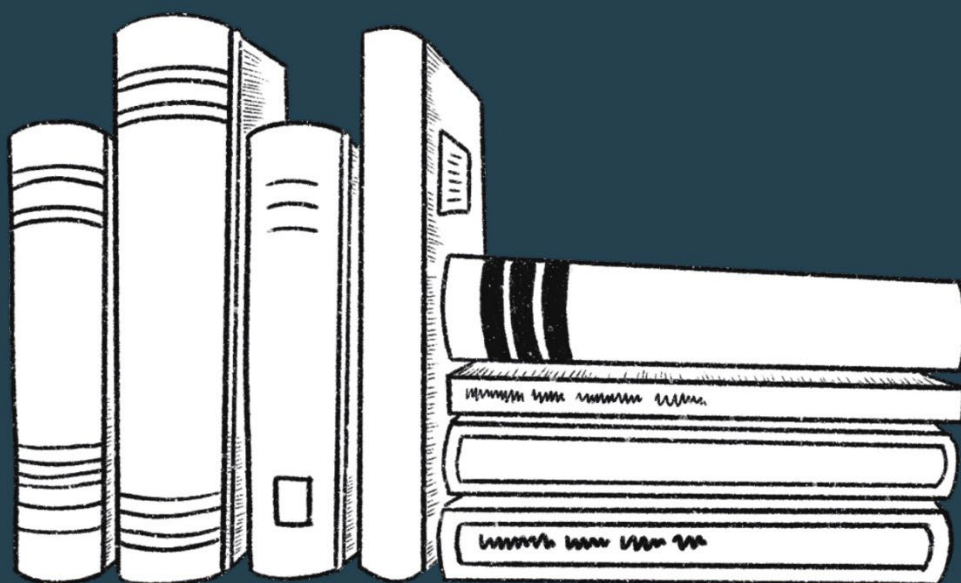# Higher Education Quality Council of Ontario

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Supporting Student Mental Health in Ontario: Exploring Best Practices and Identifying Gaps

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Cite this publication in the following format:

Higher Education
Quality Council
of Ontario

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Acknowledgements

Special thanks to the many individuals who generously gave their time to speak with us for this research. We appreciate their willingness to share their perspectives in the interest of supporting students' mental health. We are also grateful for the expertise and resources provided by the Mental Health Commission of Canada (MHCC), the Centre for Innovation on Campus Mental Health (CICMH) and ConnexOntario.

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Executive Summary

Over the past 20 years, student mental health has become one of the most urgent issues facing postsecondary education (PSE). More students are navigating wellness challenges than ever before, and PSE campuses have seen double or triple the instances of depressive symptoms, anxiety, eating disorders and psychotic symptoms since the mid-1990s (Armstrong & Young, 2015), as well as increasing complexity of presentation, with students experiencing multiple types of mental health issues. The COVID-19 pandemic exacerbated these concerns. In a survey conducted by the Canadian Alliance of Student Associations (CASA), three in four Canadian PSE students reported experiencing negative mental health during the pandemic, one in two reported difficulty accessing mental health services on campus, and one in three reported that such services did not meet their needs (CASA, 2022).

Both federal and provincial governments have responded. The Mental Health Commission of Canada released the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students (2020): a guiding institutional framework to inform the development of mental health strategy that is adaptable to individual contexts (MHCC, 2020). In October 2020, the Ontario government invested $19.25M to support a variety of initiatives, followed by $7M in February 2021 and $2.39M in May 2021, to address the impacts of the pandemic. Ontario supports the Centre for Innovation in Campus Mental Health (CICMH), which partners with Colleges Ontario (CO), the Council of Ontario Universities (COU), the Ontario Undergraduate Student Alliance (OUSA), the College Student Alliance (CSA) and the Canadian Mental Health Association (CMHA) to develop resources such as practice-based guides and toolkits, facilitate a community of practice, conduct research, and support institutions and other partners to develop frameworks and strategies to improve mental health on campus.

Ontario's PSE institutions have increased their spending on wellness services to meet the growing demand and offer a wide variety of supports for students — ranging from peer supports to health and wellness education to counselling. Despite these investments, the systems in place to support students are struggling to keep up (Lanthier et al., 2023; Treleaven, 2022). In its 2022 Letter of Direction, the Ministry of Colleges and Universities (MCU) requested that the Higher Education Quality Council of Ontario (HEQCO) evaluate the activities typically included in institutional mental health strategies; how support systems in other jurisdictions differ from Ontario's; and if there are gaps in Ontario's current strategy. To answer these questions, HEQCO undertook a jurisdictional scan and conducted 27 interviews with stakeholders involved in the procurement and delivery of mental health programs on PSE campuses across Ontario.

Findings demonstrate that Ontario has a robust PSE mental health support strategy compared to other Canadian jurisdictions. Institutions are adjusting to the increased demand for support by transitioning to a more decentralized, whole-campus approach that emphasizes stepped-care models. Structural and systemic forces, however, make it challenging for institutions to implement programs, hire staff and plan comprehensively for the long-term. Data- and service-delivery silos, coupled with inefficient funding structures, limit institutions' ability to respond to increased service demands. Although they fall outside the jurisdiction of MCU and institutions, growing pressures related to social determinants of health (e.g., food and housing) intensify these issues, particularly for international students.

In response, HEQCO recommends the following for government and its partners:

- Increase awareness of and access to supports for students that reflect the needs of their campus communities.
- Leverage the potential of CICMH, which is uniquely positioned to play an expanded role in supporting institutions, by expanding financial support for research, structured partnership development and dissemination of resources, such as toolkits and training modules, especially for smaller institutions.
- Coordinate cross-sectoral strategic dialogue to dismantle information silos and develop efficient funding structures to improve efficiency and effectiveness.
- Work with community and health care partners to collect and use data to monitor mental health trends to inform decision-making and allocation of resources.
- Increase incremental funding to help institutions address the growth in demand for services and increasing complexity of need.

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Introduction and Background

Over the past two decades, students' mental health has emerged as one of the most urgent issues for PSE stakeholders. Historically, adolescents and young adults are at high risk for poor mental health (Armstrong & Young, 2015; Becerra & Becerra, 2020; Linden et al., 2021): this life stage is often characterized by social and developmental changes (Malla et al., 2018) and vulnerability and precarity in relationships and living situations (Wiens et al., 2020; Armstrong & Young, 2015; Patterson et al., 2021). More students are navigating wellness challenges than ever before — a fact gaining attention in the media, among academic researchers and within the PSE institutional wellness community (Alghoul, 2022; Macdonald, 2022; Naimer, 2023).

Between 2013 and 2019, institutions in Canada and the United States reported significant increases in requests for counselling appointments (Tulk et al., 2020). Rates of anxiety increased from 21% in 2018 to 37% in 2021 (Rashid & Di Genova, 2022). College and university campuses have seen double or triple the instances of depressive symptoms, anxiety, eating disorders and psychotic symptoms since the mid-1990s (Armstrong & Young, 2015). In a 2019 national survey, 52% of Canadian students reported feeling depressed, 70% reported feeling overwhelming anxiety and 16% reported seriously considering suicide — respective increases of seven, five and three percentage points from 2016 (American College Health Association, 2019; 2016). The COVID-19 pandemic exacerbated these concerns. In a recent survey conducted by the Canadian Alliance of Student Associations (CASA), three in four Canadian PSE students reported experiencing negative mental health during the pandemic, more than one in four described their mental health as poor, and one in two Canadian PSE students reported accessing mental health services on campus (CASA, 2022).

Changing social determinants of health (including the economic, social, environmental and political climate, as well as access to basic needs such as food, water, shelter and general security) can partially explain the rise in demand for mental health support among students (Broton et al., 2022; Compton & Shim, 2015). A student's ability to meet basic needs, including food and housing, directly affects their psychological and emotional well-being and is known to negatively impact mental health outcomes (Broton et al., 2022). Food insecurity is linked to poor mental health and self-reported depression, and food insecure students report a higher prevalence of psychological distress (67%) compared to their food-secure counterparts (37%) (Becerra & Becerra, 2020; Broton et al., 2022; Johnson, 2022; Maynard et al., 2018). Housing insecurity increases the likelihood that a student will drop out of school and increases the rate of stress, depression and suicidal ideation (Broton et al., 2022; Johnson, 2022). Adding to the demand is the growing number of international students on PSE campuses, who are at particular risk of precarious housing, food insecurity, racism and lack of access to health care (Colyar et al., 2023). That these challenges have increased in recent years is not surprising in the context of larger economic forces. Canadian Labour Force Survey data show that the Consumer Price Index inflation exceeded wage growth between 2021 and early 2023 at a significantly higher rate than at any other period in the past 10 years (Statistics Canada, 2023).

Mental health supports on campus have federal, provincial and institutional funding sources. The federal government provides $2 million in funding for mental health peer support, but its primary contribution is to fund the Mental Health Commission of Canada (MHCC). In 2020, the MHCC released the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students: a set of flexible guidelines for institutions that are designed to be

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adaptable to their unique needs, circumstances and priorities, and can be used to inform an institution's development of a mental health strategy (MHCC, 2020).[1]

Most government investment for campus mental health comes from the province. The provincial government provides annual grants to institutions to help offset the costs associated with the provision of mental health services.[2] In October 2020, Ontario invested $19.25 million to support a variety of initiatives, including Good2Talk/Allo j'écoute, a bilingual helpline that provides professional counselling, information and referrals to students via telephone, text and live chat. To address the impacts of the pandemic, Ontario committed $7 million in February 2021 and another $2.39 million in May 2021 to increase the availability of PSE programs meant to support mental health supports for Black, Indigenous and francophone students.

The Ontario government's primary mechanism for supporting campus mental health is the Centre for Innovation in Campus Mental Health (CICMH), which develops resources such as practice-based guides and toolkits and facilitates a community of practice. CICMH is partnered with Colleges Ontario (CO), the Council of Ontario Universities (COU), the Ontario Undergraduate Student Alliance (OUSA), the College Student Alliance (CSA) and the Canadian Mental Health Association (CMHA) in Ontario. With its partners, CICMH promotes a collaborative and system-wide response to addressing student support needs. The agency conducts research and surveys related to mental health and develops frameworks and strategies for approaching mental health on campus.

To meet the growing demand for mental health services, Ontario's colleges and universities have increased their spending on wellness services and offer a wide variety of supports for students. These range from peer supports to health and wellness education to counselling. Student mental wellness is an institution-wide priority facilitated through both non-curricular activities and on-campus support services, including health clinics.[3] In the university sector alone, expenditure on student services, which includes mental health support and accommodations for students with disabilities, grew from $1.2 billion in 2017-18 to $1.4 billion in 2021-22 (COU, n.d.).

Despite these investments, the systems in place to support students are struggling to keep up (Lanthier et al., 2023; Treleaven, 2022). Demand is outstripping the supply of available resources; institutions experience the dual challenges of ensuring adequate access to supports while experiencing increased need. Recent reports reveal burnout among hospital staff, social workers and counsellors (Rashid & Di Genova, 2022). CASA's survey found that during the pandemic, one in three students reported that campus services did not meet their needs (CASA, 2022). Students also reported barriers to accessing services due to wait times (65%) and a lack of awareness of how to access them (63%) (Naimer, 2023; CASA, 2022).

In its 2022 Letter of Direction, the Ministry of Colleges and Universities (MCU) requested that the Higher Education Quality Council of Ontario (HEQCO) evaluate the activities typically included in institutional mental health strategies; how support systems in other jurisdictions differ from Ontario's; and if there are gaps in Ontario's current strategy for supporting student mental

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[1] The standard provides a road map to develop and improve programs and address existing resource gaps (MHCC, 2020). Practically, by implementing the standard, an institution may be able to identify gaps in access to mental health support.
[2] Provincial funding for mental health is provided through annual grants such as the Mental Health Worker Grant and the Mental Health Services Grant (Government of Ontario, 2020).
[3] Some institutions offer on-campus health services that support mental well-being through assessment and diagnoses, not all of which are covered by OHIP.

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health. To answer these questions, HEQCO conducted a jurisdictional scan and engaged with stakeholders involved in the procurement and delivery of programs related to mental health on PSE campuses across Ontario. Semi-structured interviews explored current activities, challenges and successes in delivering mental health services for students. This paper presents the results of our jurisdictional scan, institutional scan and interviews, exploring best practices, revealing critical gaps and identifying opportunities to improve the system and structure of mental health support on Ontario's campuses.

Research Questions and Methodology

Our research was guided by the following questions:

- What activities are included in institutional mental health strategies across Ontario and Canada?
- Are there gaps in Ontario's current strategy for supporting student mental health?

Four primary approaches were used to gather data: an academic and policy-based literature review; a scan of Canadian jurisdictional mental health strategies; a scan of Ontario's 44 publicly assisted postsecondary institutional websites; and 27 semi-structured interviews with stakeholders, drawn from a sample balanced in institution size, type and geographic location. HEQCO made a data request to ConnexOntario in June 2023 for existing mental health programs currently being offered at Ontario PSE institutions. ConnexOntario (a free and confidential health services navigation, information and referral service) provided program details, including the program's institution, location, description, service type, target population, delivery format, modality and referral information. Of the postsecondary institutions consulted, six were located in the Greater Toronto Area, four in Southwestern Ontario, four in Eastern Ontario and two in Northern Ontario. Table A provides a breakdown of interviewee institutional affiliations.

Table 1

Interview Subject Institutions

Institution Type	Completed Interviews
College	6
University	9
Indigenous Institute	1
Agency	7
Third Party	4
Total	**27**

Note: This table presents the number of completed interviews by institution and organization type. HEQCO interviewed staff from six colleges, nine universities, one Indigenous institute and 11 organizations.

Findings

Mental health on campus is a rising and complex issue for campuses and their surrounding communities. Our findings demonstrate that PSE staff and their partners are experiencing multiple types of challenges affecting service delivery. Despite these challenges, our

jurisdictional scan, institutional scan and interviews reveal new emerging practices and models for community collaboration that show promise for addressing current shortcomings.

Jurisdictional Scan

Provincial approaches to supporting mental health on PSE campuses are varied. In British Columbia (B.C.), the government agency BCcampus develops open-educational resources that adhere to accessible, adaptable, culturally located, evidence-informed, inclusive and trauma-informed principles (BCcampus, n.d.). Alberta does not have a provincial strategy but commissioned an advisory panel in 2016 to develop recommendations for a long-term approach to funding for postsecondary mental health support, and institutions are working with government to implement recommendations from the advisory panel (Alberta Advanced Education, 2017). Saskatchewan's strategy is guided by a Community of Practice, consisting of representation from the province's 19 PSE institutions and two community organizations, to create shared opportunities to support students' health and well-being (Healthy Campus Saskatchewan, n.d.). Information on a provincial approach to postsecondary mental health in Manitoba was not publicly available.

Newfoundland and Labrador (N.L.) and Prince Edward Island (P.E.I.) do not have provincial strategies to support students' mental health. The Government of Nova Scotia maintains HealthyMindsNS, which features online mental health supports to complement services available on campuses (Government of Nova Scotia, n.d.). A three-year pilot project, launched in 2022 and led by the CMHA, works with the provinces of N.L., P.E.I., Alberta, B.C. and Ontario to offer specialized peer-support training and certification on five Canadian campuses (CMHA National, n.d.).[4] The project trains and empowers students who have lived and living experience of mental health challenges and/or substance-use issues, allowing them to support fellow students and peers facing similar issues (CMHA National, n.d.).

Institutional Scans

HEQCO's scan of Ontario's 44 publicly assisted postsecondary institutional websites focused on formal strategies; institutionally provided services and supports; culturally responsive services and supports; and references to community resources related to mental health. One-half of institutions developed (or demonstrated the intention to develop) a formal strategy, including mental well-being as an actionable item within broader wellness strategies and strategic plans. Many institutions provided comprehensive information for students about wellness activities and initiatives on campuses. All institutions offered counselling services through their health or wellness centres, and many offered these services both in-person and online. For some students, the campus health clinic is the first point of contact to access mental health support, assessment, diagnosis and treatment.

Institutions maintained websites that included information and resource lists for services available in the broader community, such as health units, eating disorder centres and addictions centres. Institutions promoted free phone and web-based supports, with Good2Talk, Kids Help Phone, Here 24/7 and the Crisis Outreach and Support Team (COAST) most frequently referenced. Roughly one-half of institutions mentioned culturally responsive services, commonly by hiring staff that share the cultural or ethnic characteristics of their students, such as

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[4] Those campuses are the University of Prince Edward Island, the University of New Brunswick, Trent University, Medicine Hat College and the University of British Columbia.

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Indigenous counsellors who work specifically or primarily with Indigenous students. Some institutions also offered services and counselling in students' preferred languages through partnerships with external programs, such as the keep.meSAFE Student Support Program.

An inventory of mental health programs offered at publicly assisted postsecondary institutions (PSIs) in Ontario, developed by ConnexOntario, provided additional context for our institutional scan. The majority of mental health programs offered at 21 Ontario universities and 24 colleges were categorized under counselling and community treatment (36.8%) and academic accommodations (27.4%) (ConnexOntario, 2023). Nearly half (48.1%) of mental health programs on campuses are offered both online and on-site, while 35.8% are delivered on-site only and 11.5% are delivered online only (see Appendix A, Table 1 for the number and percentage of all mental health services offered by PSIs).

Summary of Interview Findings: Best Practices in Ontario

Institutions are increasingly using whole-campus and stepped-care support models that emphasize efficiency, accessibility and sustainability.

Institutional staff discussed transitioning from centralized service provision to a decentralized, whole-campus approach to supporting mental health, emphasizing that no matter where people work on campus, they have a role to play in wellness. The National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students emphasizes that mental health is a shared, collective responsibility that includes students, staff, faculty and stakeholders in the broader community (MHCC, 2020). Other Canadian sector stakeholders affirm that the whole-campus style is the ideal approach to supporting postsecondary students (COU, 2017b; Ng & Padjen, 2019). Many interviewees emphasized the importance of using a stepped-care model of service delivery, which includes a range of interventions ranging from informational or self-directed supports up to and including acute or crisis care and distributes resources to maximize efficiency based on client need (CICMH, 2020).[5] They explained that one-to-one counselling is not necessarily the most appropriate or effective treatment option for students seeking mental health support. The stepped-care model, which has been widely adopted by institutions across Ontario, emphasizes a decentralized, client-led approach that empowers students to be actively involved in decision-making about what treatment they receive (Cornish et al., 2017).

In addition to stepped care, many emphasized the role of proactive activities, such as mental health promotion and prevention,[6] which are identified as key interventions in existing literature (Monaghan et al., 2021; Ng & Padjen, 2019; The Coordinating Committee of Vice Presidents Students, 2015). Development of mental health literacy through information provision and psychoeducational events and workshops is part of the broad institutional effort to support mental well-being. In practice, this means that a student may use a free wellness app or attend a peer-led support group or workshop without ever meeting with a staff member. Students who visit or contact the campus wellness centre are directed to the least resource-intensive treatment deemed effective before being 'stepped up' to more intensive and resource-intensive

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[5] The stepped care model encourages postsecondary institutions to shift from relying on traditional intake and one-to-one psychotherapy models, which can present challenges due to long waitlists, limited staff capacity and staff turnover (Cornish et al., 2017). It allows for more rapid access to a wide variety of treatment options versus lengthy assessment procedures so that students can receive support more quickly.
[6] Promotion and prevention are classified as non-clinical interventions. They focus on providing information, education and support to promote good mental health, intervene when early warning signs are detected and facilitate referrals to formalized health care services (World Health Organization, 2022).

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treatment options. This approach is considered more sustainable, accessible and effective in the postsecondary context, where institutions have limited resources and students can face long waitlists to access one-to-one counselling (Cornish et al., 2017).

Interviewees described a range of activities on their campuses that exist along the spectrum of stepped care. Canadian literature indicates that most institutions across the country have mental health promotion and outreach programs (Jaworska et al., 2016), provide links to 24-hour crisis-line support, counselling (Read et al., 2022) and disability services (Chang et al., 2021). Very few of the institutions in our study indicated that they provide initial clinical assessments, multiple therapy sessions or access to a prescribing physician or psychiatrist (Jaworska et al., 2016; Read et al., 2022). In many cases, counselling sessions are available only for students in acute distress (Lewsen, 2021), and institutions implement an upper limit to the number of counselling sessions a student can access (Jaworksa et al., 2016; Ng & Padjen, 2019; The Coordinating Committee of Vice Presidents Students, 2015).

Interview responses reinforce the literature, suggesting that many of these patterns persist in Ontario institutions. Most institutions have teams of counsellors (including social workers, psychotherapists, psychologists and mental health nurses), but few, especially smaller institutions, have psychiatrists or physicians on campus. Though often limited in their ability to provide services through psychiatrists and physicians, institutions are increasingly using whole-campus and stepped-care support models to provide more accessible and sustainable mental health services to students.

Institutions are expanding efforts to provide culturally relevant services: hiring staff that represent the student population, integrating spiritual practices and Indigenous programming, and offering targeted support groups and workshops.

Students and student affairs professionals identified a lack of diverse front-line mental health workers and culturally relevant services, such as counselling in languages other than English, therapies integrated with spiritual practices and Indigenous programs (Lewsen, 2021; OUSA, 2021). Many interviewees noted these concerns, but also observed that in recent years their institutions explored a variety of efforts to offer services with an equity, diversity, inclusion and decolonization (EDID) lens and improved cultural relevance in mental health service provision.

Some interviewees indicated that their institutions' wellness centre and diversity office collaborated to develop culturally relevant services and events for different groups of students, acknowledging increased awareness of the need to connect EDID efforts with mental health services. Examples included clubs and sharing circles for Black, Indigenous and Person of Colour (BIPOC) groups as well as drop-in groups that are culturally adapted.[7] Many institutions indicated providing intercultural competency training for staff and students. Some had working groups to address areas of focus, such as international students, sexual violence, accessibility services and Indigenous education.

One way institutions develop culturally relevant services is through consulting the guides and toolkits created by CICMH that focus on anti-oppressive practices (CICMH, n.d.). For example, in 2019, CICMH released a guide for postsecondary institutions on the stepped-care model, based on Stepped Care 2.0: a re-imagination of the original model by Dr. Peter Cornish

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[7] ConnexOntario identified eight student population categories evident across Ontario institutions: francophones, Indigenous Peoples, racialized communities, gender diverse, hearing impairment, visual impairment, newcomers and other. Indigenous Peoples (27.5%) and francophones (15.9%) are the most frequently identified target groups.

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(CICMH, 2019). These toolkits offer resources to help institutional staff reflect on their own practices and consider opportunities to refine their approaches to providing culturally relevant support for students from backgrounds different than their own. One interviewee, a manager of partnerships at a mental health agency, provided examples of challenges some students navigate that mental health practitioners need to be aware of and need support to address:

> We're seeing a broader swath of students accessing postsecondary education with a range of identities … there's more students coming from war-torn regions, trying to balance getting an education with the hardships of war at home [which] impacts them even though they're not physically there ... we're seeing racialized students dealing with more visible incidences of racism impacting them and they're carrying that with them when they're coming to campus.

Interviewees reported efforts to hire counsellors and support staff that better represent the student population, provide targeted supports to students and support the development of tailored services for particular student groups, such as Indigenous students and those part of the 2SLGBTQ+ community. Some interviewees described efforts focused on international students, such as engaging in proactive outreach to ensure they are supported prior to starting their academic year. Community-based resources often address gaps in on-campus services and supplement institutional supports, particularly for international students, who may require health care in their first language or a culturally aware treatment environment. One interviewee (a policy analyst) noted:

> Community supports are so important. If PSIs have diverse student bodies, they may not have the resources that reflect every student in their student body, so it speaks to the importance of community and leveraging community supports because these are ways students can access culturally relevant supports if the institutions cannot provide them.

Institutions rely on community agencies and local health units to supplement their programming and work closely with partners to ensure students have access to comprehensive mental health services.

As part of their response to increased need and complexity of demand, some institutions developed partnerships and information exchanges with external community organizations. Most Canadian institutions provide referrals to off-campus support (Chang et al., 2021) or have partnerships with local health and community agencies (Ng & Padjen, 2019). These connections supplement institutional supports, expand the range of resources available to students and provide resources outside of health and wellness centres' typical working hours (COU, 2017a).

Partnerships with community agencies have become particularly important to support the growing number of international students on Ontario PSE campuses, who require culturally relevant support and may lack access to comprehensive health care (Colyar et al., 2023). For example, Good2Talk is a free and confidential service that postsecondary students can call or text for counselling support (Good2Talk, n.d.). The service recently launched international, toll-free phone numbers for students travelling outside the country and plans to provide services in languages other than English. Institutions using the service can access a dashboard indicating how many of their students use it, why they reached out and what time they called: information that can help institutions with local program development and resource allocation. Some institutions have partnered with Noojimo Health, a virtual clinic with Indigenous care providers

for Indigenous communities, to better support the cultural and linguistic needs of Indigenous students (Noojimo Health, n.d.).

In literature, student affairs professionals describe a need for infrastructure and capacity to develop and maintain relationships with external agencies (Rashid & Di Genova, 2022). Interviewees described a need for formalized relationships to ensure that students have access to services that institutions cannot provide within their wellness departments. They emphasized that CICMH plays an essential role in establishing and maintaining intentional relationships between institutions and community health partners. CICMH's campus-community toolkit provides guidelines for doing so, emphasizing transparent communication between partners, needs assessment and a mutually agreed-upon partnership structure (CICMH, 2022).[8]

Summary of Interview Findings: Challenges and Gaps in Ontario

Interviewees revealed that institutional efforts to address mental health are most impactful when they are intentional, inclusive and connected. Institutions are adopting the stepped-care model, drawing upon the resources, toolkits and partnerships facilitated by CICMH and developing initiatives and services with an EDID lens. Certain key challenges, however, negatively impact their ability to provide long-term, sustainable services that meet students' needs.

Long-term planning is complicated by current funding structures and institutional systems, which impede efficiency, impact service provision and contribute to staff turnover.

About half of interviewees mentioned challenges due to funding structure, citing issues with unpredictability and short spending periods that deter or prevent long-term institutional strategic planning and programming. One interviewee, a VP Education of a university student union, noted: "There are some one-time grants for mental health, but you'll hit a deficit the next year because you can't add permanent services with one grant. Sometimes the money is there but there's no longevity to it."

The lack of long-term funding impacts staff retention. One college director of student support services remarked, "Not knowing how much funding will be coming through for next year makes it difficult to staff or keep a service. There is high turnover because of this." This has negative downstream impacts on service delivery, case loads and wait times. These challenges are not unique to Ontario; in 2022, 68% of student affairs leaders across Canada reported issues related to stable funding and staffing (Rashid & Di Genova, 2022).

Institutions struggle to keep pace with rising demand for mental health services due to staffing shortages and a need for more advanced expertise.

Nearly all interviewees indicated that demand for support is outstripping supply. Students "are willing to seek mental health support and expect access" (director of student wellness at a university). This has not only placed an additional burden and expectation on wellness centres, but demand has also shifted from periodic to heightened and sustained throughout the year. In previous years, wellness centres indicated they could anticipate episodic demand for mental health services based on the academic calendar or time of year, as students experienced stress

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[8]An example of this in practice can be found in case studies of partnerships, such as that between LOFT Community Services and Toronto Metropolitan University (CICMH, n.d.).

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during exams and adapted to living away from family. Many institutions indicated they are not equipped to manage sustained demand without additional support.

About half of interviewees reported a trend toward the increased complexity of mental health presentation, including an increase in suicidality. Rising complexity is a significant challenge, sometimes surpassing staff expertise, especially for smaller institutions and those in communities with fewer resources. Many interviewees reported that the twin challenges of increased demand and complexity contribute to staff burnout: "Even with new initiatives to support students, staff are still overwhelmed" (manager of student accessibility services at a university).

Data silos and gaps between on- and off-campus mental health resources are a barrier to service provision and tracking.

Some interviewees, especially those located in rural or remote communities with fewer resources, cited data silos and a lack of formal partnerships as challenges to efficient service delivery. Partnerships with community-based resources outside the institution are a best practice as well as a challenge; even within formal partnerships, institutions face serious and important barriers to information-sharing due to provincial privacy and confidentiality rules, which contribute to "[a] lack of coordination between the institution and off-campus providers" (VP Education, student union).

Several interviewees commented on differences in support between K-12 and PSE and a lack of coordination to support incoming students with existing mental health challenges. For example, students who received supports through an Individual Education Plan in secondary school start from scratch to build their networks of support in PSE. In addition to *Personal Health Information Protection Act* laws about privacy, issues around disability disclosure shift between the secondary and postsecondary systems. Interviewees criticized a lack of coordinated data collection and analysis, which could inform program decisions and track students' connections to various health providers. Under the current system, a student might return from hospitalization for a mental health crisis without a transition plan or supports from the institution, which itself has no way of knowing the individual sought acute care.

Some data privacy issues can be overcome through formalized partnerships and data-sharing agreements, but the issue goes beyond data. The sector has commented extensively on the siloing of services in Ontario; it has stressed a need for more collaboration between ministries and recommended establishing relationships with student organizations and external community partners (The Coordinating Committee of Vice Presidents Students, 2015; COU, 2017a). Our findings and recent research suggest that as of 2023, there remain significant gaps in realizing these recommendations.

Social determinants of health influence mental health challenges.

Most interviewees pointed to the impact of social determinants on student mental health; specifically, they commented on a lack of affordable housing, food insecurity and general affordability challenges. These issues are particularly acute for international students living in dense population centres. The 2022 National College Health Assessment revealed that 33.3% of Canadian respondents were unable to buy food "sometimes" and 9.9% said this occurred "often" (American College Health Association, 2022). Food insecurity is linked to poor mental health and self-reported depression. Food-insecure students report a higher prevalence of

psychological distress (67%) compared to their food-secure counterparts (37%) (Becerra & Becerra, 2020; Broton et al., 2022; Johnson, 2022; Maynard et al., 2018).

International students report high levels of housing precarity, citing affordability and lack of knowledge of where to access support (Calder et al., 2016; Colyar et al., 2023). Students with secure housing have a 29% likelihood of depression, while students reporting housing insecurity or homelessness have a 40% chance (Broton et al., 2022). Interviewees indicated that financial stressors exacerbated mental health challenges for students in recent years. This is not surprising in the context of larger economic forces. Canadian Labour Force Survey data show that the Consumer Price Index inflation exceeded wage growth between 2021 and early 2023 at a significantly higher rate than at any other period in the past 10 years (Statistics Canada, 2023).

Most of the issues regarding social determinants of health fall outside the jurisdiction and responsibility of PSE institutions, but the consequences and costs associated with these issues land at their feet. Institutions have risen to the challenge under difficult circumstances to expand services and support student wellness with significant financial investments, but putting the onus on colleges and universities to bear the bulk of this work is unsustainable. Student affairs and wellness centre staff are experiencing unprecedented pressures. One interviewee described trying to help students deal with stress and trauma when they are lacking basic security in housing or food as such: "we have to put trauma on hold to make sure [they] have a place to live" (counsellor and public education coordinator at a mental health agency).

Conclusions and Recommendations

Compared to other Canadian jurisdictions, Ontario has a robust PSE mental health support strategy with funding and resources. Institutions are adjusting to the increased demand for support by transitioning to more decentralized, whole-campus approaches that emphasize access to a range of supports in the form of stepped-care models. Structural and systemic forces, however, make it challenging for institutions to implement programs, hire staff and plan comprehensively for the long term. Data- and service-delivery silos, coupled with inefficient funding structures, limit institutions' ability to respond to increased service demands. Growing pressures related to food and housing exacerbate these issues, and although they fall outside the jurisdiction of MCU and institutions, they are impacting campuses and student mental health, particularly for international students.

HEQCO recommends the following actions for government and its partners to better support institutions and students. The first recommendation is geared towards institutions specifically.

Increase awareness of and access to culturally relevant supports for students.

As the student population becomes increasingly diverse, the importance of providing support that meets a range of cultural needs is ever more relevant. Institutions should work to provide resources that reflect their campus communities and increase student awareness of existing culturally relevant services, both on and off campus, such as Good2Talk, which provides multiple language options, and Noojimo, which provides services in different Indigenous languages across North America.

The following recommendations are for government and its partners.

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Leverage the full potential of CICMH.

As the only organization of its kind in Canada, CICMH leads provincial initiatives for postsecondary mental health and was described by interviewees as a strong and influential support for institutions. Our study suggests that institutions need additional support; as an agency with expertise in mental health and postsecondary education, CICMH is uniquely positioned to take on an expanded role in supporting institutions. Government should expand financial support for CICMH to ensure it has the resources necessary to remain a leader in mental health support, in Ontario and beyond. In particular, government should work with CICMH to support the expansion of research, facilitation of intentional and strongly structured partnerships, and the development and dissemination of resources, such as toolkits and training modules, especially for smaller institutions.

Coordinate cross-sectoral strategic dialogue to dismantle information silos and develop efficient funding structures.

MCU should coordinate cross-sectoral strategic consultations to identify gaps, dismantle information silos and support a permanent community of practice dedicated to postsecondary mental health. Participants should include school boards, PSE institutions, community agencies and the provincial ministries of Education, Health and Long-Term Care, and Children, Community and Social Services. This would contribute to the efficient and effective use of resources, help identify inefficiencies in service provision (e.g., offices for students with disabilities and wellness departments) and support the development mechanisms for funding delivery that align with stakeholder needs. In particular, colleges and universities require predictable, long-term funding arrangements to enable planning and service delivery.

Collect and use data to monitor mental health trends to inform decision-making and allocation of resources.

In partnership with agencies such as Good2Talk and ConnexOntario, institutions collect data on usage and satisfaction with their services. More work is needed to improve existing data quality, facilitate confidential data-sharing between agencies and institutions, and track individual and system-wide pathways of care more efficiently. The data collection strategy should include demographic and identity-based characteristics, such as those outlined in the Ontario Standards on Race-Based Data Collection, to support strategic decision-making about developing culturally relevant supports. Most institutional wellness departments have neither the capacity nor expertise on staff to formalize data relationships across campus or with community agencies, and there is a need for provincial guidelines or best practices for mental health data collection. This is a place for government leadership.

Increase incremental funding to institutions for mental health support services.

The growth in demand for support services among postsecondary students, along with increasing complexity of need, is straining institutional resources and capacity. Institutions have increased their spending on mental health and other wellness services significantly over the past several years, but the status quo is unsustainable, and they need additional support. Government should expand funding to enable colleges and universities to fully leverage sector partnerships, expand data collection and service capacity, and meet student- and institutional-support needs.

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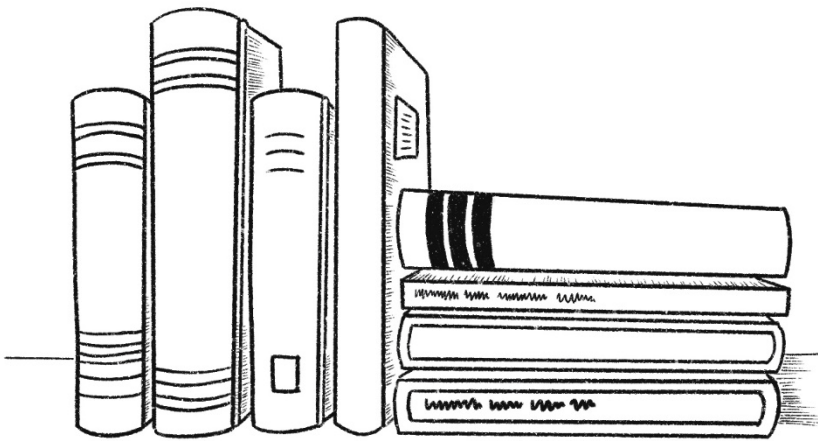
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Supporting Student Mental Health in Ontario: Exploring Best Practices and Identifying Gaps

Appendix

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Table A1

Types of Mental Health Services Offered by Ontario Institutions

Service Type	Count	Percentage
Abuse Services	10	2%
Academic Accommodations	136	27%
Case Management	78	16%
Community Information and Referral	3	1%
Counselling and Community Treatment	183	37%
Crisis Intervention	1	0%
Health Centre Services	50	10%
Health Promotion and Awareness	14	3%
Peer or Self Help Support Programs	22	4%
Total	**497**	**100%**

Source: ConnexOntario, 2023
Note. This table shows the number and percentage of mental health services offered at Ontario institutions by type.

Table A2

Mental Health Services by Target Population

Target Population	Number of Services by Target Population	Percentage
Francophones	33	15.9%
Gender Diverse	21	10.1%
Hearing Impairment	31	15.0%
Indigenous Peoples	57	27.5%
Newcomers	7	3.4%
Other	11	5.3%
Racialized Communities	16	7.7%
Visual Impairment	31	15.0%
Total	**207**	**100.0%**

Source: ConnexOntario, 2023
Note. This table shows the number and percentage of services by target population.

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