Student Mental Health
- Increasing Student Services to Promote Well-Being -

BACKGROUNDER

Ask

The Alliance of BC Students recommends that the provincial government direct $2 million in annual funding to increase the number of full-time counsellors by one (1) per institution;

Counsellors hired with this funding must be hired to specifically support traditionally-marginalized students, or to support regional campuses without on-campus counselling support. The decision must come only after meaningful consultation with student representatives from traditionally marginalized and satellite campus student communities.

Mental Health and Post-Secondary

Students have been vocally advocating for the need for our institutions and governments to do more when it comes to addressing the mental health concerns facing our communities. Post-secondary is an extremely stressful time, between heavy course loads, working additional jobs, tuition and textbook expenses, additional financial strains, and adjusting to major life changes, such as moving away from home and away from family and community supports. The majority of post-secondary students fall within the age range of 15-24, which has the highest rate of mental health diagnoses.[1] This age of onset results in half of students with a mental

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[1] Pearson, Janz and Ali. "Health at a glance: Mental and substance use disorders in Canada." 2013. Statistics Canada. Accessed online: https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11855-eng.htm

illness experiencing its onset during their time at post-secondary.[2] Furthermore, suicide is the second leading cause of death amongst this age group, following accidents.[3] The Canadian Consortium of the National College Health Assessment II conducted by the study conducted by the American College Health Association in 2019 found that within the last 12 months:

- 88.2% of respondents felt overwhelmed by all you had to do,
- 51.6% of respondents felt so depressed that it was difficult to function,
- 68.9% of overall respondents and 75% of women respondents felt overwhelming anxiety,
- 16.4% seriously considered suicide[4]

These numbers represent overwhelming struggles for post-secondary students and a crisis which must be addressed promptly, while considering the various needs of our diverse student populations. Furthermore, while average reported wait times according to counselling services centres are up to two weeks,[5] firsthand student accounts continuously point towards significantly longer waiting periods, especially during peak exam periods. These wait times can be anywhere from six to eight weeks, therefore doing little to provide necessary support to students who are struggling. We need to see more attention paid to preventative, rather than reactive care when it comes to supporting our student populations.[6] This means increasing awareness and outreach capabilities at our institutions, giving students more options when it comes to the type of care they can access, and reducing wait times. By increasing the number of counsellors per institution, more students will be able to access care where they are studying and living.

An Overview of A Pathway to Hope

On June 26, 2019, the Ministry of Mental Health and Addictions released *A Pathway to Hope*, a multi-year strategy to comprehensively address the mental health needs of Birtish Columbians. This strategy outlines a path for the government to take meaningful action to address these issues in a way that is primarily focused on preventative care, rather than crisis response. It is a 10 year plan with a 3 year strategy for seeing out the goals of the plan over the course of the remainder of the current government's term. The document is based around "supporting the wellness of children, youth and young adults, supporting Indigenous-led

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[2] Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, "Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues," 28, no. 3 (2015): 278.

[3] Centre for Addiction and Mental Illness. 2019. "Mental Illness and Addiction: Facts and Figures." Accessed online: https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

[4] American College Health Association. 2019. "American College Health Association-National College Health Assessment II: Canadian Consortium Executive Summary Spring 2019". Accessed online: https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_CANADIAN_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

[5] James, Anna, and Kokosa, Kaitlyn. "The waiting game: Students struggle with lack of access to UVic Mental Health Services." 2017. The Martlet. Accessed online:

[6] Mental Health Commission of Canada. "Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations." (2017). Accessed: https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

solutions and improving access and quality of care."[7] The four key pillars of the Strategy are as follows:

1) Wellness promotion and prevention
2) Seamless and integrated care
3) Equitable access to culturally safe and effective care
4) Indigenous health and wellness

The first pillar in direct alignment with our ask. As identified within the Strategy, prioritizing prevention of mental illness and worsening of symptoms is crucial. Not only does this reduce the severity of mental health struggles and the suffering that people may go through because of them, it is an overall cost-saving investment.[8]

The second pillar emphasizes the importance of making mental health services as accessible as possible, especially to those who may be in crisis. As stated in the strategy: "This is about putting people at the centre of the care they need. Rather than requiring people to navigate a complicated and fragmented system of care — particularly when they are unwell or in a time of crisis — we will bring the care to them."[9] While most of the focus within this pillar rests on community-based service improvement and integration, we emphasize that a campus *is* a community. Students spend significant amounts of time on their campuses, and many live in on- or off-campuses residences. Students can more easily make appointments with campus-based service-providers in between classes, where they understand their campus communities and are in the best position to assist students in receiving necessary academic accommodations.

The third and fourth pillars highlight the key issues being addressed within our ask; there are students facing significant additional barriers to achieving optimum mental wellbeing that must be considered in addressing issues around mental health in general. In direct consultations conducted by the Ministry of Mental Health and Addictions, they reported that "Indigenous, LGBTQ2S+, Chinese and South Asian communities said (that) a lack of accessible, culturally safe, non-discriminatory care was a barrier to getting the help they needed."[10] Not only do these communities face some of the highest barriers to getting support, they face systemic and acute discrimination on the basis of their identities, leading to higher rates of mental and emotional distress, and increased risk of developing and exacerbating existing mental health conditions.[11]

Traditionally Marginalized Communities and Mental Health

[7] Government of British Columbia, Ministry of Mental Health and Addictions. 2019. "A Pathway to Hope." Accessed online: https://www2.gov.bc.ca/assets/gov/education/post-secondary-education/data-research/stp/stp-international-research-results.pdf
[8] Mental Health Commission of Canada. 2017. "Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations." Accessed online: https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf
[9] Government of British Columbia, Ministry of Mental Health and Addictions. 2019. "A Pathway to Hope." Accessed online: https://www2.gov.bc.ca/assets/gov/education/post-secondary-education/data-research/stp/stp-international-research-results.pdf
[10] Ibid.
[11] Mental Health Commission of Canada. 2017. "Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations." Accessed online: https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

Indigenous peoples continue to face the detrimental impacts of language and cultural knowledge loss, racism, inadequate health services, governmental and industrial land theft, and the legacy of the residential school system and the '60s "scoop", leading to significant adverse mental health impacts. The long-term effect of multi-generational colonial oppression is known as "intergenerational trauma", whereby the adverse impacts of trauma are passed down from one generation to the next within families and communities.[12] The suicide rate among Indigenous youth aged 15-24 is 5 to 6 times the rate seen in the general Canadian population,[13] making the need for services that specifically support Indigenous students all the more crucial. While *A Pathway to Hope* does critically address these specific challenges by prioritizing Inidgenous healing practices and community-based services, Indigenous students require services that are integrated within their campus communities. Indigenous students that are studying away from home may face isolation within their campus communities, and providing counsellors specifically equipped to support them is a necessary step towards improving overall health and wellbeing outcomes.

2SLGBTQQIA+ (two-spirited, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual/ aromantic, etc.) students also face significant discrimination inside and outside of the classroom. 2SLGBTQQIA+ people are less likely to have familial support due to discrimination or rejection and are more likely to be living in poverty than their heterosexual and cisgender counterparts due to a variety of factors.[14] They are more highly targeted for acts of physical, verbal and sexualized violence, including higher rates of intimate partner violence.[15] 2SLGBTQQIA+ people of multiple intersecting targetted social identities face even higher rates of violence and discrimination as oppression is compounded.[16] All of these factors lead to higher rates of mental health diagnoses, substance misuse, and suicidality amongst 2SLGBTQQIA+ populations.[17] In seeking to access mental health support, many of these students face "homophobic and heterosexist attitudes among service providers and a general lack of knowledge and skills in working with LGBT clients."[18] It is important that 2SLGBTQQIA+ students have these barriers reduced by providing counselling services that are culturally relevant, and understanding of their needs and experiences.

Chinese and South Asian communities face some of the highest barriers to accessing supportive mental health care due to language barriers, discimination, racism, cultural differences, and familial pressures.[19] These communities also largely intersect with international

[12] Mental Health Commission of Canada. 2017. "Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations." Accessed online: https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

[13] Giroux, Ryan et al. "Mental Health and Suicide in Indigenous Communities in Canada." 2017. Canadian Federation of Medical Students. Accessed online: https://www.cfms.org/files/position-papers/sgm_2017_indigenous_mental_health.pdf

[14] Rainbow Health Ontario and CMHA Ontario. 2019. "Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health." Accessed online: https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/

[15] Canadian Centre for Gender and Sexual Diversity. 2017. "Intimate Partner Violence in 2SLGBTQ lives. Accessed online: http://ccgsd-ccdgs.org/wp-content/uploads/2018/09/CCGSD_2019_IPVFactSheet_EN.pdf

[16] Mental Health Commission of Canada. 2017. "Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations." Accessed online: https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

[17] Rainbow Health Ontario and CMHA Ontario. 2019. "Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health." Accessed online: https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/

[18] Toppings, Peter. "Making Services Relevant to LGBT clients." 2009. "LGBT" issue of Visions Journal, 6 (2), pp. 21-23. Accessed online: https://www.heretohelp.bc.ca/reducing-barriers

[19] Government of British Columbia, Ministry of Mental Health and Addictions. 2019. "A Pathway to Hope." Accessed online: https://www2.gov.bc.ca/assets/gov/education/post-secondary-education/data-research/stp/stp-international-research-results.pdf

student demographics, as the majority of international students in BC originate from China (38%) and India (21%).[20] These international students face these same challenges, while also struggling to access affordable housing, facing rising tuition costs with a limited work hours, and academic stressors faced by all students.[21] International students are most likely away from their families for the first time, leading to homesickness and isolation. Culture shock and uprooting can also lead to heightened mood swings, anxiety, depression, and stress.[22] For students that do speak English as their first language, seeking mental health support is all the more challenging if they cannot express their feelings fully in their second (third, fourth, etc.) language. Having a counsellor with greater cultural understanding, training, or a shared first language with these international students would reduce barriers and help more international students find success in their social and academic lives in Canada.

When approaching the needs of traditionally marginalized communities, it is necessary to not view any of these groups as homogenous. Each of these communities contains multitudes of diversity in experience, identity, and needs. Furthermore, the challenges facing the communities described above are used as examples of groups that are known to face some of the highest barriers to accessing supportive mental health care, but are by no means the only communities struggling to gain access.

Supporting Satellite Campuses

Satellite campus communities are also in great need of additional mental health resources. Satellite campuses are often in areas farther away from centralized community-based services and do not have the same amount of on-campus resources as their main campus counterparts.[23] It is also important to note that students from marginalized communities are especially less likely to have access to culturally sensitive mental health services in rural communities that are already struggling to meet their community's needs.[24] No student should lack access to mental health support, regardless of where their campus is located. Providing on-campus counselling services to satellite campus communities will help to alleviate these challenges and support students with more limited access to care.

[20] Ibid.

[21] Calder, et al., 2016. "International Students Attending Canadian Universities: Their Experiences with Housing, Finances, and Other Issues." Canadian Journal of Higher Education Revue canadienne d'enseignement supérieur Volume 46, No. 2, 2016, pages 92 - 110.

[22] Hamboyan, H., et al. 1995. "International Students: Culture shock can affect the health of students from abroad."Physician 1995;41:1713-1716. Accessed online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2146662/pdf/canfamphys00092-0083.pdf

[23] "Looking Forward: Improving Rural Health Care, Primary Care, and Addiction Recovery Programs." 2017. Select Standing Committee on Health. Accessed Online: https://www.leg.bc.ca/content/CommitteeDocuments/40th-parliament/6th-session/health/Health_20170301_Report_LookingForward.pdf

[24] Government of British Columbia Ministry of Mental Health and Addictions. 2019. "Listen, Learn and Act: What we heard Roundtable Dialogue with LGBTQ2S+ Communities." https://engage.gov.bc.ca/app/uploads/sites/121/2019/04/180910_WWHR_5_LGBTQ2S_OnlineVersion.pdf

24/7 Online and Hotline Services

The government announced last year that it would be investing in the development of a 24/7 hotline service for post-secondary students in BC, equipped with chat and email capabilities to provide students with necessary support regardless of time or location. The ABCS has voiced our support for the project and see it as an important step in improving overall student mental health outcomes. While we continue to support this work, we still hope to see the government invest in increasing on-campus services for our students. While some students prefer online or phone services, students with more severe mental health conditions often achieve better results from in-person counselling.[25] Despite significant challenges facing our student populations and their vulnerability to mental health challenges, the 24/7 service is the only mention of student-specific initiatives within *A Pathway to Hope*. We firmly believe that a multi-layered approach to improving student mental wellbeing is necessary, and that this approach must include improved access to in-person counselling services.

Importance of Consultation

It is vitally important that institutions conduct meaningful consultations with their elected and non-students upon receiving this funding in order to identify the area(s) of greatest need at their campuses. Needs assessments of traditionally marginalized students and satellite campus communities should include an overview of existing counselling and mental health supports available to students, in addition to in-person consultations and anonymous feedback processes, in order to respect the privacy concerns of some students. These consultations should be open and accessible to students, and conducted so as to receive the highest possible volume and quality of input. We believe that the best results occur when communities are properly consulted on initiatives relating to them, not when decisions are made for them.

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[25] Novotney, Amy. "A Growing Wave of Online Therapy." 2017. Monitor on Psychology, Vol 48, No. 2. American Psychological Association. Accessed online: https://www.apa.org/monitor/2017/02/online-therapy