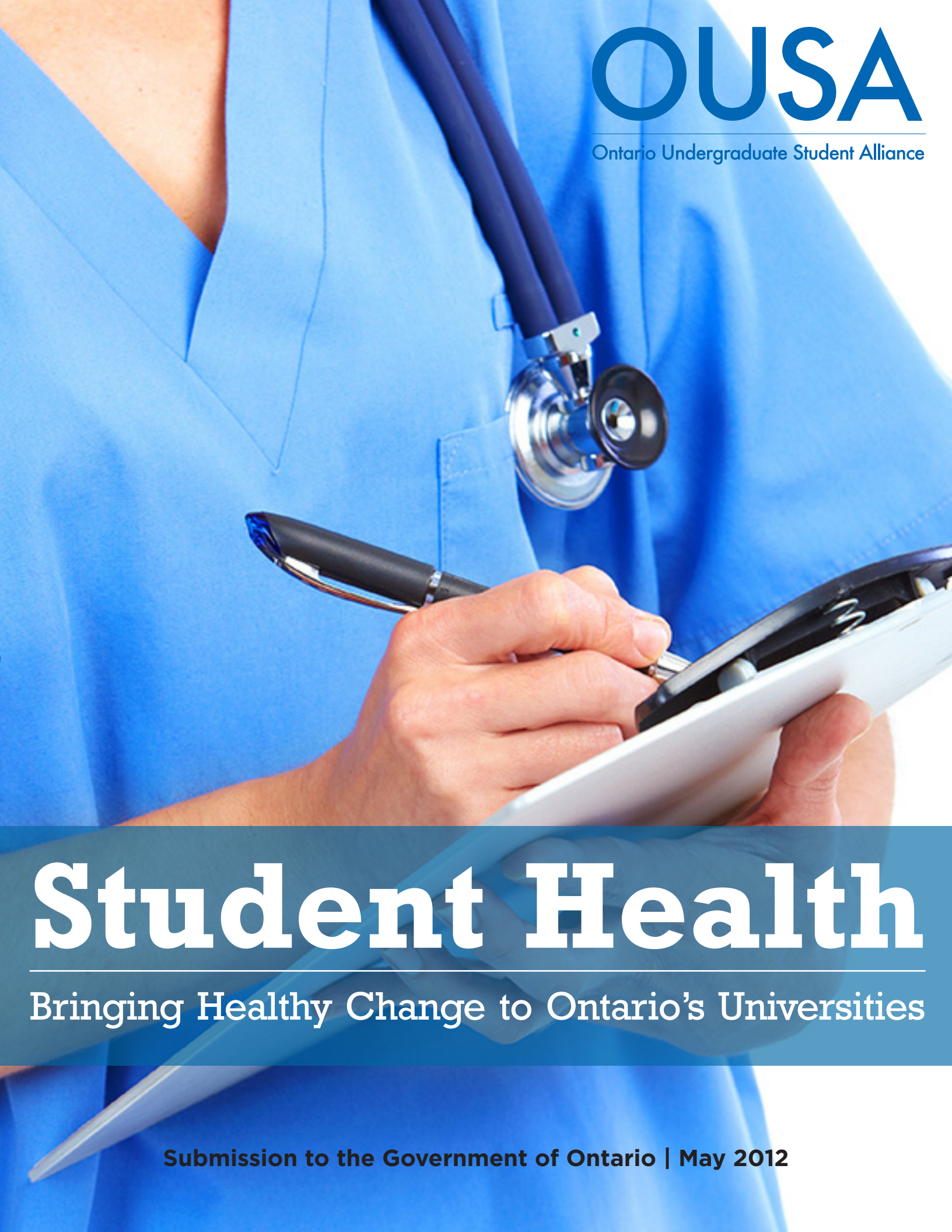

OUSA

Ontario Undergraduate Student Alliance

Student Health

Bringing Healthy Change to Ontario's Universities

Submission to the Government of Ontario | May 2012

STUDENT HEALTH: BRINGING HEALTHY CHANGE TO ONTARIO'S UNIVERSITIES

Submission to the Government of Ontario

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About OUSA

OUSA represents the interests of over 150,000 professional and undergraduate, full-time and part-time university students at nine member associations across Ontario. Our vision is for an accessible, affordable, accountable and high quality post-secondary education in Ontario. To achieve this vision we have come together to develop solutions to challenges facing higher education, build broad consensus for our policy options, and lobby government to implement them.

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EXECUTIVE SUMMARY

OUSA believes that the physical and mental health of post-secondary students is critical to their academic success and personal well-being. *Student Health: Bringing Healthy Change to Ontario's Universities* focuses on the provision of physical healthcare and mental health services at Ontario universities. Students believe that these services fill an important role, but could be improved. Student ancillary fees, physician compensation, the integration of care, front-line mental health care, anti-stigma initiatives, and services for marginalized students are some of the topics addressed in this submission. *Student Health* also highlights a number of best practices in each of these areas currently utilized at Canadian universities. Outlined below are some of the recommendations made in this report:

Recommendation: The provincial government should reduce the use of ancillary fees to pay for primary care through campus health clinics and work on developing a more equitable, transparent cost-sharing model between the universities, the government, and students.

Recommendation: The government should pursue alternatives to the fee-for-service physician compensation model including Community Health Centres (CHCs) and Family Health Teams (FHTs) on post-secondary campuses. Possible options include:

- Allowing universities and colleges to passively enrol their student population into a FHT and be compensated for a reasonable percentage of the student population, a possibility which could be further investigated through a pilot project;
- Modeling campus health clinics on CHCs where students do not have to enrol but physicians are not compensated through fee-for-service but rather receive an annual salary;
- Exempting post-secondary students from the Outside Use deduction of the Access Bonus to reflect post-secondary student mobility, in the same way emergency health services are treated.

Recommendation: Governments and institutions should prioritize dedicated investments in frontline mental health supports at post-secondary institutions, through a funding envelope or other mechanism.

Recommendation: The government should dedicate funding for system-wide initiatives aimed at improving the health of post-secondary students.

Recommendation: Campus counselling centres should engage in anti-stigma initiatives to encourage students struggling with mental health issues to seek out assistance.

Recommendation: All universities should provide information and training to faculty and staff on how to recognize the symptoms of mental illness and make appropriate referrals to campus services.

Recommendation: The government should work with post-secondary institutions to provide training on Aboriginal and racialized students for existing counselling centres at all institutions, and for LGBTQ positive initiatives on campus.

> "Students must be physically and mentally healthy in order to participate meaningfully in their learning."

INTRODUCTION

A common thread that pulls Canadians together is the pride many of us take in our healthcare system. Generally, healthcare in all of provinces and territories is free and accessible for all Canadian citizens. The Ontario government has reaffirmed their commitment to providing quality healthcare for all Ontarians, most recently with their statement in *Ontario's Action Plan for Healthcare* which declares, "Our goal is to make Ontario the healthiest place in North America to grow up and grow old."[1]

While post-secondary students are typically not seen as a "high need" population in terms of healthcare provision, most college and university students are at a transitional place in their lives. Many of them are living independently for the first time and experience unique physical and mental health challenges. As such, they need to be able to access prompt and appropriate healthcare in their university or college community. Students must be physically and mentally healthy in order to participate meaningfully in their learning. Furthermore, if positive habits are developed and instilled during their undergraduate years, students are more likely to value and prioritize their health in the short-term, improving their persistence and performance in their studies, and in the long-term, reducing reliance on the healthcare system over the course of their adult lives.

This submission addresses the current challenges Ontario's students are facing in accessing healthcare during their university studies. It is divided into two sections: the first focuses on the provision of primary care medical services, while the second discusses mental health challenges. Students believe that student success should be understood as a continuum and should involve a holistic approach to student life that involves balance inside and outside the classroom, and that promotes healthy living, coping strategies, a community of support and opportunities to grow as academics and citizens alike. The availability of comprehensive and timely healthcare options that address both the physical and mental challenges students face is essential to the development of students into healthy and productive individuals

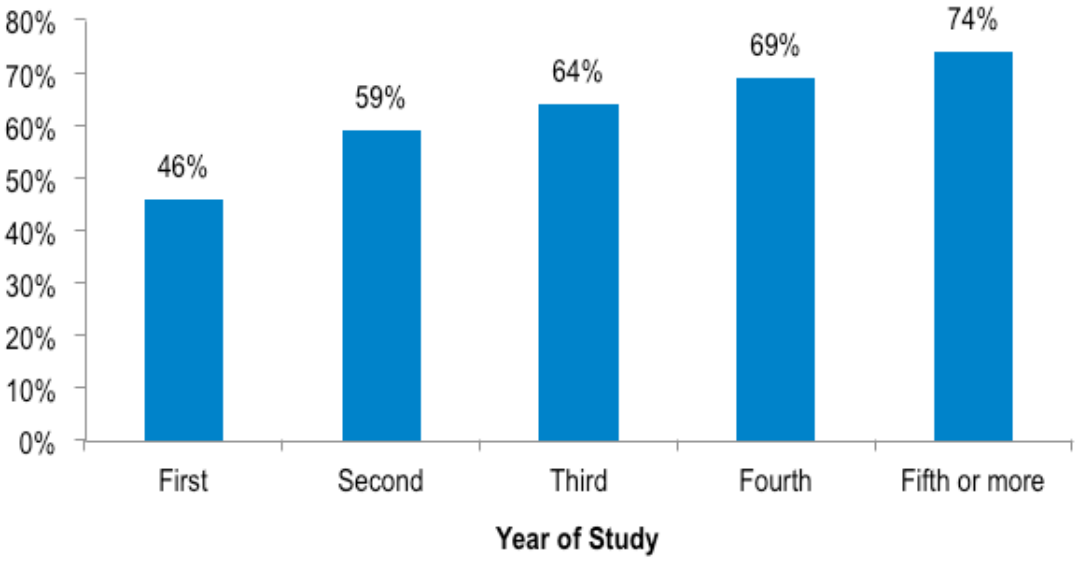
PRIMARY CARE AND SERVICE DELIVERY

All of Ontario's 20 universities currently offer primary health services on their main campuses. This is a very positive and necessary support for students. While some have argued that access to health services on campus is a convenience offered to few other citizens, the reality is that without campus health clinics many communities would be unable to meet the healthcare needs of a large influx of students each year. Given that many community health services are already understaffed, with some municipalities having long wait times for care as basic as a family physician, most existing community services cannot accommodate the healthcare needs of students. As a result, it is important that a reasonable degree of access and care be available in the institutional community. For example, Kingston – a city of 123,000 people – is home to three post-secondary institutions: Queen's University, the Royal Military College of Canada, and St. Lawrence College. These institutions have a combined population of 22,000 full-time students. If these students were served by family doctors in the community at the current doctor-to-patient ratio in the city, an additional 20 family doctors would be required. Otherwise, many students would be unable to access care, and those that did would do so at the expense of timely access to care for the permanent inhabitants of the city.

Campus clinics provides students with accessible, timely care without compromising the ability of a community to absorb the population influx of students. In addition, they reduce reliance on after-hours clinics and emergency departments for routine care, thereby reducing healthcare costs for the government. In short, campus health clinics are necessary to provide students with the supports they need to succeed in their studies.

Evidence from the 2011 Ontario Post-Secondary Student Survey indicates that the majority of students use campus health services (see Figure 1[2]). By fourth year, nearly 70 per cent of students have used campus health services, underscoring their importance to students.

Figure 1: Use of Campus Health Services by Year of Study



While students applaud the existence of campus heath centers at all of our institutions, OUSA has several concerns with respect to how these services are being delivered. Specifically, students are concerned about the use of ancillary fees to fund campus health clinics, physician compensation models, and transitional care.

> "Without campus health clinics many communities would be unable to meet the healthcare needs of a large influx of students each year."

"

Health clinics provide services to faculty and staff, which is unfair if students are the only ones contributing to operating costs.

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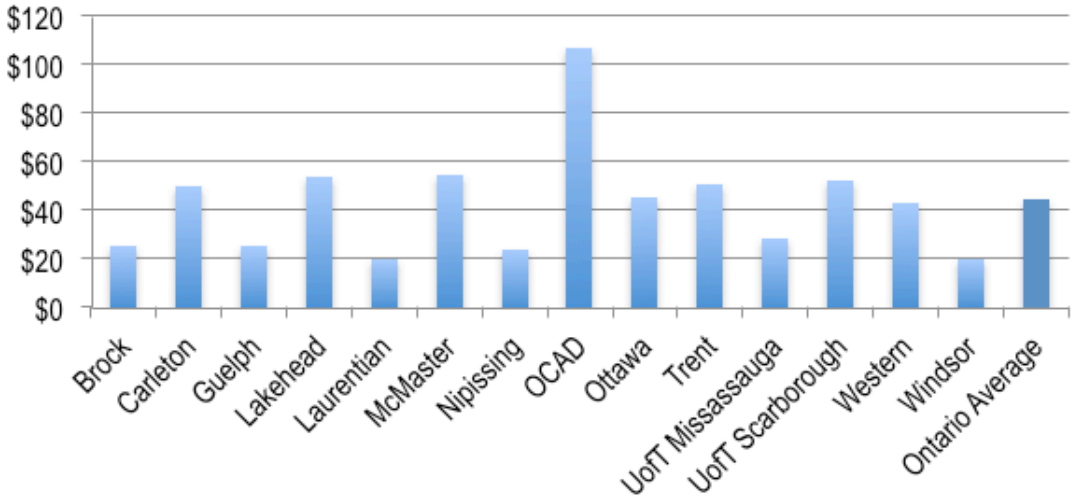
STUDENT ANCILLARY FEES

Ancillary fees, or mandatory fees charged to each student in addition to tuition, are used to fund a variety of services on university campuses, including writing clinics, athletic services, and food banks. While students understand that their direct contribution is sometimes needed to ensure the high quality and specific support services that they or their peers may require, an overreliance on user or student fees in the provision of healthcare services on Ontario campuses has been observed. While some of these fees, including fees for notes, administration, and cancelled appointments are also charged by community clinics, post-secondary students pay for mere access to a primary healthcare provider, a marked departure from the provision of care in the broader community in Ontario. They do so through the use of ancillary fees to cover the operating costs for campus health centres. According to university ancillary fee schedules, fourteen of Ontario's universities charged a specific health services fee, averaging $43 per full-time student (see Figure 2[3]). Several others had students contribute to health services through a general student services fees.

Figure 2: Dedicated Health Fees at Ontario Universities, 2011/12



While some would argue that students are paying a fee for the convenience of comprehensive service accessible on campus, the reality is that overburdened community physicians in many university towns are simply not equipped to handle an influx of several thousand students. Without campus physicians, many students would be unable to access a family doctor in their university community, increasing the stress on emergency departments and community clinics and substantially raising the costs of community healthcare in the long term. Operating campus clinics is necessary to ensure that students can access basic medical care without compromising community care.

Students are extremely concerned about the growing trend of offloading the costs of running university health clinics to students. There are several contentious issues surrounding this trend. First, health clinics often benefit the broader university community: at Carleton University and Western University, health clinics provide services to faculty and staff, which is unfair if students are the only ones contributing to operating costs. At many institutions, including the universities of Windsor, Waterloo and Western, universities do not provide any operating funds at all to support campus health clinics.

BEST PRACTICE: TRANSPARENCY AND CLARITY OF ANCILLARY FEES AT LAKEHEAD UNIVERSITY

In many cases, students have no idea how much funding they provide for health services. Often the ancillary fee is hidden in a general ancillary fee for student support services that lumps healthcare in with other services like academic counselling, career services, and athletics. This is frustrating for students who want to know how much they are paying for health services, and how this funding is being used.

In a survey of university health and counselling services websites, Lakehead University was found to be the only institution in Ontario to explicitly state on its health centre website how much students pay in ancillary fees and what these fees are used for – the operating costs of the health centre. Ensuring that information about health-related ancillary fees is accessible is important for students because it provides the clarity and transparency necessary for accountability. Many students may be unaware that they are paying a fee for access to health services on campus. If more institutions were to follow Lakehead's protocol of posting clear, easily accessible information about health-related ancillary fees online, it would be easier for students to discern whether these fees are being used to directly fund primary healthcare or to provide services above and beyond those typically provided by a primary healthcare provider. Posting this information on campus health websites would add transparency and clarity to the health-related ancillary schedule for all students.

> "Campus health services are the only method of primary care delivery that asks the patient to pay for physicians' overhead costs."

Second, campus health services are the only method of primary care delivery that asks the patient to pay for physicians' overhead costs. For example, with a traditional fee-for-service family doctor model, doctors hire staff, rent space, and run their clinics using part of their earnings to cover these costs.[4] In a Family Health Team (FHT) model, the government provides built-in overhead funding through the basic compensation amount, and FHTs employing five or more physicians are eligible for an additional Office Practice Administration grant.[5] In the Community Health Center (CHC) model, physicians are paid a fixed salary, and overhead costs are covered separately by the provincial government. Students believe there is no justification for students paying the overhead and capital costs to operate campus health clinics. If these clinics were not in place, the physicians staffing them would be working in the community, paying their own overhead costs, or having those costs covered by the government. If ancillary fees are collected to provide additional services above and beyond those typically offered by a primary healthcare practitioner, then this is a separate issue. However, even when fees are collected for additional services, students should have a say in the magnitude of fees and their usage. For students to effectively govern health-related ancillary fees there must be greater transparency concerning when they are charged and how they are used.

Recommendation: The provincial government should reduce the use of ancillary fees to pay for primary care through campus health clinics and work on developing a more equitable, transparent cost-sharing model between the universities, the government, and students.

"The system currently encourages doctors to remove university students from their hometown FHTs as a result of campus health clinic use."

PHYSICIAN COMPENSATION AND ON-CAMPUS CLINICS

Currently, virtually all campus healthcare providers are compensated according to a fee-for-service model, where physicians receive compensation based on individual services they render to patients. While this is the model traditionally used by family doctors in the broader community, there are two major reasons why it is maladapted to the post-secondary environment:

- Physician Retention: On a fee-for-service basis, campus physicians generally receive less compensation than those working in the community both because the demand for services is uneven throughout the year, and because mental health services are compensated at lower rates than physical care yet comprise a much larger component of post-secondary healthcare on campus than in the broader community.[6] This can have impacts on physician retention. In addition, the high turnover means that there is difficulty retaining physicians familiar with the specific issues students most often seek treatment for: sexual health, addictions and mental health.
- Quality of Service: The fee-for-service model encourages doctors to see more patients more quickly, which does not optimize care, and makes integration of multiple services difficult. In an ideal environment, physicians, psychologists and specialists in a variety of fields would work collaboratively to help students. In a system driven by fee-for service compensation, physicians are not encouraged to work together, and instead are incentivized to deal with students as individual cases.

Student health concerns reflect a need for care specialized to the specific needs of college and university campuses. A compensation model that improves physician retention and quality of service would improve the efficiency of campus health services in meeting student needs.

Option 1: Family Health Teams

Family Health Teams (FHTs) are healthcare organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dieticians, and other professionals who work together to provide healthcare for their community. Unlike fee-for-service models, FHTs provide incentives for more preventative practice, and compensation does not depend on the number of patients seen per day, but rather the number of patients enrolled in the FHT. Since 2005, over 200 FHTs have been created and approximately 1.9 million people in Ontario are members of FHTs. The Ontario Medical Association and the Ontario College Health Association both believe that adapting the use of the FHT model to university and campus colleges could drastically improve healthcare and service integration.

Given their rise in use, students are increasingly becoming members of FHTs in their home communities. However, patients who enrol in a FHT agree "to seek treatment from their [FHT] family doctor first,"[7] and to forgo others with exemptions only for emergencies or hospital-provided care. If a student seeks care outside their FHT, physicians lose a portion of their compensation, called the access bonus. Moreover, if a doctor feels that a patient is violating this condition, they are not required to serve them in the FHT.

The tendency of students to move between multiple communities has resulted in complications when enrolling in FHTs. The system currently encourages doctors to remove university students from their hometown FHTs as a result of campus health clinic use. A further complication is that patients are only allowed to switch their FHT twice a year, which means that a student cannot simply change membership between their home FHT and the clinic on their campus or the community in which their institution resides as they move back and forth throughout the year.

If FHTs are to persist as a model of healthcare delivery in Ontario then students will have to be a consideration in their function. Given the transient nature of student populations, geographically-dependent care options are unnecessarily restrictive and can comprise a students' ability to access care in either of their home or adopted communities. As higher education becomes increasingly mobile, healthcare must adapt to effectively serve students at universities and colleges.

A further complication of having FHTs on campuses is the need to actively enrol and then un-enrol each student into the FHT. The administrative capacity to undertake such a task every year for a constantly changing student population would be considerable. One alternative could be for the campus FHT to be compensated for a reasonable percentage of the students attending a campus (a strategy called 'passive enrolment'). This percentage could be set based on a regular audit of the student use of the campus clinic.

The use of FHTs in Ontario communities has been a positive step forward for healthcare in Ontario. The availability of a wide range of health supports through a single team is an important aspect of providing high-quality primary care on post-secondary campuses. Unfortunately, the manner in which the FHTs are funded and administered discourages their use by post-secondary students and on post-secondary campuses. Students believe that with a few changes the FHT model of healthcare could benefit students and Ontario campuses.

"Students believe that with a few changes the FHT model of healthcare could benefit students and Ontario campuses."

Option 2: Community Health Centres

Another model of care which may be adaptable to the post-secondary environment is that of Community Health Centers (CHCs). CHCs are non-profit organizations that provide primary healthcare and health promotion programs for individuals, families and communities. A health centre is established and governed by a community-elected board of directors. Currently there are 101 CHCs in Ontario. Most CHCs are located in areas that have been deemed high need, where a majority of individuals do not have access to primary healthcare. Beyond basic primary healthcare, many of these also provide counselling, parenting advice, anti-racist education, and other services. These centres have been found to reduce hospitalization and emergency healthcare costs in the neighbourhoods they operate.[8]

The CHC compensation model does not require patients to roster or agree to seek medical attention only from their CHC.[9] While this model of healthcare is more costly than fee-for-service or FHTs and may not be completely transferrable to a campus environment, there are elements in the CHC delivery and mandate that do make sense in a post-secondary institution and community. The CHC funding model and structure, where physicians and healthcare professionals work as a cohesive unit and are paid a fixed salary, lend themselves to the fairly compensated and collaborative approach to healthcare that student populations require. The absence of an enrolment requirement works well with the highly mobile nature of students, and their usage for special needs populations (including recent immigrants, teens and other populations with low healthcare take-up) in the broader communities provides a good model for addressing student healthcare.

Recommendation: The government should pursue alternatives to the fee-for-service physician compensation model including Community Health Centres (CHCs) and Family Health Teams (FHTs) on post-secondary campuses. Possible options include:

- Allowing universities and colleges to passively enrol their student population into a FHT and be compensated for a reasonable percentage of the student population, a possibility which could be further investigated through a pilot project;
- Modeling campus health clinics on CHCs where students do not have to enrol but physicians are not compensated through fee-for-service but rather receive an annual salary;
- Exempting post-secondary students from the Outside Use deduction of the Access Bonus to reflect post-secondary student mobility, in the same way emergency health services are treated.

MENTAL HEALTH

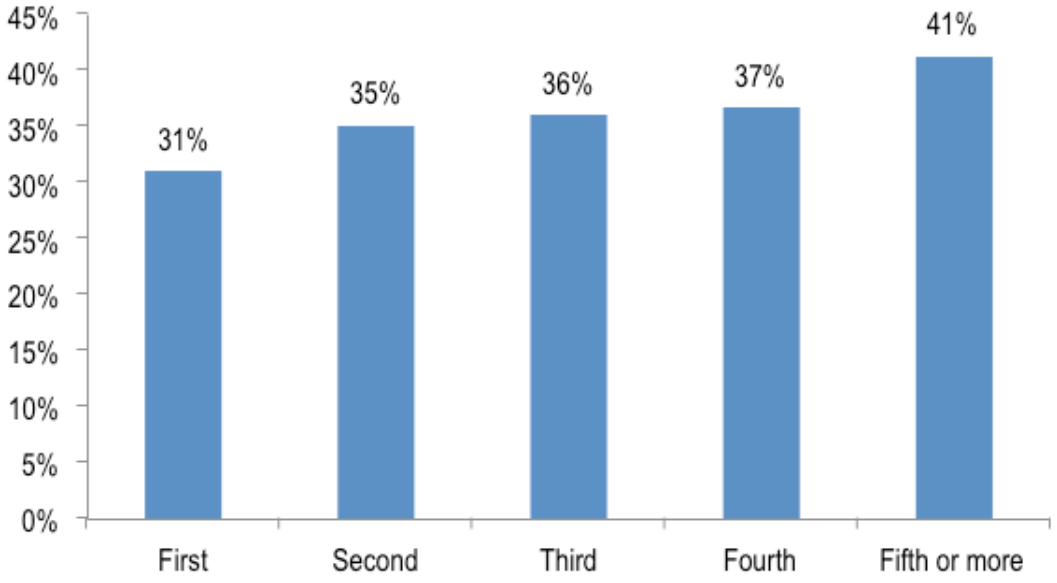
The mental health of university and college students is of critical importance. Some studies have shown that as many as one in four post-secondary students will experience some kind of mental illness or addiction issue duringtheir post-secondary studies.[10] Early interventions aimed at post-secondary students can lessen the future need for healthcare, with every $1 spent on early mental health treatment saving $30 in lost productivity and social costs.[11] Recent estimates of the economic costs of mental health and addiction are pegged at $39 billion annually, with productivity losses accounting for 74 per cent of the costs.[12]

> Early interventions aimed at post-secondary students can lessen the future need for healthcare, with every $1 spent on early mental health treatment saving $30 in lost productivity and social costs.

A number of factors can help shed light on why college and university is a time when many students experience mental health issues:

- The typical age of onset for many disorders is 18 to 24, meaning individuals often have their first encounter with mental illness while in college or university;
- Many students at university or college are living away from home from the first time in their lives, at a distance from familial and social support networks ;
- Universities and colleges are often demanding, competitive, high-stress environments, which can trigger anxiety and depression related illness;
- Improved outreach at the primary and secondary level has meant that more students with mental health issues are able to access post-secondary education but may require ongoing support throughout their studies; and
- Participating in post-secondary education is an increasingly costly venture, which adds to the pressure and creates the requirement for many students to increase the amount of time they spend working to manage their financial requirements.[13]

Figure 3: Use of Mental Health Services by Year of Study



Because students cope with a broad range mental health issues, it is important that they can access comprehensive mental health services in a timely manner. Mental illness can be complicated, and can often manifest or disguise in other physical illnesses. There are a number of barriers that prevent students from accessing mental health treatment that differ in important ways from those barriers that prevent access to more traditional health services. Some of these barriers include: lack of time, privacy concerns, financial constraints, a lack of perceived need for help, being unaware of services, skepticism of treatment, concerns about confidentiality, and concerns of administrative sanctions (for example, being forced to leave the university).[14] Particularly concerning among

students is that academic pressures can contribute to increased risk for mental health problems and self harm, yet students experiencing stress do not necessarily seek out professional help. In fact, one study indicated that among student populations almost 80 per cent of those who committed suicide had never participated in counselling services on campus.[15]

Student support services play a key role in enabling students dealing with mental health issues to make the most of their post-secondary experience. An inability to access these services can lead to an amplification of existing problems, which ultimately has devastating consequences on a personal, academic, and societal level.

Evidence suggests that usage of mental health services by students is relatively high with approximately 40 per cent of students having visited this service by their fourth year of university (see Figure 4[16]). Roughly three out of four students who use mental health services have done so in their first year, indicating that the initial transition into university may be a time when many students face challenges and need additional support. University administrators, student leaders, staff and healthcare professionals all agree that there has been an increase in the use of mental health services by students in the past five years.[17]

"Student support services play a key role in enabling students dealing with mental health issues to make the most of their post-secondary experience."

BEST PRACTICE: CARLETON UNIVERSITY PROVIDING HEALTHCARE TO STUDENTS IN TRANSITION

One major issue for university health services is the question of how to deal with students who are transitioning to and from post-secondary institutions. Typically, university health services are only available to registered students. There are several complications with requiring students to be registered to access on-campus medical services, especially when caring for individuals dealing with mental health issues. While on-campus health services are obviously intended to first and foremost serve students, complications can arise at three key points:

- **Transitioning into University:** Especially for students who have struggled with mental health issues in secondary school, there may be a need to engage with university supports before they actually start studies on the campus. For example, summer appointments before first year can be a best practice for establishing contacts with campus health and counselling services and mitigating transitional challenges.
- **Leaves of Absence:** Students who are having a particularly challenging time personally may stop-out or drop-out of formal education.[18] If they were currently receiving their health services through their university, this will leave them without care at a time when they are particularly vulnerable.
- **Transitioning out of University:** Students who have accessed health services on campus will need to find new healthcare professionals to manage ongoing issues. This may be particularly difficult given that relationships of trust develop with particular professionals over time. In addition, the life-changing nature of transitioning out of university can be challenging for some individuals.

While many institutions informally provide students with some transitional care as they move in and out of university, Carleton University is the only institution with a public policy for dealing with transitional issues. Carleton's "New Service Policy for Non-Registered 'Students'" explicitly provides guidelines for "individuals who are between sessions, recently graduated, or have withdrawn from Carleton University". While the policy notes that the university is not obligated to provide mental health services for these students, it encourages staff and faculty to direct these students to on-campus services that can then assist them with finding off-campus care, and notes that as an interim measure it is appropriate for an on-campus service to be offered even to un-enrolled individuals.

FUNDING FRONTLINE CARE

"Funding mental health initiatives through dedicated envelopes would require institutions across the province to prioritize mental health initiatives."

With increased use, wait times at university counseling centres are also increasing. Based on survey results, the average wait time for a counselling appointment in 2011 at Ontario universities was seven days.[19] However, the survey that measured the average wait time contained a large number of outliers waiting in excess of a month. Depending on the time of year and subsequent demand, students can be left waiting months before being seen by a practitioner, particularly for follow-up appointments. This speaks to a significant resource shortage with respect to providing adequate student counselling services, and a lack of recognition of the value of early intervention. For many students, the wait times will simply be too late to adequately address their issues, and even if this is not the case, opportunities for significant social and monetary cost savings for individuals, families, and society will have been lost.[20]

Mental health is an issue that needs to be addressed at every campus and across every student population, which makes it an ideal area for investment through direct funding. The Ontario government has already signaled their understanding of the importance of this issue. In June, the government announced their comprehensive Mental Health and Addictions Strategy, titled Open Minds, Healthy Minds. Starting in 2012, the government has committed to investing a total $257 million dollars over three years in the province's mental health system to help children and youth access support services. Included in the announcement was a commitment to helping college and university campuses support students in the transition from secondary to post-secondary education.

While a few institutions fully cover the cost of mental health counselling services, the largest share of operating costs is paid by students through ancillary fees. These fees cover from 40 to 90 per cent the operating cost of counselling centers at Ontario universities. The student contribution to counselling is often included in general student service or student health fees, but the proportion dedicated to counselling can range from $9 to $110 per student each year.[21]

Students can understand the need to contribute financially to those services for which they are the direct beneficiaries, especially to ensure that those services remain of high quality, however, the value of healthy students for the institution and the government must also be considered, as well as the fundamental responsibility that these bodies have to promote the well-being of their youth. There is increasing evidence to suggest that mental wellness is closely linked with academic success, student persistence, and student retention, all of which are of tremendous benefit to the institutions and government from a financial and reputational perspective. A shared cost model would be much more sustainable and stable in the long term.

Funding mental health initiatives through dedicated envelopes would require institutions across the province to prioritize mental health initiatives, provide them with additional resources that would alleviate some of the dependence on student fees for funding these services, and afford them with sufficient freedom to pursue those solutions that will work best for their campuses and their students, while realizing broader government objectives around addressing systemic issues related to mental health. For the purposes of a funding envelope for front-line care, OUSA believes it is important to have a comprehensive definition of frontline care that includes:

- Psychologists, counsellors, mental health nurses, and other direct practitioners;
- Anti-stigma and preventative mental health campaigns;
- Workshops for students at post-secondary to enhance coping and stress management;
- Mental health training initiatives for professors, students, and other university employees who are in direct contact with the student population; and
- Aboriginal counsellors, international student support staff, disability support staff, LGBTQ student supports, and other support workers who may not be classified as mental health workers but who often provide mental health services.

Students also believe that a mental health funding envelope will be most effective if it is disbursed in a way that ensures it functions as new money for additional mental health initiatives institutions have not yet undertaken. In other words, if funding from the mental health strategy permits institutions to decrease the proportion of operating funding devoted to mental health supports, students could experience stagnation or even decline in the number of supports available. Including institutional matching requirements for the funding, or mandating the funds be used only for new staffing positions or initiatives are two possible ways to ensure funding from the mental health envelope truly leads to its intended outcome: an increase in mental health supports for students.

Recommendation: Governments and institutions should prioritize dedicated investments in frontline mental health supports at post-secondary institutions, through a funding envelope or other mechanism.

FUNDING SYSTEM-WIDE HEALTH INITIATIVES

The government should also consider earmarking some funding for system-wide initiatives as an important step in improving health services on a systemic basis. Many practitioners cite a strong need for best practice and information sharing among institutions to reduce duplication and increase efficiency. Some suggestions for how this fund could do so are:

- Develop more robust help phone services for post-secondary students dealing with mental health issues and a more seamless process for referrals to post-secondary counselors for students that call for help;
- Create an online portal and community of practice for Ontario post-secondary institutions and relevant partners modeled after the successful Healthy Minds-Healthy Campuses program in British Columbia;
- Develop a periodic survey of mental health services, including wait times, student with mental illness attrition, retention, graduation and employment rates to better inform resource allocation;
- Disseminate current educational programs aimed at staff and faculty consistently, across all institutions (Mental Health First Aid/ Mental Health 101);
- Investigating the system-wide provision of care through online software and programs like Feeling Better Now (currently used at the University of Guelph) to connect students with mental health services;
- Evaluate the impact of administrative changes to reduce student stress or promote student success, such as fall reading weeks or final exam scheduling accommodations;
- Amend the Ontario Student Assistance Program's definition of 'permanent disability' to better reflect the episodic nature of mental illness and ensure that students suffering from temporary mental illness can still benefit from accessibility services, appropriate academic accommodations, and student financial assistance at a reduced course load;
- Develop more robust transition programming for students moving from secondary to post-secondary education; or
- Ensuring that institutional and government processes are responsive to the needs of students dealing with mental health issues.

A mental health innovation fund could provide support to innovative approaches to mental health at the system and institutional levels. The fund could operate on a request for proposal basis, where institutions and student associations can submit project proposals for funds.

Recommendation: The government should dedicate funding for system-wide initiatives aimed at improving the health of post-secondary students.

"If funding from the mental health strategy permits institutions to decrease the proportion of operating funding devoted to mental health supports, students could experience stagnation or even decline in the number of supports available."

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Stigmatization is one of the most substantive barriers for students to accessing mental health support services on campuses.

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BEST PRACTICE: BRITISH COLUMBIA UNIVERSITIES DEVELOP A COMMUNITY OF PRACTICE

In 2005, in response to concerns about mental health, several post-secondary institutions in British Columbia organized as a non-profit group to work to increase the knowledge, skills and abilities of their campuses to respond to mental health and addictions issues. Eventually this became an online Community of Practice called Healthy Minds/Healthy Campuses with membership open to all post-secondary institutions in the province. Healthy Minds/Healthy Campuses (http://healthycampuses.ca/) has been operating in its present form since 2008 and is the only one of its kind, on a provincial scale, in Canada.[22]

An online Community of Practice (CoP) provides a space for a variety of different mental health professionals and individuals sharing common concerns to come together, discuss issues and share resources. Healthy Minds/Healthy Campuses provides resources for students, faculty, staff, and healthcare providers as well as a forum through which to share experiences and information. Students can participate in the annual Summit, join the Student Advisory Group, access resources to launch their own wellness project, or merely connect with other students concerned about mental health. Some of the benefits to the CoP model include:

- A low operating cost, (approximately $100,000), requiring minimal structure;
- A highly responsive network for individuals experiencing difficulty with mental health issues;
- Wide dissemination of knowledge;
- Collective capacity building for students, staff and faculty;
- Encouragement of collaborative problem-solving of complex/systems issues;
- Reduction of redundancy in work across different campuses;
- Reduction of isolation and silos (geographic and structural); and
- Encouragement of standards and benchmarking.[23]

Many post-secondary healthcare providers believe that developing a CoP focused on health promotion for students in Ontario would be an excellent strategy for enabling health services to reach more students, increase the efficiency of the current health systems, and provide an opportunity for resource sharing and collaboration. The CoP model would help build an integrated mental health community in Ontario's post-secondary system from the bottom-up, requiring minimal central governance. Students believe that an Ontario CoP could be an initiative the entire post-secondary sector could undertake with relative ease, which would enormously benefit students, faculty and healthcare providers alike.

REDUCING STIGMATIZATION IN THE CAMPUS COMMUNITY

Stigmatization around mental health issues is currently one of the single largest barriers to addressing mental health, and in many cases it is preventing students who need support and are already paying into services from accessing those services. For a variety of reasons, mental health issues are not considered socially acceptable for a number of people, particularly among young adults, where how their peers view individuals is often considered very important. Students are often reluctant to take ownership over their struggles with mental health because of perceived weakness. It is broadly agreed that this is particularly true of international students, who are reluctant to utilize available supports despite having additional stressors.[24] Stigmatization is one of the most substantive barriers for students to accessing mental health support services on campuses. In order to overcome this, campuses must strive to become more socially inclusive spaces that encourage strong peer support networks, and equip faculty and staff with the appropriate knowledge for providing support and advice to those students who are struggling.

BEST PRACTICE: MCMASTER AND LAKEHEAD UNIVERSITY REACHING OUT TO FACULTY AND STAFF

Often peers, residence staff, or faculty are more familiar with students than medical staff or counsellors who students may only visit once they are actively seeking assistance. Often a close friend, residence staff, or professor is the first to notice signs that a student is struggling with a mental health issue. However, these individuals may not be equipped to evaluate whether or not changes in behavior they witness are danger signals and even if they are concerned, may be unsure what the best course of action is.

Both McMaster University and Lakehead University provide information for faculty on their health websites. On Lakehead University's health centre website, there is a section with information for faculty and staff including a section titled "How to Identify Students in Distress" and another section titled "What You Can Do in Emergencies" and finally, a section "Referring Students". This information provides clear, accessible information on all steps of dealing with a student experiencing mental illness, from what symptoms to watch for, to how to approach an individual you are concerned about, and what services are available on and off campus. McMaster University's student health website offers a section for faculty and staff that includes "Ten Steps to Making an Appropriate Referral" that provides guidance to faculty about when and how to refer a student to medical and counselling services. The website also includes a list of situations where students need to be referred immediately.

If efforts are not undertaken to reduce the stigma around mental health struggles students will continue to suffer in silence, and the risk of under-utilizing the services that have been made available could become a major issue. Measures must be taken to educate faculty, support staff, and students so that natural support systems can be created, and to let students who are struggling know that it is acceptable to be experiencing these challenges, and that support is available. There must also be more effort to make members of the campus community aware of what supports and services are available.

Recommendation: Campus counselling centres should engage in anti-stigma initiatives to encourage students struggling with mental health issues to seek out assistance.

Recommendation: All universities should provide information and training to faculty and staff on how to recognize the symptoms of mental illness and make appropriate referrals to campus services.

ACCESS TO MENTAL HEALTH SERVICES FOR ALL STUDENTS

All students should have access to health and counselling services that meet their needs. Students from marginalized backgrounds are subject to a wide variety of discriminatory experiences, including but not limited to racism, homophobia, biphobia or transphobia, reduced familial support networks, and other stressors. The term "minority stress" is used to refer to personal stress resulting from the experience and internalization of discrimination that can lead to reduced mental health.[25] Students who experience minority stress should have access to health and counselling services that have the capacity to deal with these issues, which may include the need for specialized services focused on the specific needs of these students.

While most campuses have taken steps to ensure that diversity offices and anti-discrimination policies are in place, students who are visible minorities, as well as Aboriginal students, still often face discrimination in the university environment. The repeated experience of racism and

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Within the past year 51 per cent of LGBTQ students hid their sexual orientation or gender identity to avoid discrimination.

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discrimination has been well documented to affect individual health and wellness. Focus groups conducted in 2011 with Aboriginal students at Ontario campuses found that the experience of racism from peers, faculty and staff was a common experience, and that racism often took subtle forms including the dismissal of Aboriginal perspectives in class, the articulation of stereotyped representations of Aboriginal peoples, and a lack of identity affirming spaces on campus.[26] One Australian study found that racism was regularly experienced by 93 per cent of Aboriginal participants and almost two-thirds of people felt that racism affected their health.[27]

Commonly documented health effects of racism include both emotional responses, such as depression, anxiety, feelings of worthlessness, and the avoidance of social situations, as well as physiological responses like increased blood pressure.[28] Individuals experiencing repeated discrimination use a variety of coping mechanisms to minimize the impact, some of which have negative health affects including isolation and the use of drugs or alcohol.[29]

Students at post-secondary institutions who identify as LGBTQ also can experience discrimination and harassment in the university environment. One Ontario study found that 75 per cent of transgender secondary school students reported feeling unsafe at school.[30] At the post-secondary level, studies indicate that LGBTQ students are more likely to experience verbal, physical and sexual violence, and are less likely to feel comfortable in campus environments.[31] According to a survey of Canadian universities, within the past year 51 per cent of LGBTQ students hid their sexual orientation or gender identity to avoid discrimination, 36 per cent experienced harassment, and 20 per cent were concerned about their physical safety because of their sexual orientation or gender.[32] The non-acceptance many LGBTQ individuals experience at their post-secondary institution can lead to many negative consequences. On an academic level, it can reduce student success, and also lead to lower post-secondary completion rates and higher attrition rates. On a personal level it can contribute to increased stress, low self-esteem and internalized victimization, all of which are associated with an increased experience of depression, substance abuse and suicide.[33] Research shows that LGBTQ youth are more likely to experience mental illnesses, substance abuse and display self-harm behaviours.[34]

Despite clear indications that racialized and Aboriginal students have specific experiences on university campuses that require a unique set of supports, often institutions do not offer specialized health or counselling services for these students. For example, none of the health services websites at Ontario universities mention having a staff member with experience in Aboriginal health issues. Many campuses may not have a counsellor available who identifies with a visible minority or as an Aboriginal person. In addition, counsellors often do not receive training on how to deal with racial trauma or discrimination, and may lack a comprehensive understanding of the socio-political context of these issues.[35] When campuses do hire individuals with specific expertise in racial or Aboriginal counselling, they may inadequately promote this service to the relevant campus communities and consequently mistakenly conclude that demand is low or the service is unnecessary. In addition, racialized and/or Aboriginal communities may have had negative experiences with counselling or health services in the past, and may be reluctant to engage with these services, underscoring the need for sincere outreach efforts on the behalf of health and counselling services.[36]

Campus health and counseling services also often lack comprehensive supports for LGBTQ students. One study found that only 30 per cent of websites mentioned individual counselling services for LGBTQ students, and only one in eight had a counsellor biography that specifically mentioned experience in LGBTQ counselling.[37] In addition, campus counseling staff and physicians often lack training in transgender issues, and consequently are unable to provide adequate support or assistance to them or to other gender-variant students. As a result, many transgender students are forced to see a non-campus therapist, often at their own expense.[38]

BEST PRACTICE: CARLETON USES HEALTHCARE WEBSITES AS TOOLS TO REACH DIVERSE STUDENTS

Evidence suggests that individuals from visible minorities, as well as LGBTQ students, may have unique life experiences and relate better to a medical professional or counsellor who has a similar background or has had similar life experiences.[39] Students who experience minority stress should have access to health and counselling services that have the capacity to deal with these issues, which may include the need for specialized services focused on the specific needs of these students.

Unfortunately, however, the vast majority of campus health centers do not provide information explicitly for LGBTQ students on their website or in the center specifically. This can make it difficult for LGBTQ students to gauge whether the health centre is a safe place to go with their concerns. A simple statement or display of a sticker or poster on the website and/or in the physical space of the campus health and counselling centers can go a long way to making sure that LGBTQ students feel comfortable in accessing these services.

Carleton University has gone beyond the mere declaration of LGBTQ friendliness by offering resource materials on its website dedicated to queer physical and mental health issues. Under its A to Z index, there are pamphlets available for downloading titled “Gay Health,” “Lesbian Health” and “Trans Health” which provide information on healthy relationships, safe-sex, and self-esteem, as well as linking to a number of additional sources students can go to for more information. In addition, the website also provides information about Culture Shock and Reverse Culture Shock for international students transitioning to Canadian society. The availability of online resources through Carleton University’s website provides an option for students who may be nervous about coming in for face to face counselling or unsure if the counselling center is a safe space for them.

Research strongly suggests that when health and counseling service reflect the diversity of the student population, they are more likely to be successful in dealing with the issues of racialized, Aboriginal, and LGBTQ students. The availability of an Aboriginal counselor, or an individual trained in racial and/or LGBTQ issues can have a positive impact on student success and student retention. For example, evidence suggests the presence of an Aboriginal counsellor can combat feelings of isolation and, racism, while generating greater awareness of Aboriginal programs among non-Aboriginal students and faculty members.[40] In developing health and counselling services that are responsive to the needs or racialized and Aboriginal students, key steps include:

- Ensuring Aboriginal students have access to an Aboriginal counsellor on campus;
- Providing all health and counselling personnel with training in racial health issues; and
- Compiling an open list of health and counselling personnel with experience in racial and/or Aboriginal issues so clients can request these individuals.

With respect to LGBTQ students, at a minimum, counseling centres should mention specifically that they offer individual and group counseling for LGBTQ students, should provide information about common LGBT concerns and ways to address these concerns, should mention concretely the educational outreach services they offer, and should provide links to credible LGBT-friendly organizations that provide additional information and services.

“Evidence suggests the presence of an Aboriginal counsellor can combat feelings of isolation and, racism, while generating greater awareness of Aboriginal programs among non-Aboriginal students and faculty members.”

Students with access to physical and mental health services that meet their needs are more likely to likely to value and prioritize their health in the short- and long-term.

Ways of ensuring that health and counseling services are responsive to the needs of LGBTQ students could include:

- Adding LGBTQ concerns as part of the client satisfaction surveys these services periodically distribute;
- Developing an open list of health professionals and counselors particularly interested in seeing LGBTQ clients so that students could ask for a specific counselor if this was a concern;
- Ensuring transgendered students have access to trans-positive, trans-inclusive and trans-responsive medical and healthcare professionals;
- The creation of awareness materials so students know where to go if they have experienced harassment or abuse based on sexual orientation or gender identity; and
- Training and professional development on LGBTQ issues for support staff, faculty, administrators and students.

Without dedicated funding it is difficult to undertake initiatives to improve the campus environment for racialized, Aboriginal and LGBTQ individuals. Moreover, in the absence of dedicated funding, responsibility for funding, staffing and supporting these initiatives will continue to fall on individual student associations and health centres, which, in the absence of broader support, may be unable to meet student need. Many student organizations across Ontario run advocacy and support services for LGBTQ students, but those involved in the administration of these services often report that the high turnover rates in leadership of these centres, as well as the limited resources available to student organizations, prevents these organizations from achieving the same outcomes as a university-supported initiative.

Recommendation: The government should work with post-secondary institutions to provide training on Aboriginal and racialized students for existing counselling centres at all institutions, and for LGBTQ positive initiatives on campus.

CONCLUSION

Students in Ontario are fortunate to study in a province that considers healthcare a priority. While much progress has been made in making health and counselling services available to students on campuses, there is still work to be done. This submission has addressed some current challenges with the healthcare provided to university students in Ontario. These include issues related to primary healthcare provision, such as the funding of campus health clinics through ancillary fees, the inadequacy of the fee-for-service model, and the need for better system-wide integration. The submission also has discussed challenges related to mental health including timely access to counselling services, anti-stigma initiatives, and specific services for racialized, Aboriginal and LGBTQ students.

Being physically and mentally healthy are critical prerequisites to meaningful participation in learning. Students with access to physical and mental health services that meet their needs are more likely to likely to value and prioritize their health in the short- and long-term, improving their persistence and performance in post-secondary education, and their long-term health, reducing reliance on the healthcare system over the course of their adult lives. Students believe that the recommendations found in this submission will enable the government and post-secondary institutions to create a healthier post-secondary environment for everyone on campus.

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