



POLICY PAPER

Student Health & Wellness

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ABOUT OUSA

OUSA represents the interests of 150,000 professional and undergraduate, full-time and part-time university students at eight student associations across Ontario. Our vision is for an accessible, affordable, accountable, and high quality post-secondary education in Ontario. To achieve this vision we've 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

Despite recent investments, Ontario's students are concerned about the state of mental health, physical health, sexual health, substance abuse and addictions, as well as medical accommodations within the province. In areas such as mental health, but also for many physical ailments, universities have been forced to shoulder the majority of responsibility in treating and caring for students as patients, despite being underequipped and not-designed to provide these services. Furthermore, substance abuse rates continue to rise in university aged youth, and many students feel that they are lacking the sexual health resources they need while attending post secondary studies.

THE PROBLEM

Insufficient Mental Health Care

Students are concerned that the uncoordinated efforts by campus and community partners to support students' mental health needs are creating greater confusion and strain on the system, and that the lack of supported and coordinated efforts going towards satisfying students' mental health needs is not currently being addressed in the post-secondary sector. Students also concerned that mental health services and supports on campus are not being equipped to address the needs of all students on campus, that financial barriers are continuing to prevent students from receiving the mental health care they need, and that mental health services are not always provided in an appropriate and timely manner. Furthermore, students believe that there is still a failure to prevent crisis interventions at the appropriate stage for post-secondary students as a result of the lack of proactive, preventative care, that the lack of exposure to the importance of mental wellness prior to entering the post-secondary education system is not effectively preparing students for post-secondary education, and that there is currently a lack of data and understanding of the prevention and transition needs of students entering post-secondary education.

Inadequate Substance Abuse Education

Students are concerned that there is limited information on the effects of ingesting cannabis as well as ingesting it with other substances simultaneously, including alcohol, as well as the lack of widespread understanding of the dangers of driving under the influence of cannabis. Students are also worried about the lack of access to resources to test their substances for purity, especially considering that opioid overdose is the third leading cause of accidental deaths in Ontario, and that there is an increase in fentanyl contamination of non-opioid drugs. Furthermore, students in Ontario have raised concerns about the long wait times for off-campus addictions treatment. Finally, students believe that since all Ontario universities do not participate in the National College Health Assessment II, it has limited the reliability of the Ontario reference group and has also limited the amount of data available to the sector.

Lack of Adequate Medical Accommodations & Insufficient OHIP+ Coverage

The practice of universities often requiring medical documentation in order to receive academic accommodations has raised concerns that these practices are placing financial strains on students and the broader health care sector. Additionally, students are concerned that medical accommodation notes may not be properly handled or confidentially stored. Furthermore, the process of submitting medical notes to faculty can result in students having to provide specific details of their diagnoses, or undiagnosed condition, along with contributing unnecessary stress to the lives of everyone involved in the process. Students are also concerned that all undergraduate students do not have equal access to services provided under OHIP+, and that students that may have been previously covered for limited use medications may now have to pay to access them.

Insufficient Sexual Health Education

Students transitioning from secondary school to post-secondary education often experience a lifestyle change that provides them with an increased level of freedom which can be detrimental if they are not equipped with proper skills, information and resources surrounding sexual health. Students are concerned that this, coupled with the stigma that exists around sexual health, may discourage students from utilizing sexual health resources. Furthermore, students have raised concerns that the gaps that exist between institutional and community sexual health supports have the opportunity to create a barrier to students accessing these resources, and that the financial burden of post-secondary education may limit the ability for students to afford contraceptive methods.

Physically Unhealthy Post-Secondary Environments

Students have identified the fact that the majority of post-secondary students fail to meet weekly requirements for physical activity as a concern in post-secondary education. Additionally, at some institutions, students who attend satellite campuses pay the same ancillary fees for facilities and services that are not located on their campus, making these services inaccessible. These issues, coupled with access barriers such as the lack of easily available adaptive sports, which accommodate individuals with physical disabilities, are cause for concern about the ability for students to live physically health lives. Moreover, students have identified an insufficiency in infrastructure designed to facilitate nutritious eating amongst students. This has resulted in a failure for post-secondary institutions' dietary options to reflect the diversity and values of their student population.

Food Insecurity as a Barrier to Post-Secondary Education

Students are concerned about food insecurity on post-secondary campuses. Oftentimes, many students are unable to access affordable and nutritious meal options while on campus, and to assist their peers, students are forced to self-fund food banks. Furthermore, students in need may not be aware of, or feel embarrassed utilizing, student-provided food bank resources, in turn worsening their situations.

RECOMMENDATIONS

Improving Mental Health Care

Students recommend the government update Ontario's Comprehensive Mental Health & Addictions Strategy to recognize post-secondary students as a distinct cohort, and that the government clearly define the roles and responsibilities of health-care and community agencies, as well as post-secondary institutions, for addressing student mental health. Students also believe that the government should take a multi-ministerial approach to developing a framework addressing how on, and off, campus services work together to provide services to avoid fragmented care. Additionally, students recommend that post-secondary institutions work together with local health-care agencies to develop and implement a plan to assist students with mental health concerns.

Students also recommend that the provincial government should provide cost-free mental health care to students through increased services not currently funded by OHIP, and that the government should provide dedicated funding for community-based mental health providers to supply culturally relevant and diverse counselling on campuses. Furthermore, the government should provide funding for post-secondary and community-based pilots of innovative mental health strategies, as well as provide funding to strengthen peer-to-peer supports on campuses.

Students also believe that the provincial government should be effectively preparing students with necessary mental health resilience and coping skills prior to, and during, post-secondary education. To do this, students recommend that the Ministry of Education should develop mandatory curriculum that emphasizes resilience and coping skills during K-12 studies, and that the government develop and mandate transition programming for students as they finish their high school education and transition into post-secondary studies. Finally, students call on the province to invest in early-warning systems for primary, secondary, and post-secondary education systems.

Preventing Substance Abuse and Addictions

Students recommend that the provincial government advocate to the Canadian Food Inspection Agency to place serving size labels on all alcoholic items. Students also believe that the Ministry of Health and Long-Term Care partner with the Council of Ontario Universities to promote Canada's Low-Risk Alcohol Drinking Guidelines. Additionally, OUSA recommends that the government utilize an appropriate percentage of the sales tax on cannabis to fund an informational campaign targeting young adults, and that future government-sponsored alcohol and drug awareness campaigns work to address the combined effects of marijuana and alcohol. Finally, students recommend that the Ministry of Transportation partner with the Council of Ontario Universities to develop a student-targeted campaign about impaired driving, highlighting the Ontario laws and regulations on consumption.

In order to reduce the harm that may stem from substance use, students recommend that the government continue to raise awareness on naloxone kits, as well as that the government provide funding for free fentanyl-testing strips to on campus clinics and pharmacies. Additionally, OUSA recommends that the Ministry of Health and Long-Term Care provide dedicated funding for substance use counselling on campus, as well as that the government increase funding to off-campus addiction services.

Finally, students believe that the provincial government should mandate that all universities participate in the National College Health Assessment II, and that the government cover the costs associated of the survey of institutions that administer it. Students also recommend that the Government of Ontario, the Centre for Addictions and Mental Health, and the Council of Ontario Universities partner to expand and promote the Ontario Student Drug Use and Health survey in an effort to collect data on post-secondary student consumption.

Improving Medical Accommodations and OHIP+

OUSA recommends that the government mandate a province-wide medical accommodations and considerations policy for all post-secondary institutions to follow, and that the government extend the guidelines laid out in the Ontario *Employment Standards Act* regarding medical notes to include post-secondary institutions. Furthermore, students call on the government to ensure that additional programs effecting students under OHIP include all OHIP eligible post-secondary students enrolled in a degree program, and that OHIP+ coverage for limited use drugs be extended to ensure that students are able to access the medication that they need.

Addressing Sexual Health Issues

Students recommend that the Ministry of education should ensure that there is adequate oversight and monitoring of markers beyond academic success to ensure that adequate sexual health education is taking place in K-12 studies, and that the Ministry of Health and Long-Term Care work with the Ministry of Advanced Education and Skills Development to run educational campaigns that encompass all sexual identities and orientations surrounding sexual health on campuses. Additionally, students also believe that the Ministry of Health and Long-Term Care should extend OHIP+ to provide full coverage of diverse contraceptive methods, and that the government should provide funding for anonymous on-Campus STI testing in collaboration with community sexual health clinics. Finally, the government should mandate that all urgent and emergency care centres have sexual assault kits available.

Creating Physically Healthier Campuses

OUSA recommends that the government establish a minimum standard regarding inclusive and accessible recreational spaces on university campuses, and that appropriate envelope funding be provided to assist universities in the creation of these kinds of spaces. Students also believe that the Ministry of Advanced Education and Skills Development should mandate that universities must complete an institutional assessment of all recreational and athletic spaces to identify under-resourced areas as a requirement to qualify for provincial funding. Additionally, in order to promote a physically healthy lifestyle, students recommend that the government provide envelope funding for campuses to hire a full-time nutritionist. Students also call on the government to mandate that all on campus eateries highlight provincially provided nutrition information, including ingredient lists and potential allergens.

Addressing Student Food Insecurity

In order to ensure food insecurity does not pose a barrier to post-secondary success, students recommend that the government fund the creation and maintenance of student-led food banks to support low-income students. Furthermore, the provincial government should establish a grant to be utilized as needed by student-run food banks to maintain the necessary infrastructure to provide nutritious options. Finally, students call on the Ministry of Advanced Education and Skills Development to partner with the Council of Ontario Universities and Meal Exchange to complete a system analysis of food insecurity and systems on university campuses.

INTRODUCTION

For Ontario students to succeed in post-secondary education, they need to be equipped to lead both physically and mentally healthy lives. Recognizing this, the provincial government has made significant investments in areas around youth and student health over the past several years. From annual increases in mental health funding, to providing prescription medication for those under the age of 25, the province is actively seeking to expand the role it has in ensuring physical and mental wellness.¹

Despite these investments, Ontario's students are still concerned about the state of mental wellness, physical health, sexual health, substance abuse and addictions, as well as medical accommodations within the province. In areas such as mental health, but also for many physical ailments, universities have been forced to shoulder the majority of responsibility in treating and caring for students as patients, despite being under-equipped and not-designed to provide these services.² Furthermore, substance abuse rates continue to rise in university aged youth, and many students feel that they are lacking the sexual health resources they need while attending post secondary studies.³

In addition to these high profile areas, students have identified less-discussed aspects of health and wellness as priorities. Currently, post-secondary students feel that they are not equipped to live a nutritiously healthy lifestyle, and that student associations are forced to burden a significant amount of the responsibility to ensure that students are able to access nutritious food options.⁴ Additionally, students feel that current institutional medical accommodation practices are hindering their academic performance, rather than promoting academic success.⁵

To address these concerns, students have identified various areas where the government can work to alleviate barriers around student health and wellness. The government needs to shift the burden away from post-secondary institutions and develop a whole-of-community approach to dealing with all aspects of student health and wellness. Furthermore, action needs to be taken to ensure students feel safe, are provided with the opportunity to live a nutritious lifestyle, and that institutional accommodation practices are promoting academic success, rather than hindering it. As such, students believe that by coupling recent investments with the priorities highlighted here and throughout the rest of this policy paper, the government would be taking positive action to improve student health and wellness within the province of Ontario.

The purpose of this policy paper is to capture students' concerns about the current state of student health and wellness within the sector.

This paper will offer a series of recommendations that are representative of the principles and concerns of Ontario's undergraduate students. These recommendations will be aimed at the Ontario government and other sector stakeholders, with a respect for evidence-based policy maintained throughout. This paper will highlight and advocate for the following overarching goals: improving student mental health, addressing substance abuse and addictions, ensuring students are appropriately accommodated, and improving the state of sexual and physical health.

It is our hope that these evidence-based policy recommendations are seriously considered by the provincial government and that we can work together to improve the accessibility, affordability, quality and accountability of the university sector for students across Ontario.

¹ Minister of Health and Long-Term Care, "Free Prescription Medications for Everyone Under 25," January 2, 2018, <https://news.ontario.ca/opo/en/2018/01/free-prescription-medications-for-everyone-under-25.html>, Accessed February 23, 2018.

² *In It Together: Taking Action on Student Mental Health*, (Toronto: Ontario Undergraduate Student Alliance, 2017) 1-2

³ LA Brie, Joseph W., Justin F. Hummer, and Eric R. Pedersen. "Reasons for drinking in the college student context: The differential role and risk of the social motivator." *Journal of studies on alcohol and drugs* 68, no. 3 (2007): 393-398.

⁴ Mickey T. Trockel, Michael D. Barnes, & Dennis L. Egget, "Health-related variables and academic performance among first-year college students: implications for sleep and other behaviors," *Journal of American College Health* 49, no. 3 (2010): 125-31

⁵ Ibid.

MENTAL HEALTH

WHOLE OF COMMUNITY APPROACH

Principle: Improving student mental health requires a ‘whole of community’ approach with clearly defined roles and responsibilities of government ministries, post-secondary institutions, student associations, health-care providers, and community organizations to provide service delivery.

Principle: The Okanagan Charter effectively encapsulates the ‘whole of community’ approach to mental health.

Concern: The uncoordinated efforts by campus and community partners to support students’ mental health needs are creating greater confusion and strain on the system.

Concern: The lack of supported and coordinated efforts going towards satisfying students’ mental health needs is not currently being addressed in the post-secondary sector.

Recommendation: The provincial government should update Ontario’s Comprehensive Mental Health & Addictions Strategy to formally recognize post-secondary students as a distinct population cohort.

Recommendation: The provincial government should communicate the respective responsibilities of each ministry that has a role in meeting the mental health needs of post-secondary students, ensuring there are no service gaps.

Recommendation: The provincial government should clearly define the roles and responsibilities of health-care and community agencies, as well as post-secondary institutions, for student mental health.

Recommendation: The Provincial Government should take a multi-ministerial approach to developing a framework addressing how on, and off, campus services work together to provide services to avoid fragmented care.

Recommendation: All organizations with a role in mental health, including government, should recognize that post-secondary institutions are partners in providing student wellness programming and triage students to mental health providers.

Recommendation: All organizations with a role in mental health, including government, should recognize that the post-secondary institutions provide student wellness programming and triage students to mental health providers.

Recommendation: All organizations with a role in mental health, including the provincial government, recognize that the responsibility for providing acute and long-term mental health support rests with health and community agencies.

Recommendation: Each post-secondary institution, together with local health-care and community agencies, including the Local Health Integration Networks, should develop and implement a plan to assist students with mental health concerns.

Recommendation: The Ministry of Health and Long-Term Care should provide standards that post-secondary students living away from home will have sufficient, or improved access to the broader circle of care practitioners they would have in their home communities.

Recommendation: The province should ensure students entering post-secondary education have access to the same level, or improved service level and types of resources that are commonly available in high school.

Recommendation: The Council of Ontario Universities should adopt the Okanagan Charter.

The mental health concerns and needs of students in the post-secondary system are not being met by the current service offerings provided by post-secondary institutions or community health-related organizations. A more wholesome and holistic campus and community approach is required to support all students' needs in post-secondary education. Specifically, a lack of mental health services that students are trying to access, such as counselling and psychiatry services, should be made available by using a 'whole of community' model, rather than an ineffective campus model of service. The Okanagan Charter explicitly mentions the need to ensure comprehensive and campus-wide approaches to develop and implement multiple interconnected strategies that focus on everyone in the campus community.⁶ This 'whole of community' approach can be used to address and fill gaps in mental health service delivery that is not currently being met to sufficient levels on and off campus.

The mental health system is difficult to navigate for students accessing services, but also for those trying to support the students accessing those services. The Ontario government's role in ensuring adequate mental health service offerings are available in each community must be clearly defined by each Ontario Ministry, including all ministries relevant to education, post-secondary education, healthcare. Currently, the lack of clarity in each ministry's role in mental health needs, has left students primarily relying on the Ministry of Advanced Education and Skills Development for support offerings, rather than an integrated offering for both on and off campus supports by the various other Ministries, such as the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services.

The 'whole of community' approach can help to effectively provide available mental health supports to students across the province, along with helping to bring together the various ministries that contribute significantly to the development of children and students in this province with respect to mental health and wellness. Examples of the 'whole of community' approach have proven successful in different regions across the province. At Western University, the lack of on-campus crisis services for students continued to be a cause of concern, particularly after 11.5% of Western students reported seriously considering suicide in a 2016 National College Health Assessment Survey.⁷ The University Students' Council, along with Western University, established a partnership with the local Canadian Mental Health Association of Middlesex to start offering on-campus, evening crisis counselling services for students. The partnership currently relies on community donations and grants to sustain the service for students. The Ontario Government should be supporting these community-based approaches to mental health.

Students, as a unique cohort of the Ontario population, require adequate and accessible mental health supports outside of the limited supports provided by post-secondary institutions. A coordinated, campus and community approach to mental health will meet the needs of students as they are entering post-secondary, leaving post-secondary, and in their post-secondary studies.

TIMELY, EFFECTIVE, AND FLEXIBLE SERVICES

Principle: All post-secondary students, regardless of geographic location, should be able to access gender and culturally sensitive mental health services and supports that are timely, effective and flexible, and provided in a safe and comfortable manner.

Principle: Mental Health care is a continuum of opportunities for interventions, and therefore, a range of services should be offered at all levels.

Concern: Mental health services and supports on campus are not being equipped to address the needs of all students on campus.

Concern: Financial barriers continue to prevent students from receiving the mental health care they need.

⁶ Okanagan Charter: AN International Charter for Health Promoting Universities and Colleges (2015).

⁷ Data gathered from the 2016 NCHA Survey

Concern: Mental health services are not always provided in an appropriate timely manner.

Recommendation: The provincial government should provide free cost-free mental health care to students – on and off campus – through increased services not currently funded by OHIP.

Recommendation: The government should provide dedicated funding for community-based mental health providers to supply culturally relevant and diverse counselling on campuses.

Recommendation: All health care practitioners that engage with post-secondary students, particularly when triaging, should be trained in gender and cultural competency, and any other provisions needed to service the diverse student populations.

Recommendation: The Ministry of Health and Long-Term Care should review the ability of on-campus professionals to identify and treat students without certain restrictions, such as making referrals.

Recommendation: The government should provide funding for psychology assessments to (re)diagnose students when required, with mental health concerns prior to their arrival at their post-secondary institution to reduce financial barriers for students.

Recommendation: The province should invest in an online referral system containing a comprehensive and updated list of community mental health resources and their specializations for students seeking support, and practitioners making referrals

Recommendation: The government should expand the Good2Talk helpline to include electronic communication, such as an online messaging platform, text-messaging capabilities and peer listeners.

Recommendation: The province should provide funding for post-secondary and community-based pilots of innovative mental health strategies for example, mental health apps for post-secondary education students to determine their viability and accessibility.

Recommendation: The province should provide funding to strengthen peer-to-peer supports on campuses.

Recommendation: To allocate funding to improving mental health amongst post-secondary education students, the Government of Ontario should increase spending on mental health and addictions to a minimum of 10 percent of the overall provincial health care budget

Mental health services on campuses are often trying to cater to a wide array of students from various backgrounds, cultures, genders, and identities. The needs of students can vary significantly and the current service offerings on campuses, particularly those of smaller sizes, are not meeting the mental health needs of students.⁸ Additionally, many students are moving in and out of the campus community, either on a co-op placement, a work-integrated learning opportunity, or partaking in an online course that limits their access to campus.

Students need to be able to access effective mental health supports in an appropriate length of time, no matter where they are in the course of their post-secondary studies. Wait times to access mental health services for individuals over 18 years of age can range between 6 to 18 months depending on the region.⁹ There are still students that have indicated that the lack of adequate mental health supports on campus particular to their situation, has result in them spending funds to seek counselling services off-campus.

⁸ Robert Cribb, Noelle Ovid, David Lao, and Blair Bigham, “Demand for youth mental health services is exploding. How universities and business are scrambling to react,” *The Toronto Star*, May 29, 2017, <https://www.thestar.com/news/canada/2017/05/29/youth-mental-health-demand-is-exploding-how-universities-and-business-are-scrambling-to-react.html>.

⁹ *Improving Mental Health Services in Ontario: Lobby Day Background*, Ontario Medical Students Association, 2017

Post-secondary students are attempting to access the supports that are currently available to them in a variety of ways. It is important that students can access services in a capacity that supports their needs. As text-messaging continues to be the most prominent means of communication for students, initial mental health service delivery needs to be adapted to support all students in this capacity. Mental health services, and the delivery of the services, both need to be adapted in a way that can support all students regardless of their geographic location.

The ‘whole of community’ approach to providing mental health services will help to holistically meet the needs of students on campuses, particularly those requiring the expertise of the local community to meet their specific mental health issues. Community-based organizations could offer more specific, and relevant, mental health services to students in marginalized communities. Community-based partnerships, such as the one previously mentioned at Western University, should be modeled to provide gender and cultural sensitive mental health support with the support of the provincial government.

Pilots of innovative mental health strategies such as mental health applications for post-secondary education students could be done in the community, in conjunction with institutions, to determine their viability and accessibility. Additionally, these pilots of innovate mental health strategies must be given sufficient time for assessment prior to determining the effectiveness of the pilot strategies.

Students should be able to access mental health services both on and off campus, without the costs not covered by OHIP. Financial wellness is a component of mental wellness.¹⁰ Financial barriers for students are still a reality in Ontario and mental health support costs, such as counselling and psychological services, should not be an additional reason financially burden for students trying to access care outside of OHIP. An additional financial barrier is the cost to students to (re)diagnose when a (re)diagnosis is required when entering post-secondary education.

PREVENTATIVE ACTION

Principle: Preventative support is an important element of mental health care.

Principle: Post-secondary institutions and student leaders raise awareness of the mental health struggles students attending post-secondary institutions in Ontario face, in an effort to develop a broader understanding of the barriers facing students.

Concern: There is still a failure to prevent crisis interventions at the appropriate stage for post-secondary students as a result of the lack of proactive, preventative care.

Concern: The lack of exposure to the importance of mental wellness prior to entering the post-secondary education system is not effectively preparing students for post-secondary education.

Concern: There is lack of data and understanding of the prevention and transition needs of students entering post-secondary education, as well as the effectiveness of initiatives developed to improve mental wellness.

Recommendation: The Government of Ontario should be effectively preparing students with the necessary mental health resilience and coping skills prior to, and during, students’ post-secondary education.

Recommendation: The Ontario Government, health and community organizations, and other community stakeholders, should work in partnership with institutions to provide resources and support

¹⁰ “In Crisis: Mental Health and Wellness,” Brescia University College, accessed February 23, 2018, <http://brescia.uwo.ca/life/mental-health-wellness/>.

to educate their student bodies, and broader institutional communities, on the services and supports that exist on their campuses.

Recommendation: The provincial government should provide funding to support research on effective mental health strategies.

Recommendation: The province should provide funding to maintain the Centre for Innovation and Campus Mental Health and to develop resources to help faculty and staff of post-secondary institutions support students who are dealing with mental health needs.

Recommendation: The Government of Ontario should provide necessary grant funding for institutions and student leaders to continue awareness and education initiatives for mental health.

Recommendation: The Ministry of Education should develop mandatory curriculum that emphasizes resilience and coping skills in K-12, ensuring that students will have an understanding of mental health concerns and the resources to effectively deal with them.

Recommendation: The province should develop and mandate transition programming for students as they finish their high school education and prepare to enter post-secondary education.

Recommendation: The government should invest in early-warning systems for both the primary and secondary school systems as well as the post-secondary education system.

Recommendation: Post-secondary institutions, health agencies, and community agencies should work collaboratively to establish common indicators to track student mental health needs and use of services, including setting targets for wait times.

Recommendation: Post-secondary institutions, health agencies, and community agencies should report the progress of any initiatives developed to improve mental well-being for post-secondary students.

Recommendation: The government should engage leading experts to collect and measure data on the successes and failures of all initiatives developed to improve mental well-being on Ontario's campuses, including fall reading breaks, integration of physical and mental health services, and orientation programming.

Over a relatively short period of time, most students will exit secondary school, begin post-secondary education, and exit their post-secondary education for most often the workforce or additional education. These transitions are difficult for many students' mental health and students that are currently in the post-secondary system, or are going to enter it, need to be supported with resilience and coping skills that can apply to them. According to the Centre for Addiction and Mental Health (CAMH), students who are resilient are more likely to effectively cope with the stresses and challenges that accompany post-secondary education.¹¹ To effectively nurture resilience in Ontario's students, efforts should begin during K-12 studies, and continue throughout post-secondary education. K-12 health curriculum should reflect the prominence of mental health in Ontario's communities, and equip students with the basic understanding of the supports that exist in the case that they begin to face the adversities that come with mental illness. Early education on this topic will allow for resilience to develop as students progress through the developmental stages of their lives in K-12 studies.¹²

Government investments should be directed towards supporting the early-warning systems for both the primary and secondary school systems to more accurately support students after they leave those systems.

¹¹ "Understanding resilience," Centre for Addiction and Mental Health, accessed February 23, 2018, http://www.camh.ca/en/education/teachers_school_programs/resources_for_teachers_and_schools/growing_up_resilient_ways_to_build_resilience_in_children_and_youth/Pages/understanding_resilience.aspx.

¹²Ibid

Early detection protocols could assist in the prevention of the development of mental health illnesses. Students need to have the necessary skills to support their mental health, or mental illness, before entering the even more stressful post-secondary system. Additionally, all students should be aware of the resources that are available to them within their campus community, provided by both their institution and their community.

Faculty and staff tend to be a first point of contact for many students in need of mental health services. It is important that faculty and staff are equipped with the necessary resources and knowledge to address students' needs and direct them to the appropriate resource(s). The Centre for Innovation in Campus Mental Health (CICMH), currently funded by the Ontario Government, should continue to be funded to create resources to help and encourage faculty and staff to support students' mental health. Additionally, CICMH should promote and encourage collaboration across institutions to share research, data, and reports from other institutions on faculty and staff-specific initiatives related to supporting students' mental health. The development of documentation standards and guidelines for academic accommodations for students with mental health needs attending Post-Secondary Institutions in Ontario is a great example of work that must continue to occur at the CICMH and be openly shared across the province.¹³

The research and collection of data pertaining to students' mental health needs to continue to be a priority in Ontario as new initiatives, such as 'Fall Reading Weeks' and other wellness programs are introduced at various campuses. Improving the mental health system, as a whole, will require a coordinated effort from the provincial government, post-secondary institutions, and community organizations to track, monitor, and evaluate the success and effectiveness of mental health services and offerings. This data could help other post-secondary institutions gauge the effectiveness of various services and programs on their own campuses.

¹³"Developing Documentation Standards and Guidelines for Academic Accommodations for Students with Mental Health Disabilities Attending Postsecondary Institutions in Ontario – MHIF (Round 1)," Centre for Innovation in Campus Mental Health, accessed February 24, 2018, <http://campusmentalhealth.ca/project/developing-documentation-standards-and-guidelines-for-academic-accommodations/>.

SUBSTANCE ABUSE AND ADDICTIONS

ALCOHOL AWARENESS & EDUCATION

Principle: When students choose to consume alcohol in a responsible manner, it can be associated with social experiences, and thus, an abstinence-only approach is not sufficient.

Principle: Students should be informed on how to reduce risks of harm while drinking alcohol.

Concern: Excessive binge drinking is common on university campuses, increasing the risk of short term and long term harms.

Concern: Proper serving sizes of alcoholic beverages are not common knowledge, which can lead to the overconsumption of alcohol.

Recommendation: The provincial government should recommend the Canadian Food Inspection Agency to serving size labels on all alcoholic items.

Recommendation: The Ministry of Health and Long-Term Care should partner with the Council of Ontario Universities campaign to promote Canada's Low-Risk Alcohol Drinking Guidelines.

In euro-centric cultures, the responsible consumption of alcohol is often associated with a positive social experience for those who choose to consume it. It can be a part of many celebrations, gatherings, and seen as a coming of age symbol. As according to Canada's Low-Risk Alcohol Drinking Guidelines, individuals can reduce their risk of injury and harm when they consume no more than three to four drinks on a single occasion; long-term health risks are reduced by drinking no more than ten to fifteen drinks per week with no more than two to three drinks a day.¹⁴ However, on university campuses, students often over consume due to peer pressure, perceived norms,¹⁵ social situations,¹⁶ and stress.¹⁷

According to 2016 National College Health Assessment, the majority of university students consume alcohol with 67.1% having consumed it in the last 30 days of completing the survey.¹⁸ The last time students "partied," 46.6% consumed 5 or more drinks. Canada's Low-Risk Alcohol Drinking Guidelines indicate that drinking more than 4 drinks puts individuals are at a higher risk more short-term harms.¹⁹ Indeed, 54.2% of individuals engaged in risky or harmful behaviours when drinking in the last year, with the top reported experiences being doing something they later regretted, forgetting where they were or what they did, having unprotected sex, and physically injuring themselves.²⁰ Over the long-term, even moderate consumption of one to two drinks per day can increase the risk of cancer, epilepsy, pancreatitis, liver cirrhosis, and hypertension, with the risk increasing in the average daily alcohol consumption.²¹ Hazardous drinking, defined as a the "quantity or pattern of alcohol consumption that places individuals

¹⁴ Centre for Addiction and Mental Health, "Canada's Low-Risk Alcohol Drinking Guidelines," CAMH, http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/alcohol/Pages/low_risk_drinking_guidelines.aspx

¹⁵ Joris Van Damme, Anne Hublet, Bart De Clercq, John McAlaney, Guido Van Hal, Johan Rosiers, Lea Maes, and Els Clays. "Context matters: Student-perceived binge drinking norms at faculty-level relate to binge drinking behavior in higher education." *Addictive behaviors* 59 (2016): 89-94.

¹⁶ LaBrie, Joseph W., Justin F. Hummer, and Eric R. Pedersen. "Reasons for drinking in the college student context: The differential role and risk of the social motivator." *Journal of studies on alcohol and drugs* 68, no. 3 (2007): 393-398.

¹⁷ Yixin Chen, and Thomas Hugh Feeley. "Predicting binge drinking in college students: Rational beliefs, stress, or loneliness?." *Journal of drug education* 45, no. 3-4 (2015): 133-155.

¹⁸ American College Health Association, "Ontario Canada Reference Group Executive Summary Spring 2016," *National College Health Assessment*, 2016.

¹⁹ Peter Butt, Doug Beirness, Louis Gliksmann, Catherine Paradis, and Tim Stockwell, *Alcohol and health in Canada: A summary of evidence and guidelines for low risk drinking*, Ottawa, ON: Canadian Centre on Substance Abuse, 2011.

²⁰ American College Health Association, "Ontario Canada Reference Group Executive Summary Spring 2016," *National College Health Assessment*, 2016.

²¹ Peter Butt, Doug Beirness, Louis Gliksmann, Catherine Paradis, and Tim Stockwell, *Alcohol and health in Canada: A summary of evidence and guidelines for low risk drinking*, Ottawa, ON: Canadian Centre on Substance Abuse, 2011.

at risk for adverse health events²²,” can cause medical conditions including alcohol dependency, liver disease and hepatitis, and alcohol toxicity.²³

In order to increase students’ knowledge on alcohol consumption and related harms, the provincial government should mandate standard drink labels (SDL) on alcohol containers. A SDL clearly indicates the number of standard units or drinks are in the container. Currently, the Canadian Food Inspection Agency only requires a label identifying percent alcohol by volume (%ABV) on containers.²⁴ SDLs can aid students in following low-risk guidelines by providing them with a better understanding of how many drinks they are consuming compared to current labeling.²⁵ A study conducted at a liquor store near the University of Victoria found that individuals’ estimates of a standard drink were significantly more accurate with an SDL compared to a %ABV label.²⁶ When asked, the majority of respondents (68.3%) believed SDLs would help them follow low-risk drinking guidelines.²⁷ In order to increase the effectiveness of SDL, the government should also partner its implementation educational campaigns on Canada’s Low-Risk Alcohol Drinking Guidelines. These guidelines were developed by an independent expert working group and Canadian addiction research agencies to advise Canadians on how to minimize risks when drinking.²⁸ They include when not to drink and how much to drink to reduce short and long-term risks.²⁹ In order to ensure university students, who are just reaching the legal drinking age, know of these guidelines, the Ministry of Health & Long-Term Care should partner with the Council of Ontario Universities to promote these guidelines in a targeted campaign. The campaign should run during orientation week where alcohol consumption is often high, and subsequently during large events associated with drinking, including Homecoming and St. Patrick’s Day. The provision of information can help individuals become more aware of the risks of over consuming alcohol and make more informed choices.

CANNABIS USAGE AND LEGALIZATION

Principle: Students should have accurate information on how substances such as cannabis affect their bodies.

Concern: There is limited information on the effects of ingesting cannabis as well as ingesting it with other substances simultaneously, including alcohol.

Concern: There is not widespread understand the dangers of driving under the influence of cannabis .

Concern: Impaired driving fatalities are most prevalent in the 16 to 25 age demographic.

Recommendation: The Government of Ontario should use an appropriate percentage of the sales tax on cannabis to fund an informational campaign targeting young adults.

Recommendation: The Government of Ontario should ensure that future government-sponsored alcohol and drug awareness campaigns address the combined effects of marijuana and alcohol.

²² Reid, M. Carrington, David A. Fiellin, and Patrick G. O’connor. "Hazardous and harmful alcohol consumption in primary care." *Archives of internal medicine* 159, no. 15 (1999): 1681-1689.

²³ Peter Butt, Doug Beirness, Louis Gliksman, Catherine Paradis, and Tim Stockwell, *Alcohol and health in Canada: A summary of evidence and guidelines for low risk drinking*, Ottawa, ON: Canadian Centre on Substance Abuse, 2011.

²⁴ “Labelling Requirements for Alcoholic Beverages,” Canada Food Inspection Agency, accessed February 24, 2018, <http://www.inspection.gc.ca/food/labelling/food-labelling-for-industry/alcohol/eng/1392909001375/1392909133296?chap=6>.

²⁵ Osiowy, Montana, Tim Stockwell, Jinhui Zhao, Kara Thompson, and Shannon Moore. "How much did you actually drink last night? An evaluation of standard drink labels as an aid to monitoring personal consumption." *Addiction Research & Theory* 23, no. 2 (2015): 163-169.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Peter Butt, Doug Beirness, Louis Gliksman, Catherine Paradis, and Tim Stockwell, *Alcohol and health in Canada: A summary of evidence and guidelines for low risk drinking*, Ottawa, ON: Canadian Centre on Substance Abuse, 2011.

²⁹ Ibid.

Recommendation: The Ministry of Transportation should partner with the Council of Ontario Universities to develop a student-targeted campaign about impaired driving, highlighting the Ontario laws and regulations on consumption.

The Government of Canada is planning on legalizing the usage of recreational cannabis in the near future. In order to effectively facilitate a transition from a state of prohibition on the substance to legalization, the provincial government must ensure they provide accurate information to citizens about the effects of the substance on their bodies. Approximately a quarter (22.4%) of Ontario university students have used marijuana,³⁰ demonstrating that they are already large consumers of the product. Additionally, there are a rising number of client registrations for medical cannabis.³¹ However, individuals still have many misconceptions of the impacts of the drug on their bodies. In focus groups with Canadian youth, many believed that cannabis is not addictive or harmful.³² However, the government states that the user can have long-term impacts on individual's memory and concentration as well as increased risk of lung infections.³³ This disconnect of information can lead young people to consume the drug at higher rates without knowledge of the consequences. After legalization, the provincial government should use a portion of the tax to fund an awareness campaign about the impacts of marijuana usage targeting young people. They should partner with the Council of Ontario Universities to raise awareness through promotional materials of campuses. It is important to ensure the campaign does not use scare tactics, as youth are unsupportive of this tactic.³⁴ Rather, the provincial government should use factual information about the substances, including information about different strains of marijuana, the effects of different methods of consuming it, and the proper amount to consume. Campaigns should also include information about the physiological effects of consuming alcohol and marijuana simultaneously. For instance, if alcohol is consumed after cannabis can increase blood levels of THC, the psychoactive compound of cannabis, causing greater impairment.³⁵ Executing this campaign will allow students to make more informed decisions about their substance use and prevent possible harms.

Impaired driving among young people is a major concern. In 2010, almost half of drivers (45.5%) aged 16 to 25 who died in a motor vehicle collision tested positive for alcohol.³⁶ A quarter (25.8%) tested positive cannabis, which is more than double the rate of drivers 35 or older (9.7%).³⁷ These high rates can be associated with young people's belief that cannabis does not impair a person's ability to drive; 40% of youth believe that driving under the cannabis is less dangerous than driving under the influence of alcohol or that it poses no risk at all.³⁸ However, cannabis usage can double the risk of being involved in a motor vehicle accident.³⁹ This demonstrates a clear lack of knowledge of the impacts of cannabis. With the legalization of cannabis, there may be a rise in the number of individuals driving high if they are unaware of the risks. In order to raise awareness, the Ministry of Transportation should partner with Council of Ontario Universities to inform students about the dangers of substance use while driving and the consequences if caught driving intoxicated. This campaign should be specific to the laws Ontario is implementing in regards to drug-impaired driving. This includes the zero-tolerance laws for young drivers aged 21 and under, novice drivers (G1, G2, M1, M2), and all commercial drivers.⁴⁰ Additionally, there will

³⁰ American College Health Association, "Ontario Canada Reference Group Executive Summary Spring 2016," *National College Health Assessment*, 2016.

³¹ Government of Canada, "Market Data," *Health Canada*, <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-use-marijuana/licensed-producers/market-data.html#t5fn5>

³² A. McKiernan and K. Fleming, *Canadian Youth Perceptions on Cannabis*, Ottawa: Canadian Centre on Substance Abuse, 2017.

³³ "Health effects of cannabis," Government of Canada, June 19 2017, <https://www.canada.ca/en/health-canada/services/substance-abuse/controlled-illegal-drugs/health-risks-of-marijuana-use.html>

³⁴ Ibid

³⁵ Luke A. Downey, Rebecca King, Katherine Papafiotou, Phillip Swann, Edward Ogden, Martin Boorman, and Con Stough. "The effects of cannabis and alcohol on simulated driving: Influences of dose and experience." *Accident Analysis & Prevention* 50 (2013): 879-886.

³⁶ D. Beirness, *The Characteristics of Youth Passengers of Impaired Drivers*, Ottawa, ON: Canadian Centre on Substance Abuse, 2014.

³⁷ Ibid

³⁸ Public Opinion Research on Drug-Impaired Driving, EKOS Research Associates Inc., 2017

³⁹ Canadian Centre on Substance Abuse, "Cannabis, Driving and Implications for Youth," 2015, <http://www.ccdus.ca/Resource%20Library/CCSA-Cannabis-Driving-Implications-for-Youth-Summary-2015-en.pdf>

⁴⁰ Office of the Premier, "Ontario Improving Road Safety Ahead of Cannabis Legalization – New Measures Include Tougher Penalties to Deter Drug-Impaired Driving" *Government of Ontario*, 2017, <https://news.ontario.ca/opo/en/2017/09/ontario-improving-road-safety-ahead-of-cannabis-legalization.html>

be an increase in monetary penalties for those who fail or refuse a sobriety test.⁴¹ Information on the screening devices and thresholds for detectable presence of drugs should also be provided.⁴²

HARM REDUCTION FOR SUBSTANCE USE

Principle: A harm reduction approach should be prioritized over abstinence.

Principle: Students who engage in recreational drug use or illegal substance use should have access to harm reduction methods.

Concern: Illegal substances are at risk for contamination with unknown substances.

Concern: Students lack the resources to test their substances for purity.

Concern: Opioid overdose is the third leading cause of accidental deaths in Ontario.

Concern: The increase in fentanyl contamination of non-opioid drugs creates an increased risk of overdose.

Concern: Students have a lack of awareness and information on harm reduction methods.

Recommendation: The provincial government should continue to raise awareness on naloxone kits and the prevention of opioid overdose.

Recommendation: The provincial government should provide funding for free fentanyl-testing strips to on-campus clinics and pharmacies and distribute them with naloxone kits.

While illegal substance use is heavily discouraged, there will still be students who choose to consume them. In order to protect the safety of these individuals, the provincial government should adopt a harm reduction approach for substance use as opposed to zero-tolerance approach. The CAMH considers harm reduction to be “any program or policy designed to reduce drug-related harm without requiring the cessation of drug use.”⁴³ By providing students with the proper resources such as drug purity tests and naloxone, the government can help to prevent potentially fatal overdoses.

The recent opioid crisis has demonstrated the importance of a harm reduction approach. Opioid overdose is the third leading cause of accidental death in Ontario⁴⁴. This can be contributed to the drastic increase in the presence of fentanyl in street drugs. Fentanyl is an opioid one hundred times more toxic than morphine; it is being mixed with other substances such as heroin and cocaine resulting in higher rates of opioid overdoses.⁴⁵ In 2017, 60% of heroin samples tested positive for fentanyl compared to less than 1% in 2012.⁴⁶ Even more concerning, the number of street drugs that tested positive for fentanyl rose 2000% over the same period of time.⁴⁷ Consumers may be unaware that their drugs are laced with fentanyl or the amount, which can result in overdose. The provincial government demonstrated leadership by taking immediate action and investing funds to prevent future deaths through preventative and harm reduction methods. This included increasing access to free naloxone in pharmacies, appointing the first Provincial

⁴¹ Ibid

⁴² Ibid

⁴³ Patricia Erickson et al. “CAMH and Harm Reduction: A Background Paper on its Meaning and Application for Substance Use Issues,” *Centre for Addiction and Mental Health*, May 2002, http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/public_policy_submissions/harm_reduction/Pages/harmreductionbackground.aspx

⁴⁴ Siebarth, “Universities come to grips with Canada’s opioid overdose crisis,” *University Affairs*, March 8, 2017.

⁴⁵RCMP, “What is fentanyl?,” Government of Canada, <http://www.rcmp-grc.gc.ca/en/what-is-fentanyl>

⁴⁶ Adam Miller, “2000% rise in street drugs samples tested positive for fentanyl” *CBC News*, November 9, 2017,

<http://www.cbc.ca/news/health/shocking-rise-of-fentanyl-in-seized-street-drugs-1.4393906>

⁴⁷ Ibid

Overdose Coordinator, creating new harm reduction/peer outreach worker positions, and providing fentanyl test strips at supervised injection sites.⁴⁸

In order to raise awareness of this current crisis and harm reduction methods for opioid overdose, the provincial government should continue its efforts to inform individuals about naloxone kits. A portion of these efforts should be targeted on campus through government-run campaigns. These campaigns should inform students on where to access kits, how to administer naloxone, and protective legal measures in place if they call the police when an individual is overdosing.

Furthermore, to ensure students are more informed about what substances that are contained in their drugs, the provincial government should ensure they have access to fentanyl strips. Currently, fentanyl strips are available at safe injection sites.⁴⁹ Individuals dilute their substance and test it with the strip to reveal a positive or negative result in a few seconds.⁵⁰ These test strips could be available at on-campus clinics and pharmacies, where students are able to test their substances on site. A 2018 American study conducted by Johns Hopkins Bloomberg School of Public Health found that 85% of respondents who use drugs desire to know about the presence of fentanyl in their drugs before consuming.⁵¹ 70% of individuals would modify their behaviour if they knew their drugs contained fentanyl, including not using the drugs, using the drugs slower, or using them with others with naloxone.⁵² These strips should also be distributed with naloxone kits for those who choose to test their substances off-site.

There are concerns that the tests produce a small amount of false negatives. In these instances, consumers may feel like there is less of a risk of consuming the drug, which could result in an overdose. However, the same analysis study found that the strips are correctly able to detect the presence of fentanyl 96% to 100% of the times.⁵³ Even though there is a small chance of producing a false negative, the provincial government should continue to provide access to these tests since they are the best available option that is able to inform a substantial portion of individuals of fentanyl in their drugs, preventing them from a fatal overdose. The provincial government should ensure that the tests have an explicit disclaimer outlining that it has a possibility of providing a false negative and individuals should take necessary precautions even when tests produce a negative result.

TREATMENT

Principle: All students should have access to high quality support services and information on substance use, addictions and rehabilitation programs.

Principle: Treatment options for substance abuse should recognize the unique intersections of mental health and addictions.

Principle: All students should have the ability to access a wide range of rehabilitation and recovery programs for substance use.

Concern: Students with addictions have limited support to manage their own care.

Concern: University campuses lack resources to provide adequate addiction counselling to students.

Concern: Long wait times for off-campus addictions treatment prevent students from receiving the specialized care that they need.

⁴⁸ Minister of Health & Long-Term Care, Dr. Eric Hoskins, Taking Action to Prevent Opioid Addiction and Overdose, 2017.

⁴⁹ Minister of Health & Long-Term Care, Dr. Eric Hoskins, Taking Action to Prevent Opioid Addiction and Overdose, 2017.

⁵⁰ "Overdose Prevention," Province of British Columbia, accessed February 7 2018, <https://www2.gov.bc.ca/gov/content/overdose/what-you-need-to-know/overdose-prevention>

⁵¹ Johns Hopkins Bloomberg School of Public Health, "Fentanyl Overdose Reduction Checking Analysis Study," *Forecast*, February 6 2018, http://americanhealth.jhu.edu/assets/pdfs/FORECAST__Summary_Report.pdf

⁵² Ibid.

⁵³ Ibid.

Recommendation: The Ministry of Health and Long-Term Care should provide dedicated funding to provide substance use counselling on campus, coordinated with community health resources.

Recommendation: The provincial government should dedicate more funding to off-campus addiction services to improve students' access to specialized care.

Attending university is especially challenging for students also coping with addictions or substance abuse. Having adequate resources and treatment options both on campus and in the surrounding communities is necessary for students to improve their well-being without having to sacrifice their education.

Many on-campus clinics do not offer specialized supports for those with addictions or substance abuse concerns. As a result, they have to rely on referring students' to off-campus services. McMaster University's Student Wellness Centre (SWC) employs a part-time substance use counsellor who is available one day a week to students.⁵⁴ The SWC reports that this counsellor is well utilized on campus and would like to expand the number of hours that the counsellor's services are offered, though the SWC is constrained by both cost and physical clinic space.⁵⁵ This demonstrates that there is a demand for addictions programming on university campuses and need for expansion in government funding for these services to be provided. A substance use counsellor can aid individuals in consuming substances safely by using a harm-reduction approach, help devise a treatment plan for students who want to overcome their dependency, as well as address any mental health concerns that may be contributing to their substance use. While students may also require off-campus resources, the substance use counsellor can be an on-campus point of contact and a system navigator for students. The Ministry of Health & Long Term Care should thus provide funding for on-campus clinics to hire one part-time substance use counsellor and then additional resources if the demand necessitates it.

Community services are critical in providing specialized services that on-campus clinics are unable to. While students may be referred off-campus for treatment, the wait-time to accessing these services prevents students from receiving proper care. The wait time in Ontario for community-level mental health and addictions services can range from eight weeks to a year while inpatient treatment for substance dependence has an average wait time of nine weeks.⁵⁶ Longer wait times are associated with decreased treatment retention.⁵⁷ As a result, students may not be accessing the community treatment options that are available to them due to the wait, placing them at increased risks as a result of the continued substance usage. The Ministry of Health and Long Term Care should invest additional resources into community-based addictions services to ensure students are receiving the treatment they need in a timely manner and increase retention in these programs.

DATA COLLECTION

Principle: Comprehensive data on alcohol and substance use at post-secondary institutions can inform interventions and campaigns.

Concern: Not all Ontario universities participate in the National College Health Assessment II, limiting the reliability of the Ontario reference group.

Concern: There is limited data on illegal substance consumption on post-secondary campuses.

Concern: The National College Health Assessment II, used by the majority of Ontario Universities, does not collect data about all illegal substance use.

⁵⁴ Rosanne Kent (Director of McMaster's Student Wellness Centre), interviewed by Stephanie Bertolo at January 8, 2018.

⁵⁵ Ibid.

⁵⁶ Addictions and Mental Health Ontario, "Where Change Happens," *Addictions and Mental Health Ontario*, 2018, <http://www.addictionsandmentalhealthontario.ca/where-change-happens.html>

⁵⁷ Kim A. Hoffman, James H. Ford, Carrie J. Tillotson, Dongseok Choi, and Dennis McCarty. "Days to treatment and early retention among patients in treatment for alcohol and drug disorders." *Addictive behaviors* 36, no. 6 (2011): 643-647.

Recommendation: The provincial government should mandate that all universities must participate in the National College Health Assessment II to benchmarks of programming on campuses related to reducing harmful substance use.

Recommendation: The Government of Ontario should cover the cost of institutions providing the National College Health Assessment II

Recommendation: The Government of Ontario should partner with the Centre for Addictions and Mental Health and the Council of Ontario Universities to expand and promote the Ontario Student Drug Use and Health Survey in an effort to collect data on post-secondary student consumption of illegal substances.

To create evidence-based interventions and campaigns targeting substance use and addictions as well as monitor their results, comprehensive and standardized data should be collected from all Ontario Universities. A commonly used survey tool is the National College Health Assessment II administered by American College Health Association. This assessment uses a survey tool every three years to collect data on institutions health habits, behaviours, and perceptions on a number of topic areas including “Alcohol, tobacco, and other drug use.” The results are summarized by country, province, and institution. In 2016, only 20 Ontario post-secondary institutions participated in this survey. In order for the Ontario reference group to provide an accurate depiction of the health of students, all universities must participate. The provincial government should mandate that all Ontario post-secondary institutions complete the assessment. Since there is a fee associated with participation, the government should provide financial support for institutions that require it. By obtaining this data through the NCHA, trends can be compared over time, by institution, province, and country. This will provide valuable data about different demographics and aid in the implementation of future interventions. In order to not place a financial burden on institutions, the Government of Ontario should provide funding to cover the costs associated with administering this survey.

While this assessment tool collects highly valuable information, it does not collect data on illegal substance use except for marijuana, which will be legalized by the next assessment. This is despite the usage of illegal drugs being common among young people. According to the 2017 Ontario Student Drug Use and Health Survey (OSDUHS) administered by the Centre and Addictions and Mental Health (CAMH), approximately one-quarter (23.8%) of secondary students reported using at least one illegal or un-prescribed drug excluding marijuana⁵⁸. This survey currently is not administered to post-secondary students. The lack of reporting on usage in post-secondary schools causes it to be difficult to observe how these trends change during a period of transition for students. The provincial government should work with CAMH to expand the OSDUHS to Ontario post-secondary students. Then, working with the Council of Ontario Universities, this new survey should be promoted at all universities. The consistency between the two surveys will allow for better comparisons across age demographics and provide valuable information to universities on the usage in universities.

⁵⁸ A. Boak, H. Hamilton, E. Adlaf, and R. Mann, “Drug use among Ontario students, 1977-2017: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS),” Centre for Addiction and Mental Health, no.46 (2017), accessed February 5, 2017, http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2017%20OSDUHS%20Documents/Detailed_DrugUseReport_2017OSDUHS.pdf

MEDICAL ACCOMMODATIONS AND CONSIDERATIONS & OHIP+

ACADEMIC ACCOMMODATIONS & CONSIDERATIONS

Principle: Students should be academically accommodated appropriately if reasonable medical, or personal (non-medical), issues are present.

Principle: Students' privacy and confidentiality should be respected throughout the academic accommodations and consideration process.

Concern: Universities often require medical documentation in order to receive academic accommodations, thus unnecessarily putting a financial strain both on students and the health care sector.

Concern: Medical accommodation notes may not be properly handled with and confidentially stored as they pass through an institution.

Concern: Post-secondary institutions often have different and inconsistent policies for academic accommodations and considerations.

Concern: Large amounts of students seeking medical notes can deter medical clinics from even offering medical notes for academic accommodations and considerations.

Concern: The process of submitting medical notes to faculty can result in students having to provide specific details of their diagnosed, or undiagnosed, condition along with contributing unnecessary stress to the lives of everyone involved in the process.

Recommendation: The Government of Ontario should mandate a province-wide medical accommodations and considerations policy for all post-secondary institutions to follow.

Recommendation: The Government of Ontario should mandate that post-secondary institutions follow the guidelines as laid out in the Ontario *Employment Standards Act regarding* medical notes issued for personal illness, injury, or medical emergency, or due to the illness or medical emergency of a specified relative.

Students should not be required to present medical notes to post-secondary institutions in the case that they require academic accommodations or considerations for needs related to their mental or physical health. Academic accommodations refers to students experiencing disability-related barriers that prohibit a demonstration of their knowledge and skills, while academic considerations refers to students experiencing extenuating medical, psychological, or compassionate circumstances.⁵⁹⁶⁰ The time and cost barriers for acquiring medical documentation for any type of academic accommodation is straining for both the student, and the healthcare system, as pointed out by medical associations across the country.⁶¹ Academic policies vary across institutions regarding medical documentation. There needs to be clarity around medical documentation for institutions, similar to how the provincial government provided clarity around medical documentation in Ontario workplaces.

The process to seek any medical documentation can be timely and complex for students, particularly those facing undiagnosed mental health concerns. Additionally, there is cause for concern regarding the handling of medical documentation if it can be provided to faculty members, whom may not be handling, or storing, the documentation in a confidential process. Carleton University Professor Frances Woolley recently highlighted that an alternative means of assuring there is a need for academic accommodations is

⁵⁹<https://www.studentlife.utoronto.ca/as/academic-accommodations>

⁶⁰ <https://www.uoguelph.ca/registrar/calendars/undergraduate/current/co8/co8-ac-ac.shtml>

⁶¹ *Third Party Forms: The Physician's Role (Update 2010)*, (Ottawa: Canadian Medical Association, 2010), 1-4.

necessary because physically healthy students may be experiencing anxiety, depression, or other mental health concerns.⁶² In 2013-2014, the group of physicians at Carleton University who provide medical documentation wrote 2,350 'sick notes' for students, faculty and staff.⁶³ This is a waste of resources.

Publicly-funded post-secondary institutions should be subjected to the same legislation that employers in Ontario are abiding by under Bill 148, *Fair Workplaces, Better Jobs Act*. Employers are prohibited from requesting medical documentation from employees for 'personal emergency leave days' and the same should be the case for Ontario post-secondary students. The stress, cost, and time strain on the system for all parties involved is too high. The Canadian Medical Association indicated that there is a significant administrative burden on physicians and eliminates time that could be otherwise directed towards caring for patients.⁶⁴

Ontario post-secondary institutions should not be permitted to request medical documentation from students. Institutions could create another, less burdensome mechanism, to ensure students are receiving academic accommodations for the right reasons. Some universities have adopted 'self-declaration of illness' forms or 'missed work relief' forms as is the case at McMaster University.⁶⁵ Post-secondary institutions should be held to the same standard of operating procedures around requiring medical documentation of individuals, just as employers in Ontario are subjected to.

OHIP+

Principle: Access to a reasonable standard of healthcare should be available to all undergraduate students.

Concern: All undergraduate students do not have equal access to healthcare services provided at their university and in their community.

Concern: Students that may have previously been covered for limited use medications prescribed may now have pay to access them under OHIP+

Recommendation: The Government of Ontario should ensure that additional programs effecting students under OHIP include all post-secondary students enrolled in a degree program that are eligible for OHIP.

Recommendation: The Government of Ontario should expand coverage to limited use drugs under OHIP+ to ensure students are able to access the medication they need, especially in situations where students are experiencing chronic conditions.

Access to health care services is an essential aspect of a student's health and wellness. Students, including mature and international students, should be able to access these services without the financial additional hardships. All students do not have equal access under the current OHIP system. Recent changes to the provincial insurance plan has improved coverage for students under 25 with the implementation of OHIP+, however, this plan does not take into consideration the needs of all students studying at post-secondary institutions.⁶⁶ OHIP+ coverage should be extended to all students studying at post-secondary institutions, regardless of age or course load, in order to allow them to access medication that may be essential to their health and success in higher education.

Students who are experiencing chronic medical conditions may sometimes be prescribed medications whose use is outside the scope of its common purpose.⁶⁷ These medications may sometimes be covered

⁶² Ibid.

⁶³ Frances Woolley, "The real sickness of medical notes," *The Globe and Mail*, June 19, 2017, <https://www.theglobeandmail.com/opinion/the-real-sickness-of-medical-notes/article35350781/>.

⁶⁴ Shawna Wagman, "Professors discuss ditching the doctor's note for sick students," *University Affairs*, February 8, 2016, <https://www.universityaffairs.ca/news/news-article/professors-discuss-ditching-the-doctors-note-for-sick-students/>.

⁶⁵ "McMaster Student Absence Form (MSAF)," McMaster University, Accessed February 23, 2018, <https://www.mcmaster.ca/msaf/>.

⁶⁶ "Learn about OHIP." Government of Ontario. <https://www.ontario.ca/page/learn-about-ohip-plus>.

⁶⁷ Government of Ontario, Ministry of Health and Long-Term Care. "Limited Use Drug Products." Ontario Public Drug Programs. http://health.gov.on.ca/en/pro/programs/drugs/limited_use_mn.aspx.

under private insurance plans, but not covered under OHIP+. In order to ensure that students experiencing chronic conditions are able to access the medication necessary for them to experience their PSE in a robust way, the Government of Ontario should ensure that OHIP+ is expanded to include coverage of limited use drugs.

SEXUAL HEALTH

EDUCATION AND AWARENESS

Principle: Education and awareness ought to be prioritized elements of sexual health programs.

Principle: All undergraduate students, regardless of geographic location, age, and orientation, should be able to access gender and culturally sensitive sexual health resources that are timely, effective, and flexible.

Concern: Students transitioning from secondary school to post-secondary education often experience a lifestyle change that provides them with an increased level of freedom which can be detrimental if they are not equipped with proper skills, information and resources surrounding sexual health.

Concern: Stigma around sexual health may discourage students from utilizing sexual health resources.

Concern: Sexual health information and resources are predominantly hetero-normative, thus excluding people of varying identities and orientations.

Recommendation: The Ministry of Education should ensure that there is adequate oversight and monitoring of markers beyond academic success to ensure that adequate sexual health education is taking place in K-12.

Recommendation: The Ministry of Health and Long-Term Care and the Ministry of Advanced Education and Skills Development should run inclusive educational campaigns that encompass all sexual identities and orientations surrounding sexual health on campuses.

Setting up students for a healthy sexual lifestyle begins with education and awareness throughout their early schooling. Recently, the curriculum surrounding health and physical education in elementary and secondary has been updated to better prepare students in this area.⁶⁸ This is unarguably a step in the right direction, however to ensure that this curriculum is fully serving students, measures must be taken to monitor the implementation and progress of the programs and ensure that the success of the curriculum is measured beyond student academic success. Through monitoring the revised curriculum implementation, the Ministry of Education will be able to ensure that students are learning the skills and knowledge necessary for them to transition to PSE and practice a sexually healthy lifestyle. To monitor curriculum implementation effectively, the province must consider sexual health education to be an integral part of their overall health and wellbeing. Markers beyond student academic achievement should be monitored by the Ontario School Information System (OnSIS) in order to improve students' resiliency and attitudes that will affect their overall health and wellness once they enter post-secondary education.⁶⁹ By including indicators of comprehensive school health, such as monitoring areas like learning environment, school policies and the development of community partnerships, the province will be able to better support students in both their academic success and their physical and emotional wellbeing, including their sexual health.⁷⁰ Taking a holistic approach to sexual health education means that the province will be more ready to adapt to any gaps that are identified through the monitoring process in order to support students in the future.

Once students enter post-secondary studies, they require additional educational support to reinforce their knowledge surrounding a healthy sexual lifestyle. Transitioning from secondary school to post-secondary education can be accompanied with an increase in behavioural risk taking, including sexual behaviour. Students entering their first year of university often have relationships with an increased number of

⁶⁸ Government of Ontario, *Revised Health and Education Curriculum 9-12*. (Online). (Queen's Printer for Ontario, 2015).

⁶⁹ Government of Ontario. "Managing Information for Student Achievement." Ministry of Education. <http://www.edu.gov.on.ca/eng/policyfunding/misa/index.html>.

⁷⁰ *Broader Measures of Success: Measuring What Matters in Education*. Report. People for Education, 2013

sexual partners, which has associated health risks. This risk taking behaviour can be accredited to a decrease in adult supervision, and an increase in freedom and opportunity to engage in this behaviour with a feeling of anonymity.⁷¹ Students feel that their institutions have a role to play in the continuance of sexual health education in post-secondary education to support them in making informed sexual health decisions and the government is the best actor to help institutions in this area.⁷² Because of this, the Ministry of Health and Long-term Care and the Ministry of Advanced Education and Skills Development should run inclusive educational campaigns on university campuses that focus on age-appropriate material of post-secondary students. These campaigns should focus on areas such as the transition between secondary and post-secondary education, the health implications that are associated with risky sexual behaviour, the importance and definition of consent, and the resources and services that the institutions and government run sexual health clinics can provide. The campaigns should educate students on the differing roles that the institutions and the government play in providing sexual health support and how these resources can be utilized by students. These sexual health campaigns must be inclusive and reflect the diverse student populations in Ontario universities, heteronormative and cisnormative assumptions should be avoided. Providing information that is based on anatomy instead of gender allows all students, regardless of orientation or identity, to benefit from these education campaigns.

SEXUAL HEALTH SUPPORT SERVICES

Principle: Students should be able to easily access STI testing that suits their needs.

Principle: Students reproductive needs should be supported during their studies.

Principle: Access to contraception is essential to sexual health for some individuals.

Concern: Gaps between institution and community sexual health supports can be a barrier to students accessing sexual health resources.

Concern: As most students experience a heavy financial burden in paying for post-secondary education, having the additional concern of affording contraceptive methods can place undue stress on students.

Concern: OHIP+ does not take all students' medical needs into consideration.

Recommendation: The Government of Ontario should allocate funding to universities for more frequent comprehensive anonymous on-campus STI testing in collaboration with community sexual health clinics in order support students' sexual health.

Recommendation: The Ministry of Health and Long-Term Care should extend OHIP+ to provide full coverage of diverse contraceptive methods.

As students are a unique community within the Ontario population, the government should recognize that they may need sexual health support that is different from other demographics. Universities will often provide confidential, anonymous STI testing on campus once or twice a year and do not require that students present their health cards.⁷³ While this practice is beneficial to students, it could be improved on if it was offered on a more frequent basis in partnership with local sexual health clinics and by including rapid HIV and blood testing in the service. Funding for more frequent on-campus STI testing would allow

⁷¹ Kim Fromme, William R. Corbin, and Marc I. Kruse, "Behavioural Risks during the Transition from High School to College," *Developmental Psychology* 44, no. 5 (2008): 497-504.

⁷² Kate E. Lechner, Carolyn M. Garcia, Ellen A. Frerich, Katherine Lust, and Marle E. Eisenber, "College Students Sexual Health: Personal Responsibility of the Responsibility of the College?" *Journal of American College Health* 61, no. 1 (2013): 28-35.

⁷³ The Brock News, "Free STI testing event returns to campus", *The Brock News*, October 23, 2017, <https://brocku.ca/brock-news/author/admin/>; Middlesex-London Health Unit, "Western University and Health Unit Team up for 4th Edition of Get Tested! Event" *Health unit*, March 1, 2018.

students to access resources that are important to their sexual health while combating the stigma that surrounds sexual health testing. By having a regular on-campus presence, community sexual health clinics and students would be able to foster a relationship, allowing. The exposure of the clinic's services to the students and the cooperation between the two institutions can help address the stigma associated with STIs and STI testing.⁷⁴ As this practice becomes normalized on campus, students will feel more comfortable utilizing the resource. By combating the stigma associated with STIs, student access to preventative measures and care will increase.

In order for students to practice a healthy sexual lifestyle, they must have access to contraceptive methods that are affordable and suited towards their needs. Access to affordable birth control is important not only for preventing unwanted pregnancy but also as a treatment for many other ailments, such as menstrual pain and regulation.⁷⁵ Contraceptive methods can be administered in a variety of ways and can have varying advantages and side effects as a result.⁷⁶ Because of this, it is crucial that students have access to the type of contraception method that best suits their needs and that it is available to them without financial burden. Currently, students aged 24 and younger are able to access some contraceptive methods at no cost, however choice in contraception methods, including barrier methods, is a personal choice that can be made for a variety of reasons. Because of this, the Government of Ontario should include a variety of contraception methods under OHIP+. Additionally, students who are currently pregnant also experience unique medical needs and could benefit from additional medical support. OUSA believes that all students currently enrolled in a degree program at an Ontario post-secondary institution should have the ability to be covered under OHIP+, as accessing prescription medication that is necessary for the students' health (including contraceptive methods) can be a costly burden on them during their studies.

AVAILABILITY OF SEXUAL ASSAULT KITS

Principle: If a sexual assault occurs, students should have reasonable access to the emergency services required.

Concern: Survivors of sexual assault sometimes must endure stressful processes in order to receive proper medical attention.

Concern: Access to health care and services, including access to sexual assault kits, is further limited for students located in northern or rural locations.

Recommendation: The provincial government should mandate that all urgent and emergency care have sexual assault kits available and able to be properly administered.

In instances of sexual violence, students should have suitable information on where they can go to access the services necessary, such as sexual assault kits. Currently, the Ministry of Health has no record of which hospitals can provide sexual assault kits. This can pose barriers to students trying to access these services in times of emergencies, as they may have to travel outside of their community to have the test completed. Additionally, students who are either studying in or completing distance education in northern or rural communities also face the additional barrier of ease of access to health care, as they have overall lower rates of contact with physicians compared to urban communities.⁷⁷ If access to services is already limited, not knowledge on where to access them could further deter student utilization of these services. The Ministry of Health should mandate that all urgent and emergency care centres have sexual assault kits that can be properly administered. By mandating this standard, students will be confident in

⁷⁴ Justine J. Reel and Erin Hellstrom, "Risky Business in Student Dorms: Sexual Health and Sexually Transmitted Infection Prevention Programming Imperative for College Campuses," *Journal of Community Medicine & Health Education* 3, no. 3 (2013).

⁷⁵ Rachel K. Jones, *Beyond Birth Control: The Overlooked Benefits of Oral Contraceptive Pills*. New York: Guttmacher Institute, 2011.

⁷⁶ W. A. Fisher, A. Black, "Contraception in Canada: a review of method choices, characteristics, adherence, and approaches to counseling." *Canadian Medical Association Journal*, 176, no. 7 (2007): 953-61

⁷⁷ *Ontario's Rural and Northern Health Care Framework. [electronic resource] : reflecting women's needs*. n.p.: [Toronto, Ont.]: Echo: Improving Women's Health in Ontario, [2011] (Saint-Lazare, Quebec : Canadian Electronic Library, 2012)., 2012. *Brock University Library Catalogue*, EBSCOhost

where they are able to go to utilize these services in the event they decide to have a sexual assault kit administered. In the event that a student chooses to have a sexual assault kit performed, they should also have access to additional support for survivors, such as accompaniment services.

PHYSICAL HEALTH

FITNESS AND RECREATION

Principle: Moderate levels of physical activity among the student population yield substantial benefits for individuals, universities, and the public health system, with active lifestyles playing an important role in fostering a holistic campus wellness strategy, spanning both physical and mental health.

Principle: The primary goal of Athletics and Recreation on university campuses should be the promotion of overall wellness amongst all students through physical activity, creating an environment beneficial to the entire student body.

Principle: The development of Athletics and Recreation facilities and athletic programming do not always involve student consultation, leading to limited access for non-varsity athletics or insufficient consideration of needs.

Concern: The majority of post-secondary students fail to meet weekly requirements for physical activity as many universities fail to engage students with opportunities for physical activity.

Concern: At some institutions, students who attend satellite campuses pay the same ancillary fees for facilities and services that are not located on their campus, making these services inaccessible.

Concern: Adaptive sports, which accommodate individuals with physical disabilities, are minimally included in the same framework as more standard sports, creating an exclusionary environment.

Concern: Some student populations experience access barriers when seeking out the use of athletics facilities, deterring them from engaging in physical activity.

Recommendation: The Government of Ontario should establish a minimum standard regarding inclusive and accessible recreational spaces on university campuses, including active promotion and awareness campaigns to increase student engagement.

Recommendation: The Government of Ontario should provide envelope funding to assist universities in creating inclusive, recreational spaces to adequately serve the population size, ensuring there are sufficient and diverse facilities not limited to varsity athletics but instead accessible to the entire student body.

Recommendation: The Ministry of Advanced Education and Skills Development should mandate that universities must complete an institutional assessment of all recreational and athletic spaces to identify under-resourced areas as a requirement to qualify for any funding from the provincial government.

Physical activity plays a fundamental role in the maintenance of a healthy lifestyle. It contributes positively to physical and mental health, as well as academic performance. Routine physical activity is associated with improved psychological well-being – particularly important for the prevention and management of various chronic and cardiovascular diseases.⁷⁸ Participation in athletics has been shown to reduce mild to moderate depression.⁷⁹ Facilitating or encouraging physical activity also empowers universities with the ability to assist students in proactively addressing the typical stressors of the academic environment. This could assist in reducing wait-times at various support services and the broader public health system reaps tangible benefit from increased physical activity among university populations.

⁷⁸ D. E.R Warburton, Crystal Nicol, and Shannon Bredin. 2006. "Health Benefits Of Physical Activity: The Evidence". *Canadian Medical Association Journal* 174 (6): 801-809. doi:10.1503/cmaj.051351

⁷⁹ David R. Brown, and Curtis J Blanton, "Physical Activity, Sports Participation, and Suicidal Behavior among College Students," *Medicine & Science in Sports & Exercise* 30 (2002): 1087–1096

Additionally, Athletics and Recreation departments play an essential role in the wellbeing and physical fitness of the student body. With funding provided largely by levies across the entire student population, these departments must be focused on the benefit of the entire student body. Programming must be made accessible to all students, with a variety of offerings.

Furthermore, negative correlations have been identified between psychological burnout and physical activity, such that adults who engage in less physical activity are more likely to be affected by burnout (stress and depression related to their work environment).⁸⁰ This poses a significant threat to their mental wellbeing and academic performance, and placing additional strain on institutional resources.

Studies also show that the traditional learning environment creates a challenge for university students to meet daily recommendations for physical activity, due to the nature of their academics. It often enforces a sedentary lifestyle, which can be incredibly difficult for students to overcome the barriers that schoolwork create when considering other priorities. Recommended by the Canadian Society for Exercise Physiology, adults aged 18-64 should accumulate at least 150 minutes of moderate to vigorous-intensity aerobic physical activity per week.⁸¹ Being active for at least 150 minutes per week can help reduce the risk of a variety of chronic and cardiovascular diseases, and lead to improved fitness, strength and mental health.⁸² In the Spring 2013 National College Health assessment, only 18.5% of Canadian students reported in engaging in 150 minutes (or more) of moderate cardio or aerobic exercise the week prior and 8.5% at a vigorous intensity.⁸³

From an inclusionary perspective, athletics and recreation departments have a responsibility to provide activities for students of all physical needs. This requires the inclusion of adaptive sports in recreational programming on campus. They yield positive benefits for participants, with individuals with disabilities reporting improved body image, positive changes in confidence and redefined physical barriers. Allowing students with disabilities to actively participate has contributed to feelings of normalcy, freedom, competence and opportunities to build social networks.⁸⁴ Adaptive sports play an important role in combating stigma and creating an inclusive campus environment and provide modified methods of playing traditional sports, allowing students to engage in the broader community⁸⁵.

This sense of inclusion needs to extend beyond physical barriers. From a gendered perspective, studies show that women face increased barriers in utilizing athletic facilities. This includes, feeling unwelcome in athletic and recreational spaces, which contributes to women's avoidance of these spaces and subsequent low-levels of physical activity.⁸⁶ These feelings contribute negatively to women's physical and mental health, alienating a large portion of the student body. At the University of Toronto, women make up over half the student population, and yet continue to be under-represented in most forms of physical activity.⁸⁷ The sources of women's discomfort varies and inclusive programming is essential in ensuring athletics and recreation services are accessible to women.

To address the concern of overarching inclusion and accessibility, OUSA recommends that the government establish a series of guidelines regarding inclusive and accessible recreational spaces on

⁸⁰ Mohammad Ali Sane, Hassan Fahim Devin, Rafat Jafari, and Zahra Zohoorian, "Relationship Between Physical Activity and It's Components with Burnout in Academic Members of Daregaz Universities," *Procedia-Social and Behavioral Sciences* 46 (2012): 4291-4294.

⁸¹ "Canadian Physical Activity Guidelines and Canadian Sedentary Behaviour Guidelines," Canadian Society for Exercise Physiology. Accessed February 5 2018. <http://www.csep.ca/english/view.asp?x=94>

⁸² Ibid.

⁸³ "ACHA-NCHA II: Canadian Reference Group Data Report," American College Health Association (2013).

⁸⁴ Neil R. Lundberg, Stacy Taniguchi, Bryan P. McCormick, and Catherine Tibbs, "Identity negotiating: redefining stigmatized identities through adaptive sports and recreation participation among individuals with a disability," *Journal of Leisure Research* 43, no. 2 (2011): 205-225.

⁸⁵ Smith, Ralph W, David R Austin, Dan W Kennedy, Youngkhill Lee, and Peggy Hutchison. 2011. *Inclusive & Special Recreation*. Sagamore Publishing LLC.

⁸⁶ Megan Teychenne, Kylie Ball, and Jo Salmon, "Perceived Influences on and Strategies to Reduce Sedentary Behavior in Disadvantaged Women Experiencing Depressive Symptoms: A Qualitative Study," *Mental Health and Physical Activity* 4, no. 2 (2011): 95-102

⁸⁷ "Women-only Hours," University of Toronto Faculty of Kinesiology and Physical Education, Accessed February 5 2018. http://physical.utoronto.ca/AboutUs/Equity_and_Accessibility/Women_Only_Hours.aspx

university campuses, including active promotion and awareness campaigns. In order to ensure that all students feel included and that they feel comfortable accessing these facilities, universities must provide a range of facilities and opportunities to engage and empower a diverse population. This also requires facilities proportional to the size of the student body. Athletics and recreation initiatives should be focused on the key barriers perceived as preventing students from engaging in more physical activity. These include “not understanding the benefits” and “lack of time.”⁸⁸ By ensuring the right type and amount of space is available, and understanding the barriers that keep students from getting engaged, the province and institutions can work in tandem to improve the physical health of the campus community.

Furthermore, in order to support the growth of athletics and recreation on university campuses, there must be enough space to actually accommodate it. Currently, the University of British Columbia offers 7,500 square feet of fitness centre space – which works out to 0.15 square feet of fitness space per student; in comparison, the University of Western Ontario offers 0.65 square feet and Queen’s University at 0.95 square feet.⁸⁹ This simply is not enough space to accommodate student needs.

Finally, OUSA recognizes that much of the discussion around athletics and recreation is at the institutional level, meaning there may be limitations in the commonalities across institutions. However, as an essential part of growing and improving athletics and recreation on campus, universities must complete on-going assessments to identify areas where they are lacking. This may include certain types of equipment, adaptive exercise classes to increase accessibility for students with disabilities or any range of possibilities. Assessments of this nature must be completed prior to any provincial funding to ensure under-resourced areas are prioritized in future infrastructure projects.

NUTRITION

Principle: Positive nutrition and eating habits across the student population yield benefits for individuals, post-secondary institutions, and Ontario’s public health system.

Principle: Campus food service providers have a responsibility to engage with students as partners in an equitable, mutually beneficial relationship.

Principle: Nutrition in conjunction with physical activity reap significant physical and mental health benefits for students, creating a need to account for both in holistic campus wellness strategies.

Concern: There is insufficient infrastructure designed to facilitate nutritious eating amongst students, with food services rarely engaging in student consultation, and as a result, failing to reflect the diversity and values of their student population.

Recommendation: The Government of Ontario should provide envelope funding to campuses in order to allow for the hiring of a full-time campus nutritionist, in support of broader nutrition campaigns and pilot programs.

Recommendation: The Ministry of Advanced Education & Skills Development, in collaboration with the Ministry of Health & Long-Term Care, should mandate that all on campus eateries highlight provincially provided nutrition information, especially those elements most relevant to nutrition, at the point-of-choice.

Recommendation: The Government of Ontario should mandate that all on campus eateries provide nutrition information accompanying items sold, including ingredient lists and potential allergens.

Nutrition plays a major role in the lives of students, fostering happiness, stronger academic performance and better long-term health outcomes. This makes health eating an important component for individuals, post-secondary institutions and the provincial government.

⁸⁸ Laurie Grubbs and Jason Carter, "The relationship of perceived benefits and barriers to reported exercise behaviors in college undergraduates," *Family & Community Health* 25, no. 2 (2002): 76-84.

⁸⁹ University of British Columbia. 2017. "UBC's Recreation And Athletics Facilities Strategy". Vancouver: University of British Columbia. http://sportfacilities.ubc.ca/files/2017/03/GamePlan_Finalopt.pdf

The erratic nature of the typical university student's schedule makes it challenging to balance all the necessary components for a health lifestyle. What is often missing are healthy eating habits, which have a significant impact on students in the post-secondary system. Beginning at the student level, poor diet reduces performance on academic evaluations.⁹⁰ It has also been known to impact sleep quality, indirectly affecting students' emotional and stress levels. Healthy nutrition choices pose a significant impact on quality of life and sets students up for continued care after graduation.

Additionally, students provide a significant revenue opportunity for campus food service providers and franchises; however, campus proximity to other eatery options can limit students to purely what's available at school. Students are far more dependent on food options in their immediate vicinity due to long days on campus and short breaks between commitments. Students living in traditional residences are typically required to purchase a meal plan, which can only be used at on-campus locations, while those living off-campus tend to spend long hours at school or in transit, limiting opportunities to cook at home. This can produce an exploitative relationship between providers and students, with providers favouring fast, inexpensive to produce options. To contribute positively to the campus environment, food service providers should enable university eateries with the ability to provide healthy, nutritious options for students without sacrifice of sales or profits.

Furthermore, for many students, university presents the first opportunity to engage in the conversation around their food choices. Unless previously educated, many lack nutritional knowledge or cooking expertise, making cost and convenience easy priorities. With reliance on fast, affordable options for campus food providers and the introduction of fast-food franchises, there is limited infrastructure currently in place to promote and support health eating on campuses.

Management practices for on-campus eateries often pose significant challenges to students, as many students practice non-standard eating hours.⁹¹ With few options remaining open later in the day, and of those few, typically fast food options, students are forced to resort to less healthy options in order to accommodate their schedule. This produces a consistent habit of poor eating and could contribute to long-term unhealthy eating trends.

In order to promote healthy eating, OUSA calls on the government to take action. Currently, there are very few incentives or programs that reward healthy eating on university campuses. The absence of an accessible dietician, guides for healthy eating or general assistance in over-coming personal knowledge gaps in the realm of nutrition make it challenging for students to address this issue.

Cooking has been shown to increase fruit and vegetable consumption, as well as reduce the frequency of convenience food consumption.⁹² Opting for convenient, ready-made meals has been associated with increases in weight and decreased nutritional value.⁹³ By empowering students with basic knowledge about nutrition, they will be able to make informed decisions in their food consumption and have the option to prioritize healthier eating. Cooking in young adults has been related to higher diet quality.⁹⁴ This provides a valuable incentive for increasing access to informational resources to assist students

Additionally, on-campus food service providers are the first point of interaction with student nutrition and dietary health. Caloric content, as well as percentage daily value of macronutrients, should be available to students, reflecting the critical role of these components in nutritious eating. Point-of-choice (POC) nutrition programs can help create environments that are supportive of health and wellness; they

⁹⁰ Mickey T. Trockel, Michael D. Barnes, & Dennis L. Egget, "Health-related variables and academic performance among first-year college students: implications for sleep and other behaviors," *Journal of American College Health* 49, no. 3 (2010): 125–31

⁹¹ Ruth H. Striegel-Moore, Debra L. Franko, Douglas Thompson, Sandra Affenito, and Helena C. Kraemer, "Night Eating: Prevalence and Demographic Correlates," *Obesity*, 14, no. 1 (2006): 139–147.

⁹² Christina Hartmann, Simone Dohle, and Michael Siegrist, "Importance of Cooking Skills for Balanced Food Choices," *Appetite* 65 (2013): 125–31.

⁹³ Klazine Van der Horst, Thomas Brunner, and Michael Siegrist, "Ready-Meal Consumption: Associations with Weight Status and Cooking," *Public Health Nutrition* 14, no. 2 (2010)

⁹⁴ Maree G. Thorpe, Mark Kestin, Lynn J. Riddell, Russell S. J. Keast, and Sarah A. McNaughton, "Diet Quality in Young Adults and its Association with Food-Related Behaviours," *Public Health Nutrition* 17, no. 8 (2014).

are particularly helpful for those looking to increase or decrease specific nutrients, or follow a specific diet.⁹⁵ By mandating the maintenance of this information at points of sale, campuses can promote health decision-making when students eat on campus.

OUSA also calls on the government to mandate that on-campus food providers must provide calorie counts on their menus. Implemented in 2015, the *Healthy Menu Choices Act* passed by the Government of Ontario has dictated that certain businesses are legally obligated to post how many calories are in each item listed or depicted on menus.⁹⁶ This must be accompanied by a contextual statement giving customers the average amount of calories needed by people of different ages and genders. Exemptions are currently provided for food service providers located in a public K-12 school or private school outlined in the *Education Act*. Additionally, many on-campus food providers are not obligated by law to provide this information. By including calorie counts on menus, students will be able to make more informed decisions about their food purchases on campuses.

⁹⁵ “Evidence-Based Background Paper on Point-of-Purchase Nutrition Programs.” Dietitians of Canada. (2006): 14-16

⁹⁶ 2015. *Government of Ontario*. <https://www.ontario.ca/page/calories-menus-information-businesses>.

FOOD INSECURITY

FOOD INSECURITY

Principle: Food insecurity should not pose a barrier to post-secondary success.

Concern: Students are unable to access affordable and nutritious meal options while on campus.

Concern: Students are forced to self-fund food banks that their peers rely on.

Concern: Students in need may not be aware of or feel embarrassed utilizing student-provided food bank resources, worsening their situations.

Recommendation: The Government of Ontario should fund the creation and maintenance of student-led food banks to support low-income students.

Recommendation: The Government of Ontario should establish a grant to be utilized as needed by student-run food banks to maintain the necessary infrastructure to provide nutritious options, like fridges and freezers.

Recommendation: The Ministry of Advanced Education and Skills Development should partner with the Council of Ontario Universities and Meal Exchange to complete a system analysis of food insecurity and systems on university campuses.

As highlighted previously in this paper, positive nutrition and health eating habits play a fundamental role in the success of students during their time in post-secondary education. These habits set them up for long-term benefits, creating a healthier lifestyle and mitigating potential reliance on the public health system. Student run food banks offer robust benefits for the student body, providing necessary support during their academic careers.

Healthier food options are typically more expensive than their higher calorie counterparts.⁹⁷ In North America today, a diet consisting of healthy options costs \$1.54 dollars more per 2000 kilocalories.⁹⁸ These differences in price point are evident at campus food services, with inexpensive, fast options readily available. By forcing students to choose between food options that are healthy and those that are affordable, institutions are damaging students' overall wellness.

In March 2001, 2.4% of the Canadian population received emergency assistance from food banks, suggesting that food banks play a primary role in meeting the food needs of vulnerable populations.⁹⁹ The ongoing reliance on food banks by members of the student population is unfortunately not a new phenomenon. The significant increase in the costs of education and living have only served to further exacerbate an existing problem.

The 2016 Hungry for Knowledge study, conducted by The Meal Exchange, suggests that food insecurity is a major issue for university students in Canada, with nearly 2 in 5 students (39%) experiencing some degree of food insecurity in the past year.¹⁰⁰ This survey was completed by over 4,000 students across five university campuses: Brock University, Dalhousie University, Lakehead University, Ryerson University and the University of Calgary. This geographically diverse assessment shows that these issues are

⁹⁷ Karen Jetter, and Diana Cassady, "The Availability and Cost of Healthier Food Alternatives," *American Journal of Preventive Medicine*, 30, no. 1 (2006): 38–44.

⁹⁸ Mayuree Rao, Ashkan Afshin, Gitanjali Singh, and Dariush Mozaffarian, "Do healthier foods and diet patterns cost more than less healthy options? A systematic review and meta-analysis," *Public Health. BMJ Open*, 3, no. 12 (2013).

⁹⁹ Graham Riches. 2002. "Food Banks And Food Security: Welfare Reform, Human Rights And Social Policy. Lessons From Canada?". *Social Policy And Administration* 36 (6): 648-663. doi:10.1111/1467-9515.00309).

¹⁰⁰ "Hungry For Knowledge". 2017. *Meal Exchange Canada*. <https://www.mealexchange.com/hungry-for-knowledge/>.

occurring all across the country, not just in certain regions. By placing food banks on university campuses, students will more easily be able to access the resources they provide without having to travel further into the community. The Ontario Association for Food Banks have labelled post-secondary students as a group to watch as they continue to see more students citing loans and scholarships as their primary source of income¹⁰¹. By providing peer-to-peer support through student-run food banks, access can be tailored to the population it serves. At McMaster, the student-union run food bank works anonymously for students and requests are made via email to verify a university address¹⁰²

Studies also show that marginalized student groups experience extremely high rates of insecurity, including Indigenous students, racialized students, loan recipients and off-campus students.¹⁰³ In Canada, food costs have been increasing faster than the general inflation rate. The university environment is naturally competitive, making it challenging for students to reach out for help when needed. Student-run food banks are under-resourced to accommodate the growing need of students across campus.

In 2017, Ryerson University called a referendum requesting a funding increase for the Good Food Centre, operated by their Student Union to support the 600 members who utilize the service approximately 3,000 times annually.¹⁰⁴ This number is likely even higher at larger institutions, or in regions with limited community resources. Though student unions often fill the gaps in student experiences, universities should play a larger role in the maintenance and funding of needs-based services. Students should not be expected to sacrifice the basic necessities of life for the sake of their education.

¹⁰¹ Ontario Association of Food Banks. 2017. "Hunger Report". Ontario Association of Food Banks; 1-32.

¹⁰² CBC. 2013. "Use Of Food Banks By Post-Secondary Students Rising: Report", , 2013.
<http://www.cbc.ca/news/canada/hamilton/news/use-of-food-banks-by-post-secondary-students-rising-report-1.2448221>.

¹⁰³ Ibid

¹⁰⁴ Trevor Dunn, "Toronto University Students Turn To Food Banks As Cost Of Living Rises," *CBC News*, December 2017,
<http://www.cbc.ca/news/canada/toronto/ryerson-campus-food-bank-1.4390357>.

POLICY STATEMENT

STUDENT HEALTH & WELLNESS

Whereas: Improving student mental health requires a ‘whole of community’ approach with clearly defined roles and responsibilities of government ministries, post-secondary institutions, student associations, health-care providers, and community organizations to provide service delivery.

Whereas: The Okanagan Charter effectively encapsulates the ‘whole of community’ approach to mental health.

Whereas: All post-secondary students, regardless of geographic location, should be able to access gender and culturally sensitive mental health services and supports that are timely, effective and flexible, and provided in a safe and comfortable manner.

Whereas: Mental Health care is a continuum of opportunities for interventions, and therefore, a range of services should be offered at all levels.

Whereas: Preventative support is an important element of mental health care.

Whereas: Post-secondary institutions and student leaders raise awareness of the mental health struggles students attending post-secondary institutions in Ontario face, in an effort to develop a broader understanding of the barriers facing students.

Whereas: When students choose to consume alcohol in a responsible manner, it can be associated with social experiences, and thus, an abstinence-only approach is not sufficient.

Whereas: Students should be informed on how to reduce risks of harm while drinking alcohol.

Whereas: A harm reduction approach should be prioritized over abstinence.

Whereas: Students who engage in recreational drug use or illegal substance use should have access to harm reduction methods.

Whereas: All students should have access to high quality support services and information on substance use, addictions and rehabilitation programs.

Whereas: Treatment options for substance abuse should recognize the unique intersections of mental health and addictions.

Whereas: All students should have the ability to access a wide range of rehabilitation and recovery programs for substance use.

Whereas: Comprehensive data on alcohol and substance use at post-secondary institutions can inform interventions and campaigns.

Whereas: Students should be academically accommodated appropriately if reasonable medical, or personal (non-medical), issues are present.

Whereas: Students’ privacy and confidentiality should be respected throughout the academic accommodations and consideration process.

Whereas: Access to a reasonable standard of healthcare should be available to all undergraduate students.

Whereas: Education and awareness ought to be prioritized elements of sexual health programs.

Whereas: All undergraduate students, regardless of geographic location, age, and orientation, should be able to access gender and culturally sensitive sexual health resources that are timely, effective, and flexible.

Whereas: Students should be able to easily access STI testing that suits their needs.

Whereas: Students reproductive needs should be supported during their studies.

Whereas: Access to contraception is essential to sexual health for some individuals.

Whereas: If a sexual assault occurs, students should have reasonable access to the emergency services required.

Whereas: Moderate levels of physical activity among the student population yield substantial benefits for individuals, universities, and the public health system, with active lifestyles playing an important role in fostering a holistic campus wellness strategy, spanning both physical and mental health.

Whereas: The primary goal of Athletics and Recreation on university campuses should be the promotion of overall wellness amongst all students through physical activity, creating an environment beneficial to the entire student body.

Whereas: Positive nutrition and eating habits across the student population yield benefits for individuals, post-secondary institutions, and Ontario's public health system.

Whereas: Campus food service providers have a responsibility to engage with students as partners in an equitable, mutually beneficial relationship.

Whereas: Nutrition in conjunction with physical activity reap significant physical and mental health benefits for students, creating a need to account for both in holistic campus wellness strategies.

Whereas: Food insecurity should not pose a barrier to post-secondary success.

Be it resolved that: The provincial government should update Ontario's Comprehensive Mental Health & Addictions Strategy to formally recognize post-secondary students as a distinct population cohort.

Be it further resolved that: The provincial government should communicate the respective responsibilities of each ministry that has a role in meeting the mental health needs of post-secondary students, ensuring there are no service gaps.

BIFRT: The provincial government should clearly define the roles and responsibilities of health-care and community agencies, as well as post-secondary institutions, for student mental health.

BIFRT: The provincial government should take a multi-ministerial approach to developing a framework addressing how on, and off, campus services work together to provide services to avoid fragmented care.

BIFRT: All organizations with a role in mental health, including government, should recognize that post-secondary institutions are partners in providing student wellness programming and triage students to mental health providers.

BIFRT: All organizations with a role in mental health, including government, should recognize that the post-secondary institutions provide student wellness programming and triage students to mental health providers.

BIFRT: All organizations with a role in mental health, including the provincial government, recognize that the responsibility for providing acute and long-term mental health support rests with health and community agencies.

BIFRT: Each post-secondary institution, together with local health-care and community agencies, including the Local Health Integration Networks, should develop and implement a plan to assist students with mental health concerns.

BIFRT: The Ministry of Health and Long-Term Care should provide standards that post-secondary students living away from home will have sufficient, or improved access to the broader circle of care practitioners they would have in their home communities.

BIFRT: The province should ensure students entering post-secondary education have access to the same level, or improved service level and types of resources that are commonly available in high school.

BIFRT: The Council of Ontario Universities should adopt the Okanagan Charter.

BIFRT: The provincial government should provide free cost-free mental health care to students – on and off campus – through increased services not currently funded by OHIP.

BIFRT: The government should provide dedicated funding for community-based mental health providers to supply culturally relevant and diverse counselling on campuses.

BIFRT: All health care practitioners that engage with post-secondary students, particularly when triaging, should be trained in gender and cultural competency, and any other provisions needed to service the diverse student populations.

BIFRT: The Ministry of Health and Long-Term Care should review the ability of on-campus professionals to identify and treat students without certain restrictions, such as making referrals.

BIFRT: The government should provide funding for psychology assessments to (re)diagnose students when required, with mental health concerns prior to their arrival at their post-secondary institution to reduce financial barriers for students.

BIFRT: The province should invest in an online referral system containing a comprehensive and updated list of community mental health resources and their specializations for students seeking support, and practitioners making referrals

BIFRT: The government should expand the Good2Talk helpline to include electronic communication, such as an online messaging platform, text-messaging capabilities and peer listeners.

BIFRT: The province should provide funding for post-secondary and community-based pilots of innovative mental health strategies for example, mental health apps for post-secondary education students to determine their viability and accessibility.

BIFRT: The province should provide funding to strengthen peer-to-peer supports on campuses.

BIFRT: To allocate funding to improving mental health amongst post-secondary education students, the Government of Ontario should increase spending on mental health and addictions to a minimum of 10 percent of the overall provincial health care budget

BIFRT: The Government of Ontario should be effectively preparing students with the necessary mental health resilience and coping skills prior to, and during, students' post-secondary education.

BIFRT: The Ontario Government, health and community organizations, and other community stakeholders, should work in partnership with institutions to provide resources and support to educate

their student bodies, and broader institutional communities, on the services and supports that exist on their campuses.

BIFRT: The provincial government should provide funding to support research on effective mental health strategies.

BIFRT: The province should provide funding to maintain the Centre for Innovation and Campus Mental Health and to develop resources to help faculty and staff of post-secondary institutions support students who are dealing with mental health needs.

BIFRT: The Government of Ontario should provide necessary grant funding for institutions and student leaders to continue awareness and education initiatives for mental health.

BIFRT: The Ministry of Education should develop mandatory curriculum that emphasizes resilience and coping skills in K-12, ensuring that students will have an understanding of mental health concerns and the resources to effectively deal with them.

BIFRT: The province should develop and mandate transition programming for students as they finish their high school education and prepare to enter post-secondary education.

BIFRT: The government should invest in early-warning systems for both the primary and secondary school systems as well as the post-secondary education system.

BIFRT: Post-secondary institutions, health agencies, and community agencies should work collaboratively to establish common indicators to track student mental health needs and use of services, including setting targets for wait times.

BIFRT: Post-secondary institutions, health agencies, and community agencies should report the progress of any initiatives developed to improve mental well-being for post-secondary students.

BIFRT: The government should engage leading experts to collect and measure data on the successes and failures of all initiatives developed to improve mental well-being on Ontario's campuses, including fall reading breaks, integration of physical and mental health services, and orientation programming.

BIFRT: The provincial government should recommend the Canadian Food Inspection Agency to serving size labels on all alcoholic items.

BIFRT: The Ministry of Health and Long-Term Care should partner with the Council of Ontario Universities campaign to promote Canada's Low-Risk Alcohol Drinking Guidelines.

BIFRT: The Government of Ontario should use an appropriate percentage of the sales tax on cannabis to fund an informational campaign targeting young adults.

BIFRT: The Government of Ontario should ensure that future government-sponsored alcohol and drug awareness campaigns address the combined effects of marijuana and alcohol.

BIFRT: The Ministry of Transportation should partner with the Council of Ontario Universities to develop a student-targeted campaign about impaired driving, highlighting the Ontario laws and regulations on consumption.

BIFRT: The provincial government should continue to raise awareness on naloxone kits and the prevention of opioid overdose.

BIFRT: The provincial government should provide funding for free fentanyl-testing strips to on-campus clinics and pharmacies and distribute them with naloxone kits.

BIFRT: The Ministry of Health and Long-Term Care should provide dedicated funding to provide substance use counselling on campus, coordinated with community health resources.

BIFRT: The provincial government should dedicate more funding to off-campus addiction services to improve students' access to specialized care.

BIFRT: The provincial government should mandate that all universities must participate in the National College Health Assessment II to benchmarks of programming on campuses related to reducing harmful substance use.

BIFRT: The Government of Ontario should cover the cost of institutions providing the National College Health Assessment II

BIFRT: The Government of Ontario should partner with the Centre for Addictions and Mental Health and the Council of Ontario Universities to expand and promote the Ontario Student Drug Use and Health Survey in an effort to collect data on post-secondary student consumption of illegal substances.

BIFRT: The Government of Ontario should mandate a province-wide medical accommodations and considerations policy for all post-secondary institutions to follow.

BIFRT: The Government of Ontario should mandate that post-secondary institutions follow the guidelines as laid out in the Ontario Employment Standards Act regarding medical notes issued for personal illness, injury, or medical emergency, or due to the illness or medical emergency of a specified relative.

BIFRT: The Government of Ontario should ensure that additional programs effecting students under OHIP include all post-secondary students enrolled in a degree program that are eligible for OHIP.

BIFRT: The Government of Ontario should expand coverage to limited use drugs under OHIP+ to ensure students are able to access the medication they need, especially in situations where students are experiencing chronic conditions.

BIFRT: The Ministry of Education should ensure that there is adequate oversight and monitoring of markers beyond academic success to ensure that adequate sexual health education is taking place in K-12.

BIFRT: The Ministry of Health and Long-Term Care and the Ministry of Advanced Education and Skills Development should run inclusive educational campaigns that encompass all sexual identities and orientations surrounding sexual health on campuses.

BIFRT: The Government of Ontario should allocate funding to universities for more frequent comprehensive anonymous on-campus STI testing in collaboration with community sexual health clinics in order support students' sexual health.

BIFRT: The Ministry of Health and Long-Term Care should extend OHIP+ to provide full coverage of diverse contraceptive methods.

BIFRT: The provincial government should mandate that all urgent and emergency care have sexual assault kits available and able to be properly administered.

BIFRT: The Government of Ontario should establish a minimum standard regarding inclusive and accessible recreational spaces on university campuses, including active promotion and awareness campaigns to increase student engagement.

BIFRT: The Government of Ontario should provide envelope funding to assist universities in creating inclusive, recreational spaces to adequately serve the population size, ensuring there are sufficient and diverse facilities not limited to varsity athletics but instead accessible to the entire student body.

BIFRT: The Ministry of Advanced Education and Skills Development should mandate that universities must complete an institutional assessment of all recreational and athletic spaces to identify under-resources areas as a requirement to qualify for any funding from the provincial government.

BIFRT: The Government of Ontario should provide envelope funding to campuses in order to allow for the hiring of a full-time campus nutritionist, in support of broader nutrition campaigns and pilot programs.

BIFRT: The Ministry of Advanced Education & Skills Development, in collaboration with the Ministry of Health & Long-Term Care, should mandate that all on campus eateries highlight provincially provided nutrition information, especially those elements most relevant to nutrition, at the point-of-choice.

BIFRT: The Government of Ontario should mandate that all on campus eateries provide nutrition information accompanying items sold, including ingredient lists and potential allergens.

BIFRT: The Government of Ontario should fund the creation and maintenance of student-led food banks to support low-income students.

BIFRT: The Government of Ontario should establish a grant to be utilized as needed by student-run food banks to maintain the necessary infrastructure to provide nutritious options, like fridges and freezers.

BIFRT: The Ministry of Advanced Education and Skills Development should partner with the Council of Ontario Universities and Meal Exchange to complete a system analysis of food insecurity and systems on university campuses.