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Campus Assessment Tool Report

2024

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Introduction

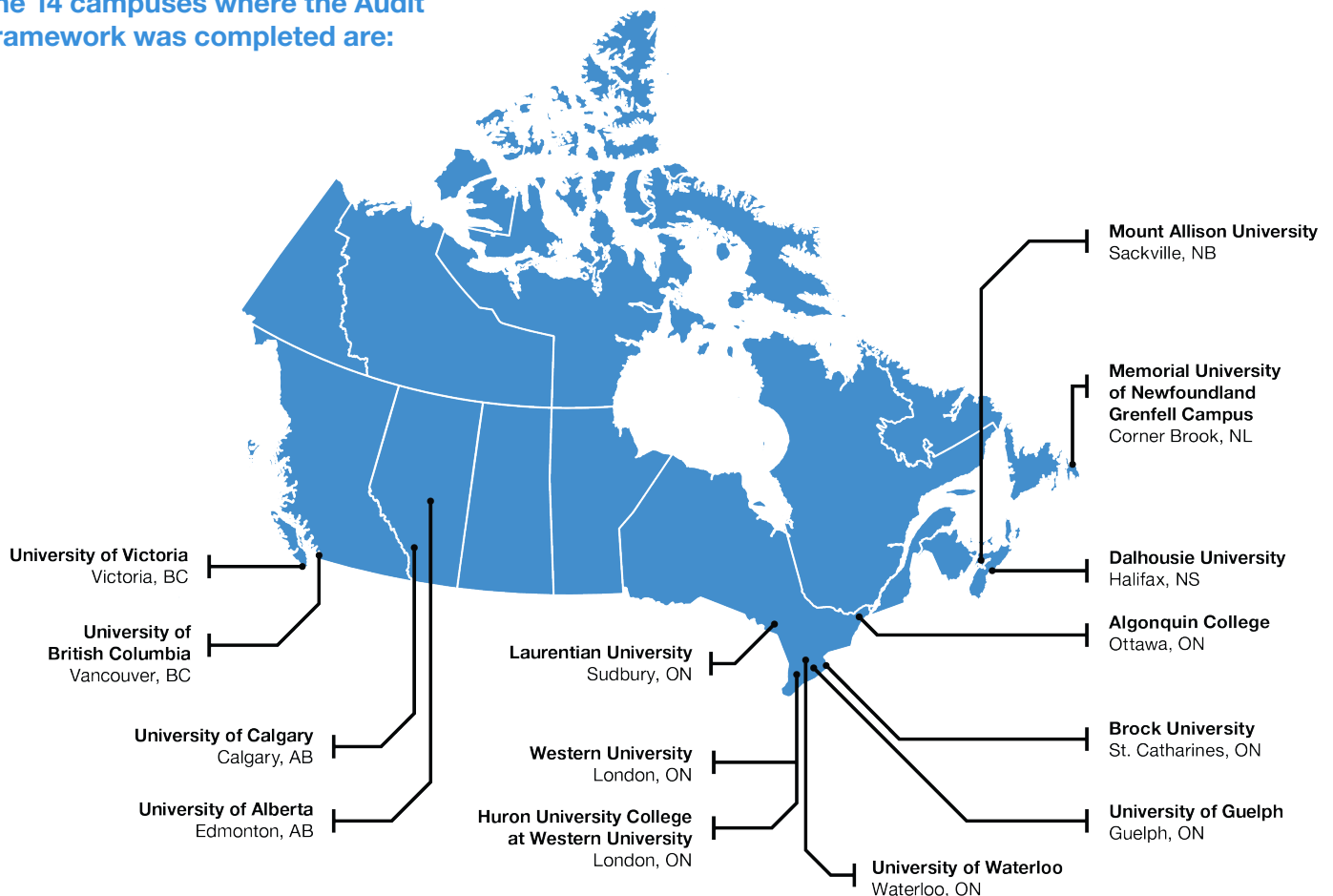
The Campus Assessment Tool (CAT) is a participatory research project for post-secondary student mental health advocates. The CAT helps students identify mental health resources and policies on their campus and engage with decision-makers in mental health promotion by providing a framework, tools, and mentorship. As a youth-led project, the CAT aims to empower students with the skills and information needed to participate meaningfully in decision-making about mental health services, programs, and policies. By highlighting the strengths and gaps in campus mental health systems from students' perspectives, the CAT facilitates collaboration between students and staff for service evaluation and improvement.

The CAT has two main components: the Audit Framework and the Student Survey. Using the Audit Framework, students compile information on mental health services, resources, and policies offered on campus. The Student Survey gathers individual-level data on students'

perceptions of services and help-seeking behaviours. Together, these tools provide data to explain help-seeking attitudes and behaviours among the general post-secondary student population and to evaluate mental health service use and satisfaction, forming a basis for evidence-based evaluation and collaboration between students and institutional decision-makers.

Piloted in 2018, the CAT project has evolved with student feedback and the best available evidence. Over six years, 39 post-secondary Jack Chapters across Canada participated in the CAT. This report focuses on findings from campuses that participated over the past three school years, 2021-22, 2022-23, and 2023-24. During this period, 14 Jack Chapters completed the Audit Framework for their campuses. The CAT Student Survey was piloted on five campuses in the same period. Together, these datasets provide valuable insight into mental health promotion and service provision at campuses across eight provinces.

The 14 campuses where the Audit Framework was completed are:



Background

Youth aged 15-24 experience the highest levels of mental health concerns, especially post-secondary students.¹ This demographic faces unique stressors, including transitioning from high school to university, high academic expectations, post-graduation uncertainty, financial concerns, and interpersonal relationships with family and peers, all contributing to higher mental health concerns.¹ The National College Health Assessment survey in Spring 2019 reported that

*68.9% of Canadian post-secondary students experienced overwhelming anxiety, and 51.6% felt so depressed that it was difficult to function.*²

The Mental Health Commission of Canada reported in 2017 that “the highest rate of mental health problems and illnesses is among young adults ages 20 to 29, a time when young people are generally beginning post-secondary education and careers.”³

The pandemic worsened these concerns. A May 2020 Canadian Alliance of Student Associations survey found that

*70% of Canadian post-secondary students felt stressed, anxious, or isolated due to the pandemic.*⁴

Financial strains and the challenges of online learning were significant contributors to students’ well-being.⁴ Other studies also found that the pandemic negatively impacted student mental health.⁵

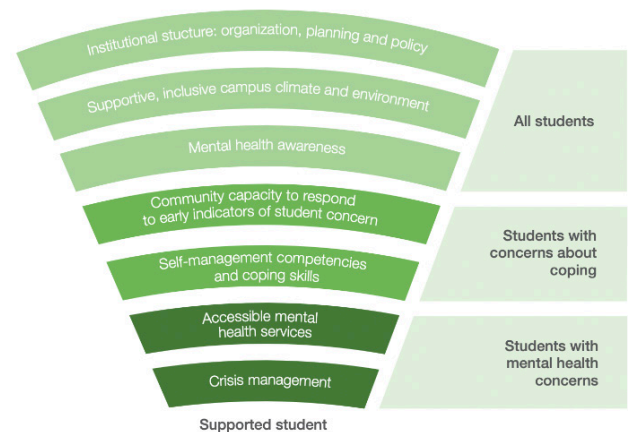
A 2023 survey examining the mental health of Ontario post-secondary students after the pandemic, found that these trends have persisted. Of those surveyed, 60.5% felt that post-secondary students did not have good mental health and 62.4% felt they had inadequate coping strategies. 73.2% felt that their post-secondary institution needed to increase mental health resources.

It is important to note that not all individuals face the same level of risk.^{1,6} Factors such as socioeconomic status, chronic stress, social support networks, family dynamics, intergenerational trauma, racism, and environmental surroundings can influence students’ mental health and mediate the impact of external adversities, such as the pandemic.^{1,6} Intersectional identities also play a significant role in mental health outcomes.⁷

When addressing the student mental health crisis in post-secondary settings, it is important to consider both upstream interventions, which include mental health promotion and the prevention of distress, as well as downstream interventions, which include crisis response, systems of treatment and care for mental ill-health. Post-secondary institutions provide mental health services, but long waitlists for individual counselling and the stigma surrounding mental health care can prevent students from receiving the care they need.^{1,6} While institutions may implement evidence-based crisis and distress management strategies, proactive, upstream, and culturally-appropriate wellness approaches may be overlooked.¹

In their guide to a systemic approach to address post-secondary student mental health, the Canadian Mental Health Association proposed the following framework⁸:

Figure 2: Framework for Post-Secondary Student Mental Health



(Framework Source: CACUSS & CMHA, 2014)

⁷Intersectionality, as defined by the Oxford Dictionary, is “the interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.”

Audit Framework

Research Methods

Data collection through the CAT was led by students on each campus. They conducted online research and face-to-face interviews with campus staff to audit their campus's mental health system. The online research included scanning various school web pages and publicly available documents. Student researchers interviewed counselling services supervisors or campus administrators to gather information on mental health services, resources, policies, and initiatives. Since all data collected during the audit phase is publicly available and unclassified, research ethics approval was not required.

The Audit Framework comprised four sections, each focused on specific aspects of campus mental health support infrastructure:

- **Online Research:** Compiles key services and resources, such as counselling services, resources for equity-seeking groups, and student health insurance coverage.
- **Serve:** Examines the services and resources for students struggling with their mental health, including counselling services and peer support programs.
- **Protect:** Documents policies and activities that identify and support students before they need services, such as mental health training for staff and Early Alert Systems.
- **Promote:** Examines policies and practices that promote mental health more broadly, to prevent mental health struggles, including mental health strategies and accommodation processes.

Audit Framework Results

Key Indicators

- **Wait Times:** Across the 14 CAT campuses, the average wait time for an initial counselling appointment was one week, with follow-up appointments averaging about two weeks. This variability reflects the dynamic nature of mental health service delivery. Some campuses reported initial appointment wait times of less than a week, while others experienced longer wait times of up to two weeks. During 2023-24, one campus reduced intake appointment wait times to 1-3 business days, facilitated by wellness navigators. However, the average wait time to see a counsellor after the initial session increased to 1-4 weeks. These findings emphasize the importance of continuous monitoring and assessment to ensure timely access to mental health support across all 14 CAT campuses.
 - For follow-up appointments, the average wait time was two weeks and two days. While some students can access a counsellor within a few days, most face a minimum wait of one week, with some waiting up to a month. Fluctuations in demand, particularly during peak periods like exam season, contribute to these variations in wait times.
- **Insurance Coverage:** 13 out of 14 campuses provide student health insurance coverage for off-campus mental health practitioners. On average, the coverage was 89.29% of the cost of mental health support, up to a maximum of \$650. Both the dollar amount and percentage of coverage vary among campuses. Dollar amounts range from \$0 to \$1,000, while the percentage of coverage varies from 80% to 100%.
- **Mental Health Strategy:** At the time of data collection, nine out of 14 campuses had publicly available mental health strategies. A mental health strategy outlines 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 years, the number of participating campuses with a mental health strategy

has increased, suggesting that more institutions are focusing on the growing need for a strategic alignment on student mental health issues.

- **Mental Health Training:** Mental health training can increase a community's capacity to respond to student mental health concerns and continues to be an important piece in protecting student mental health. At the time of the audit, 13 out of 14 campuses offered mental health training for professors, 11 out of 14 campuses offered mental health training for residence staff, and eight out of 14 campuses offered mental health training to students.
- **Postvention Plan:** The postvention strategy outlines the institution's response to addressing the needs of students following a suicide on campus. Among the 14 campuses surveyed, nine had published a suicide response/postvention plan. These plans typically address how to respond to a student at risk of suicide.
- **Early Alert System:** Eight out of 14 campuses have implemented an early alert system, enabling faculty or staff to connect students to mental health support when early signs of struggle are displayed. Three of the campuses without such systems indicated ongoing efforts or plans to develop one.

- **Early intervention:** Enables early identification and intervention for mental health issues, preventing them from escalating.
- **Tailored approach:** Develops personalized treatment plans, ensuring students receive the most suitable care.
- **Efficient resource allocation:** Utilizes less intensive interventions for milder cases, freeing up specialized services for those who need them most.
- **Reduced stigma:** Offers a variety of treatment options, reducing stigma associated with seeking help.
- **Improved accessibility:** Makes mental health services more accessible to a broader range of students.
- **Enhanced outcomes:** Early intervention and personalized treatment lead to better outcomes and higher satisfaction.
- **Continuity of care:** Promotes seamless transitions between interventions, ensuring ongoing care and progress monitoring.

Campuses with a Stepped Care Model

at time of audit:

- Huron University College
- Western University
- Laurentian University
- Mount Allison University
- Algonquin College
- Dalhousie University
- University of British Columbia
- University of Waterloo
- University of Guelph

Key Learnings

Campuses Adopting a Stepped Care Approach² to Mental Health Care

Navigating the complex mental health system is challenging for youth seeking effective support. Traditional one-on-one counselling is not always effective or required for all students from diverse backgrounds and unique needs. This period's Audit Framework highlighted that nine out of the 14 campuses have adopted a stepped care model for health services to better meet students' needs and deliver effective support. Stepped care offers several benefits for mental health support,³ including:

²Stepped care, as defined by the Centre for Innovation in Campus Mental Health (CICMH), is a method of administering and overseeing mental health treatment. It prioritizes delivering the most effective treatment requiring the least resources initially, with the option to "step up" to more intensive services based on patient need or distress. This approach ensures students receive tailored mental health services, optimizing resource allocation and fostering early intervention and prevention.

Examples of Stepped Care Approaches:

- **Huron University College:** Uses a “green to red” system to determine the level of care. Green indicates a non-severe situation for which non-professional support can be used, whereas red indicates a mental health incident that requires emergency or specialized services. The placement of students along this spectrum determines the level of care provided.
- **Dalhousie University:** Offers individual and group counselling, self-guided online resources, and telephone/text-based counselling. These services are provided without a specific sequence, allowing students to select services they feel best align with their needs. Recommendations on where to start in the stepped care model are made by service providers in same-day counselling sessions, but students retain autonomy over the direction of their care plans.
- **University of Guelph:** Implemented Wellness Navigators to reduce barriers and enhance support accessibility. Students could connect with a Wellness Navigator within 1-3 days, who ensured that they had a follow-up appointment with a counsellor within 1-4 weeks and provided access to other internal and external resources to the university in the interim period.

Mental Health Services for Equity-Deserving Groups

Equity-deserving groups face disproportionate barriers to opportunities, resources, and health. These communities often encounter specific challenges and stressors related to their identity, experiences, and social context. Tailored mental health resources for these groups on campus are crucial for several reasons:

- **Promoting inclusivity:** Fosters a more inclusive and welcoming environment.
- **Reducing disparities:** Helps bridge existing mental health disparities that may disproportionately affect certain groups due to societal discrimination and systemic barriers.
- **Breaking down barriers to help-seeking:** Addresses cultural, social, or language-related barriers.

- **Enhancing trust and comfort:** Resonates with students’ experiences, increasing comfort and trust.
- **Empowering advocacy and awareness:** Serves as a platform for advocacy and raising awareness about mental health issues specific to equity-deserving groups.

Several campuses prioritized addressing the specific mental health needs of equity-deserving groups. Here is a general overview of tailored services across the 14 campuses:

- Mental health services for Indigenous Students: nine out of 14 campuses
- Mental health services for 2SLGBTQ+ students: nine out of 14 campuses
- Mental health services for racialized students: five out of 14 campuses

Notable Examples:

- **Western University:** The Indigenous Circle of Support and Leadership program offers tailored resources like art activities, therapy sessions, self-care, stress management, and Haudenosaunee social dancing.
- **Western University:** Offers a 10-week skills-based therapy group for trans and gender-diverse individuals who have or are currently struggling with aspects of their gender identity.
- **University of British Columbia:** The Indigenous Centre provides a sense of community to First Nations, Inuit, and Métis students and offers orientation, academic planning, workshops, support, referrals, and advocacy.
- **University of Waterloo:** The RAISE program supports racialized students through education, advocacy, peer support, and community building.
- **University of Guelph:** Offers one and a half hours a week of dedicated counselling for Black students, racialized students, and students of colour, available in-person, via video call, or over the phone to ensure accessibility.

Partnerships and Referral Processes

Post-secondary partnerships with off-campus mental health resources are crucial for several reasons:

- **Increased access to care:** Expands options available, ensuring greater access to services.
- **Specialized support:** Provides targeted support for specific needs such as trauma, eating disorders, or addiction.
- **Continuity of care:** Allows long-term or ongoing support beyond the student's time at the institution.

These partnerships create a robust network of mental health resources catering to university students' diverse needs, promoting a healthier and more supportive campus environment.

The CAT assessment indicates a proactive approach among the campuses to fostering external collaborations, with the majority having established off-campus partnership agreements. Out of 14 campuses, data reveals that 12 had active partnerships.

Notable Examples:

- **University of Guelph:** Facilitates referrals to the Canadian Mental Health Association (CMHA), with on-campus mental health workers available Thursday through Sunday evenings. CMHA collaborates with Campus Security and the wellness team to ensure effective support and to coordinate appointments. Urgent addiction-related concerns are referred to Homewood. Referrals to community practitioners specializing in Dialectical Behavior Therapy (DBT) are also provided.
- **University of British Columbia:** Works closely with organizations like Foundry and Interior Health with a case-specific referral process.
- **Algonquin College:** Partners with the Royal Ottawa Hospital for psychiatric assessments. The student can fill out a referral form through counselling services and get referred to the Royal by a psychiatric nurse on campus. The referral allows the patient to get a

90-minute video call with a psychiatrist to assess the need for medication or a more severe action plan.

- **Dalhousie University:** Allows referrals to a specialist to be done by anyone in Student Health & Wellness. It does not need to be done by a counsellor.

“The CAT affirmed to me the importance of maintaining a mentally healthy campus, through supports which allow students to feel confident and secure in their post-secondary journey. Mental health specific resources are crucial; however, food and financial security, community, accessibility, support for racialized students, and many more factors all contribute to mental health. Taking a stepped care approach, we have worked with the MtA Wellness Team to develop a holistic wellness guide and website, which encourages students to take a proactive approach to their well-being while acknowledging the systemic challenges of post-secondary life.”

CAT student researcher

Mount Allison University

Survey

The second phase of data collection in the CAT involves conducting a student survey. While the Audit Framework compiles a comprehensive list of campus mental health policies and resources, the Student Survey captures individual-level data about interaction with those services and student mental health needs.

The survey was designed and tested by a postdoctoral fellow in collaboration with Jack.org, interRAI, and the University of Waterloo, funded by the Canadian Institutes for Health Research. Several experts were consulted on the content and structure of the survey, including Jack Chapter student leaders, mental health experts serving on the interRAI Network for Mental Health (including clinicians, policy decision-makers, researchers, and academics), and post-secondary staff members.

Survey Topics:

- Sociodemographic characteristics
- Academic characteristics
- Mental health service use history
- Satisfaction with care received if campus services were used
- Reasons for seeking off-campus services if off-campus services were used
- Reasons for not seeking mental health care if no services were used
- Help-seeking attitudes and stigma
- Awareness of campus mental health services
- Perspectives on campus mental health service quality including effectiveness, appropriateness, and accessibility
- Mental health needs
- Life stressors

Primary Research Questions:

- Which factors predict students' mental health service use on post-secondary campuses?

- Among students who have used on-campus mental health services, how satisfied are they with the care they received?
- What are the differences in perceptions of mental health service quality between students who have and have not used them?

Survey Methods

The pilot study was approved by the University of Waterloo's research ethics board. Post-secondary schools with active Jack Chapters that were participating in the CAT project, or schools that had interested mental health staff, were approached for recruitment. Of the 14 schools that were approached, five participated. At each school, institutional ethics applications and any additional forms required for administering surveys to students were submitted as needed.

At four schools, a random 25% subsample of students was invited to participate via email. At one school, students were invited via a monthly student newsletter. Students were offered a \$5 virtual gift card for participating, and additional email reminders were sent to increase response rates.

The survey was disseminated at five participating campuses at different times in November 2022, and May–July 2023.

Survey Results

The total number of respondents across all five post-secondary schools was N=3,320, with response rates ranging from 5-15%. While these response rates are comparable to other major post-secondary mental health surveys, they do not allow for generalizations to the larger population.

Sociodemographic Characteristics

- Median age: 21 years
- Gender: 64% female, 31% male, 2% non-binary, 3% other
- Ethnoracial identities: 44% White, 23% East Asian, 18% South Asian, 6% Middle Eastern, 5% Black, 5% Southeast Asian, 3% Latin American, 2% Indigenous, 1% other

- Sexual orientation: 74% heterosexual, 12% bisexual, 4% queer, 3% gay/lesbian, 3% asexual, 2% pansexual, 0.5% other

Academic Characteristics

- Degree type: 76% undergraduate, 17% graduate, 4% diploma, 3% other
- Enrollment status: 85% full-time, 4% part-time, 9% online/distance education, 1% other
- International students: 15%

Top Mental Health Needs of Students

Psychological Disorder Diagnoses

Following the categories described in the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5), students were presented with a list of psychological disorders and asked to indicate if they had received a diagnosis or treatment for each one (12 months and lifetime). The top three diagnoses among survey respondents were:

- Anxiety disorders: 28%
- Depressive disorders: 23%
- ADHD: 12%

Symptoms of Mental Illness

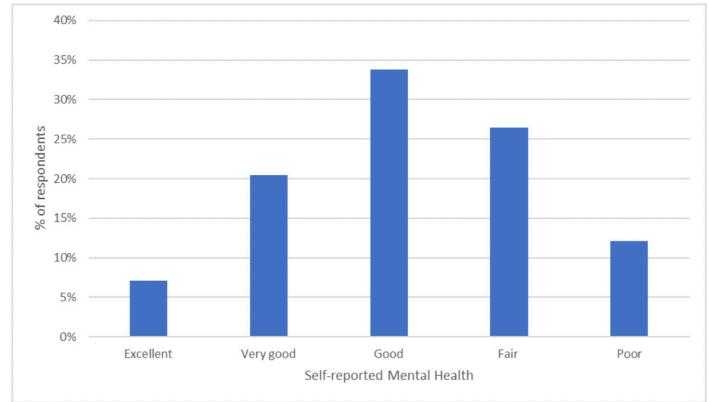
People who experience symptoms of mental illness do not always have a formal diagnosis. The survey asked respondents to self-report their symptoms on a selection of the most prevalent mental health issues among students.

- Anxiety: 30% experienced anxiety daily over the last 3 days
- Sleep disturbance: 21%
- Depression: 17%
- Anhedonia (loss of pleasure): 14%
- Alcohol intoxication: 40% over the past month (fewer than 1% daily)

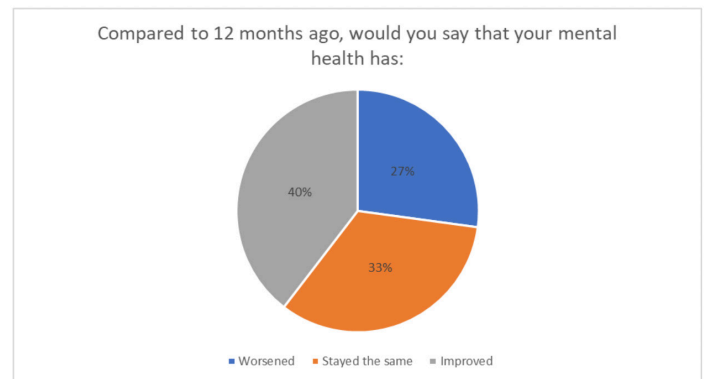
- Cannabis intoxication: 20% over the past month (3% daily)

Self-Reported Overall Mental Health

- Self-reported mental health followed an approximately normal distribution, skewed slightly more towards the negative range.

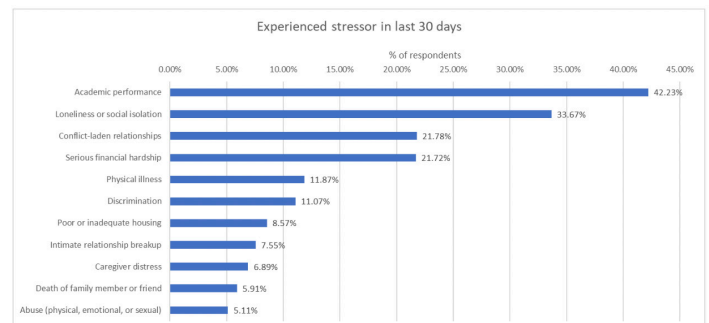


- More respondents indicated their mental health had improved over the last year than those who said it stayed the same or got worse.



Life Stressors

The most common stressors experienced over the previous 30 days were academic performance, loneliness or social isolation, conflict-laden relationships, and serious financial hardship.



Service Use Patterns and Outcomes

- 68% of respondents reported receiving mental health treatment at some point in their lifetime.
- 60% had received mental health treatment within the last 12 months.
- Of those who received mental health treatment, 37% accessed care from a campus provider.
- The most common mental health care providers were counsellors and primary care staff, such as family doctors and nurse practitioners.

Barriers to Accessing Care On-Campus

To assess ease of accessing services on-campus, students were asked a specific set of questions depending on whether they had used mental health services in the last 12 months and whether they were accessed on or off campus.

Among students who accessed off-campus mental health services, the most common reasons for not choosing a campus provider were:

- Unaware of available services (33%)*
- Other reasons (write-in option) (32%). The top three reasons described were:
 - Long wait times for on-campus services
 - Limited number of counselling sessions available
 - Financial issues/student health insurance plans
- Specific type of mental health service not available on campus (29%)
- Belief that off-campus services were more effective (26%)
- Existing relationship with an off-campus provider (18%)
- Off-campus services more accessible (17%)
- Not registered as a student when services were accessed (16%)
- Preferred services offered off-campus (12%)

Among students who did not access mental health treatment in the last 12 months, the most common reasons were:

- Mental health treatment not needed (63%)
- Insufficient information about available resources (21%)
- Concerns about stigma (12%)
- Unable to afford treatment (9%)
- Long wait times (8%)
- Other reasons (write-in option). The most common reason described was:
 - Lack of time

Among students who reported that they did not need treatment, we examined their self-reported mental health to confirm the accuracy of this belief:

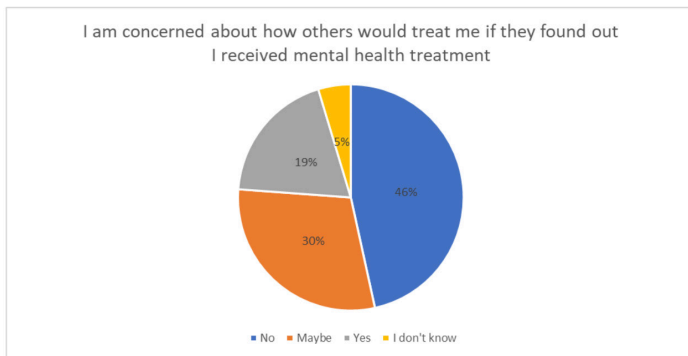
- 83% said they had good-to-excellent mental health.
- 17% reported having fair or poor mental health, indicating a potential mismatch between subjective and objective needs.

Service use outcomes may also be influenced by personal help-seeking attitudes. The survey results showed that:

- One-fifth of respondents did not believe that mental health treatment would benefit their well-being at least some of the time.
- Despite a high prevalence of lifetime mental health service use in the sample (68%), several respondents reported:
 - Never (22%)
 - Rarely (25%)
- Sometimes (29%) seek professional help when struggling with their mental health.
- In contrast, few respondents said they:
 - Never (6%)
 - Rarely (15%)
 - Sometimes (30%) ask their family or friends for support with a mental health struggle.

*variable added in 2023

Although it is unclear why respondents were more inclined to seek informal support from family and friends than formal help from professional care providers, one reason could be the lower accessibility of mental health services. Barriers to access, such as those described earlier, may also explain why most respondents said they never, rarely, or sometimes seek professional help for their mental health struggles, even though most of the sample said they received mental health treatment at some point during their lifetime. Nearly half of respondents said they would not be concerned about how others would treat them if they found out they were receiving mental health treatment.



Predictors of Mental Health Service Use

Although respondents gave clear reasons for not accessing campus mental health services, other factors may influence service use patterns. Identifying these factors is crucial for evaluating and planning mental health services, as they can reveal strengths and gaps in the system. To gain these insights, we performed a series of generalized logit regression models to predict on- and off-campus service use outcomes. The detailed analysis will be published at a later date, but key highlights include:

Higher Odds of Using Campus Services

- Anxiety disorder diagnoses and symptoms
- Depressive disorder diagnoses
- ADHD diagnoses
- Sleep disturbance symptoms
- Greater help-seeking propensity
- More years enrolled in their academic program

- Graduate student status
- More positive beliefs about the campus mental health system

Lower Odds of Using Campus Services

- Identifying as male
- Identifying as a racialized, non-white ethnicity
- Greater self-reported mental health

The analysis suggests that common psychological disorders among students, such as anxiety, depression, and ADHD, are major determinants of service use. Campus providers must be equipped to treat these conditions and establish referral mechanisms for other psychological disorders, which are also significantly associated with service use. Generally, students sought help when their overall mental health was poor, demonstrating appropriate help-seeking behaviours and highlighting the need for robust campus mental health resources.

Individual help-seeking attitudes also predicted service use outcomes. Since the data was collected at a single point in time, it is unclear if these positive attitudes were higher before or after receiving care. However, it is likely that positive beliefs about help-seeking and the healthcare system influence first-time help-seeking behaviours. Targeting these beliefs through promotion and communication strategies can improve service uptake.

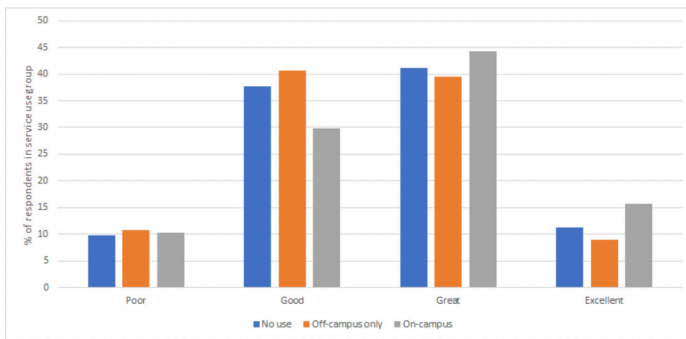
Academic characteristics suggest that students who have been enrolled longer and graduate students have higher odds of accessing services. Although help-seeking naturally increases over time, graduate students are particularly susceptible to psychological distress. Additionally, demographic characteristics show that men and individuals who do not identify as white have lower odds of accessing mental health treatment. These findings highlight the need for targeted mental health promotion campaigns and resources specifically for male and BIPOC students.

Beliefs About the Campus Mental Health System

A person's view of a healthcare organization can influence their likelihood of seeking care. To understand students' perceptions of their campus mental health system, a series of questions were asked. Respondents rated how often each statement about their campus mental health services was true on a 5-point scale, ranging from "never" (1) to "always" (5). Example questions included:

- Staff correctly identify students' personal mental health needs.
- Staff create treatment plans that include students' personal care preferences.
- Mental health services are virtually accessible (e.g., stable internet connection, easy-to-use software).

To create a health services beliefs score, responses to 11 questions covering perceived effectiveness, appropriateness, and accessibility were summed. Scores ranged from 11 to 55 and were categorized into four quartiles: poor (11-30), good (31-38), great (39-47), and excellent (48-55).



Overall, perceptions of the campus mental health system were "good," with students typically rating aspects of the system as true "sometimes" or "most of the time." However, there was a significant difference between perceptions based on service use history ($\chi^2(6)=38.3$, $p<.0001$). Students who had accessed campus mental health services rated the system more positively than those who had not.

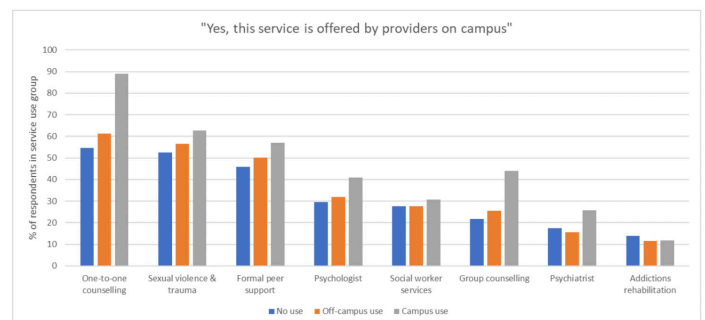
Awareness of Resources and Perceived Wait Times

Many post-secondary institutions offer various mental health resources, but promoting awareness remains a challenge. Key findings include:

- Students who never used campus mental health services reported less knowledge of where to find help compared to those who had used them ($\chi^2=297.4$, $p<.0001$).
- Students who never used campus services also believed that campus communication about mental health resources was less effective ($\chi^2=34.5$, $p<.0001$).

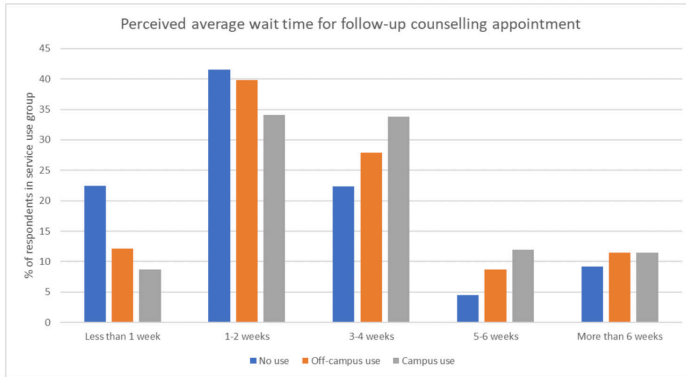
Even among students who accessed services, awareness of different resources varied:

- One-to-one counselling was the most recognized service.
- Services focused on sexual violence and trauma and formal peer support were also well-known.
- Fewer than half of students were aware of group counselling options.
- Most campuses did not offer an addiction rehabilitation program, though a small subset of respondents believed otherwise.



Perceived Wait Times Also Differed:

- Students who used campus services estimated follow-up counselling appointment wait times at 1-2 or 3-4 weeks.
- Students who never used campus services believed the wait time was 1-2 weeks ($\chi^2=126.8$, $p<.0001$).



This discrepancy suggests that **first-time users might have overly optimistic expectations**. Most institutions reported an average wait time of 2 weeks for follow-up appointments, but staff acknowledged that actual wait times can vary based on the semester, mental health needs, and treatment preferences. As a result, there may be a discrepancy between expected and actual wait times, which can affect students' perceptions of accessibility.

Satisfaction with Care

Students who reported accessing mental health treatment from campus providers were asked four questions about their satisfaction with care: two related to perceptions of the mental health system and two related to interactions with staff. Satisfaction was higher for staff interactions than for systemic experiences.

Factors strongly associated with satisfaction included:

- Correct identification of mental health needs.
- Clear communication of health information and treatment plan options.
- Treatment plans that include personal care preferences.

Conclusion

The findings from the Audit Framework and the Student Survey provide valuable insights into the policies and resources that post-secondary campuses have implemented to support mental well-being, as well as trends influencing the uptake of services among students. Key themes identified include service capacity and care delivery models, communication of service options, resources for equity-deserving students, and mental health promotion and evaluation.

Across the five campuses surveyed, several variables were consistently identified as predictors of service use outcomes. Psychological disorders like anxiety, depression, and ADHD were strongly associated with service use and worse overall mental health. Balancing the need for treatment among students with prevalent mental health symptoms and those with less common but high-intensity symptoms can be challenging. Common struggles among students included academic pressures, social isolation, loneliness, and financial hardships.

Offering a variety of resources to meet different intensities and symptom profiles, such as with a stepped care approach, can help address these needs. However, the effectiveness of this model may be limited by awareness of resource options. Although awareness of one-to-one counselling was relatively high, knowledge of other service types was less common. Counselling centres are often approached for all types and intensities of care needs, making it difficult to manage large caseloads. Campus-wide campaigns to promote the visibility of different mental health resources can help streamline help-seeking and referrals from faculty and staff.

Unequal Access to Mental Health Services

The survey revealed unequal access to mental health services among different demographic subgroups. Possible explanations include differences in help-seeking attitudes, awareness of specific resources, cultural competency training for service providers, and perceptions of the campus mental health system. Jack Chapters can help reduce these gaps by advocating for culturally competent care and promoting the visibility of

resource options for equity-deserving groups.

Enhancing Service Uptake

Jack Chapter leaders can enhance service uptake by promoting the strengths of their campus mental health systems and engaging in ongoing collaborative evaluation and quality improvement with staff and students. Focusing on the efficacy of mental health assessment and treatment, communication of health information, and treatment plans that account for individual student preferences are crucial for improving care satisfaction.

Overall, the CAT project provides a comprehensive source of data for mental health service planning and evaluation, ensuring that student voices are central in campus mental health systems.

Next Steps

In collaboration with Jack.org staff, each Jack Chapter developed recommendations and next steps specific to their campus. These include building key strategic partnerships with counselling and wellness centres, student services, equity-seeking groups, and other student clubs. Jack Chapters also plan to collaborate with administrations to improve awareness and accessibility of resources, address wait times by improving staffing at counselling centres, and implement mandatory mental health training for professors.

Continuous engagement with students is essential for maintaining the quality of campus mental health services. Campus staff should review CAT results with student leaders and brainstorm solutions for common issues such as awareness of services, perceptions of mental health care, and resources for equity-deserving groups.

Jack.org will continue to explore how the CAT can be used to best monitor and promote student mental health, including exploring partnership opportunities to elevate the project's aims. The research project will continue to be accessible to youth at post-secondary institutions across the country, empowering them to understand their mental health systems and advocate for change while building beneficial research and leadership skills.

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