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2021

CAMPUS
ASSESSMENT
TOOL
REPORT

Campus Assessment Tool

2021 REPORT

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Introduction

The Campus Assessment Tool (CAT) is a youth-led participatory research project created to support the advocacy work of student-run Jack Chapters. This year is the project's third, and 10 chapters completed the tool: Trent University, University of Toronto St. George Campus (UTSG), Bishop's University, Camosun College, University of Guelph, University of Windsor, University of New Brunswick St. John Campus (UNBSJ), Dalhousie University Truro Campus, Ryerson University, and Lakehead University.



Why the Campus Assessment Tool?

Young people in the Jack.org network are increasingly paying attention to the systems that influence mental health and service provision on their campuses. These include wait times for mental health services and learning conditions that influence the mental health outcomes of students. If post-secondary students are to engage decision makers in their communities about how to foster positive mental health for young people, they must first understand how systems function and what gaps need to be addressed. To help with this, Jack.org developed the CAT in 2018.

The tool is made up of 30 questions used to assess the policies, practices, resources, and services offered on campus that impact mental health. These questions are accompanied by a survey sent out to students on participating campuses through the Student Life Network (SLN), which is meant to gauge students' attitudes and behaviours towards resources and services to better understand the barriers and promoters of mental health on campus. As a participatory tool, the purpose of the CAT is to transfer power to youth across Canada, determine priorities for systems-level change on individual post-secondary campuses, and facilitate collaboration between students and institutional decision-makers.

Campus Assessment Tool Outline

Each section of the CAT has a different area of focus:

Section One—Online Research: Gain an understanding of the key services and resources, such as counselling services, resources for equity seeking groups, and student health insurance coverage, that are available on each post-secondary campus.

Section Two—Serve: This section of the CAT examines the services and resources that exist for students who are struggling with their mental health. This includes providing students with appropriate resources, such as counselling services and peer support programs, and ensuring that they are able to access these resources.

Section Three—Protect: This section of the tool documents the policies and activities that aim to identify and support students who are beginning to struggle early. Examples of this include mental health training for staff and implementing an Early Alert System so that staff can respond to signs of struggle and help connect students to support services.

Section Four—Promote: The fourth and final section of the CAT examines the policies and practices in place that promote mental health more broadly, to prevent mental health struggle. Promoting student mental health involves creating an environment that encourages positive student mental health and wellness and can involve enacting policies and programs to help reduce and manage stressors in the post-secondary setting, such as mental health strategies and accommodation processes.

Survey Methods and Background

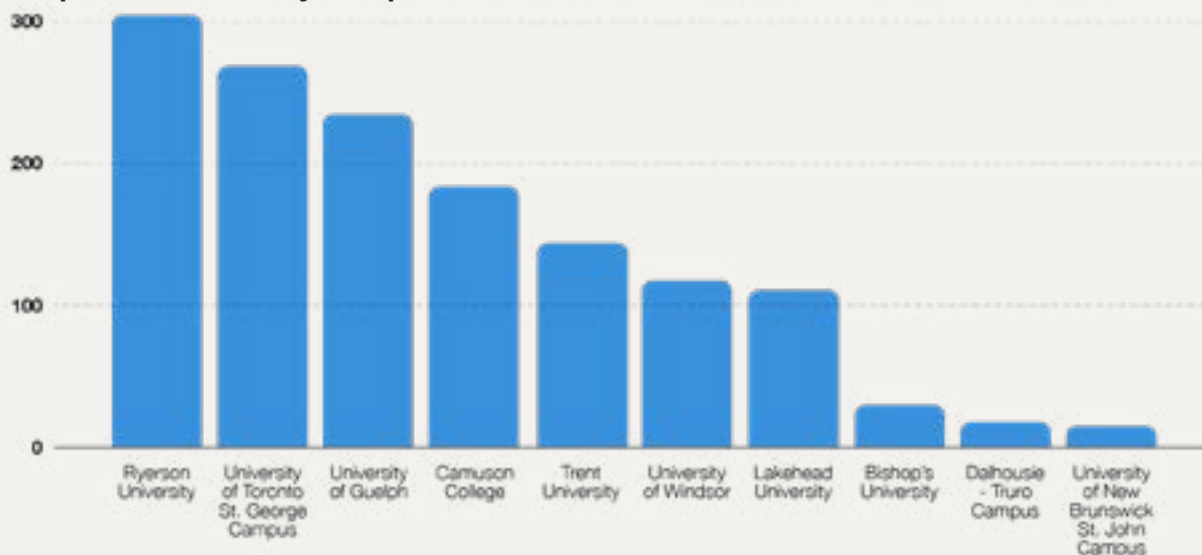
In addition to Chapter-led research, a survey was distributed to post-secondary students through CAT teams and a third-party survey partner (SLN) with subscribers on each campus. SLN provided marketing and incentivization for the survey to gain more responses from students on participating campuses. Sections one–four of the tool are a summary of the mental health services, resources, protocols, and policies that exist on campus, while the survey examines students' perceptions and interactions with them. For instance, the survey poses questions about students' comfort level with accessing services, the quality and accessibility of services, and wait times. The data was collected using convenience sampling, with a total sample size of 1,709 across the 10 campuses. Given sampling limitations, including a limited subscriber base and small sample sizes, survey results should be seen as preliminary and require further data collection to confirm, especially on smaller campuses.

Likert scales were used as survey measures throughout the CAT survey, with students rating their agreement on a five-point scale, unless otherwise indicated. Throughout the survey, agreement is reported as the proportion of those who rated a 4 (agree) or 5 (strongly agree) and disagreement as 1 (strongly disagree) or 2 (disagree), with a rating of 3 meaning neither agree or disagree. Qualitative data was also collected through the survey, with students writing their thoughts and feelings about service awareness, accessibility and quality, and the overall mental health promotion environment on campus.

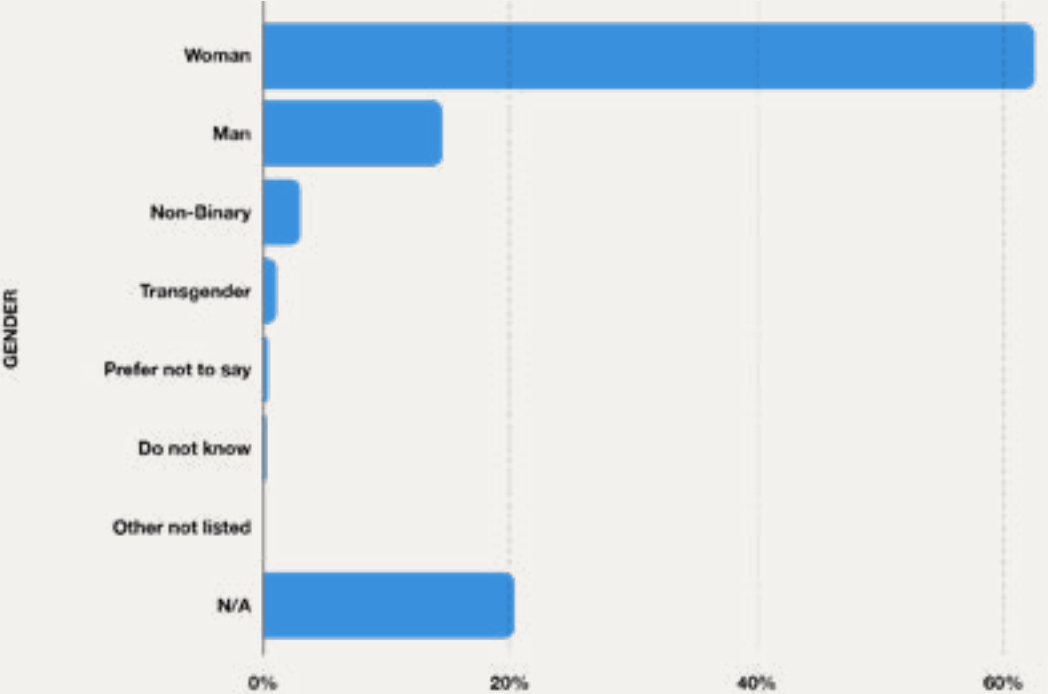
In some cases, data is reported across the three years of the CAT. However, given the case study nature of the project, these trends cannot necessarily be assumed to reflect the current state of campuses surveyed in past years or be generalizable across the country.

Respondent Demographic Information

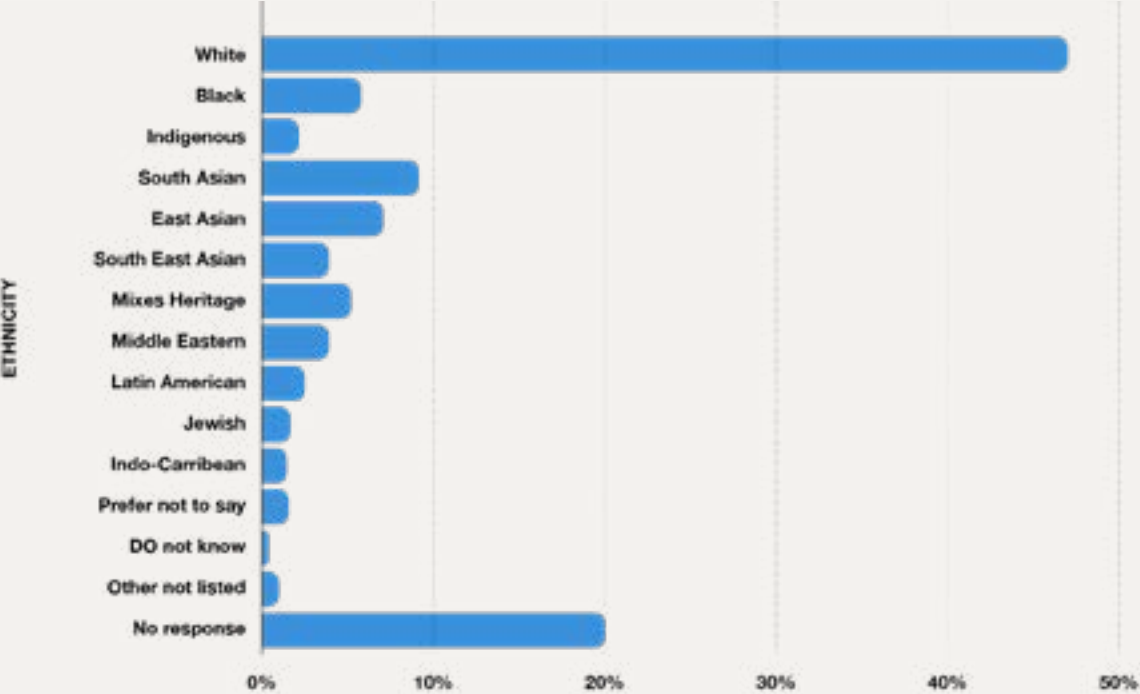
Graph: Breakdown By Campus



Graph: Student Participation by Gender Identity



Graph: Student Participation by Ethno-Racial Identity



Key Indicators – Three Year Trends

Through the CAT, participating post-secondary students collect information surrounding several key indicators of mental health service provision, policies, and protocols. An overview of key findings can be found below, and all data tables can be found in Appendix.



Wait Times

Across the 10 CAT campuses this year, average wait times for accessing counselling services as reported by student wellness staff are 1.5 weeks for an initial appointment and two weeks for a follow-up appointment. For initial appointments, some campuses had wait times less than 24 hours, whereas the campuses with the longest wait times could be upwards of two weeks. For follow-up appointments, the shortest wait time could be within 24 hours, whereas the busier campuses had follow-up appointment wait times of eight weeks. Many service providers reported that demand fluctuates depending on the time of year, which directly influences wait times. Staff reported that wait times were typically highest during exam periods, when demand for mental health services increases.

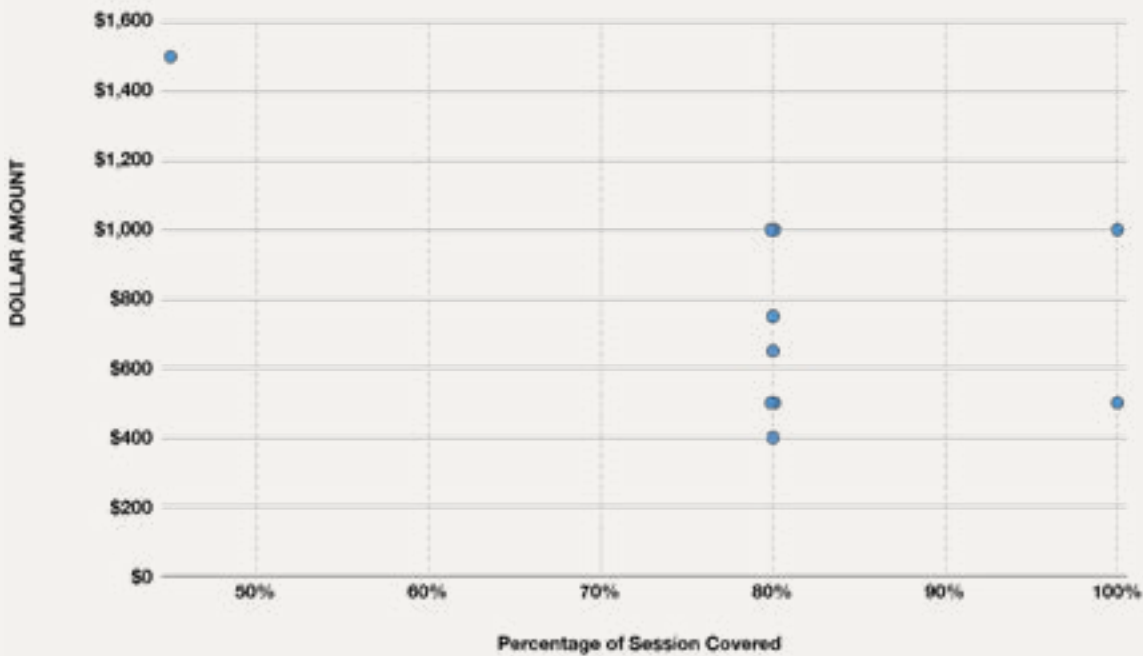
Eight out of 10 campuses offer walk-in or same day appointments for those who need immediate help. At all 10 campuses, those who are experiencing a mental health crisis can be seen immediately or on the same day.

Students continue to cite wait times as the most significant barrier to accessing services. 67% of surveyed students who have not accessed services in the past year do not feel that the services they need would be available in a timely manner. Improving wait times should continue to be a focus of post-secondary campuses across the country.

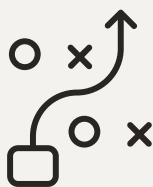


Insurance Coverage

The national average insurance coverage for mental health services was \$680 for the 2020–21 school year. The average coverage per session was 80%, meaning that the median student would pay 20% of the cost of an off-campus session out of their own pocket.



Percent (%) covered per session was calculated using the suggested hourly rate (\$225/hour) for psychological services, determined by the Ontario Psychological Association



Mental Health Strategy

Seven out of the 10 campuses that participated in the CAT this year have a mental health strategy. A mental health strategy is a document that provides a strategic plan and guidance regarding student mental health on campus, and the institution’s high-level action plan to recognize and respond to growing student mental health concerns. Over the three years the CAT has been conducted, a greater proportion of the studied campuses have adopted mental health policies in each subsequent year, which might indicate increasing attention to and a growing need for strategic alignment on student mental health issues.



Early Alert System

Six out of 10 campuses have an early alert system in place. Early alert systems enable faculty or staff to connect students to mental health support when early signs of mental health struggle are displayed. Three of the campuses that do not have early alert systems have noted that they are currently working or plan on developing one.



Postvention Plan

Eight out of 10 campuses have a suicide response/postvention plan. These plans are essential in preventing suicides clusters, and mitigating other negative repercussions of a suicide in the community.



Mental Health Training

Mental health training is available at all 10 campuses and is mandatory for residence advisors across all campuses. These certifications remain optional for professors, staff, and students. Mental health training can increase a community's capacity to respond to student mental health concerns, and continues to be an important piece in the protection of student mental health.

Key Learnings

Campuses are increasing their capacity to promote and protect student mental health, but more robust policies and protocols are needed to manage academic stress and prevent mental health struggle.

Service wait times, resource awareness, and comfortability remain key barriers to accessing help.

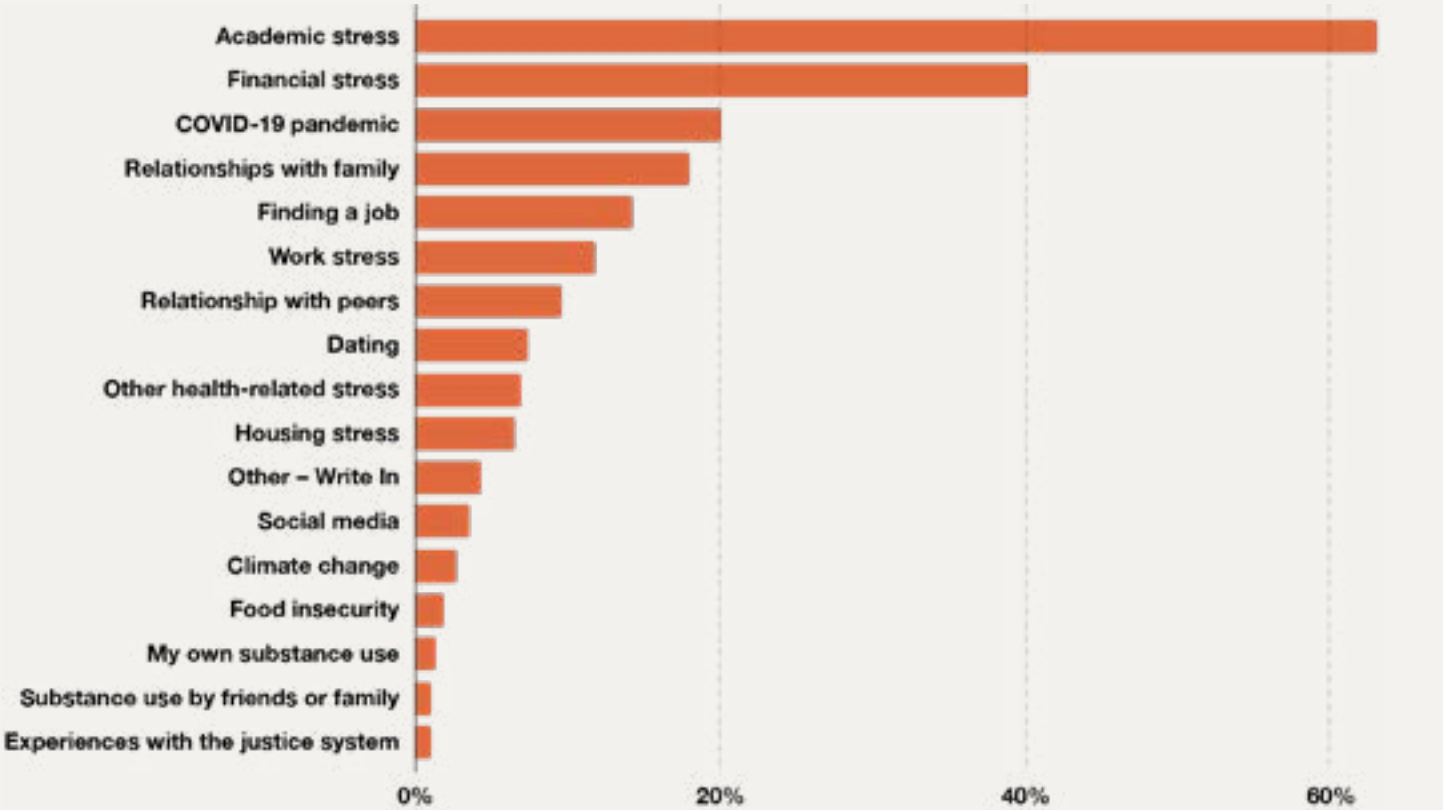
Campuses offer a variety of resources for equity-seeking groups, but more mental health services are needed to meet the unique needs of these communities.

Campuses offer a wide range of options for mental health support, but awareness and access of resources outside of 1:1 counseling remain underutilized. A stepped care model can reduce wait times and increase accessibility.

What Causes Students to Struggle

Post-secondary students continue to struggle with academic stress, financial stress, and within the last two years, the COVID-19 pandemic.

Students were asked to select the top three factors that contribute to mental health struggle for them. Their responses are displayed in the chart below.



According to survey respondents, the top three mental health stressors are academic stress, financial stress, and the COVID-19 pandemic. 63% of respondents reported academic stress as one of their top three mental health challenges, while 40% reported financial stress, and 20% reported the COVID-19 pandemic as a major stressor. Moreover, 54% of respondents reported facing financial barriers.

Service Diversity and Inclusivity

All campuses provide some degree of general support services for students from equity-seeking groups, while a slight majority provide mental health-specific resources.

The CAT identifies three key equity-seeking groups that have unique mental health needs and are often faced with a lack of appropriate resources or services to address their needs: Indigenous students, 2SLGBTQ+ students, and racialized students (CMHA, 2014). Within the last year especially, there is a growing recognition of the additional mental health stressors faced by many members of these groups on the basis of their identity, including overt discrimination, intergenerational trauma inflicted by colonialism and the legacy of the residential school system, and ongoing institutional and structural oppression.

Young people have called attention to these issues and the need for resources to address them, including across the Jack.org network. This year, students on participating CAT campuses found that many of their campuses have a wide range of general resources for these equity-seeking groups; however, mental health-specific resources are sometimes lacking.

Nine out of the 10 participating campuses provide resources for Indigenous communities, all have 2SLGBTQ+-specific resources, and eight out of the 10 campuses have resources available specifically for racialized students. Common general resources across all campuses include student centres, peer support and social groups, various initiatives and tools, and designated spaces. Notable examples include:

- Trent University's First Peoples House of Learning, which offers traditional teachings, cultural workshops, and opportunities to meet with traditional knowledge holders and a diverse community of Indigenous students to support their academic success, personal development, and leadership potential
- The University of Toronto St. George Campus' Sexual and Gender Diversity Office, which offers confidential support, advice, and educational resources related to 2SBTQ+ issues
- The Native Student Alliance at the University of Windsor, a society of students who are committed to assisting current and future Indigenous students throughout their studies, while also helping to dismantle and raise awareness about systemic racism, oppression, and marginalization
- Bishop's University Pride Alliance (BUPA), which offers peer counselling and a Pride Library for help and information
- Dalhousie University Truro Campus' LGBTQ2SIA+ Collaborative, a tool for students to find people or groups working for and with that community

- Ryerson's BIPOC Students' Collective, which works to eliminate racism and xenophobia both on and off campus through education, advocacy initiatives, and campaigns

While eight of 10 campuses provide general resources for these populations, six campuses provide mental health-specific resources for Indigenous and 2SLGBTQ+ students and five provide these for racialized students. These services include counselling, therapy, peer support groups, or other mental health services specifically designed for or designated to provide services to these groups. Notable examples include:

- As a part of Camosun College's Indigenization Policy and their commitment to the Truth and Reconciliation Commission's Call to Action, their counselling services are publicly committed to providing culturally responsive services for Indigenous students
- Trent University's Out on Campus, a confidential discussion group for students who may be questioning their sexuality and/or gender or who are in the process of coming out
- The University of Guelph's OUTline, a confidential support and resource service for individuals with questions concerning sexual orientation and gender identity, which offers online chat and in-person support programs
- Lakehead University's Student Health and Wellness Centre has a counsellor who has training and experience working with 2SLGBTQ+ populations and is certified to provide trans surgery assessments and referrals
- Trent University's Black Student Support program, which is a safe space for current Trent Black students to come together for support and conversations around their Black experience at Trent, the Peterborough community, and beyond. This confidential discussion group is led by two student facilitators who have lived experience in the Black community
- The University of Guelph and the University of Windsor both offer group and drop-in counseling for students with diverse and racialized identities, with sessions facilitated by counsellors who are racialized and/or trained in cultural competency

This year's CAT reveals that many campuses are investing to respond to the unique mental health needs of equity-seeking groups, by either staffing counsellors and facilitators with intersectional and marginalized identities or providing counsellors and staff with cultural competency and intersectionality training. With that said, in the CAT survey, 35% of service users report feeling that the services are not responsive to their background or experiences. Much work remains to ensure mental health services are properly responding to the identities and lived experiences of students, but the data from this year's tool does point to some positive developments.

Mental health services for Indigenous students	Mental health services for 2SLGBTQ+ students	Mental health services for racialized students	General resources for Indigenous students	General resources for 2SLGBTQ+ students	General resources for racialized students
6 out of 10 campuses	6 out of 10 campuses	5 out of 10 campuses	9 out of 10 campuses	10 out of 10 campus	8 out of 10 campuses

Accessibility

Wait times remain a persistent concern for students, and it is one of the top three reasons they report discomfort with accessing services. This includes both students who access services and those who do not.

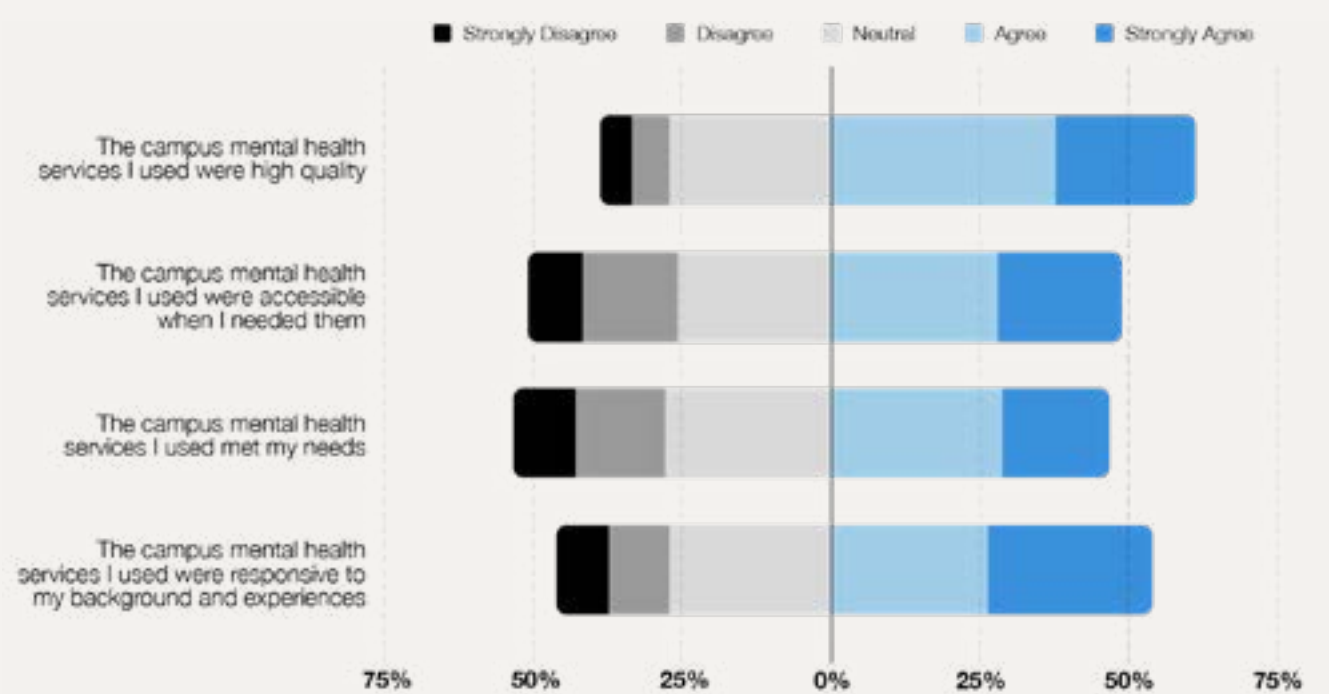
This year on participating CAT campuses, wait times averaged 1.5 weeks for non-urgent initial appointments and two weeks for a follow-up appointment, as reported by wellness centre staff. Wait times remain relatively consistent with the 2019/2020 CAT Report, when the average wait time for students who accessed services was 2.5 weeks. The number one reason both current service users (44%) and non-service users (35%) reported discomfort accessing in-person services was wait times (either from their experience or perceived). In the student survey, more respondents (16%) reported waiting two weeks for an initial appointment than any other length of time, which generally aligns with the data reported by staff at the wellness centres. On all participating campuses, participants reported a wide range of wait times, from as low as one day and up to six–eight weeks. Across all campuses, wellness centre staff stated that wait time for follow-up appointments is typically dependent on various factors such as the time of year, individual needs, and urgency, or based on situation or assessment. With that said, wait times for services remain the top reason student survey respondents feel uncomfortable accessing services, meaning that reducing wait times (both real and perceived) should be a key priority in order to increase help-seeking behaviour amongst students.

This year's participating campuses have explored different ways to address this issue. Eight out of the 10 campuses have walk-in counselling services available for students, ranging from urgent and virtual drop-ins, same-day single session appointments, and calling in the morning to schedule same-day appointments. Additionally, eight out of 10 campuses offer peer-support programs for students facing mental health challenges. Whether it be same-day, walk-in counselling appointments, or forms of peer support, these services can alleviate the issues associated with longer wait times (CICMH, 2019).

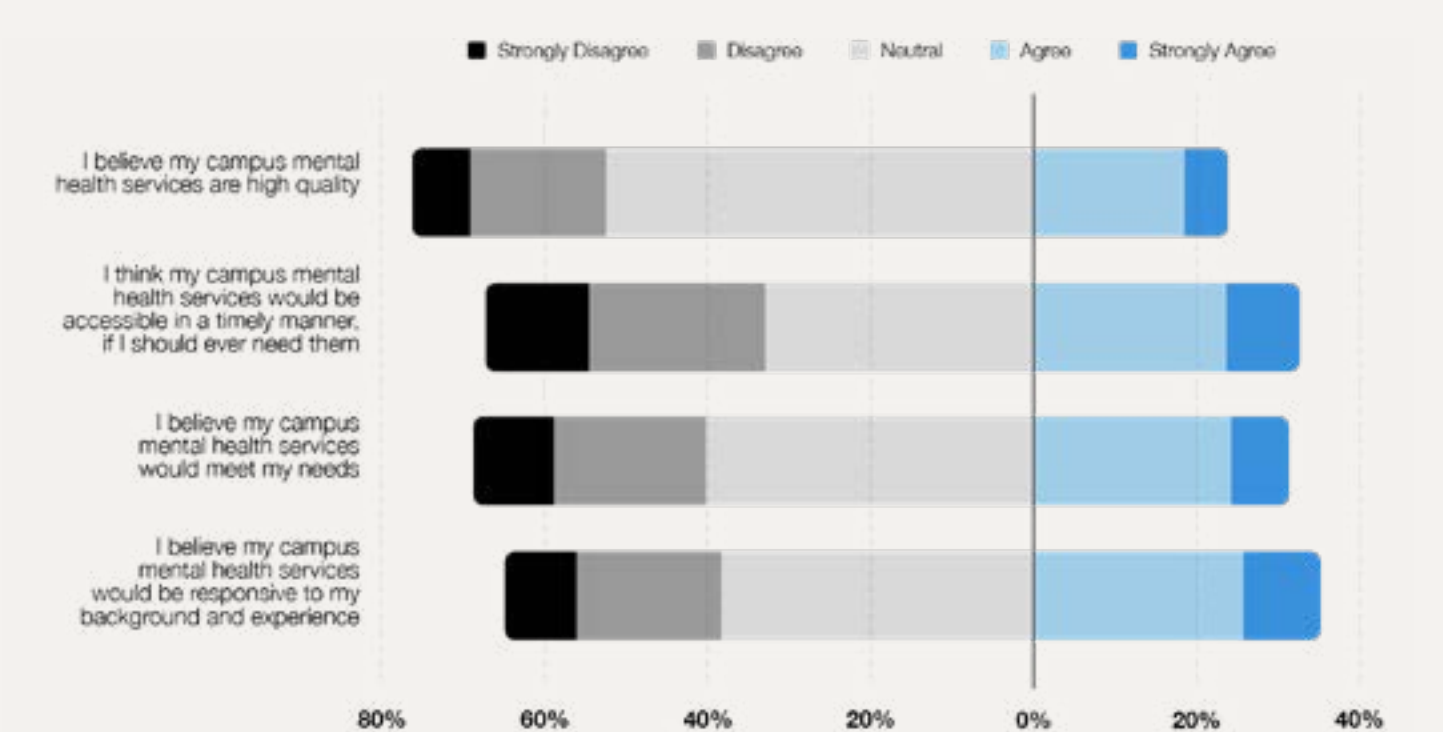
Students who have not accessed services have somewhat negative or uncertain perceptions of how accessible services would be if they needed them and whether services would meet their needs. These perceptions are barriers to them accessing campus services.

Although there are several similarities amongst those who reported accessing services in the past year and those who have not, there are several key distinctions amongst the two respondent pools. Those who have reported using services in the past year have different perceptions of those services than those who have not.

Graph: Service users



Graph: Non-users



Findings indicate that service users generally have more positive perceptions of campus services. 61% of those who reported using services think of the services as high quality, whereas only 24% of those who reported not using services think of them as high quality. Similarly, 54% of service users report feeling as if the services would be responsive to their background and experiences, whereas only 35% of service non-users report feeling that way. Additionally, almost 50% of those who reported using services in the past year feel that the services would be accessible when they need them and meet their needs, whereas just over 30% of those who haven't used services feel they would be accessible when needed and meet their needs.

Another salient distinction between the two respondent pools is the prevalence of stigma amongst peers. For those who reported accessing services, worry about judgment from peers was, at 26%, the fifth most mentioned reason they felt uncomfortable accessing services, whereas worry about judgment from peers was, at 33%, the third most mentioned reason for those who did not report using services in the past year.

While no major conclusions can be drawn from these preliminary data, they do suggest a need for more consultation and research involving those who don't access services, as stigma and negative perceptions of the services continue to be associated with help-seeking behaviour amongst the student population.

Awareness of 1:1 counselling services is higher than other services, such as peer support. A stepped care model can reduce wait times and increase accessibility.

This year, service users reported accessing 1:1 counselling services at a much higher rate than other services. Digital and in-person 1:1 counselling services were the top two services accessed by respondents, with 64% of service user respondents accessing digital counselling services and 36% of participants accessing in-person counselling services (likely due to COVID-19 restrictions). Nine of the participating campuses had phone counselling services and all campuses had video counselling services available this year, either directly through their counselling centre or provided via third party through student health insurance plans. Compared with previous years the CAT was conducted, students reported higher levels of satisfaction with counselling services alongside increased usage of digital 1:1 counseling during the COVID-19 pandemic. Future research should continue to monitor the provision of campus digital counselling to see if this remains a prevalent option, even as campuses transition back to in-person activities. With that, the data from this year's tool suggests that providing students with the option to access counseling from remote locations is a positive development for the accessibility of student mental health care.

Notably, five campuses have text-based counselling services that are all provided through an external app or service. The University of Toronto St. George and Ryerson use the "My SSP" app through LifeWorks, which connects students with free, confidential counselling support available 24/7 via the app, telephone, and web. The University of New Brunswick St. John campus and Lakehead University use "Real Campus" as part of their extended health care plan; this self-referral platform provides on demand video therapy from 8:00 a.m. to 8:00 p.m. The University of Guelph and Dalhousie University Truro Campus do not provide text-based or app-based counselling, however they do promote the service "Good2Talk," which provides confidential counselling services for students in Ontario and Nova Scotia.

Although many students have been accessing counseling remotely, awareness and usage of other mental health resources remains quite low. Services other than 1:1 counselling accounted for only 24% of all services that respondents reported using in the past year. The demand for and usage of 1:1 counselling is substantially higher than all other services combined. Increased awareness of alternative options and their benefits should alleviate the strain on 1:1 counselling, especially when considering all campuses have a diversity of service options at their disposal. Eight out of the 10 participating campuses provide peer support programs, either virtual or in person, with volunteers generally trained in active listening and providing a safe and inclusive environment. Research has found that peer support has the same effect on mental health outcomes as traditional counselling or Cognitive Behavioural Therapy (Repper and Carter, 2011). These resources should not be seen as substitutes for one another, but instead exist as a suite of complementary options available for support. In three separate case studies, the Centre for Innovation in Campus Mental Health found that campuses were able to minimize wait times and maximize the amount of sessions booked by using a stepped care model (CICMH, 2019). The promotion of peer support, along with the availability of other less intensive services, can significantly increase the accessibility of mental health support on campus. If students are able to grow their awareness of services other than typical 1:1 counselling services, it might help to reduce wait times and increase accessibility.

Referral pathways to off-campus supports can also provide students with service alternatives. For instance, Dalhousie University Truro Campus has a list of registered psychologists that students can access off campus without having to pay out of pocket (i.e. paid through direct billing to student insurance plans). Trent University partners with the Kawartha Sexual Assault Centre, which provides a 24 hour crisis support line and is dedicated to supporting those who are affected by sexual and gender-based violence and harm. Creating clearer pathways to alternative, off-campus options provides students with other avenues to receive care and may alleviate demand for on-campus services and help address the persistent issue of long wait times.

Academic Accommodations

There is a large variation between options from campus to campus and this information can often be difficult to find.

Having a clear, reliable, and robust system for mental health accommodations in the classroom is an important piece of student mental health promotion. Anecdotally, students who completed the CAT on their campuses noted that information was sometimes hard to find, and there is a strong desire for consistency in the way academic accommodations are granted and a preference for a centralized route through an academic accommodations office. For instance, various CAT participants have recommended including instructions for applying for academic accommodations in each course syllabus.

"[The] student accommodation systems remain decentralized, with individual professors being responsible for approving accommodation requests. Such decentralization significantly disadvantages students. First, it provides no standardization between professors. In addition, such systems provide no mechanism for a professor's decision to be appealed. Furthermore, it leaves room for a professor's potential biases and experiences to influence their decision.

I hope that the CAT's results can help schools move toward adopting a centralized student accommodation system to better support their students. Such systems assign the responsibility of approving accommodations to a neutral third party (e.g., an academic advisor)."

—2020–21 CAT Student Participant

The findings regarding academic accommodations for mental health align with what the broader Jack.org youth network has been saying. Many network members have pointed to a need for an improved accommodation system to support mental health in post-secondary learning environments (Jack.org, 2020). Network members have also indicated that many course instructors have offered more flexibility around deadlines and deliverables as a way to alleviate stress (Jack.org, 2020) caused by the COVID-19 pandemic and the unfamiliar learning environment associated with it. Additionally, institutions could develop appeal processes for students who allege that their mental health-related accommodation has been violated by course instructors (CoSMH, 2018). Post-secondary institutions and instructors have demonstrated an ability to accommodate student mental health. Input from the CAT student participants suggest that this ability to accommodate could go a step further by creating a more reliable, objective process for students who require accommodations.

Next Steps

After the completion of the tool, Jack.org staff, along with each individual chapter, have several important follow up tasks to ensure the learnings and recommendations identified through the CAT are acted upon.

For participating chapters

In collaboration with Jack.org staff, each chapter developed recommendations and next steps that are specific to the mental health landscapes and decision making systems on their campus. The recommendations are based on the key strengths and areas for improvement on their campus, which they identified as part of the tool.

To begin to address the identified areas for improvement, young leaders sought out key strategic partnerships that can be developed or built upon to help implement the solutions indicated in their findings. Some common partnerships across campuses involve continued work with the counselling and wellness centres and student services. Several chapters have also indicated a desire to partner with equity-seeking groups and other student clubs on campus, to ensure their solution-oriented work is inclusive of all students' voices and needs. Other potential partnerships that were identified include student and faculty unions, academic deans, advisory boards, other academic institutions, and off-campus service providers.

There was a wide range of recommendations from participating chapters about areas of focus and potential solutions, but there were also several common themes across campuses. Increased awareness and accessibility of resources remains a key issue and area of focus on campuses. Chapters plan to collaborate with the administration at their schools to ensure information about campus mental health services and resources is more readily available and easy to find. As wait times continue to be a major barrier to access, chapters have identified a need to work with their counselling centres to help reduce this barrier. Additionally, chapters will be working to ensure the academic accommodation process at their school is accessible, reliable, objective, and properly addressing student mental health concerns in the classroom. Several chapters also identified the importance of mandatory mental health training for professors to improve how student mental health concerns are dealt with by course instructors.

For the CAT and Jack.org

After several adaptations of the tool over the past three years, we found that the current design and structure of the CAT is sufficiently meeting the needs of the student researchers who complete the tool, while the data collection process has become more robust and sustainable. Particularly, the CAT has been able to address the capacity concerns of the student participants by shortening the amount of time needed to complete the tool without compromising the quality of data that is collected. Much of this can be attributed to the more focused nature of the questions, and the elimination of questions that were not yielding meaningful results. The strengthened demographic data, and inclusion of virtual resources offerings in the tool were additions that yielded meaningful results, and will continue to be a key part of the tool moving forward.

For the 2021–22 school year, Jack.org and the student researchers will continue to use the shortened, more focused tool, which will include several key adaptations:

- Improved sampling and surveying methodologies to obtain a more representative respondent pool and assure reliability in the data
- Re-examination of questions that did not yield meaningful results to ensure the questions and terminology are applicable to all campuses, including but not limited to academic accommodations and mental health crisis protocols
- Enhanced advocacy skill building to empower student chapters to use the CAT to make change on their campus

The 2020–21 CAT uncovered some important questions that should be addressed through future research. Gaps exist around data related to service usage and the factors that may prevent students from using options other than 1:1 counselling. Additionally, more research needs to be done to better understand the perspectives of those who don't use services and the relationship between negative perceptions of services and help seeking. Pursuing these research questions can provide campuses with more data to inform policy and service design, reduce wait times, and more effectively get students the help they need, and we will seek to continue exploring these questions through future iterations of the CAT.

The continuity of the tool, combined with these key changes and future research directions will allow Jack.org to build knowledge regarding student mental health across Canada, while simultaneously scaling the project and empowering students to take action for meaningful change on their campuses.

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First and foremost, Jack.org would like to thank the Jack Chapter student researchers who completed the CAT on their campuses this year:

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Appendices

Appendix 1 - Survey Results

Participant Demographic Information

Ethnicity		
White	803	47.0%
Black	99	5.8%
Indigenous	36	2.1%
South Asian	156	9.1%
East Asian	121	7.1%
South East Asian	66	3.9%
Mixed Heritage	88	5.2%
Middle Eastern	66	3.9%
Latin American	43	2.5%
Jewish	29	1.7%
Indo-Caribbean	24	1.4%
Prefer not to say	26	1.5%
Do not know	6	0.4%
Other not listed	16	0.9%
N/A	342	20.0%

Note: some participants selected multiple options so there are more responses than the total number of participants

Gender		
Woman	1068	62.5%
Man	247	14.5%
Non-Binary	51	3.0%
Transgender	19	1.1%
Prefer not to say	7	0.4%
Do not know	5	0.3%
Other not listed	2	0.1%
N/A	349	20.4%

Note: some participants selected multiple options so there are more responses than the total number of participants

Survey respondent breakdown by campus and province

School/Campus		
Ryerson University	305	17.9%
University of Toronto St. George Campus	269	15.7%
University of Guelph	235	13.8%
Camuson College	184	10.8%
Trent University	144	8.4%
University of Windsor	117	6.9%
Lakehead University	111	6.5%
Bishop's University	30	1.8%
Dalhousie - Truro Campus	18	1.1%
University of New Brunswick St. John Campus	15	0.9%
Other – Not listed	281	16.4%

Province		
Ontario	1060	62.02%
British Columbia	162	9.48%
Nova Scotia	61	3.57%
Quebec	26	1.52%
Alberta	24	1.40%
New Brunswick	23	1.35%
Manitoba	4	0.23%
Saskatchewan	4	0.23%
Nunavut	1	0.06%
Price Edward Island	1	0.06%
N/A	343	20.07%

All Respondents

Survey Questions - Likert	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A	Total Responses
During my time at university/college, I have faced mental health challenges	60	98	207	385	749	210	1499
In general, I would feel comfortable seeking help if I were facing mental health challenges	85	320	530	351	213	210	1499
I think I know what mental health services are offered on my campus	152	288	422	424	213	210	1499

Top 3 Mental Health Challenges		
Academic stress	1079	63.14%
Financial stress	688	40.26%
COVID-19 pandemic	354	20.17%
Relationships with family	307	17.96%
Finding a job	245	14.34%
Work stress	203	11.88%
Relationships with peers	164	9.60%
Dating	127	7.43%
Other health-related stress	119	6.96%
Housing stress	112	6.55%
Other - Write In	75	4.39%
Social media	62	3.63%
Climate change	47	2.75%
Food insecurity	33	1.93%
My own substance use	23	1.35%
Substance use by friends or family	18	1.05%
Experiences with the justice system	16	1.05%

Service User Perceptions

Survey Questions - Likert	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Responses
The campus mental health services I used were high quality	15	20	82	114	71	302
The campus mental health services I used were accessible when I needed them	28	48	78	85	63	302
The campus mental health services I used met my needs	31	46	84	87	54	302
The campus mental health services I used were responsive to my background and experiences	26	31	82	80	83	302

Services Used in the Past Year		
Digital 1:1 counselling	197	63.75%
In-person 1:1 counselling	110	35.60%
Digital peer support	46	14.89%
Other digital services	27	8.74%
In-person peer support	15	4.85%
Other in-person services	7	2.27%

Service Non-Users

Survey Questions - Likert	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Responses
I believe my campus mental health services are high quality	79	187	591	207	60	1124
I think my campus mental health services would be accessible in a timely manner, if I should ever need them	142	245	370	265	102	1124
I believe my campus mental health services would meet my needs	110	209	454	271	80	1124
I believe my campus mental health services would be responsive to my background and experience	98	201	431	289	105	1124

Appendix 2 - Chapter Led Research

Section 1 & 2- Online Research & Service Provision	Number of chapters that reported "yes"	Number of chapters that reported "no"
Does your campus offer counselling services?	10	0
Does your campus offer walk-in counselling services?	8	2
Does your campus have an integrated counselling and health centre?	7	3
Does your campus have a peer support program/centre?	8	2
Does your campus offer remote or digital counselling options or services?	10	0
Are there any resources specifically for Indigenous students on campus? Mental health resources: YES or NO?	6	4
Are there any resources specifically for Indigenous students on campus? General resources: YES or NO?	9	1
Are there any resources specifically for LGBTQ2S+ students on campus? Mental health resources: YES or NO?	6	4
Are there any resources specifically for LGBTQ2S+ students on campus? General resources: YES or NO?	10	0
Are there any resources specifically for racialized students or groups on campus? Mental health resources: YES or NO?	5	5
Are there any resources specifically for racialized students or groups on campus? General resources: YES or NO?	8	2
Does your campus offer phone counselling services?	9	1
Does your campus offer video counselling services?	10	0
Does your campus offer text-based (SMS) counselling services?	5	5
Does your campus offer app-based digital counselling services?	8	2
Does your campus have any formal partnerships or referral pathways to off-campus services?	7	3
Do campus counsellors undertake any cultural competency training?	8	2
Does the campus publish or share data on mental health service use or outcomes?	4	6

Section 3 & 4- Protect & Promote	Number of chapters that reported "yes"	Number of chapters that reported "no"
Does your campus employ an early alert system or process for faculty/staff to connect students to mental health support?	6	4
Do professors and faculty receive some form of free mental health training?	8	2
Do residence advisors receive some form of free mental health training?	9	0
Does your campus offer free mental health training to students?	10	0
Is mental health training part of student orientation?	3	7
Does your campus have a suicide response/postvention plan?	8	2
Does your campus have a mental health policy, strategy, framework, or other guidance document?	7	3
Does your administration plan and implement wellness initiatives on campus?	10	0
Does your institution offer a fall reading week?	8	2
Does your institution offer a winter reading week?	10	0
Does your institution have policies or protocols for academic accommodations in the classroom related to mental health?	10	0
Does your institutions have any other policies addressing mental health in the classroom (for example, listing mental health resources in syllabi or providing mental health breaks)?	5	5

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