski, G.L. Blackburn, C.A. Thomson, D.W. Nixon, A. Shapiro, M.K. Hoy, and R.M. Elashoff, "Dietary Fat Reduction and Breast Cancer Outcome: Interim Efficacy Results From the Women's Intervention Nutrition Study," *Journal of the National Cancer Institute* 98, no. 24 (2006): 1767–1776.

[161] O. Matvienko, D.S. Lewis, and E. Schafer, "A College Nutrition Science Course As An Intervention To Prevent Weight Gain In Female College Freshmen," *Journal of Nutrition Education* 33, no. 2 (2001): 95–101.

ACCESS TO CARE FOR MARGINALIZED POPULATIONS

PRINCIPLES

Principle Seventeen: Effective campus wellness services must reflect the diversity within the student population.

For campus health, counselling, and accessibility services to most effectively serve students, they must reflect the diversity of the campus population. Evidence suggests that individuals from visible minorities, as well as LGBTQ+ students, may have divergent life experiences and relate better to medical professionals and counsellors who have similar backgrounds or have had similar life experiences.[162] At a minimum, diversity concerns should be addressed by ensuring that all health, counselling and accessibility personnel have access to diversity training and resources that specifically pertains to working with minority groups. Ideally, each campus would employ medical professionals and counsellors that are reflective of the various cultural aspects of the campus community.

Principle Eighteen: Students from under represented groups should have access to health and personal counselling supports that adequately address their unique concerns and needs.

All students should have access to health and counselling services that meet their specific needs. Students from any marginalized and under represented groups are subject to a wide variety of discriminatory experiences, including but not limited to racism, homophobia, biphobia or transphobia, reduced familial support networks, and other stressors. The term "minority stress" is used to refer to personal stress resulting from the experience and internalization of discrimination that can lead to reduced mental health.[163] Students who experience minority stress should have access to health and counselling services that have the capacity and sensitivity to deal with these issues, which may include the need for specialized services focused on the specific needs of these students.

Principle Nineteen: The health, wellness, and safety concerns of all sexes must be adequately addressed by on-campus resources or through community partnerships.

It's important to acknowledge that there are differences in the health care needs of males, females, and those that are trans- and intersexed. There is no one-size-fits-all model for health care so, it is important that institutions foster a culture that supports this understanding. It is equally important that the specialized needs of transsexual and intersexed persons are specifically addressed. Efforts should be made to make specialized care and expertise available to the students who require it, regardless of their sex.

Principle Twenty: Students who have persistent health needs should be able to attend university as long as they are willing and able.

Students who wish to pursue their studies despite persistent health needs should be commended and accommodated. Trusting that these students understand their capacity to fulfill their

[162] Carl E. Jamesand and Celia Haig-Brown, "Returning the Dues' Community and the Personal in a University-School Partnership," *Urban Education* 36, no. 2 (2001): 225-255.
[163] L.S. Steele, L.E. Ross, C. Dobinson, S. Veldhuizen, and J.M. Tinmouth, "Women's sexual orientation and health: Results from a Canadian population-based survey," *Women & Health* 49, no. 5 (2009): 353-367.

responsibilities, and understanding that a post-secondary education offers the promise of an improved standard of living, governments and universities should endeavour to support these students in undertaking their education as long they feel they are able to.

CONCERNS

Concern Twenty-nine: Students in visible minority groups often face hostile conditions in the campus environment that detract from mental wellness.

While most campuses have taken steps to ensure that diversity offices and anti-discrimination policies are in place, students from visible minorities, including Aboriginal students, still face discrimination in the university environment. The repeated experience of racism and discrimination has been well documented to affect individual health and wellness. Research indicates that students from visible minorities may feel alienated in the university environment, as a consequence of divergent life experiences and also assumptions made by other students that a student took advantage of special admissions programs or criteria to gain entrance to or pay for university. In other cases, some students may feel that they do not fit with the dominant image of a university student, and that there is an implicit questioning of their presence on campus.[164]

While there is less information available about the Canadian context, many American studies have documented the frequent experience of racism by black students in secondary and post-secondary school environments.[165] Aboriginal students often experience racism as well. Focus groups with Aboriginal students at Ontario campuses found that the experience of racism from peers, faculty and staff was a common experience, and that racism often took subtle forms including the dismissal of Aboriginal perspectives in class, the articulation of stereotyped representations of Aboriginal peoples, and a lack of identity affirming spaces on campus.[166] One Australian study found that racism was regularly experienced by 93 per cent of Aboriginal participants. Almost two-thirds of people felt that racism affected their health.[167] Beyond experiences with racism and discrimination in the broader campus environment, these issues also permeate the academic aspects of university as well. Students may experience inappropriate comments from professors, the dismissal of racial or Aboriginal perspectives, and marginalization in classroom discourse.

Commonly documented health effects of racism include both emotional responses, such as depression, anxiety, feelings of worthlessness, and the avoidance of social situations, as well as physiological responses like increased blood pressure.[168] Individuals experiencing repeated discrimination use a variety of coping mechanisms to minimize the impact, some of which have negative health affects including isolation and the use of drugs or alcohol.[169] Some researchers have argued that the harm derived from racial stress can be so severe that the category of "race-based traumatic stress" should be added to the American Psychiatric Association's diagnostic manual.[170] Youth in particular can be more vulnerable to racial trauma because they may not

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[164] Carl E. James, and Celia Haig-Brown, "Returning the Dues' Community and the Personal in a University-School Partnership," *Urban Education* 36, no. 2 (2001): 225-255.
[165] Maryam M. Jernigan and Henderson Daniel, Jessica, "Underserved Populations Racial Trauma in the Lives of Black Children and Adolescents: Challenges and Clinical Implications," *Journal of Child & Adolescent Trauma* 4 (2011):123–141.
[166] Focus groups conducted by OUSA on Ontario university campuses in 2010 and 2011.
[167] A. M. Ziersh, G. Gallaher, F. Baum, and M. Bentley, "Responding to racism: Insights on how racism can damage health from an urban study of Australian Aboriginal people," *Social Science & Medicine* 7 (2011): 1045-1053.
[168] Ibid.
[169] Ibid.
[170] Maryam M. Jernigan and Jessica Henderson Daniel, "Underserved Populations Racial Trauma in the Lives of Black Children and Adolescents: Challenges and Clinical Implications," *Journal of Child & Adolescent Trauma* 4 (2011): 123–141.

have yet developed the strong coping strategies and tools needed to process their experience.[171] Experiences of racism in the post-secondary environment have negative health implications for racialized and Aboriginal students, and can ultimately lead students to abandon of their post-secondary studies.

Concern Thirty: Often student health and counselling services do not have the resources or training to address concerns specific to students from marginalized populations.

While students from visible minorities and students with special needs often have increased need for health and counselling services, institutional services may be ill equipped to address the specific needs of these students. Despite clear indications that racialized students have specific experiences on university campuses that require a unique set of supports, often institutions do not offer specialized health or counselling services for them. Many campuses may not have counsellors who identify with any visible minority groups. In addition, counsellors usually do not receive training on how to deal with racial trauma or discrimination, and may lack a comprehensive understanding of the socio-political context of these issues.[172]

The absence of training and information about health issues deriving from racial trauma means that students dealing with these issues may find it difficult or impossible to receive adequate care on campus. Moreover, the absence of training in wellness issues that commonly affect visible minorities leads to institutional health systems that do not acknowledge, affirm, and validate the negative health effects of racial discrimination, which can lead to the re-marginalization of students seeking assistance with these issues.[173]

Campus counselling staff often lack training in transgender issues, and consequently are unable to provide adequate support or assistance to them or to other gender-variant students. As a result, many transgender students are forced to see a therapist off-campus and often at their own expense.[174]

When campuses do hire individuals with expertise in alternative counselling, they may inadequately promote this change in service to the relevant campus communities, and consequently, mistakenly conclude that demand is low or that the service is unnecessary. Additionally, communities with unique needs may have had negative experiences with traditional counselling or health services in the past, and may be reluctant to engage with these services again, underscoring the need for sincere outreach efforts on the behalf of health and counselling services.

Concern Thirty-one: There are insufficient resources and accommodations for students with chronic illnesses.

Students managing chronic illnesses may also have difficulty accessing the varied and consistent care required in managing their illness. These students require high quality, ongoing, and easily accessible medical care as well as academic accommodations. Chronic illnesses are often aggravated by stress and excessive exasperation can potentially lead to permanent damage.[175] Managing chronic illness can be particularly frustrating when students feel well enough to

[171]Maryam M. Jernigan and Jessica Henderson Daniel, "Underserved Populations Racial Trauma in the Lives of Black Children and Adolescents: Challenges and Clinical Implications," *Journal of Child & Adolescent Trauma* 4 (2011):123–141.
[172] Ibid.
[173] Ibid.
[174] B.G. Beemyn. "Making campuses more inclusive of transgender students," *Journal of Gay & Lesbian Issues in Education* 3 (2005): 77-87.
[175] Disability services, "Instructor's Handbook: Accommodating Students with Disabilities—7.7 Students with Chronic Illnesses," *Queen's University*, Accessed November 8, 2014. http://www.queensu.ca/hcds/ds/instructors/handbook/strategies/chronic.html

continue their studies most of the time, but face occasional barriers related to assignment deadlines and examinations.[176] Many chronic illnesses share common symptoms, for example:

- Difficulty concentrating due to emotional factors, medication side effects, or pain,
- Difficulty with mobility due to inflamed joints, limited nerve function, or decreased strength, and
- Fluctuating capacity to participate in daily activities due to exacerbations in the condition, the presence of chronic pain, or the side effects of medication.[177]

While on-campus health care resources are already stretched thin, the increasing number of students who are able and willing to attend post-secondary school despite experiencing chronic illness is stretching these resources even further. For this reason, there is concern that students who need, and are accustomed to, regular, consistent, and substantial support may not find care sufficient or accessible when they get to university.

Concern Thirty-two: Accommodations for pregnant students or students with young children may not be readily and consistently available.

Pregnancy can present challenges to a student's academic performance well before their due dates. Whether it is morning sickness, general fatigue, medical appointments, increased need for the washroom or discomfort sitting and using a desk, pregnant students will have unique challenges before they are ready to take time off from their studies.

Students wanting to complete as much of their education as possible before taking time off for the birth of a chid should be commended and supported in that effort. However, accommodations for pregnant women are currently not be widely available, difficult to access, or overly reliant on individual staff and faculty understanding and judgement. The absence of a consistent policy on accommodation and the lack of campus resources intended to support pregnant students risks the academic success of expectant mothers.

Similarly, new parents who decide to continue their education shortly after the birth of their child will need supports to do so. The high demand and prohibitive cost of childcare on campus may bar some students from returning or may force them to reduce their course-load. A lack of family washrooms, or spaces where students can breastfeed or extract milk, puts added stress and difficulty on new parents' educational pursuits.

Concern Thirty-three: Parental leave and successful reenrolment for new parents may be difficult or inconsistent, forcing students to choose between their families or their education.

While equity legislation should mean that a student is afforded the right to undertake a maternity motivated leave of absence from their study, as they would from their work, in reality there can be many challenges to leaving, and then returning to, post-secondary study. Each student's experience will vary between schools, but generally, at minimum, students will find that academic planning is complicated by any prolonged absence: program requirements are prone to changing, and students who have been away for any extended period of time may find that their anticipated course plan may no longer be realistic. At worst, institutions may have a prohibitive reenrolment process and returning students may find themselves at a disadvantage

[176] Disability services, "Instructor's Handbook: Accommodating Students with Disabilities—7.7 Students with Chronic Illnesses," *Queen's University*, Accessed November 8, 2014. http://www.queensu.ca/hcds/ds/instructors/handbook/strategies/chronic.html

[177] Ibid.

when it comes to the timing and process of enrolling in classes again or subject to an expensive and overly involved registration process. They may even be required to be assessed by a new competitive average or may be subject to a probationary period depending on the circumstances of their exit. Access to academic counselling may be difficult or require long waits at the best of times, but for a student seeking to re-enter their education, these barriers may be exacerbated.

Concern Thirty-four: Access to health and wellness services for females vary substantially by campus or surrounding community.

As of Fall 2012, female students comprised 55.4% of the student population in Ontario, yet health care for women, both emergency and regularly accessed services, are lacking on some of our campuses.[178] An audit of university health services across Ontario assessed the presence of pregnancy counselling, prenatal care, contraception, emergency contraception, and papanicolaou examinations (pap tests).[179] Of all the universities, including satellite campuses, in Ontario, only one made it explicitly clear that it offered all of these health services.[180] Others offered only a limited combination, or none, of these services. Further challenging students' access to sex specific health services is the lack of promotion for these services in online and print resources.

Equivalent services may be available in the communities surrounding institutions but students may have trouble accessing them for many reasons. Some students may simply feel more comfortable using on-campus services over those in the broader community for example. Students are also a population with limited community mobility since most rely on public transit quite heavily and so may have difficulty accessing clinics or hospitals. On top of this, students may not know how to research which services are available in the broader community. Many times, the student population is simply not appropriately accounted for when planning a community's health service density or ratios, meaning that students are often an unwelcome burden on the local public health eco-system.

Concern Thirty-five: Supports for intersexed, transsexual, and transgendered students may be limited, or referrals to appropriate supports in the broader community may be inconsistent.

Transitioning genders is a complex emotional and physical process, and may require access to medication, guidance of medical professionals, and peer or professional counselling at one point or another. A successful negotiation of sex or gender transition heavily relies on finding a sympathetic, understanding, and knowledgeable practitioner or set of practitioners – which unfortunately is often determined by luck or geography.

It is crucial that students experiencing this type of transition have a high-level of engagement with, or at minimum access to, expert providers. As previously described, retaining expert staff and providing regular access to them is a challenge facing all universities and their students. These problems are certainly exacerbated when it comes to providing support for small populations with specific needs, such as inter- and transsexual and transgendered students. For these reasons, a student seeking to undertake or learn more about transitioning sex or gender may have a difficult time accessing expertise on a campus. Where that expertise even exists,

[178] Common University Data Ontario, "Female Enrollment by Program," *Council of Ontario Universities*, Last modified 2012, Accessed October 22, 2014. http://cudo.cou.on.ca/

[179] Audit based on publicly available data conducted by OUSA, September 2014.

[180] Ibid.

larger availability pressures (like wait times, limits on appointments, and high staff turnover) limit access.

The process of transitioning sex or gender is an intensely personal one, and like other health care processes, requires a lot of trust. Where expertise does not exist, students may be hesitant to seek referrals, or may be hesitant to seek out support in a broader community that may be unfamiliar to them.

RECOMMENDATIONS

Recommendation Thirty-six: Institutions should strive to ensure that health and counselling services reflect the diversity of the student population.

Research strongly suggests that when health and counselling service reflect the diversity of the student population, they are more likely to be successful in dealing with the issues of under represented groups. The availability of an Aboriginal counsellor, or an individual sensitive to racial or LGBTQ+ issues can have a positive impact on student success and student retention. For example, evidence suggests the presence of an Aboriginal counsellor can combat feelings of isolation and targeted racism amongst Aboriginal students, while generating greater awareness of Aboriginal programs among non-Aboriginal students and faculty members.[181] In developing health and counselling services that are responsive to the needs of marginalized students, key steps include:

- Ensuring Aboriginal students have access to an Aboriginal counsellor on campus,
- Providing all health and counselling personnel with sensitivity and diversity training,
- Understanding health and wellness issues common amongst marginalized populations, and
- Compiling an open list of health and counselling personnel with experience in issues affecting visible minorities so clients can request these individuals.

Where ever possible, campuses should seek diversity in their hiring in order to acknowledge that enhanced comfort, disclosure, and engagement can be the result of seeing oneself reflected in health care professionals.

Recommendation Thirty-seven: Campus health care and health plan providers should ensure that their policies and service offerings meet the diverse health needs of all students, including the specific needs of marginalized populations.

Many students who are part of marginalized populations face unique health challenges that are often overlooked by the PSE system or decision-makers within the system. For example, transgender students sometimes face difficulty accessing important hormone therapies. Access to these therapies most often relies on the empathy and good will of the individual physician and their willingness to make a diagnosis. Emergency contraceptives are another example of a treatment that can be difficult to access; this places unfair burden on to victims of sexual assault. The efficacy and timeliness of treatment delivery can be another significant barrier for these types of treatment and service options.

Support for marginalized populations is a critical component to ensuring an inclusive campus environment that facilitates positive wellbeing; this means that campus-based providers must be

181 B.G. Beemyn, "Making campuses more inclusive of transgender students," *Journal of Gay & Lesbian Issues in Education* 3 (2005): 77-87.

diligent in ensuring that the diverse and differing needs of many disparate student populations are being sufficiently met. The health care provisions required to support the full range of marginalized populations will be widely varied and will require careful action on the part of students, institutions and government to ensure all needs are being adequately considered and met. Provisions should prioritize timely and effective access to important treatments and medications. University wellness centres should regularly strive to understand the make-up and needs of their student populations. Policies should be regularly reviewed to ensure that they provide safe and effective spaces and services as populations and their needs change.

Recommendation Thirty-eight: The government should provide funding for training on the needs of students in visible minority groups for existing counselling centres at all institutions.

Training should be provided to ensure that mental health professionals and counsellors are prepared to deal with the concerns of Aboriginal students and students from visible minorities. A lack of awareness of cultural issues, clients' mistrust of treatment, and the minimization of discriminatory experiences by health professionals have all been cited as barriers to access to appropriate care.[182] Most current counselling assessment models do not capture the mental health impacts of racism, nor do they provide professionals with guidance or training in recognizing the impacts of racism and how race-based encounters can lead to psychological stress.[183] Several researchers have proposed the use of a therapy model "that requires counsellor competence in the socio-political histories of race and racism as well as knowledge of racial identity assessment (self and other) [where] treatment must occur in a safe and validating environment."[184]

The development and provision of some basic training in the unique health concerns of students in visible minority groups could help campus wellness centres provide better care to these students. The provision of government funding to support this initiative would provide the resources necessary for institutions, students, and health care professionals to develop basic guidelines and training on counselling these individuals.

Recommendation Thirty-nine: Medical accommodations should be made available, and consistently applied at Ontario campuses; these accommodations should be well promoted to students and staff alike.

Certain students—for example students managing chronic illness, students who are pregnant, or students who have recently given birth—may need special medical accommodations with respect to their academic achievement that many students would take for granted. Recognizing that long classes and a lack of private spaces can prove challenging for some students, universities should assist them in seeking accommodations that ease these concerns.

Carleton University has an excellent example of accessible means of getting help. Through their equity services website, students can digitally request accommodations. All an applicant has to do is select one or more common accommodations—for example, a moveable chair, bathroom breaks as required, or nursing requirements—or to request a specific consideration in an online

[182] Robert T. Carter, "Racism and Psychological and Emotional Injury: Recognizing and Assessing Race-Based Traumatic Stress," *The Counselling Psychologist* 35 (2007): 13-112.
[183] Ibid.
[184] Maryam M. Jernigan and Jessica Henderson Daniel, "Underserved Populations Racial Trauma in the Lives of Black Children and Adolescents: Challenges and Clinical Implications," *Journal of Child & Adolescent Trauma* 4 (2011):123–141.

form and provide contact information for follow-up, if required. Carleton's equity staff then work to provide relevant physical or academic accommodations on applicants' behalf.[185]

Students that require medical accommodation should be offered, at a minimum: ready access to washrooms–especially during exams—detached chairs and desks, private space, and accessible childcare—either on-campus childcare or through partnerships in the broader community.

Recommendation Forty: Universities must ensure well-supported transitions for students who have suspended their studies.

Students who take time away from their studies may face difficulty and uncertainty as they seek to return to their studies and reintegrate with the campus community. Universities should first adopt flexible policies allowing students to decide whether or not they want register on a term-by-term basis for a reasonable, consecutive amount of terms without explanation or need for re-enrollment (beyond regular registration). This arrangement recognizes the episodic nature of some mental and physical health conditions, as well as the additional stress, expense, and labour that can come from onerous application processes.

There should also be services that facilitate students' reintegration into university when they reapply. Returning students might need help familiarizing themselves with services that may have changed, new services, or to services that they have a new need for. They might also need learning supports or academic counselling to successfully navigate their reintegration or understand how course requirements may have changed. A good process might be to offer a student the ability to register for a short orientation, or links to applicable resources and services when they register for classes.

Recommendation Forty-one: Universities should strive to provide access to expertise and resources for students undergoing, or who have undergone, sex and/or gender transitions.

At minimum, universities should endeavour to ensure that students who are seeking information about or are undertaking a sex transition are able to find health care providers who are knowledgeable and sensitive to their needs. To this end, university wellness centres should provide appropriate training to all of their staff, especially those who may find themselves serving as the first point of contact for these students. Wellness centres that do not provide care and resources for trans- and inter-sexed students in their facilities should be able to provide effective and discreet referrals to on- and off-campus resources.

LGBTQ+ services on campus should be encouraged to offer peer support and information to students who have or are undertaking a transition. This encouragement should take the form of supportive policy, the provision of safe physical spaces, and monetary support where appropriate. Campus mental and physical health practitioners should ensure regular communication with such groups, on- and off-campus, in order to gain the best understanding of the resources available to, and the needs of, transitioning students. Lastly, institutions should facilitate student mobility between services on- and off-campus.

[185] Carleton Equity Services. "Pregnancy Accommodation Form," *Carelton University*, Accessed October 24 2014. http://www.carleton.ca/equity/accommodation/pregnancy-accommodation-form/

Recommendation Forty-two: The government should provide additional resources so that universities can better provide long-term care.

There are certain populations of students, particularly those experiencing chronic illnesses, that require specialized care on an on-going basis. OUSA focus groups and interviews have indicated that professionals and practitioners feel that they lack the resources to engage students in long-term care. One administrator confided, "let's be honest, universities are not able to provide medium to long term care".[186] As previously discussed, a combination of funding model concerns, the need for certain areas of expertise, and long wait times during certain periods of the year challenge the ability of campus wellness centres to treat mental and physical illnesses on an on-going basis.

There are many reasons for institutions to commit to doing so however. A short physical distance between an on-campus clinic and their classes allows students to better integrate care into their schedules and minimizes its impact on their studies. On-campus resources for managing chronic mental and physical illnesses allow students to more comfortably transition from their existing care structures into the university community. This mitigates any stress that might come from having to orient one's self to a combination of campus and community resources, as well as the stress of having to adapt to new living conditions. Finally, they allow a student to develop long-term and trusting relationships with health care providers within the institutional community, which helps improve their overall care.

[186] Practitioner interview by OUSA, September 2014.

CAMPUS SAFETY

PRINCIPLES

Principle Twenty-one: All students should feel safe at their university.

Universities should be a safe-haven for people to receive a high quality education without having any concerns of their health and safety being at risk. There is no place for violence or threat of harm in an academic environment. All students deserve to feel safe and that standard is unconditional. Gender, race, religious beliefs, sexual orientation, status of health, age, ethnic origin, and mental and/or physical disabilities should not determine whether or not a student feels safe at university. All students deserve adequate and equal service. Enhancing campus safety can alleviates health risks that can be associated with security issues and potentially improve academic success. This displays that safety conflicts affect not only students that are directly involved with the issue and that safety improvements are very important.

CONCERNS

Concern Thirty-six: Campus safety is a larger concern for female students than it is for males.

Statistically, women are typically more at risk for becoming victims of violent crime. According to Statistics Canada, in 2011, the rate of police-reported violent crime was 5% higher for women than for men. Additionally, in both police-reported and self-reported data, young women were more at risk for violent victimization—reported rates of violent crime against women aged 15-24 was 42% higher than for women aged 25-34 and double the rate for women aged 35-44.[187] For certain groups of women, the statistics are even more alarming. For example, studies indicate that more than 80 per cent of women with a disability will be the victim of sexual violence. [188] Similarly, Aboriginal women are more than three times as likely to be the victim of a sexual or violent crime than the general population.[189]

In the 2013 National College Health Assessment, 92% of male students in Ontario reported feeling safe on their campus in the daytime, while 60% reported feeling safe at night. Proportionally, females reported feeling much less safe than their male peers. Although 86% of female students in Ontario reported feeling safe on their campus during the day, only 25% felt safe at night. Furthermore, the security of the campus environment is important to protect for female students. In the same survey, 57% of female students reported feeling safe in the community surrounding their campus during the day; 11.4% felt safe in the community at night.[190] Even in the broader community, women generally have higher levels of fear of crime compared to men.[191]

Violence against women has latent effects beyond the initial injuries or health issues. Daily stress levels are higher amongst women who have been violently victimized than they are in women who have not. On top of this, the use of medication to cope with depression, anxiety,

[187] Statistics Canada, "Violence against women, 2011," *The Daily (online bulletin)*, Last modified February 25 2013. http://www.statcan.gc.ca/daily-quotidien/130225/dq130225a-eng.htm

[188] "National Clearinghouse on Family Violence," *Violence Against Women with Disabilities*. Ottawa: Government of Canada (2004).

[189] Ottawa Rape Crisis Centre. *Sexual Assault Statistics*. 2010.

[190] "ACHA-NCHA II: Ontario Province Reference Group Executive Summary," *American College Health Association*, (2013).

[191] Statistics Canada, "Measuring violence against women: Statistical trends," *Juristat (database)* (2013).

tension, and lack of sleep is significantly higher amongst victims of violent crime than in non-victims.[192]

Concern Thirty-seven: Ensuring safety sometime falls under responsibilities of student unions, forcing students to look out for one another rather than pressuring universities to build a better system.

Universities that fail to offer adequate security services force student associations to do so in their stead. This system implies that institutions are failing to acknowledge that students are the potential victims of on-campus crimes and it does not address real safety concerns, putting students at risk.

Student volunteer services do not offer the same level of training and expertise on security. Quite often, these services are limited to the time in which volunteers are willing to commit. This leaves potential security gaps during holidays, weekends, and late at night. For example, the Wilfred Laurier University Students' Union foot patrol is offered Monday through Thursday from 6:30 pm until 1:00 am and from 6:30 pm until 11:00 pm Friday to Sunday.[193] The Trent Oshawa Student Association offers a similar service that is run from 6:30 pm until 9:30pm on weekdays. The Brock University Students' Union's drive home service also has a restricted schedule.[194] This is a very troubling structure developed in response to these institution's inadequate security service provisions. This is dangerous and should be addressed.

Concern Thirty-eight: Students that live off campus are only offered security while on campus.

Security is limited to on-campus services while greater risks can occur beyond the university's property. Only 18% of students in Ontario live on their institution's campus.[195] Within the remaining 81% living off-campus, the proportion of students who feel unsafe in the neighbourhoods they live in ranges from about 20% to 44%.[196] Adding to feelings of fear for their safety, students who have just moved to the community where they attend university are unlikely to be familiar with the neighbourhood they live in. This may potentially lead them to high risk areas on their way home from campus. Security is only eligible to handle incidents that occur on campus grounds, leaving a number of students without adequate security and safety provision.

Concern Thirty-nine: Students may unknowingly be at risk of victimization by strangers while on campus.

Universities in areas with high crime rates could experience high-risk scenarios on campus involving people that do not have any affiliation with the institution or purpose to be on campus. For instance, York University has experienced the side effects of being located in an area with high crime rates. In March 2014, there was a shooting at York University; the institution reported the gunman was not an enrolled student.[197] Again, in October 2014,

[192] Statistics Canada, "Measuring violence against women: Statistical trends," *Juristat (database)* (2013).

[193] "Foot Patrol," *Wilfred Laurier Students' Union*, Accessed October 24 2014. http://www.wlusu.com/foot-patrol/

[194] "Drive Home," *Brock University Students' Union*, Accessed October 24 2014. http://www.busu.net/services/safety-services/drive-home/

[195] Ailsa Bristow and Brandon Sloan, "Home Schooled: Municipal Affairs and the Student Experience in Ontario," *Ontario Undergraduate Student Alliance* (2014).

[196] Ibid.

[197] Kendra Mangione, "Suspect Charged in York University food court shooting," *CTV News*, Last modified March 14, 2014. http://toronto.ctvnews.ca/suspect-charged-in-york-university-food-court-shooting-1.1729123

York students were threatened at gunpoint by suspects not likely attending the university.[198] This is not fair to, nor is it safe for, students that attend this institution. In order to ensure the safety of all students, tighter precautions need to be taken at campuses, such as York University, in areas with high crime rates.

RECOMMENDATIONS

Recommendation Forty-three: Universities must record every violent incident occurring on or around campus— this information needs to be made publicly available to all current and prospective students.

Students deserve to know what risks are associated with each campus they attend or intend on attending. In the United States, all PSE institutions are required to disclose information regarding crime occurrences on and surrounding their campus as stated in the Clergy Act.[199] The Canadian government has not made this a requirement at its PSE institutions and this should change. Instances of crime on university campuses are not even recorded by Statistics Canada.[200] Trent University is one of the few post-secondary institutions in Ontario that offers a sufficient breakdown of all threats and incidents reported in the previous year.[201] All universities should be expected to follow in its footsteps.

Recommendation Forty-four: Universities need to take responsibility for funding and/or offering all security and safety services.

Walk home programs and shuttle services are important to ensuring that students feel comfortable on and around their campus. However it cannot be the sole responsibility of student unions to provide safe and secure environments. In these situations, this also puts the student volunteers and staff at risk. Some universities may not provide funding above minimum security requirements for additional safety precautions, like walk home programs or shuttle services. All institutions should to take responsibility for security and safety services and programs by leading their coordination and funding.

Recommendation Forty-five: All universities should have standardized special constable services that work alongside regional police on all campuses.

Ontario has the largest amount of campuses with special constables (SC). They generally focus on campus infractions, including alcohol and drug use, but also enforce municipal by-laws and the Criminal Code. However, not all universities in Ontario have security personnel that is granted police authority and their enforcement abilities are restricted to on-campus events. To ensure that students are also safe in the neighbourhoods surrounding their campus, alterations to the authority level of the SC must be made. Students need security that can legally protect them or have adequate training in delegating regional police to ensure that students are safe in areas surrounding the campus.

There must also be a standardized set of requirements for all security personnel on each campus. Many SCs must take social training courses on the prevention of sexual assault, drug,

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[198] CBC News, "Gun-toting group threatening, robbing students at York University," *CBC*, Last modified October 19, 2014. http://www.cbc.ca/news/canada/toronto/gun-toting-group-threatening-robbing-students-at-york-university-1.2805313

[199] "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act," *U.S. Code 20*. § 1092.

[200] "Protecting Our Kids on Campus," *Readers Digest*, Accessed October 24 2014. http://www.readersdigest.ca/magazine/protecting-our-kids-campus/?id=1

[201] "Incidents: Academic School Year 2013-2014," *Trent University*, Accessed October 24 2014. http://www.trentu.ca/security/incidents.php

and alcohol use, how to respond to sexual assaults, and mental health training however, not all institutions require this training. All universities should make this training mandatory. There are also institutions that do not require background checks or previous work experience for newly hired security personnel. Specifically, background checks are not required to work on University of Toronto's Mississauga campus or at Brock University.—this needs to change.

Recommendation Forty-six: Universities should fund infrastructure improvements that heighten comfort and safety levels for students.

Simple investments such as better lighting systems for walkways and parking lots would make substantial contributions to the creation of safer campus environments while easing the fear of victimization amongst the students who are most at risk. Better security camera systems would also help to put students at ease. Particularly, institutions' security teams need to make sure that all cameras on campus are able to pan and zoom clearly and effectively. It is important that all institutional stakeholders are informed of any new camera or security equipment installations. Institutions should look to the University of British Columbia's Vancouver campus as an example of how to invest in security using these methods.[202]

[202] "Vancouver campus safety enhanced," *University of British Columbia,* Last modified August 13 2014. http://news.ubc.ca/2014/08/13/vancouver-campus-safety-enhanced-further-improvements-planned/

SEXUAL VIOLENCE

PRINCIPLES

Principle Twenty-two: Campuses must be safe spaces, free from sexual violence, for all students.

A student's time at university has tremendous potential. University leaves students better educated, engages them civically, and coincides with important periods of personal and social development. Sexual assault and harassment are traumatic experiences that can have lasting negative impacts on survivors and on their development in all of these areas. Sexual assault can leave victims with unwanted pregnancies, long lasting reproductive issues, and sexually transmitted infections. Those who experience sexual violence may suffer from Post-Traumatic Stress Disorder, or may have difficulty with intimate and social relationships. The effects of sexual assault can negatively impact students' academic careers and working lives as well. Some students may try to cope with the trauma through the use of alcohol, drugs, or by engaging in other high-risk behaviours.

Staff and students may find themselves with little ability or understanding in responding to sexual assault. However, "when provided with appropriate education, administrators, student leaders, staff, and faculty can play an important role in influencing attitudes and behaviours to reduce the incidence of sexual misconduct and to promote values which celebrate positive, consenting sexuality and sexual diversity."[203]

Some might think that physical assault is the only form of sexual violence or misconduct, but there are a wide range of behaviours that can constitute violence including sexual harassment, stalking, cyber harassment, pressuring a partner for sex, the offering of threats or favours related to sex acts, and more. Promoting understanding amongst all members of the university community about—and having each play a role in preventing—sexual violence is a necessary part of protecting and nurturing Ontario's students.

Principle Twenty-three: Survivors of sexual assault must be assured of comprehensive, sensitive, and readily available supports systems.

As described above, those who experience sexual violence are subject to immediate trauma as well as long lasting impacts. While each survivor will cope with the experience differently, it's important that there be a continuum of care and support immediately and continually available for students who have been subject to sexual violence. From the moment a student reports an incident of violence or misconduct, they should be assured of discreet but comprehensive supports that seamlessly progress their case through legal, medical, and academic processes designed to help them heal.

[203] "Report of Task Force on Sexual Assault Education, Prevention and Support," *Lakehead University*, Accessed October 2014. https://www.lakeheadu.ca/sites/default/files/uploads/249/Report%2C%20Sexual%20Assault%20Task%20Force.pdf

CONCERNS

Concern Forty: Survivors of sexual violence are often uncomfortable disclosing that they were victims of a crime, or may feel that they will not be appropriately supported should they do so.

A persistent and unfortunate reality of sex related crime, particularly in university environments, is that victims are rarely certain that they can expect justice. In many cases they cannot even reasonably expect discretion, support, or even understanding from all institutional authorities with whom their ordeal may bring them in to contact with. Many institutions have processes in place regarding sexual assault on their campuses that do not place the victim first, or that otherwise place large burdens on them, forcing them to be their own advocates.

Even where there are safe, discrete, comprehensive, and accessible mechanisms for addressing sexual violence, there remains hesitancy amongst students who have experienced sexual violence to disclose their attacks due to cultural stigmas where blame and responsibility are often assigned to victims. Adding further complications to students motivations not to disclose is the fact that a large majority (about 82 %) of sex crimes in Canada are committed by someone who knows or has a relationship with the victim.[204]

A student may be hesitant to point the finger at a current or former lover, a friend or, someone in a position of authority. Fear, embarrassment, and shock can all make it difficult for a student to talk about having experienced sexual violence or misconduct. These feelings can also impair memory providing further impediment or discomfort to pursuing justice or support. Finally, drugs and alcohol often have a role to play in sexual assault and can severely impact victims' recollection of the incident.[205]

Concern Forty-one: Access to support services for survivors of sexual assault is not always readily or consistently available.

Campus police and security have embraced expanded service hours, meaning that students can access these important services when subject to violence. However, an immediate response to sexual violence requires more than simply reporting the crime. In a time of crisis, survivors need comprehensive supports including counselling, medical treatment, access to residence staff and eventually to academic staff.

Currently, many campuses still lag behind in both the immediate and longer term supports available to students who are victims of sexual assault. To begin with, service breadth and depth varies widely by institution—immediate survivor supports, reporting, accommodations, and counselling are not always available at every institution. Where they are, they are often only open during regular business hours that do not reflect the times when sexual violence is more likely to occur. In other cases crisis supports are staffed by students' peers, community volunteers, or part-time employees, which are all subject to high turnover. While it is commendable that peer support networks are attempting to meet this unfortunate demand, this raises further questions about how involved and comprehensive a service can be provided, how effectively volunteers can be trained, and how high turnover negatively impacts expertise, proficiency, and care.

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[204] Ontario Women's Directorate, "Developing a Response to Sexual Violence: A Resource Guide for Ontario's Colleges and Universities," *Queen's Printer for Ontario* (2013).

[205] "Report of Task Force on Sexual Assault Education, Prevention and Support," *Lakehead University*, Accessed October 2014. https://www.lakeheadu.ca/sites/default/files/uploads/249/Report%2C%20Sexual%20Assault%20Task%20Force.pdf

Concern Forty-two: University processes for investigating sexual violence may be ineffective or even harmful for survivors.

While most institutions are beginning to implement robust policies around sexual violence on campus, there remain concerns amongst students of both individual university community members' responses to incidences as well as the more general handling of investigations.

Students who approach staff or faculty may find they are not treated with dignity and respect, may not be appropriately referred to support and reporting services, or may have their rights to confidentiality violated. Similar concerns exist for students who chose to undertake an investigation. In some cases, institutions have hindered—intentionally or not—the participation of external legal authorities. When a student requests, or feels pressured to partake in, an internal investigation there are often struggles to maintain an appropriate standards of communication and confidentiality, separation and safety from the accused, and academic accommodation over the course of the investigation. This often leaves burdens of proof and safety on students who are already stressed or suffering from mental health crises.

As a result, students have expressed reluctance in reporting incidences of sexual violence, as well as a hesitancy to engage in on-campus investigations. In particular, students continue to show concern about how campus police and security handle reporting and investigation, perhaps indicating the need for improved training in this area.

RECOMMENDATIONS

Recommendation Forty-seven: Support centers for students who have experienced sexual assault should be readily available on every campus.

A number of campuses in Ontario, for example McMaster and Waterloo, do not currently offer safe spaces specifically for victims of sexual assault, especially during non-business hours. For many people, immediate support following an episode involving sexual violence is critical to overcoming the incident and its impacts. In order to ensure that Ontario's post-secondary system is supportive of sexual health issues, particularly those related to violence, the government and institutions should work together to ensure that adequate support services are available and readily accessible to students in moments of crisis or distress. These centres are need not be strictly medical and be able to provide guidance in crisis situations as well as peer support resources, safe spaces, and tools that aid in the non-physical aspects of recovery.

Recommendation Forty-eight: Survivors of sexual violence should be afforded academic accommodations should they be required.

For many survivors the recovery process can be long, with periods of depression, anxiety, and stress. Students in this situation may find themselves overwhelmed at the prospect of fully returning to their studies. While the goal is certainly to support students continuing and succeeding in their education, students who have experienced sexual violence should be afforded a process to withdraw from any or all of their courses without academic or financial penalty if necessary.

Students who wish to continue with school may still be challenged by mental or physical health care or legal processes and may require special considerations in order to continue with their studies. These students should be able to request and receive reasonable accommodations if they need them. While individual needs will vary, there should be processes in place that allow students to address attendance concerns, deadlines, and examinations. Efforts should be made

to involve their instructors where appropriate in order to ensure both sensitivity to their needs and that students have structured time with faculty to learn in a safe and supported way.

Recommendation Forty-nine: The government must provide resources so that survivors of sexual violence have long-term mental and physical health supports on campus, or have effective referrals to community resources.

As has already been discussed, survivors of sexual violence are often subject to collateral physical and mental health issues, many of which will require long-term treatment and support. Often, especially for mental health concerns, the need for treatment will be episodic and difficult to predict. Health care supports on campus are often challenged in the provision of long term care. Specialized staff are difficult to retain, service demands put pressure on wellness centres to see many students for shorter periods of time, and many are simply not equipped to provide more than a few counselling sessions. Lastly, the communities surrounding PSE institutions are also under pressure to support referrals from these institutions; health care funding in the province simply does not adequately account for students.

The government must work to ensure that resources are available for the provision of long term care for all students, but must ensure that the specialized care required by victims of sexual violence is provided on, or at least near, university campuses. Care should start with the availability of emergency contraception and treatment for STIs as well as immediate access to a crisis counsellor. Treatment should continue with long-term and consistent access to therapy if required. Students coping with the after-effects of sexual violence need and deserve better than difficult to access care with employee high turnover and constant referrals between health care providers.

Recommendation Fifty: Universities must take a proactive approach in addressing sexual violence on campus.

Universities should provide information, infrastructure, resources and programming that seeks to mitigate sexual violence on campus. Recognizing that the best approach to supporting students is the prevention of crisis and violence, universities should endeavour to address both the physical and cultural exacerbations of sexual violence. The implementation of best practices should consider physical infrastructure, such as lighting, security and emergency phones, as well as policy and programming that provides consequences and education in sexual violence. Examples of the latter might include policies within or accompanying student codes of conduct, and ongoing programming promoting consent and broadening the understanding of what constitutes sexual violence.

Recommendation Fifty-one: Universities must provide consistent and well-communicated processes for reporting and recourse related to sexual violence on campus.

Universities must implement policies governing how the institution addresses sexual violence and misconduct. Additionally, they should expand existing relevant policies (such as staff and student codes of conduct) to provide clear expectations and recourse when it comes to sexual violence.

Effective policies will include:

- Survivor rights – which can include principles applying to any staff that they may approach regarding an incident of violence, such as the right to:
    - Be treated with dignity and respect

    - Be informed of available resources
    - Decide to seek an investigation on- or off-campus with the full cooperation of the institution
    - Academic accommodations
    - Support in developing a safety plan
    - As well as the right to choose among any of these supports
- A variety of reporting and recourse methods – a student who has been the victim of sexual assault should retain control in deciding whether to undertake any or all of the following:
    - Pressing charges under the Criminal Code of Canada
    - If the alleged perpetrator is a member of the university community, filing a complain under relevant harassment and discrimination policies
    - If the alleged perpetrator is a member of the student body, to file a complaint under relevant code of conduct policies
- A listing of campus and community supports available
- The expectation that training will be made available to university staff
- Standards of communication and confidentiality for students who are subject to sexual violence

Any existing policies must be regularly reviewed and amended to best serve students. In order to be effective, policies must be well communicated to students, as well as readily available and understood by the staff that will be responsible for facilitating any of the processes described within them.

STUDENT HEALTH AND WELLNESS POLICY STATEMENT

Whereas health and wellness should be promoted in a holistic manner - giving appropriate attention to lifestyle management, education, treatment, and triage. Health and wellness should be understood as interdependent;

Whereas first-year students should enter an environment that eases their transition into university by promoting healthy lifestyle choices and coping strategies;

Whereas the Ontario government and universities bear primary responsibility for ensuring that every Ontario student has access to a minimum standard of health services;

Whereas students' health and wellness is best addressed through a centre where health services, counselling services, and student accessibility services are integrated together;

Whereas student health services are best provided by integrated student health teams that are adequately staffed and paid through an alternative funding model to fee for service;

Whereas students at all publicly subsidized universities in Ontario should have access to mental health services;

Whereas mental health and mental illness should be conceptualized as two different contributors to overall wellness;

Whereas post-secondary institutions should have strategic goals, policies and practices that reflect the importance of student mental health as a foundation for learning and student wellbeing. Universities should strive to provide supportive and inclusive environments for students with mental health and wellness issues;

Whereas institutions must have initiatives that increase the knowledge and understanding of the determinants, nature, impact, prevention, and management of mental health issues;

Whereas mental health services must be provided through a collaborative and integrated approach from multiple health care practitioners and services.

Whereas institutions must support the creation of peer support programs that can provide support and resources for students who may be experiencing mental health concerns;

Whereas moderate levels of physical activity among the student population yield substantial benefits for individuals, universities, and the public health system;

Whereas the primary goal of Athletics and Recreation should be the promotion of overall wellness amongst all students through physical activity;

Whereas positive nutrition and eating habits across the student population yield benefits for individuals, post-secondary institutions, and Ontario's public health system;

Whereas campus food service providers have a responsibility to engage with students as partners in an equitable, mutually beneficial relationship;

Whereas effective campus wellness services must reflect the diversity within the student population;

Whereas students from under represented groups should have access to health and personal counselling supports that adequately address their unique concerns and needs;

Whereas the health, wellness, and safety concerns of all sexes must be adequately addressed by on-campus resources or through community partnerships;

Whereas students who have persistent health needs should be able to attend university as long as they are willing and able;

Whereas all students should feel safe at their university;

Whereas campuses must be safe spaces, free from sexual violence, for all students; and

Whereas survivors of sexual assault must be assured of comprehensive, sensitive, and readily available supports systems.

BIRT universities should set aside funding to incorporate more wellness programming and awareness throughout the year;

BIFRT promotional campaigns should expand towards lifestyle health concerns;

BIFRT all universities in Ontario should build their course calendars with the intent to provide a reasonable reading break for students in both Fall and Winter academic terms, the length of which should be determined in appropriate consultation with students;

BIFRT universities set and maintain a standard of up to date training and health awareness requirements for faculty and staff;

BIFRT student curricular assessments should be orchestrated in ways that accommodate general health concerns while efficiently maintaining the role of a course examination;

BIFRT the government, in collaboration with institutions, student organizations, and other sector stakeholders, should create a comprehensive strategy for enhanced student health service provision on post-secondary campuses;

BIFRT the government should pursue alternatives to the fee-for-service physician compensation model, including Community Health Centres on post-secondary campuses;

BIFRT the government should exempt post-secondary students enrolled in a Family Health Team from the outside use deduction of the access bonus to reflect the nature of post-secondary student mobility;

BIFRT the government and institutions should provide dedicated funding for student wellness centers that integrate primary medical care and mental health services on campuses;

BIFRT institutions should move their student health and mental health services to a shared physical space to better facilitate the practice of a holistic and integrated care model. Student health, mental health and accessibility services should also have the same point of access;

BIFRT campus wellness centres must create assisted referral that ensures students are supported when receiving community health and counselling services maintaining the fewest number of points of contact necessary;

BIFRT when governments and institutions are considering allocating investments in campus health they should prioritize frontline mental health supports at post-secondary institutions;

BIFRT the government should dedicate funding for system-wide initiatives aimed at improving the mental health of all post-secondary students;

BIFRT all campus wellness centres should have a minimum ratio of counsellors to students to ensure adequate service provision;

BIFRT an extension in OHIP needs to occur for youth from 18 to 25 to ensure that they can be covered and receive appropriate mental health services;

BIFRT campus wellness centres should engage in mental health awareness initiatives to encourage students to seek out assistance. These approaches should include development of students' self-management and coping skills so that they are able to be resilient when experiencing mental health issues or coping with mental illness;

BIFRT campus wellness centres should ensure they are well-integrated with health care providers in the surrounding community;

BIFRT institutions should support existing, or create new, peer support programs that students can access. Peer support volunteers should have ongoing review of their activities to ensure their own wellbeing;

BIFRT mental health and wellbeing education, training, and resources must be provided to all institutional staff who interact with students;

BIFRT institutions must evaluate and change their policy, structure and organization to ensure student mental health is reflected as an important institutional value;

BIFRT recreational programs should be promoted and offered in ways which recognize their value to the student body;

BIFRT Athletics and Recreation departments must actively promote services to their student communities, and do so in a way that addresses the most commonly perceived barriers to physical activity;

BIFRT any optional fees imposed on students should reflect the real cost of the services gained;

BIFRT Athletics and Recreation should encourage participation in adaptive sports by including them in intramural offerings and other programming, and allocating funding to the purchase of adaptive sports equipment;

BIFRT Athletics and Recreation departments should encourage women's equitable access to facilities through women-only hours, spaces, and/or programming;

BIFRT envelope funding should be issued to campuses in order to support nutrition campaigns and the establishment of on-campus eateries that encourage healthy eating;

BIFRT on-campus eateries should offer low cost, nutritious food options;

BIFRT food items which vary in portion size should be available for all major meals, and these smaller items should be sold at the same margin as their larger equivalent;

BIFRT foods items which accommodate a number of dietary restrictions should be present at every on campus eatery;

BIFRT service staff should be provided training on acceptable options for individuals with dietary restrictions;

BIFRT easy to interpret materials outlining which items accommodate a number of common food restrictions should exist in every eatery;

BIFRT on campus eateries should highlight nutrition information, especially those elements most relevant to nutrition, at the point-of-choice;

BIFRT food service providers should be decided upon following extensive consultation with students;

BIFRT major food providers on campus should seek and consider student feedback on available food options;

BIFRT each campus should provide resources for students to improve their nutritional knowledge, including a registered dietician and educational classes. In the case that specific resources are unavailable on campus, students should be connected with external options. These resources should be advertised in campus eateries;

BIFRT institutions should strive to ensure that health and counselling services reflect the diversity of the student population;

BIFRT campus health care and health plan providers should ensure that their policies and service offerings meet the diverse health needs of all students, including the specific needs of marginalized populations;

BIFRT the government should provide funding for training on the needs of students in visible minority groups for existing counselling centres at all institutions;

BIFRT medical accommodations should be made available, and consistently applied at Ontario campuses; these accommodations should be well promoted to students and staff alike;

BIFRT universities must ensure well-supported transitions for students who have suspended their studies;

BIFRT universities should strive to provide access to expertise and resources for students undergoing, or who have undergone, sex and/or gender transitions;

BIFRT the government should provide additional resources so that universities can better provide long-term care;

BIFRT universities must record every violent incident occurring on or around campus— this information needs to be made publicly available to all current and prospective students;

BIFRT universities need to take responsibility for funding and/or offering all security and safety services;

BIFRT all universities should have standardized special constable services that work alongside regional police on all campuses;

BIFRT universities should fund infrastructure improvements that heighten comfort and safety levels for students;

BIFRT support centers for students who have experienced sexual assault should be readily available on every campus;

BIFRT survivors of sexual violence should be afforded academic accommodations should they be required;

BIFRT the government must provide resources so that survivors of sexual violence have long-term mental and physical health supports on campus, or have effective referrals to community resources;

BIFRT universities must take a proactive approach in addressing sexual violence on campus; and

BIFRT universities must provide consistent and well-communicated processes for reporting and recourse related to sexual violence on campus.