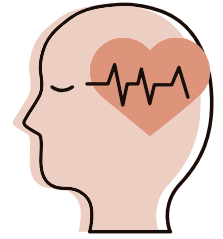


in Mental Health Campaign



CAMPAIGN GUIDE AND POLICY BRIEF

Post-Secondary students face a myriad of challenges to maintain their wellbeing. Studies show that 89.5% of students feel overwhelmed by their workload¹. Similarly, young people aged 15 to 24 are more likely to experience mental health issues than other age groups² which significantly impacts their social connections, educational goals and workforce participation. As many as 1 in 5 students met the diagnostic criteria for a mental health disorder and 30% to 50% of students reported experiencing overwhelming stress, anxiety, and depressive symptoms during their postsecondary years³. A survey indicated that during 2018, 68.9% of students felt overwhelming anxiety, 16.4% seriously considered suicide, and 51.6% of students felt so depressed it was difficult to function⁴.

No matter where students are on the mental wellness continuum, more needs to be done. The COVID-19 pandemic has further exposed many of the gaps students have long called for action around. At the institutional, government and community levels, students across the province need real tangible change. The **Equity for Mental Health** campaign seeks to address mental health barriers across all levels of study. Specifically, the Federation calls for institutions and the provincial government to recognize the systemic structures that affect students' mental health daily.

Mental health is not an issue of the individual, it is a societal issue. The mental health crisis at Ontario post-secondary institutions is due in large part to the continuing pressures and inequities that are prevalent in student life. Everyday, students face housing insecurity, food insecurity, and healthcare insecurity. Everyday, students are negatively impacted by the effects of racism, transphobia, homophobia, sexism, ableism, colonialism, and classism. Everyday, students must juggle rigorous programs in institutions that put performance metrics over their well being. Drastic changes are needed to the systems and structures that students endure —personal action for one's own mental health is not enough. That is why the **Equity for Mental Health** campaign demands that institutions and the provincial government take responsibility and action for the mental wellness of Ontario students.

The following campaign guide includes 6 demands for post-secondary institutions and the provincial government. Each demand includes a longer list of practical and necessary actions needed to fulfill the demand.

GENERAL DEMANDS TO INSTITUTIONS



Reduce barriers and improve access to mental health services.



Improve mental health resources and services for students.



Challenge and continually address racism, transphobia, homophobia, sexism, ableism, classism, colonialism, and student precarity on campus in collaboration with students.

GENERAL DEMANDS TO PROVINCIAL GOVERNMENT



Implement free mental health care and universal pharmacare for all.



Proactively address social inequities and increase mental health funding.



Create a standalone mental health, addictions and harm-reduction ministry.

Recommendations For Ontario Post-Secondary Institutions

Post-Secondary institutions have a responsibility to ensure campus culture prioritizes student wellbeing and mental health. More needs to be done by institutions across Ontario to meet the needs of today's students. The current model is not healthy or sustainable. The Ottawa Charter for Health Promotion highlights that, "health is created and lived by people within the settings of their everyday life: where they learn, work, play and love"⁵. As such, post-secondary institutions offer an essential environment to promote mental health and address student mental health needs. Mental health promotion needs to move beyond an individual focus and address social determinants of health by proactively embedding wellness in institutional policies and campus cultures. Student health needs to be prioritized into all aspects of campus culture, including across the administration, operations and academic mandates. It is sadly only in the face of tragedy and media attention that institutions take tangible action to create a safer mental health environment for students. Proactive approaches are needed and students need to be consulted. With their lived experiences, students are essential sector stakeholders who need to be valued as equal partners.

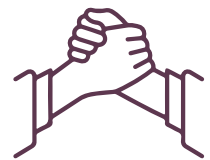
Demand 1: Proactively reduce barriers and improve access to mental health services.



The current pathways for students to access on-campus resources, support, and care are unclear and create a serious barrier for students to find help. For students experiencing mental health challenges or crises, it is especially difficult to find the services they need.

Action 1: Build a centralized path to access all mental health and wellness services on campus.

Students need a single institutional access point where they can easily learn what to do if they are seeking support or are in distress. This should include creating a user friendly portal that streamlines access to all care and services on campus. This portal needs to include updated bookings systems, a clear overview of services (including student led services), support to help navigate the process and information on accessing insurance benefits for coverage for external mental health supports.



Action 2: Remove all requirements of a diagnosis to access mental health services or accommodations.

Accommodations should be given to everyone who needs them, not just those who have access to a medical professional or a diagnosis. Not all students have access to mental health services, and not all students present struggles that fit into a specific diagnosis. This can be particularly challenging for international students because they are not covered by OHIP and having a diagnosis could negatively impact future immigration processes. The implied worry among administration that opening up accommodations will invite healthy students to exploit the system is unfounded, and is far less important than accounting for the many students who currently do not have the accommodations they need due to the requirement of medical confirmation. Students know what they need.

Action 3: Prioritize the mental wellness of students' above their academic performance.

This includes removing Verification of Illness (VOI) forms in favour of self-declared sick notes. The VOI is frustrating, inefficient and an unnecessary policy for both students and service providers. Students need to be trusted in knowing their own conditions, and knowing what is best for them.



Recommendations For Ontario Post-Secondary Institutions

Action 4: Improve community support relationships.

Too often, campus counsellors, staff, and medical professionals are unaware of the community services available off-campus. Students who require off-campus care are given few options that are not case specific. Campuses should build robust relationships with community services to better refer students when necessary. These relationships must specifically include community services available for international and part-time students.



Action 5: Ensure access to adequate mental health services for all students.

Some students like part-time, continuing education, international, graduate and TAs face particular barriers to accessing mental health services. Institutions must ensure that all students have equitable access to all mental health services on-campus.

Demand 2: Improve mental health resources and services for students



Reports of students experiencing mental health challenges, such as psychological distress, anxiety, and depression, have increased since 2013⁶, but most mental health services on Ontario campuses have not successfully accommodated this increased demand. Students struggle with accessing quality and timely mental health care.

Action 1: Increase mental health resources.

Increase the number of counsellors, as well as emergency and non-emergency mental health services on-campus to reduce wait times and avoid referring students to external services. Ensure same day appointments and crisis support for students.



Action 2: Provide a 24/7 security/police-free mental health intervention team that is available 24/7.

The lack of after-hours, weekend, and evening support leaves students alone in times of distress. While phone and chat services can be helpful for some students, they are not always enough to support students in distress. Students need a reliable, non-violent, trauma informed team available to respond to students in need.

Action 3: Provide early intervention support structures/systems.

In an preventative effort to support students showing early signs of mental health support, this system should provide programs, workshops, and conversation labs for students who are struggling with low-level stress, anxiety or feelings of sadness or loneliness. These support structures/systems should be ongoing. The goal of these programs should be to provide students with community care that prevents them from developing more severe mental health concerns. All staff, faculty, and students should know about these programs, so that they can refer students to the appropriate level of support.



Recommendations For Ontario Post-Secondary Institutions

Action 4: Prioritize diversifying counselling and psychiatry teams, to ensure students have culturally appropriate options.

There is a need for therapists to understand a students' background, ethnicity, or belief system to provide the appropriate and quality mental health support.



Action 5: Provide on-campus harm-reduction centres.

These centres should provide supervised injection sites along with harm-reduction education and programming. Such centres should also be free from policing and should be considered safer spaces.

Action 6: Provide culturally informed mental health workshops and programming for international students specifically.

No student should feel unable to approach mental health centres because their language or culture is not appropriately represented.



Action 7: Each institution needs to create a task force on student mental health.

At a minimum the task force should review and evaluate student mental health services and delivery at the institution; review the coordination of services; explore expansion of community partnerships; address shortfalls in resources and advise on specific allocations or increases; and look at the spaces in which mental health services are being offered. The mandate must be comprehensive and not restricted. The task force and associated reports must not be for their own sake — tangible action is the outcome.

Action 7(a): Include students equally in the process. Student mental health is a shared responsibility. Students and students' unions need to be at a minimum equal stakeholders and partners in this process along with faculty, staff, and administrators. This process must be transparent.

Action 7(b): Clear deliverables, timelines, evaluation and accountability measures to meet recommendations must be included. Transparent deliverables need to be met and tools must be developed to ensure appropriate uptake. Accountability in meeting recommendations need to be assured and initiatives need to be rigorously evaluated.

Action 8: Bring mental health staff to students.

Using an embedded counselling model, institutions should provide integrated spaces for practicing mental health staff to better incorporate the on-campus support system. Providing diverse, local, and flexible services throughout different campus locations facilitates timely help-seeking behaviour. Studies show that for marginalized and international students, the availability of more flexible and diverse formats for counselling services is important.



Recommendations For Ontario Post-Secondary Institutions



Demand 3:

Address racism, transphobia, homophobia, sexism, ableism, colonialism, and student precarity on campus.

Students are not a homogenous group, and the current structures, norms, and values in place at post-secondary institutions do not serve all students. Many students experience the harmful effects of racism, homophobia, transphobia, ableism, classism and colonialism on a daily basis. These stressors have a significant impact on student health and well being. It is essential that post secondary institutions examine their teaching and administrative practices, and mandate mental health and anti-oppressive training for all faculty and staff. Maintaining student centeredness in all activities is essential to promoting mentally healthy campuses. Additionally, students seeking mental health services are often dealing with the effects of racism, homophobia, transphobia, ableism, and colonialism. For instance, Indigenous students in Canada report a higher prevalence of feelings of depression and anxiety, and are 11% more likely to report impaired functioning due to depression⁷. Additionally, the prevalence of depression and anxiety among LGBTQ2S students is approximately twice as high as non-LGBTQ2S students, with trans students experiencing even higher rates than their cis-gender LGB+ peers⁸.

Action 1: From an anti-oppressive framework, the institutions must review teaching practices, campus environment, campus services and students' experience on campus.

Students should be actively involved in this review process as equal stakeholders, and not just as mere consultants.

Action 2: Mandatory Anti-Oppressive training for all counsellors, faculty and staff.

This should be a minimum requirement so faculty, staff and mental health professionals can recognise their own implicit biases and privileges, while understanding the systemic struggles that their students face on a daily basis. This training will improve students' mental health by creating a more understanding environment and by removing the burden of educating their faculty and staff on their identities.



Action 3: Ban handcuffing practices for mental health crises.

Handcuffing a student in crisis is traumatizing and damaging. Under no circumstances should a student who is in psychological distress be handcuffed.

Action 4: Remove all police and security staff as first responders to mental health crises on campus.

Police and security staff are not properly trained to handle mental health crises, and they are specially unsafe for LGBTQ2S and BIPOC students, who are constantly targeted by these systems.



Action 5: Enhance mental health literacy among students, staff, and faculty.

To reduce stigma and ignorance surrounding mental health on campus, institutions should include mental health awareness and prevention training in all orientation and training sessions for students, staff, and faculty.

Demands For The Provincial Government

The provincial government should play a role in creating the conditions to foster improved mental health in Ontario. The burden of mental illness and addiction in Ontario is more than 1.5 times the burden of all cancers, and seven times the burden of all infectious diseases⁹. The current demand for student mental health services is far beyond the capacity of current delivery models. There is a need for system-wide coordination and investment from the provincial government.



Demand 4: Create a mental health, addictions and harm-reduction ministry.

Currently, mental health and addictions services are scattered across 11 different Ministries. This fragmented and dysfunctional system isn't working. Further, the mental health crisis is exacerbated by unclear relationships and a lack of coordination between government ministries, post-secondary institutions, and on/off campus services providers when it comes to taking responsibility for student mental health. The Ontario government needs to account for this confusion and gaps in services.

Action 1: Create a standalone Mental Health, Addictions and Harm-Reduction Ministry.

The provincial government urgently needs to review and streamline available mental health supports at government, post-secondary, and community levels. This new ministry should seek to centralize mental health care for students in Ontario to reduce wait times, provide case-specific care, and relieve the burden on individual supports in place. The Ministry must recognize that post-secondary students have specific mental health needs and consult with students on best practices for institutions and health care providers.



Demand 5: Implement free mental health care and universal pharmacare.

Many students do not seek mental health care because they cannot afford the cost of a single session, let alone the cost of the many sessions that are needed for effective care. Insurance plans offer insufficient coverage, with too few sessions covered at too low a rate. Moreover, many students do not have access to health insurance. Ontario needs to support the call for national, public, single payer universal pharmacare. Canada has the unique distinction of being the only country with a universal national public health care plan that does not include prescription drug coverage. Total spending on prescription drugs has nearly quadrupled since the 1990s and 3% of Canadian families – nearly 1 in 4 – fail to take needed medication due to costs¹⁰. Students have several gaps in their health coverage: Children and Youth Pharmacare program exclude post-secondary students, limitations within the Ontario Drug Benefit Program that forces them to pay out of pocket for syringes and medical supplies, dispensing fees, mature students have less coverage support in coverage, for-profit student health plans have increasing premiums while decreasing coverage and University Health Insurance Plans may severely limit and restrict the health care options of international students.

Action 1: Immediately make counselling available for free for all students in Ontario.

This should include sufficient funding to timely access services by medical doctors, psychologists, psychiatrists/MSW's, mental health practitioners and Elder counsellors.

Demands For The Provincial Government

Action 2: Implement universal Pharmacare for all.

Work with and push the federal government to create universal, single payer pharmacare.



Action 3: Include more programs and services under OHIP.

The provincial government needs to factor key services that are paramount to address physical and mental health, this includes; paramedical services, dental, vision, ergonomic therapy, nutrition and physical therapy. With a majority of post-secondary education moved to online learning, students are studying at home which can be both a physical strain and mental toll.

Demand 6: Address social inequities and increase community support.



Financial insecurity, housing insecurity, and food insecurity are huge contributing factors to poor student mental health. Poor mental health and severe anxiety symptoms are substantially higher among individuals in households with moderate food insecurity (45.3% and 45.0%, respectively) and severe food insecurity (51.0% and 70.5%, respectively)¹¹. As a result of high tuition fees and the pandemic, recent data shows 44% of post-secondary students are concerned about paying for current expenses, 46% are worried about paying next term's tuition and 43% worried about their ability to afford next term's accommodation¹². Extensive community support is necessary to reduce the overall stress that students experience on a daily basis. Government and post-secondary institutions need to work together to reduce precarity on and off campus. Further, students often turn to each other in times of need. While peer-support groups cannot act as a substitute for professional help, some students facing mental health challenges prefer to speak to a peer, and engage in group therapy/support sessions. Additionally, wellness centres can provide valuable community engagement and support on campus, to help combat some mental health stressors such as loneliness and isolation.

Action 1: Eliminate tuition for everyone studying in Ontario.

Tuition remains a major barrier for PSE attainment and financial insecurity is a driver for poor mental health.



Action 2: Allocate funding to food and housing support programs through Ontario campuses.

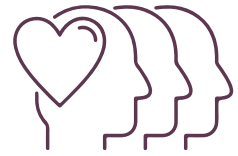
Students cannot be expected to live with such precarity while sustaining high levels of academic workload and performance standards without a negative impact on mental health. Student run and campus services are essential to help students, as they are connections to community programs.

Action 3: Provide affordable housing on and off campus.

Many students cannot afford residence housing at the current cost, and are forced to be houseless or live hours outside of the city centre in order to keep paying for school. Providing safe, affordable housing on campus will allow students to focus on their studies, rather than having to worry about expensive rent or hour long commutes. More needs to be done to address affordable housing plans off campus as well.



Demands For The Provincial Government



Action 4: Allocate more funding to campus wellness centres and peer- support groups.

These services provide an essential space to support student wellness.

Action 5: Increase funding for functional spaces for mental health care, mental health promotion, and mental health community-building.

Students need spaces for mental-health conversation and programming that are accessible, confidential, and welcoming to all students. Many counselling spaces on campus are overcrowded, and make anonymity impossible.

Action 6: The government needs to collect race-based data on student experience of racism on campus, as well as student mental health.

There is a lack of information on how racialized students experience post secondary education, and the specific stressors they encounter. Experiences of racism contribute to the educational outcomes of these students, and create mental health impacts. These issues cannot be addressed without the government committing to collect and transparently disseminate race based data of students to begin addressing systemic inequities.



The government needs to work with institutions on data collection and use this information to better hold themselves accountable, and to implement the relevant changes to their structures and practices. Most importantly, student privacy and confidentiality needs to be included in this process. The government must work with students and student groups to collect needed information on the unique mental health challenges faced by marginalized students in a safe and confidential matter.

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