



An Overview of Post-Secondary Mental Health on Campuses in Ontario: Challenges and Successes

Pearlyn Ng^{1,2}  · Marija Padjen¹

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Abstract

With the growing number of initiatives on campus that support student well-being, an overview of some of the systemic, sector-wide issues on campuses will help to further understanding of post-secondary student mental health needs and support improved outcomes for mental health on campus. This paper will examine systemic issues in the post-secondary mental health sector, including the challenges of maintaining best practices; review how the Mental Health Innovation Fund projects and project outcomes worked toward addressing those challenges; and highlight standards in post-secondary mental health program evaluation.

Keywords Ontario · Post-secondary · College · University · Mental health · Campus

The Centre for Innovation in Campus Mental Health (CICMH) was originally funded through the Mental Health Innovation Fund (MHIF) in 2013 and has since received extended funding from the Ministry of Training, Colleges, and Universities. As part of our mandate, CICMH serves as a repository of best, promising, and emerging practices in the sector. CICMH is physically located in Toronto, and our directive includes supporting all publicly funded post-secondary institutions across Ontario to enhance student mental well-being. Both authors are program staff—Marija Padjen is the Director and Pearlyn Ng is the Research and Knowledge Exchange Coordinator. Via a range of knowledge exchange events, such as webinars, forums, and conferences, we have observed the ebb and flow of trends in the sector—including the changes brought on as a result of the MHIF projects.

There is a broad recognition across Canadian society of the importance of providing effective mental health services for all citizens and for youth and young adults in particular. This paper will examine systemic issues in the post-secondary mental health sector, including

✉ Pearlyn Ng

¹ Canadian Mental Health Association Ontario Division, Centre for Innovation in Campus Mental Health, Toronto, ON, Canada

² Toronto, Canada

the challenges of maintaining best practices, review how the MHIF projects and project outcomes worked toward addressing those challenges, and highlight standards in post-secondary mental health program evaluation. It further presents multiple opportunities for universities and colleges to build on their significant experience and to provide greater mental health supports in the post-secondary sector. Better standards for evaluation of mental health projects are important in driving this change as the need for improved systems of data collection and analysis across the post-secondary system, to identify effective student service delivery and areas where changes are required, has been recognized for some time.

The Mental Health Context

The Canadian consortium of the American College Health Association (ACHA) conducted the National College Health Assessment in 2016, surveying 43,780 students from 41 post-secondary institutions across Canada. Results showed that stress (42.2%) and anxiety (32.5%) were among the most prevalent factors affecting students' academic performance. Furthermore, the survey noted that 14.7% of students had a formal diagnosis of depression, which was a 47% increase from 2013 (ACHA National College Health Assessment II 2016). At this time, post-secondary institutions face challenges when attempting to prevent, identify, and treat mental health challenges on campus. Some of these challenges include fragmented services, reactive responses, truncated funding, and high resource needs (OCHA 2009). Institutions report struggling with an increase in student psychopathology, severity of issues, and counseling service usage (Cooke and Huntley 2015). This may be related to increased numbers of non-traditional groups on campus (e.g., students with disabilities, mature students), treatment advances, and/or a greater willingness to report mental health concerns and seek treatment (Hunt and Eisenberg 2010). The pressure on strained campus mental health services is especially true at smaller and rural institutions, which may have fewer staff (including mental health professionals), budgetary constraints, and boundary concerns (CICMH Northern forum, personal communication, 2017).

The Goal of the MHIF

The Mental Health Innovation Fund (MHIF) was launched in 2012 by Ontario's Ministry of Training, Colleges, and Universities to support new and innovative approaches to help post-secondary students, and those transitioning to college or university, access the mental health services they need. Three rounds of funding have been issued from 2012 to 2016, with 32 distinct projects across Ontario aimed at improving access to high-quality mental health services in the post-secondary environment. The goals of the Mental Health Innovation Fund were:

1. To identify and address gaps in mental health and addiction services for Ontario post-secondary students.
2. To enable and promote knowledge sharing and best practices across Ontario's post-secondary community.
3. To facilitate partnerships with other mental health care and addiction service providers within local Ontario communities. Projects will include linkages to, and partnerships with,

- other mental health care providers within local Ontario communities to avoid duplication of services, and to leverage cooperative and efficient approaches to expanding services.
4. To support innovation in approaches to mental health and addiction service delivery for post-secondary students and particularly those transitioning from secondary to post-secondary studies.
 5. To support improved outcomes for post-secondary students with mental health and/or addiction issues and particularly those in transition from secondary to post-secondary studies.

With the number of mental health initiatives growing on campus, a review of the MHIF initiatives will help to further understanding of post-secondary student mental health needs and support improved outcomes for post-secondary mental health and/or addiction issues. The following section will review the MHIF projects and project outcomes.

MHIF Project Topics and Outcomes

Of the 37 MHIF projects completed, 16 final reports were reviewed by CICMH. Unfortunately, many of the projects from round 1 to round 2 have experienced changes in staff and, therefore, lost continuity as funding ended. We divided all the MHIF projects into categories which represented the project focus (Table 1). A few projects had more than one focus (i.e., Intervention and Substance Use). Permission was obtained from the MHIF project leads to share their reports, and all 16 project reports are archived and available to the public on the CICMH website. Descriptions of the remaining projects are also archived on the website.

We see that most of the projects focused on health promotion and education- or population-specific projects. In fact, referring to research on best practices in campus mental health, these are the same categories that have been identified as making the biggest impact on campus. Of note, “Interventions” in this case refer to non-traditional approaches that either supplement or replace one-on-one counseling or psychotherapy sessions with students. The MHIF competition was awarded to the most innovative solutions across Ontario; thus, the resulting projects are all notable for their efforts in shifting the paradigm of mental health services on campus. As mentioned previously, many of the key challenges faced by the sector are rooted in the fact that old models of mental health services on campus are insufficient to meet current demands. Thus, these innovative solutions are a valuable push toward finding solutions that work well.

A number of the MHIF projects continued to run after the MHIF grant was completed, usually with funding provided from the institution itself. One example is the “Flourish” project at the University of Toronto (Scarborough) that focused on early intervention and resilience-building, which continues to run and has in fact expanded in scope to provide strength-based

Table 1 MHIF projects and topics

Project category	Total projects
Health promotion and education	11
Population specific	
Indigenous students	5
International students	1
LGBTQ2SA students	2
Accessibility and accommodations	1
Intervention (e.g., counseling, mentoring)	11
Substance use	3
Prevention and early intervention	7

resilience training to staff at other institutions. Another project is “Good2Talk,” the Ontario post-secondary 24/7 helpline. It is no coincidence that the projects which received renewed funding were also the ones with the most rigorous evaluation methods and laid out their project outcomes in the most comprehensive ways.

Of the 16 project reports reviewed, all reported successful project outcomes. Due to the diverse range and delivery methods of these projects, it is not possible to directly compare these evaluation methods. However, it is noted that 12 of those projects used both quantitative and qualitative measures, and three of the projects used quantitative measures alone. Three projects did not make mention of evaluation methods and measures in their final reports, and five projects did not include pre- and post-test comparisons. Popular measures across the projects included variations of student satisfaction surveys and clinical measure of mood and anxiety disorders.

The MHIF projects were grounded on best practices in sector, such as the types of early intervention and gatekeeper training mentioned in earlier sections. These projects laid the foundation for much of the changing landscape in the last few years. For example, the MHIF featured a number of peer-led support and mental health education programs. At the time of funding, peer-led programs were relatively uncommon in the sector. However, with the advent of clearer evidence and greater exposure, many more institutions across Ontario are introducing peer-led programs (e.g., University of Waterloo, University of Guelph, Sheridan College). Of note are also the projects mentioned earlier which received additional funding and continue to contribute to advances in the sector.

Ongoing Sector-Wide Challenges and Successes

An up-to-date understanding of mental health needs and challenges across Canadian campuses is lacking; such information is a critical first step for a provincial investigation. CICMH hosts annual conferences and regional forums in Ontario which bring together stakeholders in post-secondary mental health to discuss challenges on their campuses and engage in problem solving. The data gathered from these discussions corroborates that of existing literature on the subject. Though these discussions are largely informal in nature, they represent the reality of current affairs in the sector as campuses are aware of the barriers and employ innovative ways to address them. Understanding of these challenges and current affairs will help to put the importance of the MHIF projects in a broader context.

Coordination of Care between Campus and Community-Based Services

The most common issue cited by institutions is a lack of access to services outside of campus—or disorganized access, in that, there may not be consistent standard operating procedures for referrals and follow-ups with students. The economic constraints on counseling centers has led to the development of limits on services (e.g., maximum allowed numbers of counseling session) or the introduction of the brief psychotherapy model. Counseling centers are experiencing increases in waiting time before a student can initially be seen and decreases in the number of therapy sessions available (Jaworska et al. 2016). These demands limit the availability of treatment resources and may place students at greater risk. Counseling centers might alleviate some of the burden associated with the higher volume and more complex caseloads by strengthening their ties with local service providers such as hospitals, outpatient programs, and private practice practitioners, all of whom have licensed mental health

professionals capable of offering longer term and more specialized treatment approaches than can be offered by college-based counselors. This recommendation too has been suggested by recent Canadian and the UK investigations into how to strengthen post-secondary education services for students' mental health and well-being (MacKean 2011; Thorley 2017).

On one hand, community-based mental health programs often have expertise in severe mental illness, and many have developed some expertise in work-focused vocational rehabilitation, but on the other hand, they lack expertise in academic topics, the stresses that students face, and the accommodations that schools are able to make for students needing assistance. Campus counseling centers have expertise in the mental health challenges typically faced by students, but not always in serious mental illnesses (Storrie et al. 2010). Counseling services on college campuses are often understaffed and overburdened, but so are community mental health agencies (Collins et al. 2011). Students face the situation of multiple providers who could provide services as the pathway of referrals and transitions is unclear for both students and staff. There is a danger that during the back-and-forth process of referral out to the community and returning to campus, some students never receive adequate support (Cooke and Huntley 2015).

As a result, a number of institutions have strengthened their ties to community organizations. For example, one of the MHIF projects, "Campus Groups," is a partnership between LOFT Community Services to Ryerson University, University of Toronto, OCAD University, and George Brown College. This project built the capacity for campus health providers to screen, address, and refer students with substance use and addictions appropriately. With LOFT as the hub organization, youth and young adults with substance use issues from high schools and post-secondary schools were supported as they transition between schools, hospitals, and the community. Also, of note are a number of other campus-community partnerships between institutions and their local Canadian Mental Health Association (CMHA) branches. Sault College and Algoma University have a health promotion expert from CMHA Sault Ste. Marie integrated into their campus. Another partnership is between CMHA and St. Clair College where a CMHA staff provides support and counseling for students on campus.

Diversity of Students' Needs

Between 2010 and 2017, the number of international students in Canada has risen by 117% (Canadian Bureau for International Education 2016). Due to the diversity of students attending these institutions, it is also evident that the demographic and cultural diversity present a challenge in providing supports that remain sensitive to each student's background. Some students are unwilling to seek psychological help because of the perceived stigma associated with disclosure of mental health problems, but others claim that the lack of availability of mental health services keeps them from getting the help they need (Prieto-Welch 2016). Lack of familiarity, discomfort with seeking psychological help, and mistrust of providers often impede students seeking out services (Prieto-Welch 2016).

Furthermore, post-secondary counseling center directors and support staff have observed an increase in the complexity of mental illnesses in students accessing college counseling centers and they have identified the comorbidity of mental illnesses as one reason for the increasingly challenging nature of their caseloads (Cooke and Huntley 2015). Counseling center staff reportedly spend more time on individual cases, are experiencing increased demands for service, and are seeing more severe client needs. University and college counseling centers have reported a shift in the needs of students seeking counseling services, from more benign

developmental and informational needs, to more severe psychological challenges which may also be coupled with other concerns of substance use, homelessness, etc. (CICMH Northern forum, personal communication 2017; CICMH Western forum, personal communication, 2018). Students are enrolling in post-secondary institutions with increasingly diverse socio-cultural background and presenting increasingly varied mental health needs, which place a greater burden on counseling services to cater to those needs.

One example of efforts to address increasing student diversity are “Speaking your Language” which was a MHIF project at Ryerson University where project leads developed, tested, and shared a model for collaboratively providing mental health services to culturally and linguistically diverse international students. The project has developed several tools and materials, including a toolkit for program planning and peer support training guide.

Counseling Centre Roles

In addition to the rise in serious mental health problems, college and university counseling centers have also been experiencing a sharp increase in the demand for counseling services. Many counselors believe they do not have either the resources, or in some cases, the training necessary to serve the population of students presenting with significant psychiatric distress (Locke et al. 2016). Although counseling remains the primary function, post-secondary counseling centers have modified clinical service models over time, often in response to demand exceeding supply. Examples include in-depth initial assessment, brief triage, waitlists, brief therapy models, session limits, and referral to off-campus community providers. These model variations highlight the need for thoughtful administrative decision-making, careful and flexible management, and adjustments in funding to meet changing demand. Over time, some counseling centers have merged with health services, and the terms “integrated health care” or “integrative health care” are sometimes used in this context. This model is characterized by medical and counseling staff working within one administrative unit. The ACHA (2010) white paper noted that there is no consistent definition of an integrated system, and Brunner et al. (2014) found that a broad range of clinical practices exist among merged centers. OCAD University and Humber College are examples of post-secondary institutions with integrated models of health and mental health care.

It is increasingly apparent that effective treatment may require more intensive and extensive sessions than what the institutions are able to provide. Some students require more than minimal counseling sessions for some presenting concerns, such as dual-diagnoses and other complex issues. As such, clinical models that arbitrarily limit sessions without flexibility may be detrimental because students do not fully recover and are subsequently at risk for relapse (LeMoult et al. 2013). In addition to evidence-based clinical models, it is important to consider the larger role of counseling centers in education, early intervention, prevention, and resilience building. Mental health is closely tied to overall well-being, and services that reduce stress and encourage self-care reflect this. A more systemic approach was first described in the Cube Model (Morrill et al. 1974), an ecological model that highlighted the multidimensional relationship of the counseling center with all levels of the student experience, from the individual to the institutional. More recently, there has been a rise in adoption of the Stepped Care model. Originating from New Zealand and the UK and later implemented at Memorial University, the Stepped Care model looks at the role of counseling and counseling centers as existing as a “step” on a range of other interventions that promote well-being, such as peer support programs and wellness apps. We see that campuses are constantly trying to innovate and explore non-traditional models of counseling and other mental health services to ease caseloads.

Availability of Campus-Based Mental Health Services

Service delivery on campus is constantly expanding and pushing the limits of time, budgets, and professional training, but students' needs for all-inclusive and flexible service still outstrip what campuses can realistically offer. Counselors may not always have the necessary training in circumstances particular to the post-secondary landscape to provide quality, care, and the resources available for students. Some counseling centers offer limited hours resulting in long waits for appointments. At times of the year, when student stress is high, clinic use is typically high as well, resulting in longer wait lists, just when students need services the most. A lack of appointments offered outside class hours can further limit the availability of services to students. Many counseling centers are only open during the day, even though students often have classes or work scheduled during this time period. Several universities studying campus mental health services identified problems with obtaining the same day-emergency or urgent mental health care, and limited on-site evening mental health coverage (Mowbray et al. 2006).

In order to address this, some campuses have introduced e-counseling and telephone-based counseling services for students. Some services, like the MHIF project "Good2Talk" and CMHA-led "Bounce Back" are in fact community-based programs that cater to the needs of post-secondary students. Others, like the MHIF project "Counseline," are tied to the institution and draw upon internal institutional resources such as social work or psychology placement students to provide support (Counseline 2014).

Early Intervention and Education

Stigma surrounding mental health challenges is not what it was a decade ago, as awareness of mental health is becoming more commonplace. However, for staff on campus who do not work in health and well-being services who are suddenly facing an increase in mental health needs from students, it can be challenging to deal with. Staff in roles like academic advisors and faculty have not been traditionally expected to handle students in distress and now have to adapt to this changing landscape. The implementation of broad-based educational and preventive measures geared toward faculty, staff, and students has been proven to be effective in enhancing awareness of mental illnesses and making the process for connection to services transparent and common knowledge for all who are part of the college environment, not just those with immediate needs. Mental Health First Aid is one such program that meets this type of need with its provision of workshops that educate participants on the signs and symptoms of mental illnesses (Hadlaczky et al. 2014). A number of colleges and universities have also developed their own institutional training focused on providing staff with mental health training, such as the Student Support Certificate at Trent University.

Most institutions are still exploring reliable methods for actively identifying students in distress, and few smaller institutions have gatekeeper training initiatives. This raises the possibility that these campuses may have less comprehensive or effective programs for training students and staff. While the identification of those in distress is important, ensuring that such students are able to access appropriate services is paramount. Given that a large proportion of institutions do not have or do not know if they have procedures on how incoming students can alert schools regarding mental health concerns, adopting and clarifying such procedures may be worthwhile (Jaworska et al. 2016). Early alert programs aimed at identifying underperforming first-year students, contacting them, and directing them to appropriate support programs (Tampke 2013) may also be useful in minimizing distress and psychiatric problems.

Student-to-student or peer health educator programs have been shown to extend the reach of health, including mental health services (Kirsch et al. 2014). Many institutions offer some form of social support to vulnerable groups, as well as programs that facilitate campus community involvement, and contribute to a healthy campus climate. Such programs involve training students on how to identify those in distress and what services exist for such individuals (Kirsch et al. 2014). The Student Support Network at the University of Guelph is a drop-in peer support program with a team of student volunteers trained in active listening and communication skills. Another example is the MHIF-funded M2 peer mentoring program at Queens University. The M2 Peer Mentor Program matched students with mental health issues with an upper-year student mentor who provided personal support and suggested learning and coping strategies through weekly meetings.

Need for a Comprehensive Campus-Wide Mental Health Strategy

In recent years, there has been a shift in the approach to campus mental health from one that is focused on individual treatment toward positive mental health promotion in the campus community (MacKean 2011). There has been increasing realization in campus settings that there needs to be a greater emphasis on upstream efforts to promote mental health and well-being and on prevention and early intervention, in conjunction with ongoing improvement in the ways that services are provided to students with mental health and addiction problems. There is also a movement toward a focus on addressing the factors at multiple levels (i.e., individual, group, college, community, society) that promote mental health and well-being for all students, including students living with mental illness. A theme of integrating multiple departments and types of student support services is emerging (i.e., health and learning; physical health and mental health; mental health and addictions; promotion, prevention, and care/services) (MacKean 2011).

Such a shift identifies the campus environment as one that aims to create a supportive climate for mental health (Olding and Yip 2014). Several associations suggest that institutional policy contributes to creating such a campus environment and is critical for a systematic approach on campus mental health (CACUSS and CMHA 2013). One example of a campus-wide strategy is the Okanagan Charter which has seen wide adoption across Canada for its concise yet flexible approach to promoting health and well-being on campus. The charter encourages institutions to make health and well-being a priority in every policy, action, and even physical space (Okanagan Charter 2015). To date, 13 post-secondary institutions across Canada and four in Ontario have adopted the charter.

Best Practices and Evaluation: the Dual Cornerstones to Improving Mental Health

While the goal of post-secondary institutions is not necessarily to provide intensive psychiatric services, they all strive toward creating a healthy and supportive campus environment. In recent years, research has assessed the success of various mental health initiatives based on “best practices.” One such best practice is for prevention efforts to target high-risk populations, such as LGBT2SA (lesbian, gay, bisexual, transgender, two-spirit, asexual), international, and Indigenous students (Principal’s Commission on Mental Health 2012). Best practices in mental health programming at the post-secondary level state that prevention initiatives should be focused on reducing stress, providing social support, and encouraging self-care in order to

build protective factors against later stressors (Salzer et al. 2008; Brunner et al. 2014). Additionally, campus programs focused on early identification and intervention, such as gatekeeper training (i.e., identifying distressed students and referring them to appropriate resources), can foster an environment that deals more effectively with students' mental health needs (Jaworska et al. 2016). Adhering to “best practices” is vital to advances in the sector, building upon previous successes or limitations. However, establishing programs on campus that follow “best practices” is not enough—it needs to be supported with rigorous evaluation.

There are knowledge gaps regarding the services that post-secondary institutions are currently offering, whether/which best practices are implemented, and the feasibility of replicating similar programs and services at other institutions. Some of this can be attributed to the fact that some of these mental health and well-being programs run on limited internal and external funding which may not be renewed if the program does not show convincingly effective results. In part, this may be because insufficient evaluation efforts and methods have been used to examine the programs' efficacy. Currently, there is a lack of clarity or standardization surrounding evaluation of mental health programs and services on campus, which leads to some programs falling into obscurity despite appearing to be promising. Unfortunately, when this happens, much valuable data is often lost as program staff move on and no archives are kept. It is apparent that in tandem with considering “best practices” in the sector that could help to meet the rising needs of students, clearer program evaluation guidelines are needed.

Evaluations offer a process for listening, learning as well as acting on what is learned through service improvements. They may also help a project stay accountable to stated objectives or explain changes in service offerings (Posavac 2015). Knowledge and data gathered through the process can lead to evidence-based improvements, drive the future sustainability project growth and can make a case for the allocation of additional resources and/or investments in other mental health work on a campus (or even other campuses). Furthermore, demonstrating the value of the work also adds to the credibility of the service model and can lead to beneficial partnerships and collaborations (Newcomer et al. 2015). The current climate favors programs and services that can be adapted to suit different settings and populations (Posavac 2015). Thus, programs with evaluation results that demonstrate easy replication, whether within the same institution or outside, command greater attention and, therefore, increased funding.

Online access to evaluation tools, such as the University of Calgary's Program Evaluation Toolkit and CICMH's Evaluation Capacity Toolkit were developed as a result of identified needs and can supply campus staff with the confidence and support needed to develop and implement program evaluations. The CICMH Toolkit pilot program has further linked four campuses to evaluation “coaches” who are campus staff at other institutions who have successfully developed and implemented program evaluations. Campuses and coaches are working together to use the resources, develop evaluation tools, and build evaluative culture and capacity. It is hoped that these online guides will further develop capacity of the post-secondary sector to evaluate mental health and addiction services and initiatives, and for resourcing those evaluations.

Conclusion

A 2012 Deloitte survey carried out for Colleges Ontario stated that: “Across the college sector, it is acknowledged that colleges should strengthen systems to track students and student achievement. In particular, colleges must do a better job of tracking how student achievement varies for students at risk and for students who access supports and services.” Knowledge exchange

platforms where Ontario and Canadian institutions can share mental health initiatives that they have in place such as Canadian Association of College and University Student Services Communities of Practice and the Best Practices in Canadian Higher Education Network have an important role to play in connecting campuses. Institutional stakeholders (i.e., student services, counseling, accessibility services) can learn from best practices and services offered at other Ontario post-secondary institutions. Such platforms may facilitate the sharing and dissemination of campus mental health data among post-secondary institutions in other regions and aid institutions in dealing with student mental health challenges in a more effective manner.

The landscape of post-secondary mental health is always changing. In the 4 years since the first of the MHIF projects, already, we have seen big shifts in attitudes and trends within the sector. Among current popular approaches are the integration of health, wellness, and accommodation services; the rise in favor of peer-led programs; and greater emphasis on physical health together with mental health. We have seen the appearance of champions within the sector who lead change and push for better mental health supports at their institutions. The conversation has been reframed from “How do we support students with mental health challenges?” to “How do we enhance student wellbeing?” and, thus, resulting in paradigm shifts in mental health frameworks that emphasize health promotion, building resilience, and addressing well-being as a whole.

Compliance with Ethical Standards

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