

# MENTAL HEALTH

IN ONTARIO'S POST-SECONDARY EDUCATION SYSTEM

POLICY PAPER  
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# Mental Health in Ontario's Post-Secondary Education System

Policy Paper  
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## About Our Organization:

The College Student Alliance (CSA) is a member-driven advocacy organization that has been proudly serving Ontario's college and college-university students since 1975. The CSA currently represents students from 16 colleges and 23 student associations with over 130,000 full-time student members throughout the province.

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## Executive Summary

This document discusses what it means to be mentally healthy and how it relates to the post-secondary education (PSE) sphere in Ontario. It provides recommendations to improve the recognition of mental health issues on campus and to enhance support services. It explores current youth trends and how the student experience in PSE can be used to set the foundation for healthy lifestyle habits and choices as the role of PSE institutions during the students' time in post-secondary education is critical. The recommendations explore the options that institutions, government, and stakeholders have available to them to support students' mental health as they pursue higher education.

The increasing pressures that counselling services have been experiencing in supporting more complex and frequent mental health issues are investigated, as are recent developments in Ontario's PSE spheres as they relate to mental health. Included is a discussion of the role of PSE in mental health promotion and treatment as well as a description of the recent shift to a collaboration of counselling efforts. To help readers understand the different policy actors involved, there is a map on page 7 of Ontario's PSE mental health stakeholders. An overview of what the most frequent issues are for students is provided as is a description of the issues that arise due to a lack of access to mental health services.

In the conclusion of this paper, there are 13 recommendations to improve mental health and support in Ontario's PSE sphere. These recommendations can be easily implemented by government and sector stakeholders to improve students' mental health across campuses, and they are focused on bringing about more collaboration among stakeholders and the promotion of mental health.

These 13 recommendations are made so that there is more fairness, access and equity in the PSE sphere. They call for (1) the development of

a mental health in PSE policy framework (jointly with stakeholders) and for (2) a greater exchange of knowledge through collaboration and the sharing of best practices. Another recommendation (3) is increasing the levels of funding for institutions so that they can develop and maintain support services, and (4) a the development of a mechanism that allows students to identify themselves as needing additional support in the early stage of their college career.

To further this, (5) institutions must have clearly articulated confidentiality and disclosure policies, and (6) all stakeholders must ensure that students are able to access a coordinated support system on campus or across the province with external agencies. In order for PSE institutions to support students in a more efficient way, (7) support and train staff and administration on all levels to recognize, and appropriately deal with mental health and addiction issues as necessary.

In terms of the measurement of success in mental health support, (8) stakeholders must have a clear statement of aims and outcomes for mental health initiatives with clear indications of how these will be achieved, measured, and evaluated. With respect to the promotion of mental health, (9) the government, external stakeholders, and institutions should promote a healthy lifestyle that includes the reduction of alcohol, tobacco, and substance misuse. Indeed, (10) sector stakeholders must work together to raise awareness and de-stigmatize mental health and substance use issues across the province.

Lastly, (11) governments, institutions, and stakeholders must make sure that students have access to support services for mental health, including the (12) reestablishment of the Ontario Special Bursary Program and (13) the engagement of students in development and evaluation of mental health initiatives and services in their post-secondary education institution.

## What Is Mental Health?

Mental health refers to our cognitive and emotional well-being. According to the World Health Organization (WHO), mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Mental health can also be defined as “...the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”<sup>1</sup> Mental illnesses, in contrast, are characterized by alterations in thinking, mood or behaviour—or some combination thereof—associated with significant distress and impaired functioning.

The symptoms of mental illness vary from mild to severe, depending on the type of mental illness, the individual, the family, and the socioeconomic environment.<sup>2</sup> Mental health is recognized as a major contributor to maximizing the benefit that students derive from their experiences at a college or university, and the contribution that students make to the community.

The College Student Alliance (CSA) believes that the importance of mental health for

students is paramount for their overall health and that the promotion of mental health is an effective way to improve the overall quality of the college students’ lives. Promoting mental health is a reliable way to develop the potential of the students and can help build a healthy atmosphere and campus culture. Mental health difficulties on campus can have the potential to disrupt individual student performance, classes, and student activities and may lead to critical incidents that impact the campus community.

## Youth and Mental Health

The mental health of youth is as important as their physical health. Those who suffer from mental health issues are also more likely to manifest both physical and mental health and problematic substance use. The onset of most mental illnesses occurs during adolescence and young adulthood; more specifically the 15-25 is a natural age range for the onset of mental disorders, a time when many young people are attending college and university.<sup>3</sup> The post-secondary student population falls into the highest-risk age group for mental illness and problematic substance use. Indeed, 18% of youths aged 15–24 reported symptoms associated with mental health and addiction issues, compared with 12% of 25–44-year-olds and 8% of 45–65-year-olds.

Studies have shown that stress, sleep loss, and depression are commonplace in the student population. Excessive stress induces

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<sup>1</sup> Lakaski, Carl. 2008. “Mentally Healthy Communities: An Exploration” *Mentally Healthy Communities: A Collection of Papers*. Last accessed April 25, 2012

<sup>2</sup> Government of Canada. 2006. *The Human Face of Mental Health and Mental Illness in Canada*. Retrieved from [http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human\\_face\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf).

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<sup>3</sup> Gail MacKean. 2011. *Mental health and Well-Being in Post-Secondary: a Literature and Environmental Scan to Support Planning and Action in Canada*. Last accessed April 12, 2012, from: [https://www.cacuss.ca/content/documents/Link/CA/CUSS/Post%20Sec%20Final%20Report\\_June6.pdf](https://www.cacuss.ca/content/documents/Link/CA/CUSS/Post%20Sec%20Final%20Report_June6.pdf)

physical impairments, and it is not uncommon to find students afflicted with persistent lack of energy, loss of appetite, headaches, or gastrointestinal problems.<sup>4</sup> However, due to the fact that Ontario's PSE attainment rate is 67% and so many students are participating in some form of post-secondary education, colleges and universities are extremely well placed to deal with these issues, and college and university students have been found to respond particularly positively to treatment.

Colleges and universities are learning institutions in which students grow and gain knowledge in their fields of study. Students can use this time to develop good habits and open their minds to new ways of life. PSE institutions can promote the formation of healthy habits that will serve students throughout their lives. It is widely accepted that early diagnosis and treatment produces better outcomes. PSE institutions are particularly well placed to facilitate early intervention that can provide students the support they need to develop life skills that will serve them well so they can be contributing members of society. It has been estimated that every \$1 spent on mental health and addictions treatment saves \$7 in health costs and \$30 dollars in lost productivity and social costs.<sup>5</sup>

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<sup>4</sup> Ranjita Misra and Linda G. Castillo. 2004. "Academic Stress among College Students: Comparison of American and International Students." *International Journal of Stress Management*. Vol. 11, No. 2, 132–148 p. 133

<sup>5</sup> Ontario Ministry of Health and Long-Term Care. 2009. Every door is the right door: Towards a 10-year mental health and addictions strategy. From: [http://www.health.gov.on.ca/english/public/program/mentalhealth/minister\\_advisgroup/pdf/discussion\\_paper.pdf](http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/pdf/discussion_paper.pdf)

## Increasing Pressures on Counselling Services

More students are accessing counselling services on campus. Counselling centre directors consistently report their perception that the severity of students' issues and usage of the services in the previous five years have been increasing.<sup>6</sup> This trend has been consistently expressed in Canada, the U.S., and the UK since the 1980s, along with the fact that students are seeking counselling with increasingly more severe and complex issues. This is in line with current trends in PSE surveys of post-secondary counselling centre directors' perception of continually increasing levels of [the increasing complexity of psychiatric disorders] among the student clientele.<sup>7</sup>

Counselling center directors are troubled by increases in suicide ideation and behaviours, self-injury reports, crisis counselling needs, eating disorders, past sexual trauma reports, and sexual assaults.<sup>8</sup> When asked what hindered their abilities to address students' health issues, the three most frequently identified factors were a lack of proper staff, a lack of financial resources, and a need for more (physical) space.<sup>9</sup> There needs to be changes to resolve these shortages so counsellors can better serve increasingly diverse campus populations. As

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<sup>6</sup> Cairns, Sharon L., Helen F. Massfelle, and Sander C. Deet. 2010. "Why do Post-secondary Students Seek Counselling?" *Canadian Journal of Counselling/Revue canadienne de counselling*/2010, Vol. 44:1 p. 34.

<sup>7</sup> Cairns et al., p 34

<sup>8</sup> Gallagher, R. P. 2007. *National Survey of Counseling Center Directors 2007*. Last Accessed March 9, 2012 from:

[http://www.iacsinc.org/NsccdSurveyFinal\\_v2.pdf](http://www.iacsinc.org/NsccdSurveyFinal_v2.pdf)

<sup>9</sup> Patterson, P. and Kline, T. 2008. *Report on Post-Secondary Institutions as Healthy Settings: The Pivotal Role of Student Services*. Health and Learning Knowledge Centre: Victoria, B.C., Canada. P. 7.

students become more varied and enter post-secondary education from different backgrounds, it is important that mental health professionals acquire the knowledge and skills required to understand the cultural implications of providing services to diverse groups in order to understand the worldviews of students who are diverse.

### Recent Developments in Ontario

In June 2011, the Ontario government announced its comprehensive Mental Health and Addictions Strategy, titled “*Open Minds, Healthy Minds.*” Starting this year, the government will invest a total of \$257 million over three years in the province’s mental health and addiction system to help children and youth access support services. Included in the announcement was a commitment to adding additional mental health workers to college and university campuses to help with students’ transition from secondary to post-secondary education.<sup>10</sup>

This is extremely important as research shows that many traditional-age students struggle with their transition from high school to higher education. The years spent in PSE usually bring about significant changes in the students. Not only do the students tackle academic pursuits, but many face transformations in identity formation, moral reasoning, interpersonal relationships, cognitive development, and social perspec-

tives.<sup>11</sup> These developmental milestones frequently have a considerable impact on an individual’s mental health and may contribute to the development of a mental disorder. More needs to be done to address the issues that college-aged students experience, as discussed below.

Recently, the Mental Health Commission of Canada released Canada’s first strategy, titled “*Changing Directions, Changing Lives: The Mental Health Strategy for Canada*” to improve the mental health of all Canadians. The Strategy focuses on improving mental health and well-being for all people living in Canada and on creating a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses and their families.<sup>12</sup>

### Role of PSE in Mental Health Promotion and Treatment

Post-secondary institutions are important vehicles for reaching young adults. While the government provides support for health promotion activities aimed at increasing adolescents’ mental health, particularly from elementary to secondary school, similar programs for young adults are less prevalent even though research confirms that the transition from adolescence to adulthood is often challenging.<sup>13</sup> As mentioned

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<sup>10</sup> Government of Ontario. 2011. *Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy*. Last accessed March 4, 2012, from: [http://www.health.gov.on.ca/english/public/pub/mental/pdf/open\\_minds\\_healthy\\_minds\\_en.pdf](http://www.health.gov.on.ca/english/public/pub/mental/pdf/open_minds_healthy_minds_en.pdf)

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<sup>11</sup> E.T. Pascarella and P.T. Terenzini. 2005. *How College Affects Students: Vol. 2, A Decade of Research*. San Francisco: John Wiley & Sons, Inc.

<sup>12</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Last accessed May 18, 2012 from: <http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

<sup>13</sup> The Canadian Council on Learning Health and Learning Knowledge Centre Young Adults Work Group. 2006. Health and Learning Knowledge Centre—Young Adults Work Group Environmental Scan.

above, the challenges of young adult development are often met with the onset or re-alization of mental disorders and mental health issues. PSE institutions can play a major role in mental health promotion among the young adult demographic. Indeed, it is generally accepted that PSE institutions now have an added responsibility to provide reasonable support for student mental health. Mental health promotion can be understood as the “attempts to encourage and increase protective factors and healthy behaviours that can help prevent the onset of a diagnosable mental disorder and reduce risk factors that can lead to the development of a mental disorder.”<sup>14</sup>

It is critical that young adults learn to be mentally healthy individuals earlier on in life. With respect to the economy, poor mental health or mental illness can negatively impact the government and the economy quite considerably. In 2009–10, 78% of short-term disability claims and 67% of long-term disability claims in Canada were related to mental health issues.<sup>15</sup> According to a study from the Centre for Addiction and Mental Health, diagnosed and undiagnosed mental health issues cost the Canadian economy \$51 billion a year in health services usage, long- and short-term

work loss, and reductions in health-related quality of life (e.g., increases in pain and suffering).<sup>16</sup>

There is a strong and growing awareness that mental health and problematic substance abuse are key dimensions of college and university life and that these affect learning and academic success. Some colleges and universities across Canada are starting to get actively engaged in developing comprehensive policies and services to address mental health issues and problematic substance abuse.<sup>17</sup> This is a relatively recent trend because in the past Canada lagged behind the United States and the UK in documenting students’ concerns and assessing distress using standardized measures.<sup>18</sup>

Most people who are going to have lifelong mental health and problematic substance use issues will be diagnosed before they turn 24 years of age. Mental health and addiction support is very important on campuses across Ontario as there is a high participation rate and because 18% of youth aged 15–24 reported symptoms associated with mental health and addiction issues.

This high participation rate could potentially address a major concern in mental health promotion, especially as people with mental health and problematic substance use issues will wait a median of 11 years to seek treatment after the mental health and ad-

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Last Accessed March 1, 2012 from:  
[http://www.accc.ca/ftp/pubs/studies/200612-CCL\\_HLKC.pdf](http://www.accc.ca/ftp/pubs/studies/200612-CCL_HLKC.pdf), p. 20.

<sup>14</sup> The Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices (NREPP).ND. “Glossary.” Last accessed April 17, 2012, from:

<http://nrepp.samhsa.gov/AboutGlossary.aspx>

<sup>15</sup> Towers Watson. 2009. *North American Staying at Work Report: The Health and Productivity Advantage*. Last Accessed April 20, 2012, from: [www.towerswatson.com/assets/pdf/648/The%20Health%20and%20Productivity%20Advantage%20-%20Staying@Work%20Study.pdf](http://www.towerswatson.com/assets/pdf/648/The%20Health%20and%20Productivity%20Advantage%20-%20Staying@Work%20Study.pdf) p. 22

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<sup>16</sup> Lim, K.-L., P. Jacobs, A. Ohinmaa, D. Schopflocher, and C. S. Dewa. 2008. “A New Population-Based Measure of the Burden of Mental Illness in Canada.” *Chronic Diseases in Canada*, 28, 3, 92–98. [www.phac-aspc.gc.ca/publicat/cdic-mcc/28-3/pdf/cdic28-3-2eng.pdf](http://www.phac-aspc.gc.ca/publicat/cdic-mcc/28-3/pdf/cdic28-3-2eng.pdf). p. 96

<sup>17</sup> MacKean, 2011.

<sup>18</sup> Cairn et al., p. 36



diction issue's inception.<sup>19</sup> If there is early detection of mental health and problematic substance use, students could learn how to best maintain their mental health. This is especially true for those students who live with chronic mental illnesses or psychosocial disabilities.

At such an age, post-secondary students face not only the ever-increasing challenges of higher education but also many developmental issues that accompany late adolescence and young adulthood, such as individuation and connectedness to family, the development of friendships and intimate relationships, career choices, and the pursuit of personal and professional goals. This is a critical time for people in their lives as mental illnesses usually have their first onset in young adulthood.

As it becomes more costly for students to pursue a higher education, it is important that support exists in the system to help students succeed. A UK study recently confirmed what has been commonly observed about student welfare: financial and other difficulties at the PSE level can increase students' levels of anxiety and depression and that financial difficulties can have an impact on academic performance.

Furthermore, the study has shown that exam performance appears to be adversely

affected by the presence of depression.<sup>20</sup> Of all the adverse experiences assessed, financial hardship was the only factor to show an independent relationship with depression when pre-entry anxiety and depression were controlled. This indicates that the direction of causality is more likely to be from financial problems to depression than vice versa.<sup>21</sup>

The urgency to address mental health in PSE is profound. At the individual level, mental health problems can have a devastating impact on a student's academic success and social functioning. PSE institutions provide unique circumstances for government to help set students on the right path and have a positive impact on student mental health. Many students have left home for the first time and may be experiencing developmental challenges associated with these changes.

Academic and social stressors may also add to challenges in maintaining positive mental health. If left untreated, these issues can be traumatic at the individual level and can escalate to crises and can have a major effect on the mental health of the rest of the community. As many students attend PSE, they develop habits that will impact their health for the rest of their lives. It is imperative that institutions recognize this fact and promote a healthy lifestyle that students can then adopt.

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<sup>19</sup> Ronald C. Kessler, Matthias Angermeyer, James C. Anthony, Ron De Graaf, Koen Demyttenaere, Isabelle Gasquet, et al. 2007. "Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative". *World Psychiatric Association*. Last accessed March 10, 2012 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/>

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<sup>20</sup> Andrews, Bernice and John M. Wilding. 2004. "The relation of depression and anxiety to life-stress and achievement in students". *British Journal of Psychology*. Nov 2004 v95 i4 p. 509(13)

<sup>21</sup> Bernice Andrews and John M. Wilding.

## Mental Health PSE Stakeholders Map<sup>22</sup>



- UNIVERSITY/CENTRIC
- PSE COLLABORATIVE GROUPS
- GOVERNMENT/PUBLIC SECTOR
- EXTERNAL STAKEHOLDERS
- COLLEGE /CENTRIC

<sup>22</sup> Adapted from Dr. Su-Ting Teo's Provincial Stakeholders in Postsecondary Student Mental Health Map, with thanks.

## Collaborative Counselling Efforts

The promotion of mental health on campuses is necessarily a collaborative process: there has been an integration of support services that can work together to address mental health and addiction issues. This engagement is in line with the trend in recent years that has resulted in a shift from focusing primarily on improving services for people living with mental health and problematic substance use issues to promoting mental and well-being for all.

This approach has partly developed from the current economic reality that there are not enough resources to properly address all services that students may need.<sup>23</sup> Due to this fact, institutions are asked to do more with continually fewer resources. It is out of this need that support services have become more collaborative in nature, especially as mental health and problematic substance use issues are multifaceted and require a multi-pronged approach. This collaboration between accessibility or disability services, counselling services, and health or medical services is vital for students' success.

Different post-secondary institutions have different responses to mental health, which can be placed into four model categories and each tries to address a different level of

intervention. These include interventions at the individual, group or interpersonal, campus, and community and society levels.<sup>24</sup> These different interventions seek to increase mental health and problematic substance use awareness, identify at-risk students, help students' development of life skills, and create a social network.

This is important to keep in mind so that PSE institutions can provide available adequate, accessible, mental health and addiction services rooted in a recovery and student-centred philosophy, resulting in a campus environment that nurtures, supports, and promotes student mental health. A number of the health promotion activities offered on college and university campuses help to improve students' mental health literacy by covering topics which help to improve mental health such as life balance, stress management, depression, anxiety, panic, insomnia and other sleep disorders, exam stress and suicide prevention.<sup>25</sup>

With regards to suicide prevention, there has been a PSE initiative developed called The Jack Project that is the legacy of Jack Windeler who, in March 2010, died by suicide during his first year of studies at Queen's University.<sup>26</sup> The Jack Project collaborates closely with Kids Help Phone which provides free, anonymous, and confidential bilingual phone and on-line counselling service for youth aged 5-20. The Jack Project provides information and support to young people as they move from late-high school into college, university, or independ-

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<sup>23</sup> Silverman, D., Underhile, R., Keeling, R. 2008. "Student Health Reconsidered: A Radical Proposal for Thinking Differently About Health-Related Programs and Services for Students". *Student Health Spectrum*, June 2008, AETNA Student Health. Retrieved from: <http://www.aetnastudenthealth.com/uploads/documents/spectrum/2008%20Summer%20-%20College%20Health,%20Health%20for%20a%20Lifetime.pdf>.

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<sup>24</sup> MacKean, 2011

<sup>25</sup> Patterson and Klein, p. 36.

<sup>26</sup> The Jack Project. ND. *About Us*. Accessed May 15, 2012, from: [thejackproject.org/about-us/about-us](http://thejackproject.org/about-us/about-us)

ent living as this transition is especially difficult.

In recent years, counsellors and staff have more frequently undergone training to recognize and provide support to students, especially those that are in high-risk or critical situations. Examples of these training programs include SafeTALK and Mental Health First Aid (MHFA). SafeTALK is a three hour training program that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. Mental Health First Aid is a two day program which teaches people how to: recognize the signs and symptoms of mental health problems; provide initial help; and guide a person towards appropriate professional help. Many institutions have developed their own programs to help students as the needs and demographics on campuses can shift from one institution to the next and from one campus to another.

### What are the most frequent issues students face?

**Figure 1.1 Most frequently identified student health issues/challenges**<sup>27</sup>

| Student Health Challenge/Issue                         |
|--------------------------------------------------------|
| Mental health (anxiety, depression)                    |
| Sleep Deprivation (fatigue)                            |
| Stress                                                 |
| Addiction (alcohol, drugs, on-line gambling)           |
| Poor nutrition (diet), eating disorders, weight issues |
| Flu/colds                                              |
| Unplanned pregnancy/STDs, sexual health                |
| Lack of physical activity                              |
| Financial concerns                                     |
| Life balance                                           |
| Learning disability                                    |
| General physical health                                |

<sup>27</sup> Patterson and Kline, p. 19.

**Figure 1.2 Services most frequently used to address students' health concerns**<sup>28</sup>

| Help Available                                         |
|--------------------------------------------------------|
| Health clinic on campus, nurses and doctors on campus  |
| Counsellors, psychologists, elders available on campus |
| Recreation/fitness centre, gym, pool                   |
| Social events/clubs organized by student government    |
| Massage, chiropractic, physiotherapy available         |
| Career, guidance counselling                           |
| Supportive instructors/professors                      |
| Tutors (informal and formal arrangements)              |
| Student Disabilities service                           |
| Off-campus contact                                     |
| Funding, financial aid                                 |
| Residence life/advisors                                |
| Multi-faith chaplains                                  |
| Learning/orientation                                   |

**Figure 1.3 The most frequent impacts of students' health-related concerns**<sup>29</sup>

| Impact Identified                                            |
|--------------------------------------------------------------|
| Effect on academic performance                               |
| Dropping out/retention/completion                            |
| Increased anxiety                                            |
| Poor concentration                                           |
| Prone to catch flus and illnesses                            |
| Domino effect (trying to deal with one issue causes another) |
| Lose Interest in learning                                    |
| Guilt                                                        |
| Poor grades/student learning                                 |
| Lower self-esteem/confidence                                 |
| Depression                                                   |
| Healthy lifestyle choices                                    |
| Sense of security for students                               |
| Recruitment                                                  |
| Productivity                                                 |
| Not sure                                                     |

<sup>28</sup> Patterson and Kline, p. 20.

<sup>29</sup> Patterson and Kline, p. 21.

## Lack of Access to Mental Health Services

The inability of students to access support services in PSE directly impacts their ability to complete their program and graduate on time, as the presence of mental health and problematic substance use illness diminishes graduation and persistence rates. To illustrate this ongoing trend, research shows that 5% of college students prematurely end their education because of a mental illness<sup>30</sup> and that disorders of anxiety, mood, problematic substance use, and conduct are strong predictors of academic failure.

Research shows that 79% of 34 Canadian counselling centre directors who responded to a comprehensive survey reported increased severity of student issues in the previous five years.<sup>31</sup> Many of the students who attend counselling may be at risk of dropping out of school. In fact, U.S. counselling centre directors have reported that between 7% and 8% of their clients have psychological problems so severe that they are not able to remain in school.<sup>32</sup> These trends are anecdotally present in the Canadian PSE demographic as well.

Based on recent research in Ontario's colleges, mood (37.5%) and anxiety (24.6%) disorders were the most prevalent individual diagnoses.<sup>33</sup> The impact of these issues is

visible in students' academic work: college service providers reported that 67.7% of all students they saw were experiencing academic challenges, most frequently difficulties maintaining concentration, being easily distracted, frequent absences from class, not having enough energy to complete academic work and difficulties with organization.<sup>34</sup>

## Ontario Student Assistance Program (OSAP) and Mental Health

The Ontario Student Assistance Program (OSAP) application takes into consideration that those students with disabilities (including mental disabilities) will usually take more time to complete a program. For the purposes of the OSAP application, a "permanent disability" is defined as a functional limitation that is caused by a physical or mental impairment that restricts a person's ability to perform the daily activities necessary to participate in studies at a post-secondary level or in the labour force, and that is expected to remain with him or her for his or her expected life.<sup>35</sup>

In order to receive full OSAP, a student must have a 60%–100% class load to qualify as full-time student in a study period. However, if a student has a permanent disability, students are required to have 40%–59% of a full course load to be eligible for OSAP as a full-time student in a study period. Prior to the passing of the 2012 Ontario Pro-

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<sup>30</sup> Kessler, R., Foster, C., Saunders, W., & Stang, P. 1995. "Consequences of psychiatric disorders: Educational attainment". *American Journal of Psychiatry*, 152, 1026–1032.

<sup>31</sup> Cairn et al., p. 36.

<sup>32</sup> Gallagher, R. P. 2007. *National survey of counseling center directors 2007*. From [www.iacsinc.org/NsccdSurveyFinal\\_v2.pdf](http://www.iacsinc.org/NsccdSurveyFinal_v2.pdf).

<sup>33</sup> Holmes, A., Silvestri, R., Kostakos, M. 2011. *The Impact of Mental Health Problems in the Community*

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*College Student Population*. Toronto: Higher Education Quality Council of Ontario., 2010, p. 19.

<sup>34</sup> Holmes, A., Silvestri, R., Kostakos, M. (2011). 2011.

<sup>35</sup> Ministry of Training, Colleges and Universities, Student Financial Assistance Branch. 2011. *Instructions for OSAP Paper Application Form for Full-Time Post-secondary Students 2011-2012 OSAP*. From: [osap.gov.on.ca/prodconsum/groups/forms/documents/forms/prd003635.pdf](http://osap.gov.on.ca/prodconsum/groups/forms/documents/forms/prd003635.pdf). p. 17.

vincial Budget, students were able to also receive the OSAP Disability Grant, and if there was a need for specialized technology, students could have accessed the Ontario Special Disability Technology grant for assisted learning. However, this program is not available anymore due to the program funding being cut in the 2012 provincial budget.

This is how the program used to be regulated and administered: the Canada Student Financial Assistance Regulations required that students submit documentation to demonstrate that a permanent disability, as defined above, existed. They had to have provided a recent medical certificate, report or assessment (e.g., a learning disability assessment) completed by a qualified practitioner, or documentation proving that the student was in receipt of federal and/or provincial disability assistance.

These assessments can be very expensive for students, as the cost of assessment typically ranges from \$800 to \$1,700, and must be paid upon the initial OSAP application. Some colleges offer these assessments, called psycho-educational assessments, through counselling services but these practices vary greatly from one institution to another. The CSA believes that the cost of assessments are too high, especially considering that the students who have demonstrated financial need through the OSAP application are the least able to pay for them. This expectation is counterintuitive.

With respect to OSAP and the Ontario Disability Support Program (ODSP), when applying for a student loan, an ODSP recipient must have identified on the OSAP application his or her family's estimated income from social assistance during the study pe-

riod. A loan received from the Ontario Student Assistance Program (OSAP) or Canada Student Loan Program (CSLP), which is used for "education costs" and transportation costs, was exempt as income under the ODSP.<sup>36</sup>

For students who may have issues covering the assessments used to have the Bursary for Students with Disabilities (BSWD) available up until this year, again, due to the 2012 provincial budget cuts. This bursary was disbursed under the umbrella of Ontario Student Assistance Program (OSAP) and the Ontario Special Bursary Program (OSBP), but the OSBP was cut in the 2012 Ontario Budget. The distribution worked in this way. If currently registered university or college students were OSAP eligible, they could have accessed this bursary to pay for their assessment. Students did not have to be receiving OSAP to apply for this bursary and only needed to demonstrate financial need for \$1 of OSAP to access the BSWD.<sup>37</sup> The BSWD was not a loan and did not need to be repaid. However, it was considered taxable income. In order to access the BSWD to pay for their assessments, students had to complete an application and qualify to OSAP. The CSA believes that the Ontario Special Bursary Program (OSBP) was very valuable to students and that the program should be reinstated especially as

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<sup>36</sup>Ministry of Community and Social Services. 2012. *Ontario Disability Support Program—Income Support Directives*.

[www.mcsc.gov.on.ca/en/mcsc/programs/social/directives/directives/ODSPDirectives/income\\_support/5\\_11\\_ODSP\\_ISDirectives.aspx](http://www.mcsc.gov.on.ca/en/mcsc/programs/social/directives/directives/ODSPDirectives/income_support/5_11_ODSP_ISDirectives.aspx).

<sup>37</sup>Regional Assessment and Resources Centre (RARC). 2012. *Fees and Funding*. Last Accessed March 22, 2012, from: [www.queensu.ca/hcde/rarc/Services/Fees.htm](http://www.queensu.ca/hcde/rarc/Services/Fees.htm)

it helps student populations from lower-income families.

## RECOMMENDATIONS

More needs to be done in the PSE sphere to address the issues outlined in this paper, especially in a time of budget constraints and competing priorities.

### **Recommendation 1: The government needs to develop a policy framework on the provincial level to guide PSE mental health and addiction policies in collaboration with stakeholders.**

The government has recognized the fact that youths need support in their transition from secondary to post-secondary school. With the *“Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy,”* the Ontario government is seeking to support 16,000 youths with mental health needs as they transition from secondary to post-secondary educational settings. The students who are already enrolled in post-secondary need support too, as the PSE sphere is laden with stress, which can trigger mental health and problematic substance use issues. The age group that attends PSE is within which onset of mental illness typically occurs and the issue is that responses to address these issues are patchy within and between institutions.

The creating of a PSE policy framework would go a long way to help institutions organize and collaborate on mental health issues across the province. In Ontario, collaborations are not widespread and tend to be between individuals and groups and students rather than be systemically oriented. When efforts are coordinated and sus-

tained, stakeholders can have great impact on policy, even during times of fiscal constraints. The creating of a policy framework would go a long way to help institutions organize, collaborate, and address mental health issues across the province in a systematic and strategic way.

### **Recommendation 2: Institutions, government and stakeholders should work in collaboration to improve communications and knowledge exchange of mental health promotion across the province.**

The ability of stakeholders to meet and develop a mechanism for sharing best practices is paramount to the success of mental health promotion. There are many stakeholders in Ontario that have developed similar programs and policies independently of one another: these efforts are fragmented both in the province and in institutions. This is not the most effective use of resources for cash-strapped services. Ideally, each campus should have a comprehensive mental health and problematic substance use strategy that combines all of the support services on campus. Some campuses have joined with external organizations to implement programs and supports on campus and have had great success. It is important for various stakeholders to build on each others’ successes rather than have individual initiatives that are siloed.

Different organizations and stakeholders in British Columbia have joined to create a community of practice to bring stakeholders together to support students in PSE within the province. The community of practice is part of the *“Healthy Minds, Healthy Campuses Initiative.* They have developed a

website ([www.healthycampuses.ca](http://www.healthycampuses.ca)).<sup>38</sup> The initiative is managed and coordinated on behalf of the BC Partners for Mental Health and Addictions Information by the Canadian Mental Health Association (CMHA) BC Division and the Centre for Addictions Research of BC. The BC Partners are a group of non-profit agencies working together to help individuals and families manage mental health and substance use concerns by providing quality information and resources. The Healthy Minds, Healthy Campuses website serves as a site for communication towards action within and between post-secondary institutions in BC, their communities, and researchers. The overall goal is to support students' mental health and reduce problematic substance use.<sup>39</sup>

The development of a system such as this in Ontario would not only move mental health forward, it would be very cost effective for the government and PSE institutions. This community of practice model would allow stakeholders to interact regularly to build relationships, learn from one another, share challenges, successes and best practices, as well as develop a collaborative model of problem solving that will foster knowledge mobilization.

**Recommendation 3: Increase levels of funding for institutions or create incentive for institutions so that they can develop and maintain support services for mental health and problematic substance use on campuses.**

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<sup>38</sup> For more information, visit [healthycampuses.ca](http://healthycampuses.ca)

<sup>39</sup> Please visit [healthycampuses.ca](http://healthycampuses.ca) and <http://heretohelp.bc.ca/campus#CoP> for further information.

“College and university accessibility services, for example, are funded by the Access Fund for Students with Disabilities Fund (ASFD) and allocated funding by the Ministry of Training, Colleges and Universities according to institutional enrollment numbers. They also receive funds based on the number of students using their services and the number of students with certain targeted disabilities.

Though the funding from the Ministry is ongoing, there are numerous demands and requirements imposed on the service that necessitate further funding from the postsecondary institution, which are subject to financial pressures and inter-departmental competition for funds found within each college/university. Funding for counselling services may come from the institution, from student fees, from third party insurers or from a combination of these sources”.<sup>40</sup>

Campuses across Ontario are struggling to meet students' demands for mental health and problematic substance use services. Support service staff are asked to do more work, but with fewer resources. This can result in higher waiting times to access services, which causes a backlog that increases as students with crises take priority during a period of a mental crisis. As a result, longer wait times increase crises because issues are not dealt with early on, thus perpetuating the problem. When this lack of adequate resources is coupled with more students entering the system with more complex and difficult mental health and

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<sup>40</sup> Ontario College Health Association. 2009. *Towards a Comprehensive Mental Health Strategy: The Crucial Role of Colleges and Universities*. Last accessed May 15, 2012, from: p. 16



problematic substance use issues, the students' mental health is negatively impacted and can lead to student attrition.

**Recommendation 4: The government must work with institutions to develop a mechanism that allows students the option to identify themselves as needing additional support for mental health and addiction problems in the early application stage of their college career.**

Institutions must have the ability to identify, track, and monitor students who need additional mental health support, especially if they have chronic mental health problems. In order to support students with mental health issues, institutions need to be able to identify students early on in their academic careers. The support systems that students with chronic mental health issues may vary from case to case, but in order for them to have higher participation and graduation rates, it is very likely that they will need added attention to help them cope with the ever-competitive and challenging issues that students experience at the PSE level.

The University of British Columbia (UBC), for example, has a new enrolment process in which all new undergraduate students at UBC Vancouver will be assigned to an enrolment services professional (ESP) who can answer questions and help students resolve problems involving financial planning, eligibility for bursaries and scholarships, emergency funding, registration, and a host of other services. The project is part of a broader UBC initiative aimed at enhancing student engagement. ESPs will be assigned to students in June as they register for fall classes, and they will meet with students once or twice over the course of their undergraduate experience or on an ongoing

basis. This creates a phenomenal opportunity for the institution to identify that they need greater mental health support.

Another possibility is the expansion of the Ontario Education Number (OEN), which elementary and secondary students have assigned to them in their K-12 studies. The expansion of the OEN to post-secondary school would help notify institutions which students would potentially need to have more support as they go into higher education. This, of course, is with the condition that the OEN not be used in a harmful way and that the confidentiality, rights and privacy of the students are maintained.

**Recommendation 5: Institutions must have clearly articulated confidentiality and disclosure policies.**

To go with the recommendation above, as students and staff identify mental health issues among the student population, confidentiality must be a priority and an ingrained consideration. Due to the extremely private nature of mental health issues, students need to be assured that their privacy is maintained in the process of them receiving support. Students with psychiatric disabilities often have problems with concentration, short-term memory, fatigue, as well as periodic crises related to their illness.

As a result, they may require certain accommodations, such as extensions on assignments, or permission to write exams separately from the rest of their class. Or they may need to drop classes without financial penalty. But to qualify, they will need to disclose their disability. Students are often reluctant to do so. They may not be aware that the accommodations are

available, or they may find it too difficult to admit that they have a mental illness.<sup>41</sup> All institutions have some policies related to disclosure, but there is a lack of a single cohesive policy that covers everything relating to disclosure and confidentiality.

In 2010, law firm Hicks-Morley provided Colleges Ontario and the Council of Ontario Universities with a legal opinion of case law surrounding the powers of post-secondary institutions in mental health protocols on campuses. Within this document, the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Personal Health Information Protection Act* (PHIPA) are discussed in relation to institutions sharing information<sup>42</sup> and sharing information with parent,<sup>43</sup> as well as the *Accessibility for Ontarians with Disability Act* (AODA) and what it means for campus mental health protocols.<sup>44</sup>

**Recommendation 6: Stakeholders must ensure that students can access a coordinated Mental Health support system on campus or across the province with external agencies.**

The government must be able to support students across the province outside of the realm of the PSE sphere. Many external stakeholders already provide support for youths with mental health and problematic

substance use issues. If a student cannot access services on campus, he or she should be able to access them easily in their community. In the event of the PSE institution not being able to provide support services, the institution must develop and maintain relationships with external and community stakeholders to better serve their populations. This collaboration will address miscommunication issues. For example, a student can be admitted into hospital and then discharged back to the PSE services without any information which can lead to less appropriate care on campus.

Institutions should work to increase efficiency by practicing greater collaboration of health providers on and off-campus. In the time of fiscal constraints, PSE institutions are being asked to do more with less, especially with the secondary function of the institutions being the offering of student support, with the primary function being the delivery of education. Institutions are nowadays expected to provide support for students with mental health issues, especially as populations are much more diverse and issues become more and more complex. It is paramount then to the success of student support services that the different health providers on campus work in tandem, especially due to the nature of mental health issues being so multifarious.

The Halifax Shared Mental Health Care Program is one such collaborative model and is delivered through family practice clinics and community agencies. Halifax uses a model of shared mental health care in which mental health care providers, primary care providers and community agencies work collaboratively to provide care. Physical and mental health issues are looked at together in an effort to provide better continuity of

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<sup>41</sup> Addiction Research Foundation. 2000. "Supports for higher education (of people with a psychiatric disability)". *The Journal of Addiction and Mental Health*. March-April 2000 v3 i2 p. 4.

<sup>42</sup> Hicks-Morely. 2010. "Re: Mental Health Protocols" Last accessed May 8, 2012, from <http://studentseyeview.files.wordpress.com/2011/06/letter-from-hicks-morley-re-mental-health-protocols-may-20-2011.pdf> p. 15

<sup>43</sup> Hicks-Morely. 2010, p 17

<sup>44</sup> Hicks-Morely. 2010 p 18

care. It grew from needs identified within the community and takes a holistic, team approach to care. Nurses are a pivotal part of that team and are frequently the first contact person and usually the liaison between health care providers, patient, and agencies.<sup>45</sup>

Collaboration with other service providers to deliver mental health services is a key component of the Halifax model and includes direct clinical care, consultation, and education. Mental health workers and psychiatrists are hired by the hospital facilities and are deployed to the community agencies and primary care sites to work with primary care providers such as physicians, social workers and nurses, as well as other professional care providers, including community agency workers.

Some institutions have partnered with external organizations to better provide mental health services to students. For example, Fanshawe College partnered with Mind Your Mind to implement iCopeU on their campuses. Mind Your Mind is a non-profit mental health program that “engages youth, emerging adults and the professionals who serve them to co-develop reliable and relevant resources. These resources are designed to reduce the stigma associated with mental illness and increase access and use of community support, both professional and peer-based”.<sup>46</sup> iCopeU is a program of

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<sup>45</sup> Pamela Chisholm and Donna Lemoine. 2002. “A shared mental health care model: an effective treatment approach that is supported by consumers, community agencies and traditional service providers, this Halifax-based program includes nurses as a pivotal part of the team.” *The Canadian Nurse*. 98. 9; p. 22–24.

<sup>46</sup> Mind Your Mind. 2012. “Who we are”. Vision of mindyourmind. Last Accessed May 7, 2012, from:

Mind Your Mind, and it gives students access to web based tools and resources and access to campus resources.<sup>47</sup>

**Recommendation 7: The institution must provide support and training of staff and administration on all levels to recognize and deal appropriately with mental health and addiction issues.**

When students experience issues with mental health or problematic substance use, there are external indicators of their internal struggle. These warning signs are not obvious to the untrained eye and may be falsely attributed to the everyday stresses of students’ experiences. In order to prevent mental health issues from worsening or to prevent the loss of life, all faculty, staff, and administration must be trained to recognize signs of mental illness, as the indicators are most likely to not be obvious to one person only. This collaborative model has proven to be quite effective in helping students access treatment and support services. It is dependent on communication and shared responsibility within the institutions. Institutions need to be able to train their staff to better recognize these issues and in order to do that, there must be government or administrative support for such programs.

As colleges and other PSE institutions are financially constrained, a recent trend has emerged where institutions partner with private organizations to build and operate student residences and this

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<http://mindyourmind.ca/about-mym/who-we-are?start=1>

<sup>47</sup> iCopeU, Fanshawe College. ND. Last accessed May 14, 2012 from: <http://icopeu.com/fanshawe/home.html#>

partnership can provide revenue. Students that live in residences generally have positive experiences and tend to have higher grade averages than those that live off-campus. This is due to the availability of support services that students can access, as well as a more well-rounded college experience. As the trend to have private companies build and operate residences, there are major factors that must be considered for student success.

Private companies that run residences do so for profit as and are a business. Historically residences were built and operated by the institution for the purpose of providing housing, student support and ultimately enriching the educational experience. As students are presenting with a range of mental health issues, there have to be supportive systems in place. Students have to be able to access a trained staff person, such as a Resident Advisor (RA) or a senior resident manager who is on-call in case of emergencies. These staff should be accessible to students based on a ratio (e.g. 1 RA for every 40 students) to ensure prompt, professional support for every student that needs it.

A mental health framework that guides the development of mentally healthy campuses exists at many institutions. Two of the more exemplary models are from Cornell University<sup>48</sup> and Carleton University<sup>49</sup>. Having a framework that

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<sup>48</sup> Cornell University. 2012. *CU Mental Framework*. Last accessed May 3, 2012 from: <http://www.gannett.cornell.edu/pdf/cmhw/loader.cfm?csModule=security/getfile&PageID=52463>

<sup>49</sup> Carlton University. 2009. *Student Mental Health Framework*. Last accessed May 3, 2012, from:

guides mental health policies goes a long way toward creating a mentally healthy campus environment in which the entire campus is supportive of and engaged.

**Recommendation 8: Stakeholders must have a clear statement of aims and outcomes for mental health initiatives with clear indications of how these will be achieved, measured, and evaluated.**

In order to develop strong policy, there has to be research available to measure and evaluate mental health and supports services on campuses across Ontario. While recent trends have highlighted the lack of data in the Canadian case, the push for research has been primarily independent, especially with respect to the Ontario college sector when compared to the Ontario university sector. The lack of clear measures and evaluations are problematic because they hinder the development of a cohesive and effective policy, which has resulted in the current piecemeal approach to mental health that varies from one institution to the next. The development, monitoring, and evaluation of performance indicators in services offering support to students with mental health difficulties is something that needs to be addressed in Ontario's colleges. Ideally, the government could support and incentivize research in indicators such as the Multi-Year Accountability Agreements (MYAAs) of mental health and then tie funding for mental health initiatives to the indicators.

**Recommendation 9: The government, external stakeholders, and institutions should promote a healthy lifestyle and**

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<http://www1.carleton.ca/studentsupport/student-mental-health-framework/>

## **promote the reduction of alcohol, tobacco, and substance misuse.**

In order to help students develop into mentally healthy citizens, they must be aware of practices and actions that contribute to their mental health. These factors can be stress-coping exercises, the development of a school/work balance and, in the case that it's necessary, the ability to locate and access support services. This is especially important as youth are susceptible to form unhealthy habits as they relate to drug, tobacco, and alcohol misuse, which can be very detrimental to their overall health. As youths in Ontario have such high PSE participation rates, they are well-placed to be informed on mental and physical health development that they can use as they mature. The strengthening of collaboration between different sectors, agencies, and professional groups to share the responsibility for the mental well-being of Ontario's students must be made a priority.

Institutions must also market and promote campus services so that students can be aware of and utilize services. Many students are often not aware of the available mental health resources on campus or may be reluctant to use them, so it is important to conduct an ongoing education, outreach, and advertising campaign to inform them about mental health issues and encourage them to use the services available to them. Residence halls, student orientations, and seminars are excellent places to conduct outreach presentations and make contact with a large number of students.

**Recommendation 10: Stakeholders must work together in a collaborative effort to raise awareness and de-stigmatize mental**

## **health and problematic substance use issues across the province.**

Mental health problems are highly stigmatized in our society. Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. With regard to other aspects of health and health issues, there is a lot more popular support for the improvements of other ailments, especially if they are easily understood. However, because mental health issues are not treated in the same way, there is a lot of embarrassment and discomfort when it comes to speaking about treatment options and health promotion. For example, a person who has the flu or a chronic physical illness is more comfortable about speaking about their experience in comparison to someone who may be diagnosed with bi-polar disorder or suffer from anxiety. Societal support is not as widely given to mental health issues, and while there has been more support and understanding of mental health and problematic substance use issues, there needs to be greater efforts to de-stigmatize mental health and problematic substance use issues so that those who may encounter them are able to access support.

Popular culture shows a lack of support for those with mental illness and problematic substance abuse. It commonly portrays people with mental health issues as being violent or vicious. The stigma and shame associated with mental health issues are still prevalent and are one of the major factors that preclude young people from seeking help. There is a growing body of research that suggests that many mental

health education programs reduce stigma.<sup>50</sup> Research also shows that stigma reduction is most effective when participants have one-on-one contact with an individual who suffer with and is surviving mental illness.<sup>51</sup>

There are three types of strategies—protest, education, and contact—that are consistently utilized to reduce stigma. “Protest is a reactive strategy; it diminishes negative attitudes about mental illness. Education provides information so that the public can make more informed decisions about mental illness. Education strategies are augmented by face-to-face contact.”<sup>52</sup> As stigma continues to be a barrier to higher education in several ways (student reluctance to identify themselves to disability services, inaccurate media portrayals of persons with mental illness, less acceptance of persons with psychiatric disabilities than those with physical or sensory impairments, etc.),<sup>53</sup> the PSE community must continue to be instrumental in fighting the stigma that discourages persons with mental illness from succeeding in college environment.

### **Recommendation 11: Governments, institutions, and stakeholders must make sure**

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<sup>50</sup> Goldney RD and Fisher LJ. 2008. “Have broad-based community and professional education programs influenced mental health literacy and treatment seeking of those with major depression and suicidal ideation?” *Suicide Life Threat Behaviour*. Apr;38(2): 129–42.

<sup>51</sup> Corrigan, P. W. and Penn, D. L. 1999. “Lessons from social psychology on discrediting psychiatric stigma.” *American Psychologist*, 54, 765–776.

<sup>52</sup> Corrigan, P. W. and Penn, D. L., p. 768.

<sup>53</sup> Collins, Mary Elizabeth and Carol T. Mowbray. August 2005. “Understanding the Policy Context for Supporting Students with Psychiatric Disabilities in Higher Education,” *Community Mental Health Journal*, Vol. 41, No. 4, p. 449.

### **that students have access to support services for mental health.**

Students who encounter mental health and problematic substance use issues must have the ability to access support services easily. This may be due to longer wait times, low counsellor to student ratios, and the growing prevalence and severity of mental health issues. Some institutions simply do not have very well-developed or well-marketed student support services. As evidence shows that students that access mental health services are at higher rates of dropping out of school, institutions must be able to provide support to the students from the time they enter the institution to the time that they fulfill their credential requirements. This is especially important in Ontario’s colleges as they attract students from varied backgrounds that are traditionally under-represented in the PSE sphere. A way to address this is to develop standard student to counsellor ratios to ensure that there is sufficient institutional support for all students that pursuing a post-secondary education. Another consideration is for institutions to ensure that educators are encouraged and supported in their efforts to incorporate mental health into the curriculum.

### **Recommendation 12: The Ontario Special Bursary Program must be reinstated so that students can access necessary support.**

This support for the Ontario Special Bursary Program (OSBP) was cut in the 2012 Provincial budget. Prior to the cuts, students were able to also receive the OSAP Disability Grant, and if there was a need for specialized technology, students could have accessed the Ontario Special Disability

Technology grant for assisted learning. Students who applied for OSAP had to show they had a financial need and were fiscally constrained. The removal of this program due to budget cuts is worrying on many levels but especially as it relates to access, affordability, and fairness. Students who are in receipt of or qualify for OSAP do so because they come from families with lower incomes. The removal of this program will greatly and negatively impact those students that have financial need and are therefore less likely to access a post-secondary education. This, coupled with the mental health/disability, can only limit students' progress. It is imperative that funding for the OSBP be reinstated so that all students have a fair and equitable chance to access an education.

**Recommendation 13: Students must engage in developing and providing input into mental health initiatives and services in their PSE institution.**

As students are the recipients of counselling and mental health promotion efforts, they must be able to engage in the development of and provide input into mental health initiatives and services in their PSE institution. Students should be consulted, whether on an institutional level (through student governments or clubs/groups), or on a provincial level (College Student Alliance [CSA] and the Ontario Undergraduate Student Alliance [OUSA], for example), or the national group (the Canadian Alliance of Student Associations [CASA], for example). Students could have the chance to engage in institution-specific campaigns as well.

## Conclusion

Mental health is an important component of a healthy lifestyle. As students experience more frequent and intense issues related to their mental health, they must be supported in order to be successful in school and in their development of good habits. The PSE sector has a key role to play in this support as they are instrumental to the promotion of mental health and the treatment of mental health issues and problematic substance use issues at a very critical time in students' developments. In order for proper support to be in place, institutions, stakeholders, and government must be able to put in place mechanisms that ensure mental health, such as educational and anti-stigma campaigns, mental health promotion initiatives, and counselling services, to name a few.

As there are increasing pressures on counselling services to provide services in the face of more complex and frequent mental health issues, counselling services must be better supported. As governments and institutions are fiscally constrained, greater efforts must be made to collaborate and amalgamate services for greater efficiency. There must be a shared understanding of the issues and how to help resolve them across all policy actors. Students must be able to access a safe and confidential mental health system that will not only treat mental health and problematic substance use issues, but one that also promotes good health. It is only when there is a collaborative effort from all sectors, stakeholders and policy actors that a comprehensive mental health program can be achieved.

