White Paper on
Postsecondary Student Mental Health

Prepared by:
The Coordinating Committee of Vice Presidents Students
April 2015
The Coordinating Committee for Vice-President Students (CCVPS) commissioned a White Paper on Campus Mental Health to assist colleges by providing information that supports the development of local approaches to build healthy campuses that are inclusive and foster a sense of belonging. The goal is to assist students to develop coping mechanisms and resiliency both while at the postsecondary environment and when the student transitions into the workforce.

CCVPS is pleased to provide a final copy of the White Paper to support the individual work of our members. Additionally, this work identified some recommendations that can be used to support the Colleges Ontario advocacy work and work with student, government, community and university partners.

CCVPS would like to thank the many key informants and respondents that provided feedback and information that shaped this final version. In particular, I wanted to thank the authors Dr. Michael Cooke and Juliet Huntley as well as the members of the Steering Committee

Wayne Poirier, PhD
Chair, CCVPS
ABOUT

Coordinating Committee of Vice Presidents Students of Colleges Ontario (CCVPS)

CCVPS is responsible for providing leadership to the Ontario community college system on all aspects relating to student success, working in close collaboration with Vice Presidents Academic and other college leaders.

CCVPS prepared this white paper to describe the current landscape of student mental health services in the postsecondary sector, review selected articles in the literature, outline emerging frameworks and models for service delivery, discuss the roles of stakeholders in developing/delivering new models and recommend next steps in advancing this work.

Members of the White Paper Working Group

Dr. Wayne Poirier, (Chair) VP Student Services, Mohawk College
Jason Hunter, (Co-Chair) VP Student & Community Engagement, Humber College
Dr. Craig Stephenson, VP Student & Community Engagement, Centennial College
Meri Kim Oliver, VP Student Affairs, Durham College
Brenda Pipitone, Dean of Academic Services & Student Affairs, George Brown College
Michele Beaudoin, Associate VP Student Services, Georgian College
Jen McMillen, Dean of Students, Humber College
Rob Kardas, Executive Director, Student Services, Lambton College

Research/Writing Team

Michael Cooke, Ph.D. is former Vice President Academic and Vice President Advancement at George Brown College in Toronto. Prior to joining George Brown, Michael was Executive Director of several non-governmental organizations including the Canadian Association for Adult Education and Canadian Crossroads International.

Juliet Huntly, M.Div. is a freelance consultant. Since 2007, she has been the lead researcher and writer for Toronto’s Vital Signs, the major report card on the health of the city of Toronto, published by the Toronto Community Foundation. Prior to her consulting work, Juliet held various social justice and communication portfolios with the United Church of Canada.
Executive Summary

Purpose of this White Paper

In recent years, Ontario colleges have experienced a significant increase in the demand to provide services to its students related to mental health and wellbeing. Colleges have responded by augmenting services and examining new models of delivery. The Ontario Government has provided some additional funding to assist these efforts as part of its Comprehensive Mental Health and Addictions Strategy. Nonetheless, there is general agreement at both the Heads of Student Affairs (HOSA) and the Coordinating Committee of Vice Presidents Students (CCVPS) that:

1. Current models are not sustainable;
2. There is a need for a more integrated strategy and approach among stakeholders to guide funding and service delivery;
3. Colleges need to better collaborate with community agencies to maximize efficiency and minimize gaps.

With these issues in mind, the CCVPS has prepared this white paper. It identifies key issues and opportunities based on a review of current relevant literature and interviews with key stakeholders. It concludes with twenty-six key considerations and nine recommendations intended to provide the basis for shared strategic planning, advocacy and ongoing consultation by CCVPS.

Key Findings

Interviews with key institutional and government informants in mental health strategy and delivery as well as a review of current documentation revealed the following issues and challenges for Ontario colleges:

- Demand for student mental health services is outstripping capacity under many of the current delivery models.

- The complexity of student mental health needs has grown as the student population diversifies and students who, in prior years may not have contemplated postsecondary education access the system.

- There is a wide range of people and roles involved in mental health delivery and funding decisions at both at the campus/community level and across the system, but no system-wide shared understanding of their mandate, responsibility or scope of service.

- Colleges are using and adapting a variety of mental health delivery models, ranging from limited or capped counselling\(^1\) to outsourcing some or all services, to the development of comprehensive mental health strategies. There is a need

---

\(^1\) In a capped model, students may have a upper limit on the number of counselling sessions to which they are entitled. In a limited model, the scope of service may be restricted (e.g. to those without serious mental health issues).
for the continued development and testing of new models, and accommodations for students with mental health needs and robust mental health awareness programs need to be built into any model.

- There are significant policy gaps that must be addressed with respect to college-wide policies, academic policies and policies governing confidentiality and privacy. These are essential to creating a framework for new service delivery models and shared responsibility for student mental health.

- As new approaches to student mental health needs are introduced, and institutions move increasingly to a “circle of care’ approach\(^2\), there is a concomitant evolution in the role of counsellors and the development of a shared understanding of their role both at the system and the institutional level. This understanding needs to take into account the involvement of support staff and other staff in health service delivery, private-sector agreements and new legislation regarding counsellor accreditation.

- Canadian research on student mental health issues and robust data are lacking, making it difficult to support evidence-based evaluation and planning. Priority areas include:
  - Improved capacity in individual colleges to measure volume, trends and impact of particular supports and interventions;
  - Better longitudinal data using standard tools such as KPI and aggregated reports from member colleges (e.g. CCDI reports);
  - Greater participation by Ontario colleges in tools such as the National College Health Assessment Survey (NCHA);
  - Improved capacity for accessing external data sources such as the information tracked by student insurance plans or usage trends of new services such as Good2Talk/Allo J’écoute.

- Resources dedicated to mental health are unequally distributed across Ontario campuses and sometimes between campuses within the same institution, particularly affecting college students studying in French and those in small or remote communities.

- There is a need for stronger mechanisms for identifying and supporting students at risk who are transitioning from secondary to postsecondary institutions.

- Few colleges have formal structures in place to respond to the need to balance accommodating students and ensuring community safety in the context of an evolving legal framework.

- There is a significant opportunity for increased collaboration between colleges and universities that would leverage resources more effectively, strengthen capacity for data collection and create a much stronger advocacy lobby.

---

\(^2\) While not specifically defined in the Personal Health Information Protection (PHIP) Act, 2004, the term is commonly used in the health care community to refer to a patient’s implied consent for health care providers to collect, use and share personal health information with other health care providers – unless the patient expressly indicates otherwise.
• Increased external collaboration is also critical. In particular the paper identifies opportunities to create or improve:
  o Agreements to provide direct community-based mental health services on campus;
  o More connections and seamless transitions between college and off-campus services (including crisis centres, hospitals, medical practitioners, help lines, etc.)
  o Coordination of the involvement of various government ministries.

Roles of Various Stakeholders

The white paper highlights the multiplicity, complexity and frequently un-coordinated nature of relationships between the various stakeholders in the area of student mental health, noting in particular the need for the following:

**Government Ministries.** Colleges need to work closely with universities and lead government ministries to clarify respective roles and responsibilities and to develop a funding model that is clear, efficient and fair. There is an urgent need to address the gap in student support at the point of transition from secondary to postsecondary education. Similarly, there is a need to ensure more seamless transitions between the institutions and off campus services and strong collaboration between colleges and the community agencies in their jurisdiction.

**Individual Colleges.** Colleges need to define clearly what services they should and should not be providing, including possible limits on service provision. They need to identify what specialized expertise they need/are capable of providing on campus, and develop more fluid and seamless relationships with community agencies and services.

As colleges begin to reconsider the current shift to a crisis interventional model, there has to be greater investment in mental health awareness and prevention strategies across the campus, including in residences, where on-campus housing exists. There are significant opportunities to use technology to expand service delivery and offer new types of service.

**Province-wide Bodies.** There is a strong role for Colleges Ontario in advocacy, particularly on specific issues, such as the funding of more Family Health Teams on campuses and in supporting and sustaining the new Centre for Innovation in Campus Mental Health as a hub for sharing information on best practice and a forum for collective engagement.

**Post-secondary Health-related Committees.** Colleges have a range of committees working on aspects of student mental health including the Heads of Student Affairs (HOSA), the College Committee on Disability Issues (CCDI) and the Ontario College Counsellors (OCC). Colleges are less active in system-wide organizations such as the Canadian Association of University College Health (COUCH). COUCH, which is a division of the Canadian Association of College and University Student Services (CACUSS), supports various system-wide mental health initiatives such as the National College Health Assessment (NCHA) survey. Similarly, colleges do not have a strong role in the Ontario University and College Health Association (OUCHA). More active participation in these bodies would increase possibilities for college/university dialogue and shared advocacy.
Community Agencies/Partners. Greater collaboration and integration is required between colleges and community partners, recognizing that the nature of that collaboration will always be dependent on the size and location of the institution and the available resources in the community.

Recommendations

The following recommendations were distilled from the 26 key considerations that form the basis for the nine recommendations covering policy, the development of new models, collaboration, transitions, data, advocacy, and funding as well as a series of considerations related to each area of recommendations.

Vision

1. Establish a clear vision and approach to develop healthy campus communities that are inclusive, foster a sense of belonging and assist students to develop coping mechanisms and resiliency both while at the postsecondary environment and when the student transitions into the workforce.

Transitions

2. Recommend that all colleges develop formal transition and entrance strategies related to mental health with a focus on seamless transition, prevention and early warning mechanisms.

Collaboration

3. Recommend increased collaboration between:
   a. student groups
   b. colleges, universities
   c. CICMH, MCYS, MTCU and MOHLTC and
   d. Key community agencies within mental health services within the community.

4. Recommend utilizing the CICMH as a vehicle to promote research, sharing of best practices, assessment and evaluation of model experimentation, leveraging existing resources, advocacy and development of shared services.

Models

5. Recommend that each college consider local and regional factors when designing models to support students and consider the following:
   a. Acknowledge and endorse the diversity of possible approaches and models. Recognize and respect that each college will develop/adapt the model and framework that is best suited to its context and to the needs of its student body.
   b. Encourage ongoing experimentation with new models with thoughtful evaluation practices and develop specific opportunities for sharing best practice through the Centre for Innovation and other appropriate vehicles.
Policy

6. Recommend that all Ontario colleges conduct a review and renewal of college policies with a lens on how the policies provide appropriate support for students with mental illness as part of the normal policy review cycle.

Data

7. Advocate for improved institutional and systemic data collection and analysis in order to strengthen evidence-based decision-making.

Advocacy

8. Advocate for a joint PSE working group on mental health with representation from Colleges Ontario, the Council of Ontario Universities, student groups, MOHLTC and MTCU with the goal of developing a plan for greater integration of programs and services.

9. Continue to promote the student mental health issues in the overall Colleges Ontario advocacy agenda.

Funding

10. Collaborate with college and university partners to develop a proposal for a funding model that is coherent and fair across the sector and that rationalizes the respective roles of government, postsecondary institutions, student governments and community agencies.
Table of Contents

Introduction........................................................................................................................................... 11
Purpose of the Paper................................................................................................................................. 11
Methodology............................................................................................................................................ 12
Context.................................................................................................................................................... 13
  • Mandate and Role of colleges........................................................................................................... 15
  • Mandate and Role of Government, Community and Health Care Sector................................. 16
Towards a Systemic Approach to Student Mental Health ................................................................. 17
  • Developing College-wide Strategies.............................................................................................. 18
  • Mainstreaming Student Mental Health............................................................................................ 18
Challenges and Issues .......................................................................................................................... 19
  • Demand is outstripping capacity.................................................................................................... 19
  • The complexity of postsecondary student mental health needs has grown.................................. 20
  • A wide range of people and roles is involved................................................................................ 21
  • New delivery models are needed..................................................................................................... 22
  • Policy gaps exist................................................................................................................................. 22
  • Evolving roles of counsellors require consideration...................................................................... 23
  • There is no consensus on the role of counsellors and the role of the institution .................... 23
  • Research and robust common data are lacking............................................................................. 24
  • Resources are unequally distributed across campuses.................................................................. 24
  • Transition mechanisms are weak..................................................................................................... 24
  • The legal framework is changing................................................................................................... 26
  • There are opportunities for greater PSE collaboration................................................................. 27
  • Increased external collaboration is critical...................................................................................... 27
Towards New Models of Support and Delivery ................................................................................. 28
  • A Wide Range of Options................................................................................................................ 28
  • Build Academic Accommodation into Every Model................................................................. 28
  • Build Mental Health Awareness into Every Model...................................................................... 29
Roles of Various Stakeholders ........................................................................................................... 30
  • Government Ministries.................................................................................................................. 30
  • Colleges Ontario............................................................................................................................... 32
  • Centre for Innovation in Campus Mental Health.......................................................................... 33
  • Individual Colleges......................................................................................................................... 33
  • Postsecondary Health-Related Committees............................................................................... 35
  • Community Agencies/Partners....................................................................................................... 36
Discussion of Data Collection.............................................................................................................. 37
  • Internal college data......................................................................................................................... 38
  • System data..................................................................................................................................... 38
  • External Data Collection............................................................................................................... 39
Funding .................................................................................................................................................... 40
  • Issues............................................................................................................................................... 41
  • Impact of Adequate/Coordinated Mental Health Funding............................................................. 42
Conclusion.................................................................................................................................................. 43
Key Considerations .............................................................................................................................. 44
Recommendations................................................................................................................................... 51

White Paper on Postsecondary Student Mental Health
Prepared by the Coordinating Committee of Vice Presidents, Students (CCVPS)
April 2015
- Policy ........................................................... 51
- Models ........................................................... 51
- Collaboration ....................................................... 51
- Transitions ........................................................ 52
- Data ................................................................. 52
- Advocacy .......................................................... 52
- Funding ............................................................. 52

Selected References .......................................................... 54

Appendix 1. Mental Health PSE Stakeholders Map ........................................ 56
Appendix 2. A Framework for Post-Secondary Student Mental Health ............. 57
Appendix 3. Models or Elements of Models of Mental Health Service Delivery .... 58
  - Comprehensive Model ........................................ 58
  - Integrated Services Model .................................... 60
  - Coaching Model ............................................... 61
  - Case Management Model ..................................... 61
  - Limited Counselling Model .................................. 62
  - Limited Integration Model ................................... 62
  - Hybrid Model .................................................. 63

Appendix 4. Model Voluntary/Involuntary Withdrawal Policy and Procedure:
  Humber College .................................................. 65
Appendix 5. Summary of Feedback on Draft Paper ....................................... 70
Appendix 6. List of Key Informants ......................................................... 77
Appendix 7. Interview Protocol .............................................................. 79
Introduction

In recent years, Ontario colleges have experienced a significant increase in the demand to provide services to students, related to mental health and wellbeing. This increase has been widely reported across the system. The trend in colleges is consistent with reports coming from other educational institutions at the secondary and postsecondary level. The issue has also received considerable attention by government and is garnering more notice in the media.

Colleges have responded to these increased demands by augmenting services and experimenting with new models of delivery in an attempt to keep up with increased volume and complexity of demand. The Ontario Government has provided some additional one-time funding to assist these efforts as part of its Comprehensive Mental Health and Addictions Strategy (launched in 2011). Nonetheless, there is general agreement at both the Heads of Student Affairs (HOSA) and the Coordinating Committee of Vice Presidents Students (CCVPS) that:

1. Current models are not sustainable;
2. There is a need for a coordinated approach to meeting student mental health needs across the colleges;
3. Leading government agencies including the Ministry of Training, Colleges and Universities (MTCU), the Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Child and Youth Services (MCYS) need to develop a more integrated strategy to guide funding policy and pathways;
4. Colleges need to better collaborate with community agencies to maximize efficiency and minimize gaps.

With these issues in mind, the CCVPS commissioned this white paper.

Purpose of the Paper

The Committee established the following objectives for the paper:

1. To provide a current summary of relevant literature and activities related to student mental health in Ontario colleges.
2. To provide an integrated overview of issues, challenges and opportunities that will inform CCVPS discussions on student mental health.
3. To reflect the priority that CCVPS assigns to this issue.
4. To provide a foundational document that CCVPS can use to develop its strategy for collaboration and advocacy.
5. To serve as a catalyst for strategic planning with the Committee of Presidents, the Colleges of Applied Arts and Technology (CAAT) Coordinating Committee and other key stakeholder groups on the issue of student mental health.
6. To create a platform for ongoing consultation and discussion with concerned groups within the colleges, in government and in the community.
This document is not intended to be prescriptive but rather to be used as a tool for the development of CCVPS’ strategy and advocacy agenda. It provides an overview of the current context and an analysis of key challenges and opportunities related to providing mental health services for college students in the Ontario context.

The paper begins with a review of recent relevant studies and publications, including the detailed 2012 report by Lees and Dietsche (An Analysis of Counselling Services in Ontario Colleges) on the current state of counselling services, as well as a significant number of other provincial and national reports. It includes an inventory of current and evolving frameworks and models for meeting the mental health needs of postsecondary students. The paper discusses the role of the multiple stakeholders involved, assesses the availability of relevant data to support evidence-based decision-making and examines the issues related to funding of mental health services in colleges. It concludes with a set of recommendations on actions CCVPS may consider in order to strengthen the capacity of Ontario colleges to meet the emerging mental health needs of its students.

CCVPS has indicated that it will share the final paper with all interested stakeholder groups and seek their input into the development of its strategy and advocacy agenda.

**Methodology**

This white paper was prepared using principally qualitative methods including the following elements:

- A review of current, relevant documentation provided by the Steering Committee or identified by key informants. While an exhaustive literature review was outside the scope of the assignment, it should be noted that there is a considerable body of relevant reports and studies that underline the priority that the PSE sector is giving to student mental health and the number of stakeholders involved. Some of the documents reviewed contain relevant bibliographies, which merit consideration in any follow up work.
- A series of focus groups with the members of the CCVPS. The conversation in these groups was limited largely to the perceived need for changes internally within the colleges represented and externally vis à vis government ministries, Colleges Ontario and community agencies.
- An interview protocol (see Appendix 6) developed by the writers, who conducted interviews with 17 key informants. Each interview lasted 45 to 60 minutes. The interview protocol was adapted to match the respective backgrounds and areas of expertise of the interviewees.
- Consultation with a number of other stakeholders with expertise on related issues including providers of student insurance plans, participants in the National College Health Assessment survey and college staff with access to relevant data sets.
- Interview notes, which were analyzed and cross-referenced to issues and themes arising from the literature review and the focus groups.

The writers met with the Steering Committee on two occasions to review drafts of the paper and to seek their input into the final document.
The paper was presented in draft form to the full Coordinating Committee of Vice Presidents Students and revisions were made based on their feedback.

CCVPS released the White Paper to member colleges and encouraged them to engage in discussions with key stakeholders at their respective institutions throughout the summer and fall of 2014. In August 2014 CCVPS also formally shared the White Paper with other stakeholder groups including the key informants who participated in the process. Feedback received from these sources is summarized in Appendix 5.

The document represents a synthesis of these various inputs. No comments are attributed to any informant. The key themes and the recommendations proposed arise from the frequency and coherence of the items raised in the interviews and in the literature. They are not intended to be prescriptive in nature and it is understood that individual colleges need to adopt approaches and solutions that are appropriate for their respective context and needs.

Context

An estimated one in five Canadians will develop a mental health illness during their lifetime. The onset of most mental illness and substance dependency, which occurs during adolescence and early adulthood, coincides with the very period when the majority of students are negotiating the pressures associated with postsecondary education. Youth (aged 15-24) are the demographic most likely to suffer from mood disorders, eating disorders, anxiety disorders, schizophrenia, first onset psychosis and suicidal behaviours. Suicide is the second leading cause of death on campuses. (2007 Council of Ontario Universities (COU) report Mental Health Issues in Universities; 2010 COU Submission to the Ministry of Health and Long-Term Care).

The mental health and well-being of postsecondary students has been a growing area of concern for administrators and faculty for more than two decades as the volume and complexity of demand for service has grown. At the same time, the ratio of students to counsellors has risen, particularly in mid-sized colleges, compounding the challenges counselling services face in responding under a traditional counselling model. According to a 2012 report by Lees and Dietsche (An Analysis of Counselling Services in Ontario Colleges), Ontario college full-time enrolment increased by 26% between 2007 and 2012 while growth in the number of counsellors across the system increased by only 4.6%. In 2010-2011 an estimated 18% of college students (close to one in five) accessed counselling services. Counsellors are currently spending close to two-thirds of their time (59%) in personal/crisis counseling and 11 colleges report a 3-10 day wait time for counselling (confirmed by the HOSA Survey on Counselling and Mental Health Supports).

---

3 A trend of increasing usage and severity of student mental health issues has been consistently reported by heads of counselling services in Canadian institutions and parallels similar trends in the US and the UK. Empirical data on Canadian postsecondary institutions is limited and is only beginning to be addressed by researchers. See Cairns, Sharon et al. 2010. Why do Post-Secondary Students Seek Counselling? Canadian Journal of Counselling/Revue canadienne de counselling. Vol. 44:1.
The reasons for increased demand on mental health support services are not fully understood, but likely include the following factors:

- **Greater general awareness of the importance of good mental health** as a result of increased media and institutional attention, and the powerful advocacy of bodies like the Jed Foundation and the Jack Project, which may encourage students to more readily recognize their own mental health concerns and the value of support services offered;

- Slowly growing **de-stigmatization**, which has helped to ‘normalize’ mental health issues and the process of seeking help;

- A system-wide focus on **accessibility to postsecondary education**, which has greatly increased the diversity of the student population, but may not have concomitantly offered the supports higher-risk students require to negotiate the social and financial stresses of college;

- The **availability of new medications** and the **educational supports available to students with disabilities**, which means that more students with complex mental health needs (chronic conditions, dual diagnosis, Autism Spectrum Disorder, etc.) are participating in the postsecondary system than in another time, when they may not have contemplated postsecondary education;

- A **rise in the number of international postsecondary students**, many of whom face particular challenges that impact their mental health – homesickness, isolation, language barriers, feelings of exclusion, financial and social and family pressure to succeed;

- **Stress related to high debt levels, poor employment prospects for young workers, and lack of preparedness for independent living**, which may trigger or exacerbate mental health and dependency issues (Statistics Canada Survey on Mental Health, 2001).

In response to growing need, Ontario colleges and universities have been experimenting with new models of service delivery, assisted by a commitment of $27 million in short-term (three-year) project funding through the Ontario Government’s Comprehensive Mental Health and Addictions Strategy. Promising approaches to student mental health are emerging (see section on New models for Support and Delivery, below), but these projects and practices arise in a challenging context, including:

- A constrained fiscal environment;

- A shortage of consolidated data on the scope of the issues and the effectiveness of particular approaches;

- The absence of a consensus regarding the mandate and role of colleges in

---

4 It is important to note that under an alternate model, where college counsellors focused exclusively on personal/crisis counselling, it appears that there could be a additional capacity in the current system.

5 Recent research by the Manitoba Mental Health Research Group (2014) suggests that students are becoming increasingly uncomfortable seeking professional psychological help (“talk therapy”) for mental health problems, perhaps mirroring a decrease in general in the use of psychotherapy and a growing medicalization of the field.
providing mental health services;\(^6\) and

- A lack of clarity regarding the roles and participation of the many other stakeholders involved. (A map of Stakeholders in Postsecondary Mental Health in Ontario is attached as Appendix 1).

**Mandate and Role of colleges**

Colleges and universities are designed to deliver educational programming, not health care, although a primary commitment to student success has forced postsecondary institutions to both acknowledge the link between good student mental health and academic success and increasingly, to evolve mental health programs to address student needs. There is not a shared understanding however, either within individual colleges or at the provincial level, on their core responsibilities or on the scope and parameters of their role in mental health. There is also no consistent or coordinated approach to service delivery across the system, and little data to evaluate outcomes of particular frameworks or models.

All but one of the Ontario colleges (96%) now offer professional counselling services to students.\(^7\) Two colleges offer only personal/crisis counselling and the rest provide a mix of personal counselling, academic advising and career counselling. As noted above, personal/crisis counselling now represents close to 60% of counselling time. Almost half (11 colleges) offer counselling to both current and prospective students, and 5 colleges also provide services to alumni. As a result of this evolution, the traditional models of service delivery and the role of the counsellor within those models are being called into question. A number of issues arise:

- **The Role of The Counsellor**: Lees and Dietsche (*An Analysis of Counselling Services in Ontario Colleges, 2012*) point out that counsellors are faced with a range of challenges including increasingly high volumes of demand, competing expectations regarding the scope of their role and changing requirements with respect to professional credentials.

- **The Role of Faculty Members**: Increasing awareness of mental health issues, and new professional development programs are giving faculty tools to identify student needs, but there are tensions around the expectations of faculty in the shared responsibility for student mental health and no common understanding of the specific roles of counsellors vs. other service roles.

---

\(^6\) For the purposes of this report, ‘mental health services’ refers to the full range of services that may be provided by colleges, including counselling, mental health support, mental health awareness, prevention initiatives and training. A wide range of faculty, staff, students and other mental health professionals may be involved in delivery of these services including counsellors, nurses, doctors, psychologists, psychiatrists, residence staff, mental health advisors, special constables, peer advisors, and faculty and staff trained in mental health first aid.

\(^7\) The majority (17 Colleges) uses solely college counsellors as providers. One college uses external providers off campus, and one college does not offer professional counselling services. Four colleges provide services on and off campus, using college counsellors and external providers. (Source: 2014 HOSA Ontario Colleges Counselling Services and Mental Health Supports Survey)
• **The Role of Other Staff:** The 2014 Ontario Colleges Counselling Services Survey found that nine Ontario colleges include support staff as academic or career advisors, and three of those colleges use support staff in both roles. This “blended model” has implications for the definitions of job classifications and concomitant labour relations issues and collective agreements.

• **The Locus of Delivery:** Many colleges are currently involved in piloting a variety of mental health service delivery models involving community agencies on- and off-campus, as well as outsourcing some services to private sector companies.

• **Insufficient Funding:** Generalized financial constraints are forcing colleges to look for new ways of delivering increased levels of service within existing budgets, examining efficiencies as well as alternatives.

### Mandate and Role of Government, Community and Health Care Sector

As noted above, existing models are being questioned and found wanting. As well, there is ambiguity regarding the respective roles and responsibilities of the Ministry of Training, Colleges and Universities (MTCU) and the Ministry of Health and Long Term Care (MOHLTC) in relation to student mental health. While programs for secondary school students are developed under the aegis of the Ministry of Education (MOE) in partnership with the Ministry of Children and Youth Services (MCY) and the MOHLTC, programs for college students are developed under the aegis of MTCU and vary from institution to institution. There is no formalized link between the two systems (and the multiple government ministries involved), even though students – and in particular, students at risk – transition between services provided by multiple ministries.

The Ontario Government has recently committed short-term (three-year) funding\(^8\) to support colleges in researching and testing new services and collaborative arrangements, but it is unclear how any new programs that grow out of this commitment will be funded or maintained over the longer term. And there is no overarching framework for a clear and sustainable partnership between government and the colleges to ensure that gaps in the system are filled and redundancies eliminated.

According to the HOSA 2014 *Survey on Counselling and Mental Health Supports at Ontario Colleges*, 10 of the Province’s colleges have a formal connection to an external community mental health committee, but data is lacking on the makeup of such committees, whether they exist in all regions, which community agency takes the lead and whether participation in external mental health committees has a positive impact on the ability of colleges to provide mental health services.

The wide range in the size of colleges and the health care resources available in the communities in which they are situated means that no single template will serve to shape the relationship and respective roles of the college and the wider health care sector. In some regions, there may be a temptation to regard students as members of the college community *rather than* as members of the larger community. In areas with

---

\(^8\) The Ontario Government launched a comprehensive Mental Health and Addictions Strategy in June 2011. The first three years of the ten-year strategy are focused on the mental health of children and youth.
long wait times for mental health services, students who make use of community mental health clinics or crisis centres may be referred back to the college with the expectation that the institution will provide timely service, perhaps based on the assumption that the college has the primary obligation to provide mental health services to its students or that the institution has more resources than the community agency.

**Towards a Systemic Approach to Student Mental Health**

The traditional model of response to mental health issues on campus is one focused on the role of the counsellor (as either a stand-alone service or as part of an interdisciplinary unit) offering some mix of non-crisis student support (help with coping strategies, etc.), crisis intervention, treatment (largely short-term) and referral. In recent years, however, there has been a shift towards a more comprehensive – and more complex – approach, that extends the range of responsibility and response to student mental health to multiple stakeholders (‘circles of care’) on- and off-campus, and indeed, to the entire community.

McKean (2011) notes that a feature common to systemic models being developed in North America and in the UK is a focus on working at multiple levels simultaneously, from the individual and group to the institution and the wider community. Among well-known models adopted by a number of North American institutions to promote student mental health are the National Association of Student Personnel Administrators (NASPA) ecological model and the Suicide Prevention Resource Center/JED foundation’s comprehensive approach model. The World Health Organization’s (WHO) Healthy Universities/Campuses model is also used internationally, particularly in the UK.

In 2013, the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA) launched a new guide to help colleges and universities adopt a system-wide approach to student mental health. The result of a more than three-year collaboration, with the participation of 70 Canadian postsecondary institutions, the framework proposed in *Post-Secondary Student Mental Health: Guide to a systemic approach* aims to support “the creation of a campus community that is deeply conducive to transformative learning and mental health.” This framework is part of a second broad shift in focus, from primarily treating the mental health needs of individual students, to creating an environment that promotes the health and wellbeing of all students.

According to the comprehensive systems-wide approach outlined by CACUSS/CMHA following a review of Canadian and international mental health strategies, key factors in supporting the mental health of students include:

1. Institutional structure: organization, planning and policy
2. A supportive, inclusive campus climate and environment
3. Mental health awareness
4. Community capacity for early response to indications of student concern
5. Self-management competencies and coping skills
6. Accessible mental health services

---

9 In this context, ‘systemic’ refers to a comprehensive approach within an institution rather than to the entire college system or postsecondary education system.
7. Crisis management

This framework for support across three overlapping groups of students (all students, students with concerns about coping and students with mental health issues) is attached as Appendix 2.

A comprehensive mental health approach may proceed through a number of levels of development from the initial development of a college-wide mental health strategy to the deeper level of ‘mainstreaming’ mental health in all college policy and practice.

Developing College-wide Strategies

Typically, the first step in implementing a systemic approach to student mental health is for a college to develop a college-wide strategy, likely guided by a formal overarching structure, body or commission.

The Ontario college community has made small strides in moving in this direction. According to the 2014 Ontario Colleges Counselling Survey, seven colleges have established formal committees to develop campus-wide mental health strategies (two have both committees and practices), and six colleges have practices in place. Ten colleges have not yet developed either formal committees or practices to support a mental health framework. A system-wide best practice approach to developing college-wide strategies would need to take into account however, the wide range in regional, size and other distinctions among Ontario colleges.

Mainstreaming Student Mental Health

An even more comprehensive approach, and one that is receiving increasing attention, is the examination of an institution’s entire organizational structure and program activities through the lens of mental health. This is often referred to as ‘mainstreaming’.10

When postsecondary institutions are able to move beyond a simply reactive approach – creating and adapting policies to respond to individual students with presenting mental health concerns – the focus can shift to a proactive examination of how well all institutional policies and programs nurture the mental health and wellbeing of all students, considering all of the broader social determinants of mental health – issues such as income, housing and food security, social exclusion and discrimination, employment and social supports.

Researcher Michelle Olding suggests that this mainstreaming of mental health entails the participation of a range of stakeholders (beyond those traditionally involved in mental health delivery) who evaluate all institutional policies by how well they support the underpinning of good mental health, applying principles such as:

10 This approach is similar to those that a number of postsecondary institutions are adopting to enhance student engagement and success. It might be effective and efficient for those institutions to develop a mainstreamed approach to student mental health built on an already established strategy.
• Transparency of systems,
• Clarity of roles and responsibilities
• Fairness and equity,
• An anti-discrimination stance,
• Universal design and
• Accessibility.

Most institutions are not yet at a point of establishing either the structures or mechanisms to broadly review policy through the lens of the social determinants of mental health. But interest in the approach is growing, a foundation exists in current approaches to student engagement, and resources are available, including Mental Health Impact Assessments (MHIA), or Mental Well-being Impact Assessments (MWIA), which provide tools for assessing the impact of a policy or program on the mental health of a population. Olding points to the UK Care Services Improvement Partnership (2007) as one body that has developed a useful resource guide for institutions wanting to undertake such an assessment. That guide identifies a number of factors that could form the theoretical basis of a MHIA, including such criteria as:

- **Enhancing control:** How does this policy impact: sense of agency, mastery, autonomy, or self-efficacy at the individual or collective level?
- **Increasing resilience and community assets:** How does this policy impact upon individual resilience, but also social relationships and engagement more broadly?
- **Facilitating participation:** How does this policy facilitate or inhibit students’ ability to connect with others, feel valued and useful? (Odling, p. 22)

The University of Alberta, The University of British Columbia, Queen’s University and Ryerson University have all either recommended or are in the process of developing policy reviews that would mainstream mental health into the institution’s academic policy.

Adoption of a systemic approach to student mental health may create a context in which colleges can move beyond what has been a largely reactive implementation of policies and models in response to the changing demands for service and support. These policies and models have given rise to a number of challenges and issues that will be examined in the following section.

**Challenges and Issues**

In interviews with college and university leaders in mental health strategy and program delivery, in conversations with other stakeholders, and in a review of relevant current documentation, there was a broad consensus on the following issues and challenges:

**Demand is outstripping capacity**

There appears to be unanimity among college mental health service providers that the number of students with serious mental health problems coming into contact with counselling services is growing. As noted above, this may not be due necessarily to an increase in the prevalence of mental illness and poor mental health among college students, but to a complex range of factors including the age and resilience of college
students. Some researchers hypothesize that improved treatment options have enabled more students with serious mental illnesses to contemplate postsecondary education. Whatever the reasons, demand for mental health service is outstripping capacity across the college system. Small colleges in particular, are not well equipped to respond to the demand.

Ontario colleges currently report service wait times ranging from 48 hours or under (7 colleges) to 3-5 days (7 colleges) to as long as 6-10 days for a counselling appointment (4 colleges) according to the 2014 HOSA Survey on Counselling and Mental Health Supports at Ontario Colleges.  

Under the current models overstretched campus mental health services may mean that the focus shifts from other important preventative programs such as health promotion.

The first priority for an on-campus health care centre is to attempt to address immediate patient concerns, such as wait times, length of care and scope of services provided. As such, the ability of on-campus health centres to provide programming that aims to promote healthy living or coping mechanisms is limited. The lack of ability to create preventative programming can contribute to the reactive nature of campus healthcare and impact the sustainability of on-campus health care. (2012 OUSA Policy Paper)

The complexity of postsecondary student mental health needs has grown

As the severity and complexity of student mental health issues has increased (or become more visible) in recent years, colleges have been forced to examine the scope and roles of their counselling services. Available evidence suggests that the demand on mental health services is higher in some colleges than in universities, perhaps because of the college mandate of accessibility.  

However, both colleges and universities report that:

- Students expect more support.
- Many students are entering postsecondary institutions at a younger age and are unprepared for living away from home, or are older (second career) and facing different pressures.
- The counselling role has changed because the needs of students have changed.
- Some institutions have insufficient resources to respond to the range of issues they are confronting (for example, they may be unable to respond to eating disorders, sexual abuse or PTSD).
- Immigrant and international students are subject to particular pressures and may, at times, require more support.

---

11 As noted above, stress on the system arises in part because of the generalist model currently in place in most colleges, where counsellors offer a blend of counselling and advising services.

12 Data from the College Committee on Disability Issues suggests that more than 12% of Ontario college students are registered with disability issues vs. 5% of university students. (In 2013, of the 12%, almost one in five was registered with a psychiatric disorder).

13 Other institutions, particularly in the university sector have been quicker to directly address these issues.
There is a new need to add capacity and mechanisms to support distance learners.

Interview and focus group participants identified the challenge of responding to both diagnosed mental illnesses/disorders and also to the wide range of mental health issues experienced by students. Some of these mental health concerns (stress, loneliness, sleep difficulties, relationship issues) are transient and perhaps in another era would have been viewed as ‘normal’ situational emotional reactions. There is greater recognition however, that for some students, these concerns trigger illness and if addressed early can prevent the development of illnesses. Students are now being encouraged to seek help, but supports (particularly off-campus) are likely quite limited for students exhibiting anxiety or inability to cope with independent living.

Colleges may need to consider new systems and processes to identify students with moderate mental health issues, perhaps building on the experience of implementing the AODA.

**A wide range of people and roles is involved**

The increased volume in postsecondary mental health issues has greatly multiplied the range and number of individuals and professions now involved in meeting student needs. Counsellors, advisors, nurses, social workers, faculty and administrative staff, doctors, disability case managers, Student Life and International Student staff, security staff, residence staff, Elders and peers are all stakeholders on campuses. In this context, the work of counsellors in particular, is ill defined and often poorly understood. The lack of consistency and clarity in roles and job descriptions contributes to the potential risk of:

- Fragmented, poorly coordinated or inconsistent service;
- Incorrect assessment of the nature of a student’s need;
- Wasted time and increased stress from misdirected or inappropriate referrals
- Inefficiencies in dedicating highly specialized resources to non-specialized needs.

Beyond the individual college campus, an array of committees, organizations, agencies and ministries are all addressing aspects of postsecondary student mental health. Coordination, collaboration and communication are all lacking, leading to duplication of effort, underuse of valuable resources, a sense of isolation among service providers, and undermining the potential for strong coordinated approach to addressing the issues.

A 2012 report by Lees and Dietsche (*An Analysis of Counselling Services in Ontario Colleges*), while primarily focusing on the role of counsellors, underlined the need to take stock of current student support structures related to mental health service across the college system and to explore options that would increase coordination within and across colleges and improve the integration of services among different providers in education, health and the community.
New delivery models are needed

According to the 2014 HOSA survey, 81% of college counselling is delivered using a one-on-one face-to-face model. This confirmed the finding of the Lees/Dietsche report, which reported that the majority of counselling is individual “with very little uptake of e-counselling (synchronous/ asynchronous), video counselling, web-based approaches, texting and the use of social media” (p. 95).

Increased demand and financial constraints as well as factors such as geographic isolation or a lack of community resources have encouraged a number of Ontario institutions to consider a range of options including group counselling, on-line and/or distance counselling, peer counselling and new strategies for triage.

Opinion is divided among the informants consulted, on the advantages of a shift away from individual in-person counselling. Some maintain that the use of new technological models not only maximizes limited resources and offers service remotely where none would otherwise exist, but that anonymity encourages students to reach out who would otherwise be unwilling to disclose a mental health issue or visit a counsellor. Other informants expressed a concern that the use of technology in counselling may de-personalize what is an inherently up-close and personal service, and express concerns about the implications for insurance coverage.

Students may decide not to seek in-person counselling due to fear of social or academic repercussions, or because they question its value. Several informants pointed to evidence that mental health is becoming more medicalized, and a trend towards treatment through pharmacology and less through one-on-one counselling. This has potential implications for the type and mix of services colleges may need to offer.

The Ontario Ministry of Training, Colleges and Universities (MTCU) has committed more than $6 million to fund Good2Talk/Allo J’écoute, a new confidential, anonymous helpline for college and university students in Ontario. Launched in 2013, the 24/7 year-round service is a partnership between four organizations – ConnexOntario, Kids Help Phone, Ontario 211 and the Ontario Centre of Excellence for Child and Youth Mental Health. Good2Talk provides professional counselling and information and referrals for mental health and addictions, which supplement existing campus supports. The service has received only three-year funding and is still too new to have generated sufficient data to determine its potential impact.

Policy gaps exist

Postsecondary institutions develop academic policies and practices (for example, the structure of the academic year, the setting of assignments or exam timetables, or the development of academic penalties) that are often blind to their impact on student

---

14 One implication of this finding may be a significant possibility for increasing counselling capacity through the use of small-group delivery or decreasing the 40% of counsellors time currently spent on delivering services other than personal/crisis counselling.
mental health. Indeed there may be an assumption on many campuses that the high-pressure environment of academia has intrinsic pedagogical value or is good preparation for the 'real world.' Questions are being increasingly raised, however, about the potential long-term negative mental health impacts of college academic policies, or lack of policy.

Interviews with key informants identified policy gaps in the following key areas:

- **College-wide Policies:** As noted above, many are recommending that a mental health perspective be embedded in all policies, e.g. housing, discrimination, health and safety, academics, student code of conduct, at risk behaviour;
- **Academic Policies:** Olging and others, point to the absence of specific policies for accommodation and leave (voluntary and involuntary) that would provide a framework for supporting students struggling with mental health issues (Appendix 4 shows a model Voluntary/Involuntary Withdrawal Policy and Procedure developed by Humber College);
- **Confidentiality and Privacy Policies:** Faculty and staff need clear guidance on how to document incidents and share information, while respecting the legal and moral rights of students to privacy and confidentiality.

**Evolving roles of counsellors require consideration**

As colleges attempt to adapt to a changing counselling environment, a number of issues arise:

- **The involvement of support staff and other staff** in aspects of health service delivery, which can raise labour issues or concerns among counselling staff;
- **New rules concerning counsellor accreditation,** which affect hiring, supervision, skills set, compensation, professional development, the availability of qualified candidates, registration and insurance issues, and the scope of practice;
- **The consideration of private-sector agreements,** which may have staffing implications;
- **The need to provide year-round counselling services** (in colleges with limited numbers of counsellors, it may be difficult to provide counselling services in the summer months).

In the course of key informant interviews for this paper, it appeared that many colleges are effectively addressing these sensitive issues and the particular labour concerns that have surfaced.

**There is no consensus on the role of counsellors and the role of the institution**

Most college informants interviewed for this paper pointed to the need to shift sole responsibility for an increasingly onerous burden of student mental health from counsellors to the institution at large, shifting some responsibility to the larger environment and thus to decision-makers and community members. Sustainability for these college mental health leaders lies in mainstreaming mental health into broader college policies (in a manner similar to broad strategies for student engagement and success), creating system-wide strategies and focusing on new delivery methods for
mental health promotion and crisis response. Other informants argued for the need to strengthen front line counselling services, advocating strongly for the funding of more counsellors to provide direct service (rather than simply referral). Still others suggested that solutions lie in refining the role of the counsellor in order to increase capacity and in finding new revenue sources to fund more general service provision.

**Research and robust common data are lacking**

There appears to be little Canadian evidence-based research assessing the student mental health outcomes of various models and services. A White Paper prepared for the Ontario Association of College and University Housing Officers, (McGartland-Kinsella, 2013) states:

> Given the shortage of research on mental health programs and supports at post-secondary institutions, it is difficult to point out best practices in the field.

In interviews for this paper, most informants confirmed a lack of good data on which to base decisions and measure impact. (See further detail in Discussion on Data Collection section).

**Resources are unequally distributed across campuses**

Small colleges in rural and northern Ontario lack access to more extensive, community health and professional resources available in large urban centres. These institutions have particular needs because of their particular geography and student populations that aren’t met if resources are designed using the template of a large urban college. Language is a barrier for some colleges in accessing resources (for example, there are not enough resources in French either within the college system or available in local communities to serve the Francophone colleges). One small college community reported:

- Few to no resources easily accessible in the community;
- Wait times of six months to see a psychiatrist;
- Psychologist accessible but not covered by OHIP, so expensive;
- Liaison with groups like the CMHA but difficulty getting anything set up with the emergency department at the local hospital.

Regional colleges with multiple, small satellite campuses face the additional challenges of unequal access to resources among the campuses. For example, one college reported on a recent mental health training event that focused only on the college's main campus. Satellite campuses may also lack access to community resources that are available in larger communities.

**Transition mechanisms are weak**

Transition to postsecondary education occurs at a critical moment in youth development. The onset of 70% of adult mental health issues occurs in childhood and adolescence (Government of Canada, 2006). In Ontario, between 15% and 21% of young people have at least one diagnosable mental health disorder (Ministry of Child and Youth...
Services, 2006). Partnership for Passage, a proposal for “transitioning youth with severe mental health illness from child to adult services in Eastern Ontario” concludes that:

The greatest financial and institutional weaknesses occur during the Child/Adolescent Mental Health Services CAMHS and Adult Mental Health Services (AMHS) transition, affecting individuals between 16 and 25.

The gap in transition support between CAMHS and AMHS happens precisely at the moment when young people are transitioning from secondary to post-secondary education (and 80% or more now are making that transition). Informant interviews surfaced a variety of transition issues, including:

- Lack of coordination between school boards and colleges in the transition from secondary to postsecondary education for students already identified with mental health issues;
- A need for strengthened coordination between secondary and postsecondary institutions in advising students on program choices that allow them to succeed and don’t create the stress and anxiety that lead to diminished mental health;
- The absence of mechanisms for sharing information within or between postsecondary institutions concerning at-risk students (sometimes referred to as ‘students of concern’), while at the same time conforming to privacy policy and regulation;
- The lack of supports for students with identified mental health issues who are transitioning from postsecondary back to the community.

There is currently significant work being carried out through the Ontario Centre for Excellence for Child and Youth Mental Health to identify the policy changes required at the local, provincial and federal level to facilitate the transition for students with identified mental health issues. Mario Cappelli, Director of Mental Health at the Children’s Hospital of Eastern Ontario (CHEO), is taking the lead, and highlights some of the challenges involved:

- The need to engage the current stakeholders, determine who takes the lead in coordination and resolve cross-boundary issues;
- The need for coordination within each institution (similar to academic/learning needs coordination);
- The establishing of entry systems;
- The ongoing barrier of perceived stigma;
- The level of complexity when students are moving from one community to another;
- The challenges of engaging with students early enough in the application process, obtaining documentation, and all the issues related to obtaining consent (Freedom of Information (FOI)).

The 2012 Policy Paper Mental Health in Ontario’s Post-Secondary System from the College Student Alliance suggested a possible expansion of the Ontario Education Number (OEN), which elementary and secondary students are assigned in their K-12 studies as a way of alerting postsecondary institutions to students who would potentially
require support and accommodations. Appropriate privacy considerations and legal obligations would of course, need to be applied.

The work of Cappelli and his colleagues is groundbreaking, but one of the biggest challenges facing the colleges and universities is that the transitions gap affects many students who may not have been diagnosed with a mental illness, and whose onset occurs in the first year of postsecondary education. There is an important opportunity for CCVPS to take a leadership role in widening the scope of research on the policy and practice required to facilitate a healthy transition from secondary to postsecondary for all students.

The stakes are high. When students don’t make a successful transition, they disengage from their education. And every successful intervention in the transition year that averts crisis, increases resilience and enhances overall mental health, avoids significant long-term cost to the student and the system in future treatment and care.

The legal framework is changing

Ontario colleges are required to accommodate students and faculty under the provisions of the Accessibility for Ontarians with Disability Act (AODA). The majority of colleges (16 of 24) have practices in place to accommodate students with mental health issues. Only one college however, has a formal Accommodations Committee in place and five colleges have neither a formal committee nor any practices to accommodate such students.

Colleges face continuous pressures to balance provision of service and care with assessment of risk to individuals and the campus community (weighing collective vs. individual rights; confidentiality vs. community safety). There is some evidence that the balance may be shifting towards greater emphasis on the community and less on prioritizing the rights of the individual student.\(^{15}\)

The majority of colleges in the Ontario system (18 colleges) have formal Threat/Risk Assessment committees, and nine colleges have practices in place.\(^ {16}\) Six colleges have both threat/risk assessment committees and practices, and only two have no formal committee or practice. Student Services generally plays a role either as lead, member of the committee or threat assessment team or consultant in the event of a perceived threat/crisis.

\(^ {15}\) In 2010, the law firm Hicks Morley provided Colleges Ontario and the Council of Ontario Universities with mental health protocols outlining the scope of power of post-secondary institutions to act in relation to students with mental health and behavioral issues on campus. The protocols address issues such as when the institution may order a psychiatric or psychological assessment, templates for voluntary/involuntary leave policies and procedures and an opinion on the restriction of a student’s access to campus. The document also addresses issues such as disclosure of information to other institutions or family members in the context of the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Protection Act (PHIPA), and provides a summary of case law.

\(^ {16}\) Threat/Risk Assessment committees would address such issues as defining what constitutes a threat to a student or the college community, and what policies, protocols and procedures need to be in place to respond when a threat or risk is identified.
There are opportunities for greater PSE collaboration

The literature review and the consultation with stakeholders suggest that, to date, collaboration between colleges and universities has been largely opportunistic. For example, the two sets of institutions have partnered to develop successful joint funding proposals under the Ontario Government’s Innovation Fund and are working effectively to implement them. However, it was also evident that the two are often working in isolation from each other.

Colleges have significant expertise, experience and resources to bring to the table, but participate only sporadically in bodies or initiatives led by universities. This reflects a larger pattern in university-college relations, one that is challenging to overcome. However, at a macro level, universities and colleges are facing similar challenges in terms of the growth in demand, the need to re-imagine models of service and delivery, fiscal constraints and advocacy. By developing a shared advocacy agenda, colleges and universities can leverage their collective assets and will be in a much stronger position to influence government and communicate with the public.

Increased external collaboration is critical

On the 2014 HOSA survey, all respondent colleges (23 of the 24 colleges in the system) reported that external professionals and services play a role on campus in providing mental health supports. These include doctors (18 colleges), nurses (17 colleges) psychologists (5 colleges), contracted external service providers (7 colleges) and residence staff/outreach workers in the form of crisis intervention and mental health first aid (14 colleges). Many of those interviewed for this paper however, identified a need for more external support and greater collaboration with external mental health agencies, including:

- More direct community-based mental health services on campus;
- More connections and seamless transitions between college and off-campus services (including crisis centres, hospitals, mental health organizations, medical practitioners, help lines, etc.)
- Greater collaboration with and coordination by MTCU and MOHLTC.

In summary, the wide range of mental health issues facing college student mental health providers underlines the depth of the challenge facing Vice Presidents, Students:

- Demand outstripping capacity
- Growing range and complexity of mental health issues
- Multiplicity of roles involved
- Need for new delivery models
- Policy gaps
- Evolving roles of counsellors
- Lack of consensus on role of counsellors and wider institutional role
- Lack of common, robust data
- Unequal distribution of resources
- Transition issues
- Evolving legal framework
- Need for increased collaboration
The seriousness of the current situation however, has spurred a rich dialogue and focused discussion across the system, as colleges and universities test new approaches to delivering services and creating institutional environments that promote mental health. Elements of these new models are explored in the next section.

Towards New Models of Support and Delivery

There is a broad consensus that the traditional models of counselling and mental health support – typically (a) counselling and referral, or (b) counselling and treatment (the medical model) are inadequate and unsustainable in the current postsecondary environment.

A Wide Range of Options

Ontario colleges are experimenting with a variety of new approaches, testing elements of new models, and exploring collaborative arrangements, assisted by short-term funding through MTCU. Among those that emerged in a review of relevant publications, and interviews with key informants are the:

- Comprehensive Model
- Integrated Services Model
- Coaching Model
- Case Management Model
- Limited Counselling Model
- Limited Integration Model
- Hybrid Model

Individual colleges will need to determine which of these new approaches or partnerships (if any) is affordable, appropriate, or sustainable in the longer term. No data yet exist to confirm that one or another model is or will be most effective. And indeed, given their differences in size, geography and availability of community supports, no single direction or model will work for all colleges. An aim of CCVPS is to provide guidance to colleges on the elements that should be considered when designing a strategy for student mental health delivery.

Appendix 3 provides further detail on examples of some of the innovative models and components of models currently being explored and/or tested in Ontario institutions.

Build Academic Accommodation into Every Model

Key to any model is a set of academic policies that are consistent with the values that underpin the model. The policies and approaches should be structured with a view to reducing pressures that lead to mental illness and include accommodations for students with mental illness. While Ontario institutions have a legal and moral responsibility to provide “reasonable accommodation” for students with disabilities, including students
with a mental health diagnosis, it is noted in the Ontario Human Rights Code that inclusion by design is always preferable.

Students are making increased use of disability services. For example, Queen’s University reported an increase of 243% between 1998 and 2013 in exam accommodations arranged through the Disability Services Office and Counselling services (Olding, p.15) Hence, the need to rethink academic policies and to build in new mechanisms for accommodations. Traditional models are failing to meet the needs of students facing poor mental health who:

- may not see themselves as ‘disabled’;
- may not have received a diagnosis;
- may have mental health issues that are situational or episodic and that wouldn’t qualify under a medical model of disability;
- may be on wait list to receive diagnosis and treatment (Olding p.15).

Institutions should consider instituting interim accommodation for students who are waiting for diagnosis, who don’t see themselves as having a disability or who are transitioning into postsecondary education without documentation that would permit accommodation. Such a policy would provide support while the student undergoes assessment and treatment. The mechanism is limited in that it operates still within a medical model of disability where an individual student is required to prove a need for accommodation (Olding p.16).

All colleges should consider developing training programs to support faculty in designing inclusive curriculum as well as comprehensive documentation standards and guidelines for academic accommodations for students with mental health disabilities. The package would include training for faculty, access/disability advisors, students and administrators. St. Lawrence College and Queen’s University have received a grant from the Mental Health Innovation Fund to develop a template that colleges could adopt for this purpose.

Build Mental Health Awareness into Every Model

Many of those interviewed for this paper identified providing resources, particularly to faculty, to enhance awareness and stimulate engagement around student mental health issues, as a priority. To meet this need, colleges and universities across the Province are testing new programs and resources to grow awareness of student mental health and build skills among faculty, staff and students:

- Building on existing best practice, 12 Ontario postsecondary institutions are participating in a province-wide initiative to provide ongoing professional development to 2,500 employees in Ontario universities and colleges, offering training for trainers in Mental Health First Aid (MHFA). Humber College is coordinating the project through the provincial Mental Health Innovation Fund. To date, 47 representatives from 18 institutions have been trained as MHFA trainers and 66 training sessions have been delivered across the Province to over 2,000 employees in both French and English. Preliminary feedback is consistently positive and suggests that the training is relevant and helpful to employees in understanding the signs and symptoms of poor mental health.
Canadore College is in the process of adapting the program to be culturally appropriate for Aboriginal communities and delivered in Ojibwe and Cree.

The University of Guelph has developed an online mental health awareness program, which includes six training modules designed to give staff more background on mental health issues, help them distinguish mental health from ill health, and identify potentially at-risk students.

*Mindsight* is an online mental illness awareness program hosted by the University of Ontario Institute of Technology. It identifies the signs of common mental illnesses and includes self-help and support strategies and resources. At the end of ten sessions covering issues such as stigma, substance abuse, eating disorders, psychosis and trauma, participants receive a certificate of completion.

“Starting the Conversation” is Algonquin College’s program to build awareness of student mental health on campus. A collaboration between Student Support Services and the Canadian Mental Health Association (CMHA), the one-hour training module includes guidance for faculty in the roles they can play in improving student mental health as well as video of Algonquin College students sharing their own experience of mental health issues during their postsecondary years.

Government funding has stimulated collaboration in the testing of new methods and the piloting of new projects. And the new Centre for Innovation in Campus Mental Health (described in greater detail in the following section) is well positioned to act as a hub for sharing information and new ideas. However, there is a sense that across the college system there is little coordination and consistency of approach and that the roles of the various stakeholders (policy makers, funders, service providers etc.) are still ill defined. The range of considered opinion on those roles, provided by key informants to this paper, is examined in the next section.

**Roles of Various Stakeholders**

As the role of postsecondary institutions as providers of mental health care evolves, there is a growing desire on the part of the institutions for greater clarity on the roles of the large number of stakeholders involved. The *Stakeholders in Postsecondary Mental Health Map* developed by Dr. Su-Ting Teo and attached in Appendix 1, illustrates in graphic terms the multiplicity of players and the complexity of the relationships among them. At an overarching level, colleges and universities want to better understand how the healthcare system intersects with postsecondary education. More specifically, questions are being raised about the roles of various government ministries, Colleges Ontario, their university counterpart, the Council of Universities (COU), the institutions themselves and community partners and agencies.

**Government Ministries**

**Multiplicity of Ministries.** There are four government ministries with major roles in providing mental health services to students: MOE, MYCS, MTCU, MOHLTC.
Additionally, other ministries participate in particular interventions. For example, the study found examples of mental health initiatives led by the Ministry of Trade and Economic Development and by the Attorney General. Ensuring shared line of sight and coordination among these ministries is a daunting task. To the degree that initiatives are carried out in isolation from each other, there is significant risk of duplication, redundancy and confusion for clients and providers. There are a number of inter-ministerial tables designed to maximize sharing of information and collaboration, but more work is required.

**Lack of Clarity of Roles.** Many of the key college and university informants interviewed for this paper signaled a need to define more clearly the respective roles in particular vis-à-vis the Ministry of Health and Long-term Care (MOHLTC) and the Ministry of Training, Colleges and Universities (MTCU), particularly with respect to funding. The role of the Ministry of Children and Youth Services also appears to need clarification as funding for services comes as well from this ministry and they would have an important line of sight regarding transition issues. There is a broad consensus on the need for clarity, collaboration and integration among government agencies and colleges in provision of mental health services to students, but less clarity about who needs to take the strategic lead.

**Lack of Clear Funding Model for Student Mental Health.** Likewise, there is general agreement on the need for a clear funding model for postsecondary students with mental health needs, but lack of agreement on who has primary responsibility. The Ontario Government sees its Innovation Fund, (part of the government’s Comprehensive Mental Health Strategy) as a helpful way to support the creation of innovative best practices through discrete projects in the postsecondary sector. At this point, it is unknown whether or not this short-term funding will be extended, (the current fiscal reality impinges on MTCU’s capacity to fund even short-term projects). But concern was raised among those interviewed for this paper about whether student mental health will continue to command attention once the three-year youth focus of the Mental Health Strategy is over. Institutions also worry about what will happen to those new initiatives if/when the funding runs out.

While recognizing the importance of funding for pilot initiatives that could be taken up by other campuses and the creation of a clearinghouse for innovation and testing new models, many colleges see increased front-line mental health services as the most critical issue. Many college informants want MTCU to either advocate for, or directly fund mental health service delivery. The Ministry however views its core mandate as education rather than health, and isn’t likely to increase funding of mental health services as part of that mandate. Furthermore, with some exceptions\(^\text{17}\), government is generally disinclined to involve itself in the detail of program delivery and is likely to act only in the event of a crisis of some kind.

MTCU has a responsibility for, and a commitment to student mental health, but it will be up to the colleges to develop a strategy and a sustained advocacy agenda, determining where mental health fits within their priorities, working to create stronger cross-institutional and community collaborations and building funding models within the current

---

\(^{17}\) The Student Apprenticeship with Disabilities program and start-up funding for transitions for students with disabilities are areas where the Ministry as specified program delivery.
framework (for example, enabling billing or investigating new funding options through system-wide ancillary fees).

**Transition Gap.** Postsecondary Education falls into an in-between zone in government mental health funding and support (between MCYS who take the lead on children and youth, and MOHLTC who take the lead on adult health). The difficulty that young adults with mental health problems face in transitioning from one to the other has been widely identified as a major issue and falls squarely in the arena of colleges and universities. The colleges are looking to government ministries (in particular the MOHLTC) to assist in making the transition from adolescent to adult services smoother for students.

MOHLTC funds early psychosis intervention teams for young people (16-35) but generally receive referrals through the hospitals. Outreach and connection to the transitional age group is more difficult on campus (younger students may be living with parents and their connection is through the community; the college may be unaware of issues; community services are for mental illness based on diagnosis, duration and disability, so many students in poor mental health wouldn’t meet the criteria, etc.)

MTCU’s pilot project on [strengthening transitions for students with autism spectrum disorders](http://lds.info.yorku.ca/pilot-project-strengthening-transitions-for-students-with-autism-spectrum-disorders/) may provide a model for students with mental health issues into postsecondary education.

**Connections to Community Services.** The informants for this paper were clearly looking to MOHLTC to help colleges and universities provide mental health services on campus, as well as to facilitate more seamless transitions between the institutions and off campus services. They identified the need for MOHLTC to:

- Level the playing field regarding funding. MOHLTC currently pays for certain services provided by Family Health Teams, but not for the same services provided by a college health unit (for those colleges with a health unit).
- Increase services in the community; for example there are not enough beds in some smaller centres.
- Assist in improving collaboration between institutions and community agencies, clearly defining roles for both, and improving mechanisms for referral.
- Encourage greater outreach from MOHLTC-funded programs to the colleges, and more community agencies working on campus.

Many of those interviewed however, recognized the need for colleges to be proactive in forging new community/college partnerships and working proactively, without waiting for government to take the lead, or anticipating that ministry funding would ‘fix’ pressing issues.

**Colleges Ontario**

Informants recognize the valuable advocacy role that Colleges Ontario has already played, in particular with the initiation and development of the Centre for Innovation on Campus Mental Health. They want the body to be a strong advocate in raising issues with MTCU and MOHLTC, particularly around ongoing funding for mental health. They
also believe that Colleges Ontario work with the colleges and other stakeholders to identify new ways to fund mental health services on campus.

Specifically, Colleges Ontario might take the lead in advocating for more Family Health Teams or the creation of a similar model on college campuses so that the institutions could apply for the appropriate staff and services that could be billed to OHIP (currently physicians on campus who are not part of Family Health Teams are permitted to bill OHIP as Fee-for-Service physicians, but are not able to access other funds such as preventative care that are available for Family Health Teams. As well Family Health Teams funding can provide for allied health care like nurses and social workers).

Some of those interviewed recognize Colleges Ontario’s crowded advocacy agenda and suggested that the body might take an opportunistic approach to advocacy, responding when opportunities present themselves (for example, when a particular media story or event catches the attention of the public and the government).

Centre for Innovation in Campus Mental Health

Established in 2013, the Centre is a partnership among five bodies including Colleges Ontario, the Council of Ontario Universities (COU) the College Student Alliance (CSA), the Ontario Undergraduate Student Alliance (OUSC), and the Canadian Mental Health Association (CMHA). It is intended to create a hub for access to information on best practices and innovative models, as well as a membership-driven community of practice where multiple stakeholders can access resources, share experience and create a forum to engage issues.

Because the Centre is new and currently time-limited, much of its energy to date has been devoted to demonstrating the value of such a knowledge exchange platform, and in partnering with others (such as CAMH) in order to sustain the model in the longer term.

A number of those interviewed spoke approvingly of the role of the Centre as a helpful community of practice and a forum where colleges can share innovations and best practice. The Centre has the potential to help colleges identify new models, share research and pilots, develop common tools and articulate a shared policy agenda.

There was some debate however, about how much of a role such a centre might play in the development of more consistent policy and service delivery. Some interviewees leaned towards more individual institutional development of policy and procedures, which are then shared; others are less keen to see colleges individually creating their own policy and programs and are interested in more centralized services and direct support to students (for example, video and on-line resources, support in languages other than English, etc.)

Individual Colleges

It is clear from the interviews that there are lots of opportunities for individual colleges to re-engineer the way they deliver mental health services. It is not likely that government will flow significant new funds and government ministries have limited interest in getting involved in the specifics of program delivery within institutions. The greatest opportunity
for colleges to meet the evolving mental health needs of students lies in colleges individually or collectively, developing new models that are sustainable within current funding parameters. As colleges tackle this challenge, they might want to focus on the following areas:

**Greater Role Definition.** Many colleges are actively addressing the question of what mental health services should be provided on campus, and where and how to focus limited resources. Given the increasing complexity of student mental health issues and increasing demand, it is crucial that colleges be clear about what services that they can and cannot provide, arriving at agreements with community agencies about respective roles and responsibilities.

**Specialized Expertise.** Informants noted that increasingly, there is a need for specialized expertise to deal with the complex mental health issues before them. College students are often dealing with multiple economic and social issues that impinge on their mental health. The college is also functioning in a complex legal environment, dealing with non-academic behaviour issues, which may be difficult to navigate. Colleges must also determine how and when staff can share information and are often in a situation of having no history when a student transfers in. As well, the new College of Psychotherapists is setting higher standards for professional staff members who are counselling professionals.

**A Focus on Prevention.** In the face of growing demand and limited funding, colleges are looking to other bodies (MTCU and MOHLTC) for a clear and deliberate strategy to support a proactive approach to mental health. Some colleges are already moving to a ‘front-loaded’ approach, focused heavily on awareness, prevention, and early intervention.

**Limits on Service Provision.** A number of college informants stated that long-term counselling and care has no place on college campuses and needs to reside in the community. These institutions recommend defining a very limited scope of practice for counsellors.

**A Role for College Residences.** Several colleges identified a stronger role for college residences in raising mental health awareness and in identifying mental health issues, in situations where students are on campus full-time.

**Use of Technology.** Currently, most counselling is provided using a face-to-face model. However, colleges are beginning to explore other possibilities. Online or videophone technology may meet the needs of students who prefer to receive anonymous support or access services remotely. These models could also help to address the issue of access to mental health support for students studying online, on satellite campuses or in smaller, more isolated communities.

Georgian College has experimented with the use of videophones for the past year. The model is reportedly working well, increasing access to counselling for students on small campuses. A current limitation of the model is that the student is obliged to go to the counselling room where the videophone is located (it is the counsellor who may be remotely situated). The college is considering implementing desktop service with access from any location. Students could then potentially access counselling services from
College and Community Integration. Informants repeatedly stressed the need and the opportunity to develop a more fluid relationship with community agencies and facilitate access for students to the many resources that exist in the community and that are generally funded by MOHLTC. As well, colleges could explore opening on-campus facilities that would be integrated with community services and be open to the whole community, whether services are run by the college or by a third party provider.

Postsecondary Health-Related Committees

A number of health-related committees exist at both the provincial and national level that bring together colleges and universities and that potentially have a strong role to play in information-sharing, networking, stimulating research, and contributing to a collective advocacy agenda through the larger organizations under which they operate. While participation is strong in college committees such as Heads of Student Affairs (HOSA), College Committee on Disability Issues (CCDI) and Ontario College Counsellors (OCC), participation is more uneven in other college/university associations. Colleges might profit considerably from wider and more active collaboration with university partners in these associations, breaking down a somewhat siloed approach to tackling issues and collaborating more intentionally and intensively to advance a shared agenda for student mental health. Two in particular merit note here:

- Canadian Association of University College Health (COUCH)

  The Canadian Organization of University and College Health (COUCH), a Division of the Canadian Association of College and University Student Services (CACUSS), is a membership organization dedicated to fostering communication among those working in Health Services at Canadian post-secondary institutions and among other regional, national and international organizations, which are concerned with campus health issues.

  COUCH supports CACUSS-wide mental health initiatives such as the National College Health Assessment (NCHA) survey, is establishing a community of practice and supports professional development.

- The Ontario University and College Health Association (OUCHA)

  The members of OUCHA (formerly OCHA until a name change in 2011) are (1) individual professionals working in campus health care centres (physicians, nurses, directors, health educators), or (2) institutions with health centres on campus. Colleges or universities without such centres are not generally members. College and university directors of counselling have not participated in the past but are now seeking membership because they have in some cases been incorporated into health units on their campuses. Their membership is currently under consideration, and would represent a valuable opportunity for increased college/university dialogue among practitioners across various disciplines.
Mental health is increasingly an issue on the OUCHA agenda (one informant reported that mental health now occupies 40% of campus health centres’ activities). The association has been actively discussing sustainable new models of mental health delivery in response to the Ontario Government’s Comprehensive Mental Health Strategy.

A strong lobby group composed of college and university partners would have more resources and more clout with government and other stakeholders than individual or collective college lobbying. However, given the relatively weak history of college-university collaboration, this will take sustained leadership from the college sector and flexibility on the part of organizations, such as OUCHA, for example, to relax the membership requirements that institutions have health centres on campus.

**Community Agencies/Partners**

Most informants expressed a need for greater college/community collaboration and integration with their institution, concerned that students come from their communities where they may have supports, are on-boarded to college services and then become isolated and disconnected from their community. They also recognize the lack of supports when students need to reconnect with the community at or after graduation.

Relationships with community agencies vary widely according to the size of the institution (or its satellite campus) and the size and location of the community. College and university informants described a wide range of connections with community partners:

- Some colleges have agreements with community agencies to provide services on campus. For example, one college has a community crisis unit who will come on to the campus.

- Other colleges report having developed initiatives with direct connections to community service providers (e.g. a Holistic Wellness Initiative – a combination of online plus face-to-face service, built on an Aboriginal understanding of wellness; an Access Hub to improve collaboration with community agencies and close gaps in referral, interim support and treatment).

- A number of colleges stated the importance of strengthening relationships with community agencies such as shelters, and financial counselling bodies.

There are challenges. Some colleges have more difficulty developing community partnerships than others. Several informants reported that services don’t exist locally. Another reported that community agencies are overwhelmed with the adults in the community (e.g. the agencies are consolidated and have agreed to focus primarily on issues other than mental health, so students aren’t a priority). Often community agencies have restrictions on the type of mental health services they provide and may not have a mandate to deal with some student-related issues. In some cases, community agencies may perceive that colleges have more resources than the community agency and don’t want to add students to their own caseloads.
In places where colleges and universities exist in close proximity, there have been a few successful attempts at collaboration or a collective approach to community partnering.

**Participation in Service Collaboratives.** As part of its Comprehensive Mental Health and Addictions Strategy, the Province established 18 Service Collaboratives (Systems Improvement through Service Collaboratives – SISC), bringing together community partners (health, justice, youth, etc.) who might not necessarily talk to one another, to work towards creating more effective transitions – for example between health and community environments or between youth and adult settings. Colleges might consider exploring whether one or more of the Service Collaboratives would be willing to partner with them to work specifically on the transition issues between secondary and postsecondary education, with a focus on mental health.

**A Role for Advisory Committees/Employers.** Colleges could draw on employers to underline the importance of mental health in the workplace and offer advice on how workplace mental health issues might be treated in college programs. Colleges may consider working through their program advisory committees to help generate strategies and approaches (for example, bringing industry people/employers into the college to talk about mental health and help prepare students for dealing with those issues in the workplace).

**Discussion of Data Collection**

The need for improved systems of data collection and analysis across the college system, to identify effective student service delivery and areas where changes are required, has been recognized for some time. 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.

The 2012 Lees/Dietsche report (*An Analysis of Counselling Services in Ontario Colleges*) also highlighted the issue and called for the development of benchmarks or service delivery guidelines for the collection of service delivery statistics across the Ontario college system.

Both at the level of the individual college and system-wide, key informants to this paper and a survey of the literature confirmed the need for more complete data collection and more rigorous analysis. The contribution of counselling services to student success and retention is hard to isolate, but the impact of mental health on retention is a major issue in the current climate of metrics and reporting.

---

18 For example, it may be difficult to isolate the impact of an individual counsellor from that of a coach or a friend.
Internal college data

At present, the capacity of individual colleges to measure volume of service, trends and impact of particular supports and interventions appears very uneven.

- 15 colleges use electronic recordkeeping systems, but the rest do not (2014 HOSA Survey on Counselling and Mental Health Supports at Ontario Colleges).
- Several colleges now use Clockwork Database Scheduler for scheduling and data management. One college reported having good information on volume, but currently less than two years of data.
- One college reported it had no capacity to measure results. That institution doesn’t use Clockwork, and reportedly meets with skepticism and lack of interest or confidence in data collection and analysis among some staff.
- Another college reported that only limited internal data is collected (i.e. no indication of the type of disability reported on an internal survey).
- Other colleges have begun to generate better data but to date, have lacked the time to analyze it.
- Fanshawe College tracks the impact of personal counselling and student retention and suicide risk assessment and retention. It found that students who had accessed personal counselling support for psychosocial issues in Level 1 of their program had a retention rate 7.6% higher than the general student population in 2008-2009. The College also reported a positive correlation between suicide risk assessment and student retention in the years 2004-2009 (see Porter, S. HOSA Presentation, 2013).

System data

National College Health Assessment Survey

32 Canadian postsecondary institutions participated in the National College Health Assessment (NCHA), a national research survey initiated by the American College Health Association in 2000. The Canadian reference group of the survey (NCHA-II) is the largest student health data set available in Canada, assisting campus health service providers, counsellors and administrators to understand their student’s behaviours and perceptions. The Ontario 2013 reference group comprised 16,123 student respondents from institutions including Ryerson University and Queen’s University.

Queen’s reported a highly positive experience in its initial participation in the survey in 2013. Orientation to the technical aspects of the survey (the most challenging aspect of the program) was facilitated through COUCH, which also provided ample support on administering and promoting the survey, and on how to use the data. It achieved a 20% response rate in its first survey. For a data presentation on Queen’s 2013 results see: http://www.queensu.ca/studentaffairs/healthandwellness/NCHASurvey2013.html).

The survey costs about 43 cents per student plus a charge for standardized Canadian questions (about $500); and a further amount for customized questions (the cost depends on the number of questions asked). Institutions should also budget for
promotion and incentives ($1,500) and $500 for NCHA membership. It is also recommended that each institution ensure budget/staff-time for post-survey analysis and consultation.

Among the potential helpful outcomes from the survey:
- Helpful data summaries provided by NCHA (accurate, up-to-date, evidenced-based data, which if repeated, could provide longitudinal data and a basis for evaluating the impact of services)
- Provides strong evidence for health promotion
- Helps to shape and prioritize new initiatives and programs
- Reveals what health information and services students say they are getting and not getting (to compare with what the institution thinks they are providing/not providing)
- Provides basis for special projects and grant requests
- Gives much higher profile to mental health issues on campus
- Sharing data opens doors to new conversations
- Leads to good conversations with faculty and research projects
- Good tool for advocacy
- Contributes to the national conversation on mental health (34,000 students now in the Canadian reference group).

While the experience might be quite different in a smaller community college, there appears to be nothing to suggest that there would be any significant problems with college participation.

The NCHA appears to offer a powerful and affordable tool that can help Ontario colleges fill the data gap that currently exists. It would also provide an excellent opportunity for close collaboration with university partners who share a common set of concerns and experiences.

**College Committee on Disability Issues (CCDI)**

The College Committee on Disability Issues (CCDI) collects data on the numbers of students registered with disabilities (including mental health disabilities), but available year-over-year data is incomplete. Five years of self-reported data are available, but there are important variances year over year in the number of colleges reporting: at least one large college not reporting in some years and a couple of small colleges not reporting at all until 2013. The lack of complete data makes is difficult for researchers and policy makers to identify patterns and trends.

**KPI Questionnaire**

Data on student satisfaction with college counselling services specifically, is not currently available. Until 2013, the question asked did not distinguish between Counselling, Native counselling and Advising. For the 2013-14 year, the question was split into two parts: Academic Advising Services and Personal Counselling Services. The most recent KPI data was released at the end of April 2014.

**External Data Collection**
There are several sources of external data, which colleges may be able to access in order to improve their understanding of student mental health needs, behaviours and outcomes.

Student governments contract with third party insurers to provide student health plans for their members. Relevant data might include percentage of students accessing mental health services, type of services accessed, medications provided, or trends in student health claims. It was outside the scope of this study to research the type of data collected by these insurers or the availability of such data, but it may be useful for CCVPS to partner with concerned student governments to engage discussions with insurance providers to determine what type of data they gather and what access they may be able/willing to provide. This discussion could be part of a larger discussion with student governments about mental health policies and services and the respective role of each party in providing the best possible services for college students.

As noted above, the new Good2Talk/Allo j’écoute program also tracks data on usage. The program is too recent however, to gauge its impact on use of college or external services, its impact on student mental health on college campuses, or other metrics. One of the partners in Good2Talk, The Ontario Centre for Excellence for Child and Youth Mental Health has developed resources for data collection and management. For example, a recent webinar Working with Data: Data Management (March 2014) is available on its website (http://www.excellenceforchildandyouth.ca/sites/default/files/docs/webinars/_attach/working_with_data_part2_data_managementPresentation_2014-03). This constitutes another good opportunity for colleges to strengthen data sets that they can then use to assess needs, patterns, trends and outcomes and provide a stronger evidence-based platform for decision-making and advocacy.

**Funding**

A survey of the literature and interviews with key informants confirm that the challenges that postsecondary institutions face in meeting the demands for student mental health care are exacerbated not just by the availability of resources but by the uncoordinated and piecemeal way in which student mental health is funded.

Funding for student mental health in colleges and universities comes from a variety of sources:

- Disability services are funded through the Access Fund for Students with Disabilities (AFSD), allocated by MTCU based on institutional enrollment numbers.
- Counselling services are funded through a combination of allocation from the General Purpose Grant, special envelope funds, student fees and third-party insurers.
- Medical/psychiatric services are largely funded through OHIP, supplemented in some institutions by student fees.
- Health promotion is funded by student fees, by the institution and by other government funding envelopes, in varying proportions.
The figures in Su-Ting Teo’s table below show a high degree of variability in the funding of various services among Ontario institutions.\(^{19}\) This raises a number of questions and suggests an area of further research to determine why such variability exists, whether some institutions are failing to access avenues of funding and what might constitute a model of best practice. The further investigation would likely best be carried out in collaboration with the institutions represented.

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Counselling</th>
<th>Disabilities</th>
<th>Health Promotion</th>
<th>Medical</th>
<th>Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Fund for Students with Disabilities (AFSD)</td>
<td></td>
<td>80-90%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHIP</td>
<td></td>
<td></td>
<td>20%-60%</td>
<td>70%-100%</td>
<td></td>
</tr>
<tr>
<td>Other Government Funding</td>
<td></td>
<td></td>
<td>5%-50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University/College Funding</td>
<td>50%-100%</td>
<td>10%-20%</td>
<td>5%-95%</td>
<td>6%-40%</td>
<td></td>
</tr>
<tr>
<td>Student Fees</td>
<td>4%-100%</td>
<td></td>
<td>30%-100%</td>
<td>30%-90%</td>
<td>0%-30%</td>
</tr>
</tbody>
</table>

Source: (Funding Issues for Mental Health in Postsecondary Education)

**Issues**

**Funding Physicians on Campus.** Attracting and retaining physicians to work in a postsecondary setting is a challenge for many institutions. Students are a transient population with a high proportion of mental health concerns, that often "disappear" in the summer months and at other times of the year, leading to irregular and lower incomes for physicians.

One of the issues repeatedly highlighted by those interviewed for this paper is the way that physicians are funded for work on campus. Current funding models mean that some colleges report difficulty in attracting physicians to work on campus when those who are not a part of Family Health Teams cannot bill OHIP for all services provided (nursing services, for example). Physicians on campus are encountering a high number of patients with mental health concerns (mental illness is the first or second most common diagnosis in half the schools),\(^{20}\) but those working in medical centres who are compensated through Fee-for-Service Ontario Health Insurance Plan (OHIP) may have an incentive to avoid students with mental health issues, as they require longer appointments, may have difficulty meeting appointments and require more time for documentation and consultation with other mental health providers. These issues often lead to less income for physicians who provide mental health care compared to physical health care.

\(^{19}\) Information was received from 15 Ontario institutions, of which 3 were colleges.

\(^{20}\) Teo, Su Ting. (2010). *Funding Issues for Mental Health in Postsecondary Education*. Presentation provided by the author.
Retaining psychiatrists for campus work appears to be an even greater challenge, due to a shortage and the significant financial incentive to be affiliated with a hospital. Some colleges and universities report years of active recruitment without success (OCHA Comprehensive Mental Health Strategy, 2009 p16ff). Colleges are generally forced to rely on psychiatrists in the community, who may have years-long waiting lists.

**Special purpose grants vs. core funding.** Much of the new available funding – for example through the Ontario Government Mental Health Innovation Fund – is allocated to short-term pilot projects or testing of alternative delivery models rather than long-term core funding of services. College Vice Presidents, Student Services will need to (1) establish a strong case for prioritizing mental health funding within existing college budgets (2) be creative within current funding envelopes in finding ways to deliver services most effectively, and (3) examine all funding sources, taking full advantage of any that may direct more funding to student mental health (see also section on Impact, below).

**Federal Labour Market Agreement.** There is a growing concern about the portion of funding that comes from the federal Labour Market Agreement that is currently used by the Ontario Government to support Disability Services. The Federal Government has threatened to cut back the funding/not renew the agreement unless the practice is discontinued. If this happens, some Colleges are concerned that it would precipitate a crisis for college mental health services funding in the Province.

**Impact of Adequate/Coordinated Mental Health Funding**

According to the 2013 NCHA survey, 40% of participating Ontario postsecondary students reported (within the previous 12 months) being so depressed that it was difficult to function. 58% had experienced overwhelming anxiety and 10.9% had seriously considered suicide. Given that over 80% of Ontario’s young adults (18-20 year-olds) are attending postsecondary institutions, the burden on the institutions attempting to respond to these mental health needs is enormous.

When funding is fragmented or stretched, campus mental health services may be tempted to resort to a reactive approach – limiting the number of counselling sessions per student, providing care for shorter periods, or limiting care to the most urgent cases – instead of a more proactive approach where the focus is on early intervention, which may lessen the severity and duration of a student’s illness, and/or preventive mental health measures, which could reduce the number of student mental health crises.

In this climate of competing priorities for limited funding, mental health funding – particularly for preventive programs – may appear difficult for colleges to justify. The potential long-term benefit, however, of early and effective intervention is enormous.

Ryerson researcher and Director, Student Health and Wellness, Su-Ting Teo points out:

- Every $1 spent in treatment prevents $7 in costs to society;
- Students with mental illness/substance use issues in postsecondary education are usually presenting early in their illness and are therefore easier to treat,
avoiding more serious (and costly) subsequent consequences to the individual student, to the family and to the community at large;

- Prevention and treatment of mental health issues at the postsecondary level can have a significant impact on the mental health of the society’s future parents, workers, employers and leaders.

Colleges have a strong case for prioritizing mental health funding within existing institutional budgets, as well as advocating for more effective coordination of, and changes to, external student mental health funding support.

Conclusion

The paper provides a current overview of the issues and challenges that colleges are facing with respect to student mental health. It points to multiple opportunities for colleges to build on their significant experience and to exercise a leadership role in the postsecondary sector. There is a broad recognition across Canadian society of the importance of providing effective mental health services for all citizens and for students in particular. There is a readiness in government ministries and community agencies to collaborate more closely in order to improve outcomes and maximize effective use of limited resources. In commissioning this paper, CCVPS has demonstrated its commitment to playing a major role in re-imagining how mental health services can be best delivered in postsecondary environments and to developing innovative solutions that are efficient and effective. The recommendations that follow can form a foundation for this work.
Key Considerations

The following considerations are rooted in the significant experience of CCVPS members and that of the larger PSE community. As indicated above, they point to opportunities for CCVPS and its member colleges to be a leader and an innovator in providing improved mental health services for its students. They also provide the basis for the nine recommendations below and can serve as building blocks for a strategic plan and an advocacy agenda that CCVPS might adopt to shape its work in this area over the next several years.

The key considerations are organized in two different ways: (1) by subject area and (2) by target audience. This offers two lenses for CCVPS to use in developing an action plan. (Each consideration includes a cross-reference to the list below by target audience.)

These key considerations give rise to nine recommendations, which follow.

Considerations By Subject Area

Relevant bodies might consider:

Policy

1. Encouraging all Ontario colleges to adopt a ‘mainstreaming’ approach whereby each college examines its entire organizational structure and program activities through the lens of mental health. In so doing, colleges commit to moving beyond a simply reactive approach to a proactive focus that considers the broader social determinants of mental health including income, housing and food security, social exclusion and discrimination, employment and social supports. To this end, colleges may refer to the resource guide developed by the UK Care Services Improvement Partnership. (8)

2. Encouraging all Ontario colleges to put in place an institutional mental health policy framework in place that defines goals, parameters, roles and responsibilities of stakeholders within the college and articulates which roles and responsibilities are out of scope for the institution. This institution-wide policy framework might be similar in structure to the Accessibility for Ontarians with Disabilities Act (AODA) framework that colleges have put in place. (9)

3. Creating a template or checklist to assist colleges in developing an institutional mental health policy using Michelle Olding’s paper on Policy Approaches as a foundation. (2)

4. Encouraging all Ontario colleges to (a) conduct a review and renewal of their academic policies with a lens on how the policies provide appropriate support for students with mental illness and to (b) ensure that the policies include proposed measures for reducing stress during the academic year as well as adequate provisions for involuntary leaves, stop outs and other types of interim accommodation. (10)
Models

5. Encouraging ongoing experimentation with new models (see Appendix 3) and developing specific opportunities for sharing best practice through the Centre for Innovation and other appropriate vehicles. (11)

6. Working with colleges to set clear parameters regarding the role and scope of counselling units that are consistent with overall scope of responsibility and capacity of each college. (12)

7. Acknowledging and endorsing the diversity of possible approaches and models. Recognize that each college will develop/adapt the model and framework that is best suited to its context and to the needs of its student body. (1)

8. Advocating for increased investment in technology for management and delivery of services including video counselling, online support programs, Good2Talk/Allo J’écoute and related training programs. (13)

Collaboration

9. Identifying key college-university committees and commit to proactive participation in those groups as a major vehicle for research, sharing of best practice, collaboration, leveraging existing resources and advocacy. (22)

10. Seeking formal representation in relevant initiatives led by other ministries, including the School Mental Health Assist project with MOHLTC and MCYS. (25)

11. Encouraging individual colleges to establish memoranda of understanding with key community agencies and develop a template or checklist that colleges can use for this purpose. (14)

12. Meeting formally with appropriate student organizations on a regular basis to discuss emerging issues, identify opportunities for collaboration and align advocacy agendas to the greatest degree possible. (15)

13. Seeking an opportunity to participate actively in one of the Province’s 18 Service Collaboratives with a view to increasing visibility of the role of community colleges in mental health and strengthening the working relationship with MOHLTC at the community level. Advocate for a project related to transitioning from secondary to post-secondary. (16)

Transitions

14. Encouraging all colleges to develop formal transition and entrance strategies related to mental health with a focus on seamless transition, prevention and early warning mechanisms. Develop a template or checklist that colleges can use to develop their own strategy/program. (17) (4)

15. Developing and seeking funding for a research project to examine mental health
issues related to transition from secondary to postsecondary, working with leading researchers in this field. (3)

Data

16. Continuing work already set out in CCVPS’ objectives including:
   a. Support to a HOSA/CCVPS Working Group mandated to assemble data relevant to mental health counselling;
   b. Support for “best practices” sharing including measures related to; student access and success in each case;
   c. Emphasis on evidence-based outcomes for initiatives undertaken by the Operating Committees;
   d. Encourage exchange of surveys and other instruments used by member colleges to measure student access, success, satisfaction, engagement;
   e. Making data available to the Committee of Presidents. (7)

17. Advocating for improved data collection and analysis in order to strengthen evidence-based decision-making and to inform its advocacy agenda by:
   a. Encouraging member colleges to establish a standardized mental health data collection system for the purpose of building a system-wide database;
   b. Encouraging member colleges to participate in the National College Health Assessment survey and do so in collaboration with the Canadian Organization of University and College Health (COUCH);
   c. Collaborating with the Centre for Innovation and the Ontario Government to develop increased system-wide capability to gather and collate data that will support evidence-based planning and evaluation;
   d. Collaborating with interested stakeholders (e.g. COU, student governments, insurance providers, mental health researchers) to develop evaluation frameworks for programs and services focused particularly on outcomes;
   e. Researching other potential data sources. (21)

Advocacy

18. Advocating for a joint PSE working group on mental health with representation from Colleges Ontario, the Council of Ontario Universities, students, student associations and student advocacy groups, MOHLTC and MTCU with the goal of developing a plan for greater integration of programs and services. The working group should include experts in mental health in post-secondary education. (20)

19. Working with Colleges Ontario to ensure appropriate attention to student mental health issues in the overall Colleges Ontario advocacy agenda. (19)

20. Advocating for continued funding of the Centre for Innovation as a shared resource for networking, sharing best practices and eventually developing a capability for data collection and research. (26)
Funding

21. Collaborating with university partners to develop a proposal for a funding model that is coherent and fair across the sector and that rationalizes the respective roles of government, postsecondary institutions, student governments and community agencies. Consider results of upcoming report from Mike Dinning (VP Student Affairs at Conestoga College), on a possible formula for a base allocation plus an allocation based on volume. (23)

22. Examining the case for a system-wide ancillary fee as a possible element of a coordinated funding model for student mental health services. (5)

23. Establishing a working group under the aegis of an existing college-university body to negotiate with MOHLTC for changes to OHIP billing rules that would support the provision of appropriate mental health services on campus. (24)

24. Establishing a joint working group with interested student associations to consider options for improving mental health coverage from student insurance plans. (27)

25. Developing a bank of project concepts in order to respond quickly and strategically to special envelope funding opportunities and/or special interest by donors. (6)

26. Proposing that colleges with decentralized funding models explore the option of embedded counsellors, who reside in a given School or Faculty and are funded from the divisional budget. (18)

Considerations By Target Audience

Although the following considerations may involve multiple stakeholders, this list identifies the primary or initial audience to be targeted. The list demonstrates that many proposals could be implemented by CCVPS or by individual member colleges without seeking endorsement/involvement from external bodies. (Each consideration includes a cross-reference to the above list by subject area. Note there are 26 considerations because there are two target audiences for Consideration 14 above.)

CCVPS might consider:

1. Acknowledging and endorsing the diversity of possible approaches and models. Recognize that each college will develop/adapt the model and framework that is best suited to its context and to the needs of its student body. (7)

2. Creating a template or checklist to assist colleges in developing an institutional mental health policy using Michelle Olding’s paper on Policy Approaches as a foundation. (3)

3. Developing and seeking funding for a research project to examine mental health
issues related to transition from secondary to postsecondary, working with leading researchers in this field. (15)

4. Developing a template that colleges can use to guide their individual transition strategies. (14)

5. Examining the case for a system-wide ancillary fee as a possible element of a coordinated funding model for student mental health services. (22)

6. Developing a bank of project concepts in order to respond quickly and strategically to special envelope funding opportunities and/or special interest by donors. (25)

7. Continuing work already set out in CCVPS' objectives including:
   a. Support to a HOSA/CCVPS Working Group mandated to assemble data relevant to mental health counselling;
   b. Support for "best practices" sharing including measures related to; student access and success in each case;
   c. Emphasis on evidence-based outcomes for initiatives undertaken by the Operating Committees;
   d. Encourage exchange of surveys and other instruments used by member colleges to measure student access, success, satisfaction, engagement;
   e. Making data available to the Committee of Presidents. (16)

Member Colleges might consider:

8. Adopting a ‘mainstreaming’ approach whereby each college examines its entire organizational structure and program activities through the lens of mental health. In so doing, colleges commit to moving beyond a simply reactive approach to a proactive focus that considers the broader social determinants of mental health including income, housing and food security, social exclusion and discrimination, employment and social supports. (1)

9. Putting an institutional mental health policy framework in place that defines goals, parameters, roles and responsibilities of stakeholders within the college and articulates which roles and responsibilities are out of scope for the institution. This institution-wide policy framework might be similar in structure to the AODA framework that colleges have put in place. (2)

10. (a) Conducting a review and renewal of their academic policies with a lens on how the policies provide appropriate support for students with mental illness and (b) ensuring that the policies include proposed measures for reducing stress during the academic year as well as adequate provisions for involuntary leaves, stop outs and other types of interim accommodation. (4)

11. Encouraging ongoing experimentation with new models (see Appendix 3) and develop specific opportunities for sharing best practice through the Centre for Innovation and other appropriate vehicles. (5)
12. Encouraging colleges to set clear parameters regarding the role and scope of counselling units that are consistent with overall scope of responsibility and capacity of each college. (6)

13. Advocating for increased investment in technology for management and delivery of services including video counselling, online support programs, Good2Talk and related training programs. (8)

14. Working with individual colleges to establish memoranda of understanding with key community agencies and develop a template or checklist that colleges can use for this purpose. (11)

15. Meeting formally with appropriate student organizations on a regular basis to discuss emerging issues, identify opportunities for collaboration and align advocacy agendas to the greatest degree possible. (12)

16. Seeking an opportunity to participate actively in one of the province’s 18 Service Collaboratives with a view to increasing visibility of the role of community colleges in mental health and strengthening the working relationship with MOHLTC at the community level. Advocate for a project related to transitioning from secondary to post-secondary. (13)

17. Encouraging all colleges to develop formal transition and entrance strategies related to mental health with a focus on seamless transition, prevention and early warning mechanisms. (14)

18. Proposing that colleges with decentralized funding models explore the option of embedded counsellors, who reside in a given School or Faculty and are funded from the divisional budget. (26)

**Colleges Ontario might consider:**

19. Working with Colleges Ontario to ensure appropriate attention to student mental health issues in the overall Colleges Ontario advocacy agenda. (19)

20. Advocating for a joint PSE working group on mental health with representation from Colleges Ontario, the Council of Ontario Universities, students, student associations and student advocacy groups, MOHLTC and MTCU with the goal of developing a plan for greater integration of programs and services. The working group should include experts in mental health in post-secondary education. (18)

21. Advocating for improved data collection and analysis in order to strengthen evidence-based decision-making and to inform its advocacy agenda by:

   a. Encouraging member colleges to establish a standardized mental health data collection system for the purpose of building a system-wide database;
   
   b. Encouraging member colleges to participate in the National College Health Assessment survey and do so in collaboration with the Canadian Organization of University and College Health (COUCH);
c. Collaborating with the Centre for Innovation and the Ontario Government to develop increased system-wide capability to gather and collate data that will support evidence-based planning and evaluation;
d. Collaborating with interested stakeholders (e.g. COU, student governments, insurance providers, mental health researchers) to develop evaluation frameworks for programs and services focused particularly on outcomes;
e. Researching other potential data sources. (17)

**COU and Affiliates might consider:**

22. Identifying key college-university committees and commit to proactive participation in those groups as a major vehicle for research, sharing of best practice, collaboration, leveraging existing resources and advocacy. (9)

23. Collaborating with university partners to develop a proposal for a funding model that is coherent and fair across the sector and that rationalizes the respective roles of government, postsecondary institutions, student governments and community agencies. Consider results of upcoming report from Mike Dinning (VP Student Affairs at Conestoga College), on a possible formula for a base allocation plus an allocation based on volume. (21)

24. Establishing a working group under the aegis of an existing college-university body to negotiate with MOHLTC for changes to OHIP billing rules that would support the provision of increased mental health services on campus. (23)

**Ontario Government Ministries might consider:**

25. Seeking formal representation in relevant initiatives led by other ministries, including the School Mental Health Assist project with MOHLTC and MCYS. (10)

26. Advocating for continued funding of the Centre for Innovation as a shared resource for networking, sharing best practices and eventually developing a capability for data collection and research. (20)

**Student Governments might consider:**

27. Establishing a joint working group with interested student associations to consider options for improving mental health coverage from student insurance plans. (24)
Recommendations

The paper concludes with 9 recommendations covering policy, the development of new models, collaboration, transitions, data, advocacy, and funding as well as a series of considerations related to each area of recommendations.

Policy

1. Recommend that all Ontario colleges conduct a review and renewal of college policies with a lens on how the policies provide appropriate support for students with mental illness as part of the normal policy review cycle and consider the following:
   a. that the policies include proposed measures for reducing stress during the academic year as well as adequate provisions for involuntary leaves, stop outs and other types of interim accommodation.
   b. that the policy framework defines goals, parameters, roles and responsibilities of stakeholders within the college, and articulates which roles and responsibilities are out of scope for the institution.

Models

2. Each college consider local and regional factors when designing models to support students and consider the following:
   a. Encourage ongoing experimentation with new models with thoughtful evaluation practices and develop specific opportunities for sharing best practice through the Centre for Innovation and other appropriate vehicles.
   b. Set clear parameters regarding the role and scope of counselling units that are consistent with overall scope of responsibility and capacity of each college.
   c. Acknowledge and endorse the diversity of possible approaches and models. Recognize that each college will develop/adapt the model and framework that is best suited to its context and to the needs of its student body.

Collaboration

3. Recommend increased collaboration between student groups, colleges, universities, CICMH, MCYS, MTCU and MOHLTC and key community agencies.

4. Utilize the CICMH as a vehicle to promote research, sharing of best practices, evaluation of model experimentation, leveraging existing resources, advocacy and development of shared services.
Transitions

5. Recommend that all colleges develop formal transition and entrance strategies related to mental health with a focus on seamless transition, prevention and early warning mechanisms.

Data

6. Advocate for improved data collection and analysis in order to strengthen evidence-based decision-making and to inform its advocacy agenda by:
   a. Encouraging member colleges to establish a standardized mental health data collection system for the purpose of building a system-wide database;
   b. Encouraging member colleges to participate in the National College Health Assessment survey and do so in collaboration with the Canadian Organization of University and College Health (COUCH);
   c. Collaborating with the Centre for Innovation and the Ontario Government to develop increased system-wide capability to gather and collate data that will support evidence-based planning and evaluation;
   d. Collaborating with interested stakeholders (e.g. COU, student governments, insurance providers, mental health researchers) to develop evaluation frameworks for programs and services focused particularly on outcomes;

Advocacy

7. Advocate for a joint PSE working group on mental health with representation from Colleges Ontario, the Council of Ontario Universities, student groups, MOHLTC and MTCU with the goal of developing a plan for greater integration of programs and services.

8. Work with Colleges Ontario to ensure appropriate attention to student mental health issues in the overall Colleges Ontario advocacy agenda.

Funding

9. Collaborate with college and university partners to develop a proposal for a funding model that is coherent and fair across the sector and that rationalizes the respective roles of government, postsecondary institutions, student governments and community agencies. Consider:
a. Possible formula for a base allocation plus an allocation based on volume.
b. Examine the case for a system-wide ancillary fee as a possible element of a coordinated funding model for student mental health services.
c. Establish a working group under the aegis of an existing college-university body to negotiate with MOHLTC for changes to OHIP billing rules that would support the provision of appropriate mental health services on campus.
d. Establish a joint working group with interested student associations to consider options for improving mental health coverage from student insurance plans.
e. Develop a bank of project concepts in order to respond quickly and strategically to special envelope funding opportunities and/or special interest by donors.
Selected References


Appendix 1. Mental Health PSE Stakeholders Map

Note: This map indicates the range of stakeholders in Ontario alone. The number of national organizations and bodies is much larger.

Source: Dr. Su-Ting Teo
Appendix 2. A Framework for Post-Secondary Student Mental Health

Appendix 3. Models or Elements of Models of Mental Health Service Delivery

Universities and Colleges are incorporating elements of the following models into their mental health delivery. It should be noted that the models are not mutually exclusive.

Comprehensive Model

A comprehensive model puts mental health at the campus level, breaking down silos of responsibility and service delivery and sharing responsibility broadly across the entire campus community. Current best practice is likely best represented by Cornell University’s comprehensive and integrated Mental Health Framework. The framework suggests the following elements:

- Foster a healthy educational environment
  - including campus-wide committees, leadership statements and leadership every level including senior leaders and students, strategic plans and policy initiatives
- Promote social connectedness and resilience
  - including resources, online and face-to-face programs and campus/community initiatives to foster social connections.
- Increase help-seeking behaviour
  - including media communication, website information, parent education and peer counselling (EARS: Empathy, Assistance and Referral Service)
- Identify people in need of care
  - including staff training and resources and student mental health screening.
- Provide mental health services
  - including a coordinated interdisciplinary health service
- Deliver coordinated crisis management
  - including a 24 hour crisis line and crisis managers
- Restrict access to means of suicide
  - including safety measures on campus to deter suicide.

A number of Ontario colleges and universities are working intentionally to create a comprehensive mental health framework (also referred to sometimes as “wrap around” care, where responsibility shifts from a counselling unit to the broader community; where faculty, staff, student leaders, coaches, peers, nurses, residence assistants, and Elders look out for the wellbeing of students and respond to signs of concern):

- Ryerson University established a Mental Health Advisory Committee in 2012 to create a mental health strategy for the university that aims to develop and maintain a campus environment that fosters a broad vision of mental health and wellbeing. Over 2012 - 2013 four working groups met to develop the strategy:
  - Awareness, Education and Training
    - gathered information on current mental health programming and surveyed the university community to determine needs;
  - Curriculum and Pedagogy
    - conducted a scan of Ryerson courses to gauge mental health content;
  - Policy and Procedures
    - reviewed existing policy and discussed overarching policy concerns;
  - Services and Programs
    - gathered information regarding existing services and programs, noting gaps and inconsistencies. Student members were part of all the committees – advisory and subcommittees – to ensure that student perspectives infused all levels and considerations.
The Mental Health Advisory Committee then made recommendations to guide organizational change and future work, including a “Mental Well-being Statement of Commitment” to be endorsed by senior leadership, the Senate and the Board of Governors (Ryerson Mental Health Advisory Committee Report, 2013).

The strategy is currently focused on implementation determining:
- Changes to policy and procedure
- Implications for curriculum and pedagogy
- Training needs
- New service needs/changes in service
- Communications strategy.

- In 2011, Queen’s University established the Principal’s Commission on Mental Health to formulate a comprehensive mental health strategy for the institution. The commission developed a four-level pyramidal approach to mental health with 116 recommendations:
  - Level 1: Promoting a Healthy Community
    - including recommendations for accommodations, course design, student advising and student supports;
  - Level 2: Transitions and Resilience
    - including recommendations on transitioning from high school to university, from residence to community living, and from school to the working world;
  - Level 3: Encouraging Help-Seeking and Helping Behaviour
    - including recommendations concerning vulnerable populations on campus and the importance of reducing stigma;
  - Level 4: Providing Effective Response, Service and Care
    - including a recommended review of Health, Counselling and Disability Services and recommendations on crisis intervention and follow-up and withdrawal/re-admission and re-entry policies.

- OCAD U put in place a Mental Health Steering Committee in 2011 to develop a systemic and sustained culture of mental health promotion on campus. The committee includes diverse representation including staff members from the university’s Health and Wellness Centre, the Student Union, Human Resources, Faculty and Curriculum Development, Diversity and Equity, faculty, administration (at the Dean level) and at least one student.

- Ontario’s colleges have been slower to develop comprehensive mental health strategies, although several colleges have begun to move in that direction. Lambton College has put in place a Mental Health Committee, which oversees mental health programs and initiatives, and helps to avoid duplication. And Durham College has begun development of a Comprehensive Mental Health Strategy.

Integrated Services Model

A number of universities (OCAD U, University of Toronto Mississauga, McMaster, for example) have shifted to an integrated service model. In September 2014, Wilfrid Laurier University will be merging its Counselling Services and Health Services offices into a
single Wellness Centre on its Waterloo campus, in order to provide enhanced support for students' physical, emotional and mental health. The centre will adopt a 'circle of care' approach, in which a multidisciplinary team offers comprehensive support including medical care and mental health services. The change came as a result of recommendations made by an external review of student wellness at the university. Other recommendations included hiring a mental health/student support team leader (one of the first in the university sector), to promote mental health awareness, and building stronger connections with community partners.

Coaching Model

Durham College is in the process of moving from a counseling model to a coaching model with a focus on proactivity and building resilience in students. The approach draws on the work of Dr. Michael Unger, Research Professor and Professor of Social Work at Dalhousie University on creating environments that foster resilience (see Unger, Understanding Resilience in Schools, 2012). Unger stresses that although interventions to build resilience are most effective at an early age, there is still benefit for young adults at the postsecondary level.

In order to shift from a responsive to a proactive model, the plan is for every student at the college to have a coach. (The FT student complement is 10,000). Coaches will be distributed across the college and focus on building success plans with students that include overall goals and what it takes to be successful. The goal is to establish relationships with students before they are in crisis. Staff at all levels will be invited to volunteer to become coaches and will be selected according to job category and interest. A number of coaches will be fully certified, others will receive 5-day intensive training and the rest will participate in a 2-day training program through Adler (formerly the Adler Institute).

Incoming students will complete an intake survey, which will attempt to identify risks (starting with 200 in year 1 and 500 in year 2 of the roll-out).

A case manager, who deals with complex mental health issues and an outreach worker who is on-site daily to interact with students, supplements the staffing model. Crisis calls have reportedly fallen dramatically since the outreach worker’s hiring.

The college has approached government and corporate partners to participate in funding the full implementation of the model.

Case Management Model

Colleges and Universities are increasingly exploring a case management model for mental health service delivery (McMaster University, for example, has been using the model for several years). In partnership with Centennial College and the Ontario Institute for Studies in Education (OISE), Georgian College is developing best practices for meeting student mental health needs through a case management approach. Both colleges have counselling referral rates well above the provincial average, perhaps as a result of their success in developing components of a case management approach. They are building on this success by more clearly establishing the roles of specialized counsellors (grief/cross-cultural/addiction) as well as those of other college staff.
members and community partner agencies and services.

Strong collaboration and case-based consultation among the specialized team members, well defined roles for college counsellors and other staff, and a systematic triage system for referrals both internally (within the colleges) and externally (to other community services) are designed to address the perceived risks is current models resulting from a proliferation of stakeholders.

Dr. Peter Dietsche (OISE), the program’s lead researcher, will be assessing the effectiveness of the case management approach to delivering mental health services

Limited Counselling Model

Queen’s University counselling services are part of an amalgamated department with health services and disability services, although the functions are separate. The service is highly focused on the role of the counsellor in providing short-term counselling and crisis intervention. Wait times are relatively short (1-3 days) and appointments are booked one at a time. Counsellors are embedded in each of two Queen’s University schools. There is a strong emphasis on bridging students to community services (referrals back to Queen’s only occur from hospital emergency departments), and one counsellor is assigned to maintain links and relationships with community agencies.

The model is funded by (1) a general grant from the university, (2) grants from the two schools where counsellors reside, and (3) a donor, who funds a counsellor in one of the schools.

Limited Integration Model

Boréal is a small college and benefits from its students feeling that they are a part of a community. The college has achieved a measure of integration by regularly bringing a number of services together (Appui à l’apprentissage, service de santé, vie collegiale, appui pedagogique, counseling, santé physique) as a team. At monthly meetings, knowledge and skills come together as emerging problems are discussed while honouring confidentiality. There is also a monthly meeting with the management of the student residence, who refers students to the Service d’appui à l’apprentissage.

Counseling is scheduled on a first come first served basis, with a triage at reception. Wait times are reduced using an open block system (something that a number of colleges have adopted). Two hours per day are kept open for at least one counselor, allowing an evaluation and referral within 24 hours. The college relies on community services or Good2Talk/halo j’écoute (which provides French language support) on weekends and evenings.

The model appears to work well for the college; the only reported challenge being the managing of relationships among a diverse group of professionals.
Hybrid Model

Nine Ontario colleges have private sector agreements in place to deliver some aspect of mental health support to students (some colleges report more than one agreement). These include arrangements such as on-campus involvement of the CMHA, private fee-for-service psychologists, a Family Health Team on-campus and an agreement with the College Nurse Practitioner Clinic (CNPC), whose health services are not specifically related to mental health.

- In one college, students can access an off-site 24/7 contracted Student Assistance Plan provider funded through student fees. The service is accessible on weekends, and over the holidays and summer when counsellors are not working. Services are provided in 14 languages and are also available to students who have been suspended, but require counselling for re-entry (From the HOSA 2014 Ontario Colleges Counselling Services Survey).

This hybrid model is being utilized by a number of colleges as a way of dealing with funding pressures and gaining access to specialized services.

After several counsellors retired and facing long wait times, one college decided to contract out services to a third-party – The Trac Group. Canadore College has a one-year renewable contract with Trac Group to provide mental health, academic and student success advice. Services are provided by a combined team of college-employed counselors and on-site staff from Trac. The advisors perform a triage function, assisting college staff with assessment and referral to other providers.

There is not yet enough data to assess the effectiveness of the model, but after two years of experience, college staff report that students have access to immediate (same-day) service and the incidence of serious crisis has dropped. Reported benefits include access to services the college couldn’t supply in-house, more affordable service and good relationships with community agencies. The model is still unproven. Generally there have not been any staffing issues (two union grievances were dismissed) and support staff members are supportive.

Durham College has been outsourcing some mental health services to Aspiria for the past 15 years. The company provides year-round, 24/7 service to students on all campuses, easily accessed by phone. The addition of a Smart Phone application has meant that students are able to access not only service, but also information and resources to help them deal more effectively with their mental health and wellbeing. The college funds up to six counselling appointments with Aspiria, and student health benefits also provide for some services through Aspiria.

The model was judged to have worked well because students are from the immediate area and/or are mature students, often already receiving service in the community. As noted above, the college is planning a major shift in its approach by introducing a coaching model as its primary strategy for providing a holistic mental health program for all students. The college will continue to use Aspiria to provide back-end counseling and crisis management services.
A number of key informants to this paper were unopposed to private sector service agreements and saw potential benefits:

- Help with after-hours
- Capacity to deal with bubbles in demand
- Potentially lower cost
- Potential to offer seamless connection with external health organizations
- Access to specialized services
- Assistance with technology (on-line, video resources)
- Possibility of resources in languages other than English
- Shared liability at service delivery level

Others expressed reservations and potential risks:

- May mitigate against an integrated approach within the college
- May not have the capacity to make internal referrals
- An external provider may not have the required experience with, or understanding of the requirements and culture of academic institutions
- Potential to break continuity of care
- Potential loss of institutional knowledge and capability.

Both the benefits and potential risks expressed by those interviewed are aligned with findings in a 2013 report prepared for the Education Advisory Board that examined the advantages and disadvantages of privatizing student health and counseling services. That report focused only on a limited number of university settings. It noted that privatization offered improved service offerings, cost savings and eligibility for new funding opportunities. Concerns about diminished quality of service due to private providers lack of knowledge of student populations and fear of a private company’s unwillingness to collaborate with other providers or institutional employees were the key deterrents to privatization.

There is ongoing review and research on the benefits of outsourced and embedded models of mental health delivery being carried out through a working group of the Canadian Association of College and University Student Services (CACUSS). Su-Ting Teo is a lead in this research.

Student Support and Intervention: Non-Academic Voluntary/Involuntary Withdrawal Policy and Procedure

Purpose/Rationale:

The Humber College Institute of Technology & Advanced Learning and the University of Guelph-Humber (hereafter referred to as “Humber” or “the College”) are committed to providing a positive and safe learning environment. The College has the right and responsibility to address the behaviour of a student-of-concern in order to ensure the student is fit for academic life and/or to protect that student and/or other members of the College or local community from risks or significant impact posed by their behaviour, whether or not a violation under the Code of Student Conduct has occurred. In some circumstances, withdrawing a student may be the most effective and appropriate course of action to address the situation.

Scope:
This policy applies to all Humber and University of Guelph-Humber students.

Definitions:
Student-of-Concern: any student whose physical or psychological condition is such that they may be or have become a risk or threat to themselves, others, the educational process, or the Humber community in general.

Policy:
1. When the behaviour of a student gives rise to a threat or risk of harm to the student him or herself or to others, poses significant threat or risk to property, causes significant disruption to or interference with the educational process, interferes with the lawful and proper activities or functions of the institution, its staff and/or members of the campus community, or suggests that the student is unable to engage in the basic required activities to obtain an education, the institution may require a student to involuntarily withdraw.

2. A student has a right to procedural fairness. Any time there is an impact on a student's status at the College, based on concerns that are brought forward as a result of this process, procedural fairness will include:
   • the right to be made aware of and given an opportunity to respond to, correct or contradict information available, in person and/or in writing;  • the right to have a decision reviewed based on the conditions explained in the Decision Review for Non-Academic Voluntary/Involuntary Withdrawal Procedures; and  • the right to request an advisor or support person be present at any meeting, if desired.

This process will make every reasonable effort to involve and support the student in order to enable him/her to continue his/her studies.

3. If a student refuses or is unable to manage identified physical or psychological health
conditions or to cooperate with the College’s reasonable efforts to evaluate health conditions, the student may be withdrawn from the institution.

4. Addressing the conduct of a student-of-concern can pose unique challenges to the College where that student has a learning, psychological or physical disability that is contributing to the concerning behaviour. The College acknowledges that it has a duty to accommodate a student with a disability, in accordance with provincial law and College policy. Accommodation of students with disabilities should be made in accordance with the following principles: respect for dignity, individualized accommodation, and inclusion and full participation. The College acknowledges its duty to accommodate up to the point of undue hardship, and does so while recognizing its obligation to protect the health and safety of individuals and the community. The student seeking accommodation has a corresponding responsibility to make full disclosure of their disability and to cooperate with the College in making appropriate accommodation for them, including advising College officials of the need for accommodation, cooperating with College officials in the accommodation process, and providing medical or other requested information relating to the disability and the required accommodation.

5. The College will establish a Student Support and Intervention Team (SSIT) to provide a coordinated response and support to the student-of-concern. The role of the Student Support and Intervention Team are outlined in Appendix A.

6. The decision to involuntarily withdraw a student will be made by the Dean of Students based on the recommendation of the SSIT. Authority for communicating this decision can also be delegated to the Director, Student Access, Wellness and Development and Director, Student Life Programs.

7. The College may impose interim measures while a review of the student’s case is ongoing and an appropriate response is being formulated. Interim measures may include preventing or limiting a student from being on-campus or participating in College related activities.

8. Voluntary and involuntary withdrawals are two institutional responses available to address situations. Other possible responses include, but are not limited to:
   • an offer of appropriate support or referral; and/or
   • support agreement; and/or
   • a behaviour contract; and/or
   • referral of the case through the Humber Code of Student Conduct; and/or
   • immediate interim measures, including interim suspension or interim restrictions on the student’s access to campus or participation in academic or campus life.

Voluntary withdrawals allow for a student and support people to be actively involved in setting the terms of withdrawal and return. Where possible, this option will be provided to the student before an Involuntary Withdrawal is initiated.

9. Prior to requiring involuntary withdrawal because a student is unable to meet the essential requirements of participation in academic or campus life, the institution will make every reasonable effort to support the student to enable him/her to continue his/her studies.

10. If a student is being withdrawn, the institution will notify the student of its decision in writing. If applicable, this will include the earliest date by which the student may apply
for re-admission, the process for applying for re-admission, and any conditions for re-admission and/or on-going conditions if re-admitted. Such conditions may include but are not limited to a medical, psychological or psychiatric report confirming fitness to participate in academic or campus life, in addition to evidence supporting any other conditions imposed have been fulfilled. The College acknowledges that each situation will be determined on an individual basis, and any additional conditions (including but not limited to a behavioural contract, wellness agreement and/or requirement to meet with specific College staff), will be communicated to the student in question.

11. In circumstances where a student residing in a Humber College Residence is deemed to be a risk or threat to her/himself or other students, the Director of Student Life Programs, in conjunction with the Associate Director, Ancillary Services and Director of Public Safety or designate, may impose, as an interim measure, an immediate and indefinite withdrawal from residence. An indefinite withdrawal requires the student to leave residence until a determination has been made about the next steps for responding. After consultation with the SSIT and/or the Dean of Students, Residence Services will advise the student whether the withdrawal is lifted or converted to an eviction from residence, along with any special conditions.

12. The student may be granted permission to have a support person assist them during this process.

13. A review of any decision made under this policy will follow the review process as outlined in the Decision Review for Non-Academic Voluntary/Involuntary Withdrawal Procedure.

Appendices:

Appendix A  Role of the Student Support and Intervention Team (SSIT)

1. The SSIT will employ a case management model to provide a coordinated response and support to the student-of-concern and College community. The SSIT will meet on a regular basis as a working group to continue to develop and deliver a coordinated response to the issue of students-of-concern at Humber College, including a review of response plans. The SSIT shall be responsible for making recommendations to all front line staff and administration in the support of students-of-concern. The SSIT brings Humber professionals from different backgrounds, all of which are essential in supporting students-of-concern. The team will provide advice and support in reacting to, resolving, and addressing students-of-concern issues. The team will also advise on any return to school protocols and/or conditions.

2. SSIT membership shall consist of the following persons or their Designate: Director of Student Access, Wellness and Development (Chair)  Director, Student Life Programs  Director and/or Associate Director of Public Safety and Risk Management  Representative from the Office of Human Rights and Diversity  Manager, Student Wellness and Development  Manager, Student Access  Representative from the Academic Community (Dean or Associate Dean)

3. The Chair may invite other individuals (or their Designate) to a SSIT meeting when
there is a case that relates to their position within the College. The role of these individuals will be limited to providing information relevant to the SSIT’s deliberations, and they will not be full participants in the SSIT process unless the Chair determines that full participation is appropriate. This includes but is not limited to the following:

1. Associate Dean or Faculty member  2. Representative(s) from Counselling Services  3. Representative(s) from Disability Services  4. Representative(s) from Health Services  5. Representative(s) from Human Resources  6. Representative(s) from International Student Services  7. Representative(s) from Marketing and Communications  8. Representative(s) from the Registrar’s Office  9. Representative(s) from Residence Life/Services  10. Representative(s) from the University of Guelph-Humber

Appendix B

A Commitment to Fairness and Respectful Action

Accommodation of Students with Disabilities
Addressing the conduct of a student-of-concern can pose unique challenges to the College where that student has a learning, psychological, or physical disability that is contributing to the concerning behaviour. The College acknowledges that it has a duty to accommodate a student with a disability, in accordance with provincial law and College policy. Accommodation of students with disabilities should be made in accordance with the following principles: respect for dignity, individualized accommodation, and inclusion and full participation.

The College has a duty to accommodate up to the point of undue hardship. The Ontario Human Rights Commission (OHRC, Policy and guidelines on disability and the duty to accommodate, 2000) sets out three considerations in assessing whether an accommodation would cause undue hardship:

(i) cost     (ii) outside sources of funding, if any     (iii) health and safety requirements, if any.

The Commission further states that “health and safety risks will amount to undue hardship if the degree of risk that remains after the accommodation has been made outweigh the benefits of enhancing equality for persons with disabilities”(pg. 28). The student seeking accommodation has a corresponding responsibility to make full disclosure of their disability and to cooperate with the College in making appropriate accommodation for them, including advising College officials of the need for accommodation, cooperating with College officials in the accommodation process, and providing medical or other requested information relating to the disability and the required accommodation. Ontario Human Rights Commission Policy and guidelines on disability and the duty to accommodate

Appendix C Privacy and Confidential Information

Humber College personnel strive to protect the personal information of its students, and to exercise discretion at all times. If it is not necessary, personal information will not be shared. However, as outlined by the Privacy Commissioner in the “Emergency Disclosure of Personal Information by Universities, Colleges and other Educational
In emergency situations, privacy laws in Ontario do not prohibit universities, colleges or other educational institutions from responsibly disclosing a student’s personal information, including information about their mental, emotional, or other health conditions, to parents or others who may be able to help in a crisis. Ontario’s Freedom of Information and Protection of Privacy Act (Ontario FIPPA) (Ontario MFIPPA) permits the disclosure of personal information “in compelling circumstances affecting the health or safety of an individual.” It also allows for disclosure “in compassionate circumstances, to facilitate contact with the spouse, a close relative or a friend of an individual who is injured, ill or deceased.”

Ontario’s Personal Health Information Protection Act (Ontario PHIPA) also allows for the disclosure of personal health information if the health information custodian “believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.” Ontario PHIPA also permits disclosure “for the purpose of contacting a relative, friend or potential substitute decision-maker of the individual, if the individual is injured, incapacitated or ill and unable to give consent personally.”

Ontario FIPPA and Ontario MFIPPA contain similar emergency disclosure provisions that allow student residence advisors, school counsellors, and other personnel to disclose a student’s information, without consent, where they become aware of compelling circumstances affecting the health or safety of an individual or others. This includes serious mental health concerns or threats of violence.

Appendix 5. Summary of Feedback on Draft Paper

The draft White Paper researched and written by Michael Cooke and Juliet Huntly was presented to the Coordinating Committee of Vice Presidents, Students in May 2014. The Committee used the draft document as a basis for consultation and deliberation, which took place in the summer and fall of 2014.

This appendix provides a high level summary of the written feedback received. It does not attempt to weigh the feedback or to resolve debates that might arise from it. Thus, some comments in one section may contradict comments in other sections. Similarly, it does not reflect the fact that some items were repeated by several sources while others were only cited once.

The feedback was instrumental in helping CCVPS frame the final version of the paper. Further consideration will be required to determine how to balance the feedback and how to use it most effectively in building an action plan.

Feedback was received from:

- Colleges Ontario (CO)
- Dr. Su-Ting, Director, Student Health and Wellness, Ryerson University
- The Centre for Innovation in Campus Mental Health (CICMH)
- The Heads of Student Affairs (HOSA)
- The Ontario College Counsellors (OCC)
- Humber College (Counselling Unit)
- Mohawk College (Counselling Unit)
- George Brown College (Academic and Counselling Units)

The feedback was both editorial and substantive in nature. The editorial comments have been addressed in the final version of the paper. The substantive comments will help inform the action plan CCVPS is developing in collaboration with key stakeholders.

This appendix provides a thumbnail sketch of the feedback organized by the main categories discussed in the paper.

General

- Demand is outstripping capacity, and there is a need for improved coordination and/or clearer definition of roles and boundaries for both internal and external providers of support.
- There is a wide variety of counselling models in the college system. Some may well be sustainable. It is more defensible to say that current models are resource strained.
- Mainstreaming is important but it will not eliminate the need for therapeutic services. Even with a fully embraced and embedded systemic mental health framework, there will be a need for counsellors to do crisis intervention work.
- There is currently a variety of models in place based on a number of factors, including geography and access to external services, size and scope of
campuses, specific services already provided on campus through either college or partner health clinics, and there is an ongoing need to support this diversity and the testing of different models. Robust mental health awareness programs need to be built into mental health models.

- Support is needed for a holistic development process that connects policies across services, academic schools and the administrative areas relating to confidentiality, privacy and accommodation.
- Look to current projects under the Mental Health Innovation Fund that can inform the “circle of care” approach and framework.
- Resource distribution is uneven from college to college and from campus to campus, depending on a number of factors, including, access to external agencies and care providers, on or off-campus health care clinics, size and scope of college or campus. This results in inequitable service to students across the postsecondary system. This inequity is not limited to remote communities or French colleges.
- Few colleges have formal structures in place to address the balance between a care-based approach to mental health issues and risk assessment.
- Universal design approaches to delivery of services and education could assist. However, faculty will need much more support and guidance around implementing such approaches.

Policy

- Elevate the discussion of student mental health to an organization wide level in colleges. Mental health frameworks should align with a healthy campus communities approach (CACUSS 2013 paper “Postsecondary Mental Health: Guide to a Systemic Approach”).
- Identification of clear roles and responsibilities of stakeholders within the college is important to appropriate referral to external agencies and to seamless transition of students back into the college.
- Program review should include a mental health lens of mental health, e.g. what sort of things are programs doing to support students with MH needs – universal design? Flexible options? Etc.
- Consider setting minimum standards for the services available to students.
- Support expressed for a multi-faceted approach to policy development.
- Involuntary withdrawal policies are being challenged legally, so colleges should be aiming to embed “Student of Concern” practices into Student Conduct policies, in order to strike the balance between student support and risk management.
- In fact, a lot of prevention is within the college’s control such as academic policy changes.
- Concerns re absorptive capacity in colleges – how can colleges manage, logistically and financially, to enable students to leave and come back mid-way through programs? What is the extent of a college’s responsibility to students taking only one course in con ed?
Models

- **General**
  - Agree with allowing colleges the ongoing option to explore and test models, but recommend that these are well researched and based on learning from best practices and empirical evidence of value to students.
  - Each college will need to adopt models that work within context, but these models should be informed by empirical evidence that demonstrates value to students.
  - Consider that group therapy has been shown to be better than individual therapy in mild to moderate cases.
  - Interventions geared to supporting student retention and graduation for at-risk populations will produce enormous provincial social-return-on-investment.
  - Consider mechanisms that would support scaling up proven approaches at other campuses across Ontario.

- **Role of the Counsellor**
  - Mental Health is “everyone’s business”, and as such, there should be recognition of the multiple roles (e.g. Counsellor, Accessibility Specialists, Learning Strategists, Advisors, Mentors, Coaches, Faculty and others) who contribute to support of students with mental health issues. Given that our primary role is to educate students, we agree that clear definition of all roles and the parameters of each is important. In particular, a clear definition of what counselling is, within the college system, should be agreed to across the system.
  - More discussion required with counsellors to develop a shared understanding of their role, their classification and accreditation issues.
  - Make a clear distinction between adequate counselling services and appropriate security provisions. Security personnel cannot provide counselling services.
  - Key to ensure a balance between preventative and therapeutic work.

- **Technology**
  - Continued investment in technology solutions will benefit students.
  - Supplemental services such as Good2Talk have a place in support of students with urgent mental health issues.
  - Need to provide counsellors with the appropriate tools.

- **On-site/Outsourced services**
  - On-site counsellors understand the local context.
  - On-site counsellors have the ability to provide holistic, effective services in a timely manner.
  - Question whether outsourcing means to improve service or to cut costs.
  - Metrics and measurement are required to evaluate effectiveness of on-site versus outsourced models.
Collaboration

- **Community Agencies**
  - Important to flag the limited resources available in the community and the risk that students don’t get the services they need.
  - The lack of appropriate community resources with appropriate wait times is the biggest barrier – even in urban centres.
  - Most community agencies have long waiting lists.
  - Students can’t afford to purchase services from private practitioners in the community.
  - Strong support for collaboration e.g. Service Collaboratives.
  - A framework or template to guide agreements and relationships between colleges and external agencies would be of value.
  - Important to learn from the Mental Health Innovation Fund projects that are currently working on templates for such agreements (e.g. Georgian-Centennial Mental Health Partnerships Project).
  - Explore working with LHINs to maximize this collaboration.

- **College/University**
  - College/university collaboration is valuable, but key to note the differences in student populations, contexts and roles.
  - College student dynamic is often more complex with greater need for supports based on college access agenda and demographic range.
  - Increased collaboration between colleges and universities would leverage resources and would help to understand best practices in the cultivation of relationships with external agencies and partners.

- **Students**
  - Concern that students were not among the key informants for the paper.
  - Recommend that at the provincial level student associations continue and enhance involvement with other provincial committees as appropriate, to ensure the student voice is represented.

Transitions

- Formal transition and entrance strategies will improve successful student transition. (Useful to develop templates for this purpose).
- There should be more focus on non-direct entry students and international students with mental health issues – these students need more support and have different needs. All students need to be reached earlier – we need to do more outreach to give students and parents more info – work with school boards.
- Endorse a plan for funding research on transition.
- Supports for transition from secondary to postsecondary could be improved, and best practices in partnerships should be shared across the system.
• Participation on Service Collaboratives could increase visibility of the colleges’ role and specifically support the idea of a project on transitioning students, with consideration for diverse student populations (e.g. international, Aboriginal).

• CICMH has connected with MCYS, MED, SMH-ASSIST and CAMH to identify areas for shared learning and collaboration (e.g., transitions); as well as school mental health resources and practices (K-12) that could be revised for post-secondary. It has partnered with CAMH to offer its campus mental health webinar series to the sector. It has also worked closely with the student associations (OUS & CSA) and co-hosted a student leader engagement meeting with 40 students to identify how CICMH can best be of value to student leaders across all of Ontario’s PSIs.

• CICMH will be facilitating a round table meeting with key informants to identify promising practices and programs in the area of Transitions for students with mental health concerns. A toolkit will be developed based on the findings featuring promising programs and practices, case studies, checklists and templates.

Data

• Essential to develop instruments for data collection and improved vehicles for sharing information and research to measure student access, success, satisfaction and engagement.

• A first step may be to establish an inventory of existing research tools and metrics used across the system with a view to understanding best practices and gaps that currently exist.

• Emphasize the need for provincial collaboration on the development of common data elements to measure value of services and impact on student mental health.

• Longitudinal data needed to better understand sustainability of current models and viability/effectiveness of alternative models.

• The paper is missing info on students who come and seek specific accommodations for a mental health issue – this number is on the rise and presents big challenges for colleges but is not mentioned here.

• Research is needed in the Canadian context.

• Not enough research out there on complex disabilities and how to best accommodate and support students.

• The project outcomes from Mental Health Innovation Fund research should be used to inform approaches and policy development.

• Reference Shirley Porter’s research re impact of counselling on academic success.

• Support for participation in the National College Health Assessment Health Survey.

• There is a case to be made about comparative socio-economic status, with accompanying social determinants of health, between college and university based populations. Data is needed to demonstrate that Colleges see proportionally much higher rates of students from immigrant families, first generation students, WSIB students, students with financial need.

• More information needed on how college health fees are being used and for what benefit to students. Some data should be gathered on the levying and use of these fees across the system.
• Paper should include additional information on the data sources used including the provincial survey.
• Make greater use of data from CCDI especially related to the growth in specific accommodations for students with mental health needs.
• Add consideration of the Bridging The Distance project.

Advocacy

• Key to focus on the role and responsibility of the Ontario government. They are the most responsible for funding decisions.
• Need to insure experts in PSE mental health from colleges and universities are part of the working group and not just political representation. Should also include students, especially with “lived experience in mental health”.
• Involve student advocacy groups.
• Ensure participation by representatives from HOSA, CSA, OCC, CCDI and HSC so that those who have the most direct information on student experience participate in the development of the approach.
• Ensure that provincial committees at all levels be given opportunity to contribute to the research agenda.
• CO needs to lobby for post-secondary inclusion in the next Ontario Mental Health Strategy.
• Key to emphasize the significant number of students with disabilities in the College system. They represent 10-14% of total student population compared to 2-3% on average at most Ontario universities. Students with mental health diagnoses now represent the greatest proportion of students with disabilities within the college system (includes primary and secondary diagnoses).
• Need to underline that interventions geared to supporting student retention and graduation for at-risk populations will produce significant provincial social return-on-investment.

Funding

• The strongest argument that can be made is to the MOHLTC that addressing issues at this stage will lead to significant cost savings in health and other economics/ societal costs.
• Develop approaches to funding that reflect the variation and complexity of student need. Volume is part of the “story” on the need for mental health support. Some colleges may be supporting specifically vulnerable populations or be located in a geography where access to external agency support is slim to none. A volume-based model would not address these differences.
• Any proposal re student fees must be consistent with the Ministry Binding Policy on student fees and existing health services fees already levied at colleges. Students need to be consulted.
• Consider developing a fundraising strategy for donors interested in investing in student mental health.
• Engage private sector employers in this discussion and get funding that way.
• Dealing with OSAP is so difficult – lots of hoops to jump through for students – it would be more useful to have funding for in-house psych assessment.

Resources

• CICMH is providing multiple opportunities to discuss issues/models and to develop/revise policies. See http://campusmentalhealth.ca/resources/
• CICMH is creating a toolkit featuring promising practices with case studies, scenarios, tools, checklists and templates. It will be available in late 2014.
• Consider commissioning a study on the provincial ROI of mental health related supports in PSE. This could strengthen the case for funding including the potential expansion of federal transfer agreement (currently just for students with documented disabilities).
• Suggestion to have more peer mentorship, more widespread, and connected to counselling – maybe a centre in each area where students can mentor each other under the guidance of faculty. Suggestion to use counselling interns to expand resources.

Implementation

• It is essential to develop a coordinated working relationship with MTCU and MOHLTC in order to advance this work.
• Need to designate who will develop templates as recommended in the Olding paper.
• Key to engage with other institutions across Canada doing this work.
Appendix 6. List of Key Informants

1. Michelle Beaudoin  Dean of Students, Georgian College
2. Anne Bowlby  Manager, Mental Health and Addictions Unit, Ministry of Health and Long Term Care
3. Mario Cappelli  Program Director, Mental Health Research, CHEO Research Institute
4. Shawn Chorney  Vice-President, Student Services, Enrolment Management, Recruiting & Marketing, Canadore
5. Mike Condra  Director, Health, Counselling and Disability Services, Queen’s University
6. Renée Hallée  Directrice - Appui à l'apprentissage, Collège Boréal
7. Martin Hicks  Executive Director, Data and Statistics, Higher Education Quality Council of Ontario
8. Christine McCool  Executive Director & Student Services Liaison, TRAC Group
9. Taras Myhal  Senior Policy Advisor, Postsecondary Accountability Branch, Colleges Unit, Ministry of Training, Colleges and Universities
10. Michelle Olding  Project Assistant, Mental Health Initiatives, OCAD University & Ryerson University
11. Meri Kim Oliver  Vice President, Student Affairs, Durham College
12. Monica Reilly  Senior Research and Policy Advisor, Colleges Ontario
13. John Shalagan  Policy Advisor, Postsecondary Accountability Branch, Colleges Unit, Ministry of Training, Colleges and Universities
14. Bill Summers  Vice-President, Research and Policy, Colleges Ontario
15. Su-Ting Teo  Director, Student Health and Wellness, Ryerson University
16. Brenda Whiteside  Associate Vice-President, Student Affairs, University of Guelph and Co-Chair, Advisory Committee for the Centre for Innovation in Campus Mental Health
17. Catherine Willinsky  Director, Centre for Innovation in Campus Mental Health, Canadian Mental Health Association, Ontario

Other Contributors

We want to thank all those who provided invaluable input to this paper. We received clear guidance and sage advice from the members of the CCVPS Working Group – Wayne Poirier (Chair), Brenda Pipitone, Michelle Beaudoin, Meri Kim Oliver, Craig Stephenson, Jason Hunter, Rob Kardas and Jen McMillen. Stephanie Pickett provided prompt and efficient logistical support. We are particularly grateful for Brigitte Chiki’s work on the HOSA Survey on Counselling and Mental Health Supports at Ontario Colleges and for her comments on our draft. We also want to thank Kate Humphreys, Kevin Friese, Karen Coffey and Kathy Lazenby who helped us access additional data sources and relevant groups. Although student leaders weren’t among the key informants to this paper, we benefited greatly from the keen insights provided by the
Ontario Undergraduate Students Association and the College Student Alliance in their respective Policy Papers.
Appendix 7. Interview Protocol

White Paper on Current Issues Related to Student Mental Health in the College Sector and Potential Models of Service

Interview Protocol

1. Describe briefly your current model for meeting the mental health needs of students?

2. What metrics exist to measure volume, type and/or results of the services provided?

3. What challenges have you encountered/what isn’t working?

4. What would be the key characteristics of a desired model.
   • What services should be provided internally and what services should be provided by other parties?
   • What policy changes would be required to enable this model?

5. What roles should each of the following stakeholders play:
   • Colleges Ontario
   • MTCU
   • MOH
   • Community agencies

6. Are you testing any innovative practices that other colleges might consider?

7. How do you envisage the evolution of the counselor role in meeting student mental health needs?

8. How do you envisage the evolution of the role of other college staff?

9. What are the advantages/risks of outsourcing some elements of service related to student mental health?

10. What changes are needed to the way mental health services are funded?

11. What are the key labour relations issues?

12. Anything else?

13. Do you have suggestions about who should be included as a key informant in this exercise?