EXPLORING THE MENTAL HEALTH OF POST-SECONDARY STUDENTS FOLLOWING THE RELEASE OF THE 'IN IT TOGETHER 2020' FRAMEWORK

By

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Dalhousie University is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq. We are all Treaty people.

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Dedication

This thesis is dedicated to my younger self, who would have never believed accomplishing such a thing was possible. You did it.

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Abstract

Post-secondary student mental health is not just a post-secondary education concern; it is a far greater societal problem that needs to be addressed through systemic improvements. As students continue to grapple with the threats to mental health that distinctively present themselves on campuses, provinces across Canada are developing frameworks to address the student mental health crisis. Although the number of mental health promotion frameworks created and publicized is plentiful, there is a need for better implementation and evaluation of them. This research aimed to explore how current Ontario post-secondary students dealing with mental health challenges perceive campus mental health care following the release of the *In It Together 2020*: *Foundations for Promoting Mental Wellness in Campus Communities* framework. Qualitative description and a constructivist approach to reflexive thematic analysis, guided by the social ecological model, allowed for an in-depth exploration of student experiences and perceptions surrounding campus mental health supports and services. Five overarching themes were identified from participant narratives and organized within the five levels of the social ecological model: 1) the transition in and out of post-secondary education is a stressor in and of itself; 2) the power of peers; 3) available services lack sincerity; 4) boundaries of community extend beyond campus gates; and, 5) the cost of action and reaction. Results suggest that although students appreciated the framework and its intended goals, the participants interviewed did not see or recognize some of its principles and recommendations showing up within their institutions. These findings elucidate critical consideration of how campus mental health supports and services are viewed, facilitated, implemented, and experienced on Ontario post-secondary campuses and beyond.

List of Abbreviations Used

MHC: Mental health challenges
MH: Mental health
EA: Emerging adults
QD: Qualitative description
RTA: Reflexive thematic analysis

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Chapter One: Introduction

In 2017, the Ontario Undergraduate Student Alliance (OUSA), the College Student Alliance (CSA), the Council of Ontario Universities (COU), and Colleges Ontario (CO) came together to develop an action plan titled *In It Together 2017: Taking Action on Student Mental Health.* The framework comprised three principles and twenty-six recommendations with specific priorities to strengthen the delivery of mental health (MH) services for post-secondary students across Ontario. They determined that a defined response was necessary to address the increasing prevalence and complexity of mental health challenges (MHC) amongst Ontario post-secondary students (American College Health Assessment [ACHA], 2019).

In Canada, 70% of persons living with MHC notice their symptoms began prior to the age of 18 years (Smetanin et al., 2011). By the age of 25, it is estimated that 7.5 million people are affected by mental illness (MI) – this equates to roughly one in every five Canadians (Mental Health Commission of Canada [MHCC], 2023). The ages of 18 to 25 are the average age of onset for MHC, yet it is among the least researched and understood demographics (Kessler et al., 2007). Those between the ages 18 and 25 are often referred to as emerging adults (EA), and this period is defined as having left the dependency of childhood and adolescence but not yet having entered the enduring responsibilities of adulthood (Arnett, 2000, 2007). The challenges facing the EA demographic are apparent. Suicide is the second leading cause of death among young people in Canada (Ontario Association of Suicide Prevention, 2019), and the majority of anxiety, depressive, and substance abuse disorders are diagnosed between the ages of 18 and 25 (Kessler et al., 2007; Pearson et al., 2013). The average onset for schizophrenia, bipolar disorder, and sleep disorders additionally falls within this age range (American Psychiatric Association, 2013).

EA are most likely to be enrolled in post-secondary education (PSE) (CO, 2011) and, given their persistent MHC, providing effective campus MH support is one of the most pressing issues for MH in Canada today (Health Canada, 2022). For some, attending PSE will be the first instance of an independent, fast-paced, and challenging environment. As EA may not have yet mastered the proficiencies and cognitive maturity of adulthood, when coupled with campus environments, students run the risk of developing or worsening serious MHC (De Somma et al., 2017; Linden et al., 2021; Monaghan et al., 2021). Research conducted by the Ontario College Health Association (OCHA) (2009) found that Ontario post-secondary students are more than twice as likely to experience MHC and have elevated levels of distress compared to non-post-secondary students. The PSE experience may, therefore, compound the existing MHC of EA.

Mental Health Challenges and Post-Secondary Campuses

Attending PSE adds new experiences, massive change, and many potential stressors for EA. Moving away from home, studying new subjects, and meeting new people are all aspects that make this phase of life both exciting and challenging. PSE is designed to be an environment that nurtures the mind by promoting the development of new knowledge and expertise. However, as Ontario post-secondary student MH reaches a crisis point and the stressors are overwhelming the population, we have to question the design and responses of the PSE system.

The threats to MH that distinctively present themselves on Ontario PSE campuses are well documented. Students face various stressors that cover the academic, the financial, and the social, placing them at heightened risk for MHC (Kruisselbrink Flatt, 2013; Linden et al., 2021; Wesley, 2019). For example, Ontario post-secondary students' annual cost of living has significantly increased over the past year. As of 2022, students are faced with an average annual cost of living of $25,552, and as expenses show no signs of slowing down, this has negatively

impacted student MH this past year (Canadian Alliance of Student Association [CASA], 2022). Additionally, with the competitive nature and peer-to-peer comparison that comes with attending PSE, feelings of inadequacy that threaten MH are common (Muller, 2014). Multiple instances of competitive interactions bear strong relationships with MH outcomes, and the perceived competitiveness in PSE classes was found to be associated with a considerably higher likelihood of screening positive for anxiety and depression (Posselt & Lipson, 2016).

Ontario post-secondary students' concerns about campus MH supports have remained consistent over the last decade. They have noted fragmented services, lengthy waiting periods, stigma, and services that simply do not meet the depth and breadth of students' needs (Curtis et al., 2023; Dunley & Papadopoulos, 2019; Thaivalappil et al., 2023). In a cross-sectional study undertaken at post-secondary institutions across Ontario, Moghimi et al. (2023) found that although most institutions offer some form of campus MH support, 73.2% of students believed that additional campus MH resources were needed, and 54.9% reported their current campus MH services as insufficient at meeting their MH needs. These concerns have been substantiated in a Canadian national survey by De Somma et al. (2016), which found that 90% of counselling centre directors agreed that the number of students exhibiting severe psychological issues had significantly increased within the past five years. De Somma and colleagues further found notable gaps exist amongst post-secondary institutions and frameworks regarding MH research, initiatives, and program evaluation (2016).

A PSE system already struggling to address student MHC then endured a massive negative shock in the form of a global pandemic. In spring 2021, the proportion of Canadian EA who experienced negative MH impacts due to COVID-19 was 83% (Statistics Canada, 2020). The CASA found that Ontario post-secondary students reported higher rates of negative MH two

years into the pandemic compared to other post-secondary students across the country. As online learning continues to remain a key feature across Ontario post-secondary institutions, with a greater number of hybrid or online classes offered, negative impacts are being felt by students and instructors (CASA, 2022). Online learning has been found to result in intense feelings of isolation, which bring challenges when wanting to form meaningful connections with classmates and instructors (Ahmidi, 2022; Piper, 2022). Napierala et al. (2022) looked into Ontario PSE online learning during the first wave of the COVID-19 pandemic and found that 65% of students reported difficulties communicating with peers in their courses, and 35% struggled to connect with their professors. Institutions are now tasked with the additional responsibility of mitigating the negative MH impacts of COVID-19 on post-secondary students with increasing psychological distress in response to the global pandemic.

The campus MH crisis predates COVID-19, and the pandemic has simply exacerbated problems that already exist within PSE in Ontario. Although post-secondary institutions have acknowledged the increased level and severity of student MHC, province-wide referendums to address MHC are lacking (Condra et al., 2015; Jaworska et al., 2016; Monaghan et al., 2021). This has resulted in organizations throughout Ontario creating and implementing their own MH promotion frameworks, practices, and policies.

In It Together Framework

Three years after the seminal 2017 *In It Together* framework was circulated across Ontario post-secondary institutions, the OUSA, CSA, COU, and CO joined forces again to develop a new action plan. *In It Together 2020: Foundations for Promoting Mental Wellness in Campus Communities* highlights three fundamental principles and seven recommendations to "build an Ontario that is a leader in mental wellness and advocates for the well-being of its

students" (In It Together, 2020, p. 4). The framework emphasizes that the MH of post-secondary students is a shared responsibility that can only be achieved through collective action. It stresses the significance of a whole-community approach, recognizing that each member of a campus community plays a vital role in supporting student MH, the importance of timely, adequate on-campus MH supports, and that the promotion of MH through prevention, harm reduction, and access to services should be a life-long option for all Ontarians.

This renewed commitment to addressing the MH of students is commendable. However, the three main principles highlighted in the 2017 and 2020 *In It Together* documents are nearly identical. As the 2020 document uses the same verbiage and buzzwords as its predecessor, this led me to beg the questions: Why exactly are the 2017 and 2020 principles practically the same? Has progress been stalled? Has progress even been made? Table 1 below lists the 2017 and 2020 framework principles.

Table 1 *Summary of In It Together 2017 and 2020 principles.*

In It Together – Taking Action on Student Mental Health (2017)	In It Together – Foundation for Promoting Mental Wellness in Campus Communities (2020)
Principle 1. Improving student mental health requires a 'whole of community' approach with clearly defined roles and responsibilities of government ministries, post-secondary institutions, student associations, health-care providers, and community organizations.	**Principle 1.** A 'whole community' approach is vital to improving student mental health and well-being.
Principle 2. All post-secondary students, regardless of geographic location, should be able to access gender and culturally sensitive mental health services and supports that are timely, effective, and flexible, and provided in a safe and comfortable environment.	**Principle 2.** All post-secondary students should have access to timely, effective, culturally relevant, and flexible on-campus mental health care that responds appropriately to their needs.
Principle 3. Prevention and harm reduction are important elements of mental health priorities.	**Principle 3.** Life-long mental health and well-being for all Ontarians should be promoted through prevention, harm reduction, and access to mental health care.

Although measuring the quality and success of a MH promotion framework can be challenging, monitoring progress and compliance through ongoing inquiry is a fundamental component to achieving high-quality MH care. Progress and outcome reporting can provide sufficient detail on whether frameworks are being implemented and delivered as intended and assess the benefits or change for those for whom the framework was designed (Gahagan, 2021; Kilbourne et al., 2018). Although there is mention of "many improvements" (p.3) in the *In It Together* 2020 framework document, when looking further into what sort of quality assurance or evaluation happened between the 2017 and 2020 frameworks, none were found. MHC in Ontario PSE cannot be expected to be solved over a single three-year framework cycle. However, the seeming lack of assurance and evaluation to track the *In It Together* framework makes its actual impact ambiguous and speculative. There are no clear criteria or measures for compliance to make substantive claims for its success (or lack thereof) and justification for the renewal of the framework.

The number of Ontario post-secondary MH frameworks created and publicized are plentiful (Ontario Universities and College Health Association [OUCHA], 2017), but plans without action, implementation, and evaluation are inherently limited. As students across the province have, and continue to, voice their dissatisfaction surrounding the ways in which campus MH supports and services are designed and experienced, this qualitative research centres on the real-life experiences of current Ontario post-secondary students dealing with MHC and explores their perceptions of campus MH care following the release of the *In It Together* 2020 framework.

Brief Overview of the Study

To incite critical consideration of how campus MH care at post-secondary institutions across Ontario are perceived and experienced, this research used purposeful sampling to recruit

ten Ontario post-secondary students who deal with MHC. Recruitment occurred online and involved circulating a digital recruitment poster to various organizations, groups, and societies. Recruited participants took part in a one-on-one semi-structured online interview, where they were asked a series of open-ended questions about their experiences surrounding a variety of discourses related to campus MH supports and the *In It Together* 2020 framework.

This research employed a constructivist worldview and a qualitative description (QD) inquiry to explore the influence of the 2020 framework through the lens of ten Ontario post-secondary students. Interview data was analyzed using reflexive thematic analysis (RTA) and produced five overarching themes representing participant narratives. Themes were organized into the five levels of the social ecological model (SEM) and used to demonstrate the synergic relationship between micro- and macro-level factors contributing to how students perceive and experience the framework. By considering the framework's goals in the context of students' experiences of accessing campus MH supports and services, the constructivist worldview and QD approach coupled with the SEM offered a new perspective and criteria to evaluate the overall influence of the *In It Together 2020* framework. This research aimed to contribute to a gap within the literature pertaining to qualitative research that centres students' voices when assessing the effectiveness and success of campus-wide MH promotion frameworks in Ontario.

Research Purpose, Question, and Objectives

While both the 2017 and 2020 *In It Together* frameworks demonstrate the potential to be effective, there are no data to determine *if* and *how* they are being implemented on campuses across the province or if they are proving effective at addressing their established goals. The purpose of this research was to centre current Ontario post-secondary students' real-life experiences interacting with campus MH supports and services to better understand the potential

influence of the *In It Together 2020* framework. This research used students' perspectives to examine the enactment of actions that align with the 2020 frameworks principles and recommendations among Ontario PSE institutions. This research aimed not to examine specific institutional actions pertaining to framework implementation but rather to explore the presence or absence of institutional actions through the perceptions of whom the framework was designed for.

Through a constructivist worldview and QD inquiry guided by the SEM, this research asks: How do current Ontario post-secondary students dealing with mental health challenges perceive campus mental health care following the release of the *In It Together* 2020 framework? In order to obtain this information, the following research objectives were addressed:

1. Understand the experiences of students who have received on-campus mental health support;
2. Use students' perspectives to examine the presence or absence of school's actions in alignment with the *In It Together 2020* principles and recommendations; and
3. Explore the disconnect/alignment between students' lived experiences and campus-wide mental health promotion frameworks.

Key Concepts and Terminology

Key concepts and terminology for this research include mental health (MH), mental illness (MI), mental health challenges (MHC), and MH promotion frameworks. These concepts and terminologies are used throughout this thesis but will now be defined in order to produce a clear understanding of what they mean. The definition of MH and MI will be framed using Dr. Corey Keyes's Dual Continua Model of Mental Health and Illness, as it equates health with human potential (Keyes, 2002, 2007).

Keyes Dual Continua Model of Mental Health and Mental Illness

The multiplicity of MH and the broad spectrum it encompasses makes it difficult to accurately and singularly define. However, increased attention has recently been placed on the positive psychological approach to defining MH. The World Health Organization (WHO) (2005) reflects this position and defines MH as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (p.2). This definition demonstrates progress from a traditional conceptualization of MH as the absence of MI, and focuses on three central components: 1) well-being, 2) the effective functioning of an individual, and 3) the effective functioning of a community.

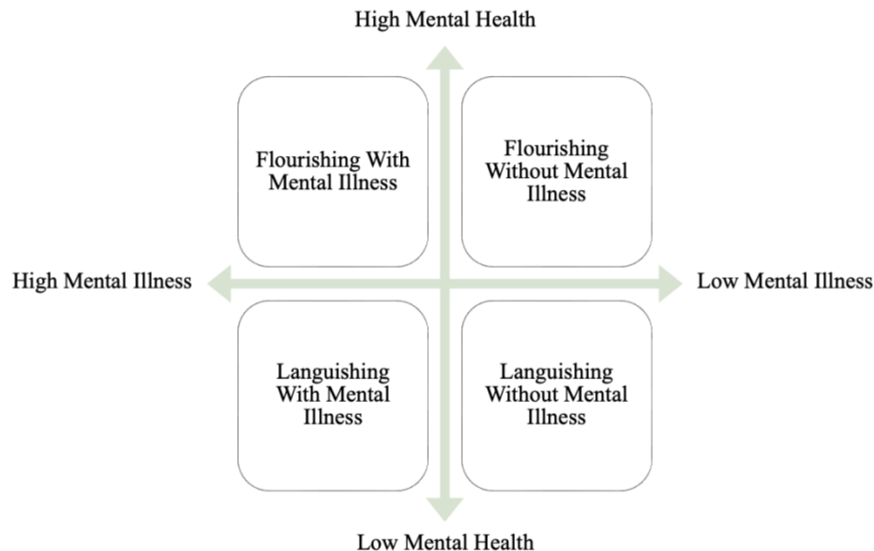
Keyes (2007) built off the core elements of the WHO's definition, arguing that for someone to be considered mentally healthy, a combination of positive physical, emotional, psychological, interpersonal, and social functioning was required. Keyes (2002) categorized individuals with optimal functioning and high levels of emotional, psychological, and social well-being as flourishing, and those with low levels of these forms of well-being as languishing. Those who are neither flourishing nor languishing are considered to be in moderate MH.

In brief, according to Keyes (2005), MH can be operationalized into two streams of subjective well-being: 1) positive feelings and 2) positive functioning. Positive feelings include emotional well-being and consist of happiness, satisfaction, and a generally positive affect towards life (Westerhof & Keyes, 2010). Positive functioning concerns psychological well-being and focuses on individual fulfillment (e.g., autonomy, positive relationships with others, and environmental mastery) and is rooted in the notion that each individual desires to find purpose and make the most out of one's life (Westerhof & Keyes, 2010). Additionally, positive

functioning includes social well-being, which considers the optimal functioning of individuals in terms of their social engagement and embeddedness (Keyes, 1998). It consists of feeling as though one's activities contribute to and are valued by society and offer a sense of belonging and acceptance (Keyes, 2002).

With this clarified concept of MH, Keyes (2002) conceptualized MH and MI along a dual continuum model – belonging on two related yet mutually exclusive continuums (Westerhof & Keyes, 2010). One continuum indicates the presence or absence of flourishing MH, and the other the presence or absence of languishing MI. The model implies that the absence of MI does not imply the presence of positive MH, and the presence of MI does not imply the absence of some level of positive MH. As such, an individual without a MI can be languishing or experience social functioning struggles (e.g., negative relationships with friends) and diminished life satisfaction. This concept allows MH to be perceived as more than a purely positive affect solely defined by feelings of happiness; having positive MH comes with various emotional states and imperfect functioning (Galderisi et al., 2015). The distinct nature of the two constructs is illustrated below in Figure 1.

Figure 1 *Dual Continua Model of Mental Health and Mental Illness adapted by Corey Keyes.*



Mental Health Challenges

As this research does not focus on the diagnosis or treatment of MI, the term mental health challenges (MHC) will primarily be used throughout this thesis. Although this umbrella term references less than optimal MH, it acknowledges that not every MHC will be diagnosed as a MI, but should be addressed as they arise or persist (CAMH, 2023). The term MHC supports Keyes's (2002, 2005) dual-continua model as it recognizes students' experiences with MHC as times of less-than-optimal MH or, as Keyes would say, languishing. Further, the term acknowledges that the absence of MI does not imply the presence of positive MH and vice versa (Keyes, 2002, 2005). In other words, the dual-continua model recognizes that students dealing with MHC can still experience positive MH in a holistic sense.

It is essential to acknowledge that one's understanding of the term challenge may vary within different social and ideological constructs that are highly personal to individual experience. The term MHC may only resonate with some, given that it is filtered through different beliefs, assumptions, and premises of a particular system (Robertson & Larson, 2020). However, this term suggests that a diagnosis, or lack thereof, does not define an individual and their MH experiences.

Person-centred language with a growth-oriented approach was used when discussing participants' experiences dealing with MHC. Person-centred language was chosen to promote resilience and create a safe, supportive, and empowering environment where participants would feel comfortable sharing their MHC experiences. Additionally, a growth-oriented approach was chosen as it promotes ongoing personal growth and supports people in their daily transformations toward some level of good MH rather than promoting a return to a previously held mental state (McLure et al., 2023). For example, saying 'someone growing or transforming

to good MH' rather than 'a person living with MI' is a small yet highly significant shift in language where a person does not see themselves as living with a MHC, but instead undergoing a multidimensional process of growth to some form of positive MH (McLure et al., 2023).

Mental Health Promotion Frameworks

MH promotion frameworks are specifically written documents that cover the goals for improving the MH of a specific demographic, the properties among those goals, and the main directions for achieving them (Goldman & Grob, 2006; Monaghan et al., 2021; Saxena & Sharan, 2008). The Canadian Mental Health Association (CMHA) (2019) describes MH promotion as a "commitment to helping people from all walks of life to enjoy life, deal with life's challenges, improve their emotional and spiritual well-being and build long-lasting social connections and respect for the principles of culture, equity, dignity, and social justice" (p.2). Often, MH promotion frameworks include the following components: advocacy for MH goals, prevention of MHC, treatment of MHC, and harm reduction (Olding et al., 2014). From this notion, MH promotion frameworks could serve to benefit all post-secondary students, both with and without MHC (Keyes, 2005). When using the term MH promotion framework throughout this research, documents that explicitly provide recommendations for change and action, establish responsibilities and requirements of various actors, and seek to reduce institutional risks concerning improving and supporting post-secondary MH will be considered a MH promotion framework document.

Researcher's Interest in the Work

My personal experience dealing with MHC as an Ontario post-secondary student drove my interest in the topic. After transitioning to living on campus as a first-year undergraduate student, for the first time in my life, I was facing several MHC that would continue to affect my

academic and personal life. While receiving on-campus MH support, I experienced first-hand what it is like to deal with the system and the challenges and frustrations that might come alongside it. As I received support for my MHC, I heard many stories from students about their experiences living with MHC and the barriers to receiving care on campus. Particularly, after connecting with student-led groups and societies focusing on MH and campus MH promotion, it became clear that I was not alone in my experiences. This was when I became passionate about health promotion and eager to be involved in improving the quality and delivery of on-campus MH care to better support students' needs.

These lived experiences sparked a curiosity about how institutions attempt to handle the MH crisis among EA in Ontario and played a significant role in developing this research. My experiences volunteering and working to support students on my undergraduate campus inspired me to engage in research that is practical, centres students' voices, and has an ongoing positive impact on Ontario student MH. Therefore, my goal for conducting this research was to improve the outcomes for other Ontario post-secondary students dealing with MHC and contribute to a hopeful shift in the ways in which post-secondary institutions view, facilitate, and provide campus MH care.

Chapter Summary

This research sought to explore how Ontario post-secondary students dealing with MHC perceive campus MH care following the release of the *In It Together* 2020 framework. As the threats to MH that uniquely present themselves on Ontario PSE campuses prevail, the current plans, practices, and frameworks that institutions employ are falling short of meeting students' increasingly complex needs. The COVID-19 pandemic has only worsened things, resulting in more and more post-secondary students across the province dealing with increasingly severe

MHC. This chapter served to provide a brief summary of this research and situates the severity of the post-secondary student MH crisis in Ontario. A concise overview of the methodology and methods used throughout this research was introduced, followed by an outline of the research purpose, question, and objectives that guided this study. The definitions of key concepts and terminologies were then discussed, and the chapter concludes with an introduction to the researcher's interest in the work.

Chapter Two: Literature Review

This chapter provides a review of the existing literature to evaluate perspectives of MH in Canada, the respective role a post-secondary institution has when it comes to supporting students with MHC, the MH of Ontario post-secondary students, current campus stressors and threats to MH, and the characteristics of best practices surrounding campus MH services. To continue exploring campus MH, situating this research within an understanding of these five areas will provide context pertaining to the current climate surrounding Ontario post-secondary student MH. This chapter concludes with a critique of the literature analyzed, alludes to notable gaps therein, and describes how this research will contribute to filling the gaps.

Mental Health Reform

As Ontario EA operate within various systems outside of a PSE setting, explaining how the MH care structure has evolved over the years in Canada is important when situating the research. Although the perspectives and methods through which MH has been understood across Canada have continually shifted, the early MH systems emphasized the institutionalization of those with MHC. Although these institutions intended to provide adequate care and treatment for those living with MHC, many inhumane practices occurred (Sussman, 1998). Admitted patients lived in total isolation, and the level of care was often primitive and restrictive, relying heavily on chemical and physical restraints (Miron, 2011).

A move toward deinstitutionalization began in the early 1960s and included advocating for discharging patients into the community so that they could receive care from community-based MH services (Hartford et al., 2003). The development of psychotropic drugs in the early 1960s served as a catalyst for the movement as symptoms of MHC could be reduced and rendered more manageable, resulting in individuals being less confined to hospital beds

(Newman, 1998). Unfortunately, advances were not matched at the community level; the overall system of care failed, resulting in just as many re-admissions into institutions as there were discharges. Although governments were increasingly aware of the pressing need to address the systemic MH issues, responses to this shift at the community level were, and continue to be, slow. The outcome is a system that has not kept pace with institutional downsizing, resulting in stigma and community MH programs inadequately resourced or unequipped to serve those in need (Spagnolo, 2014).

MH care in Ontario has undergone a series of long-term reform efforts through policies, frameworks, reports, strategies, and task force documents (OUCHA, 2017). All efforts have been designed to improve accessibility, quality, and overall efficiency and sustainability of MH care (Hutchison & Glazier, 2013). Table 2 below highlights some notable examples of Ontario MH reform reports and their respective goals.

Table 2 *Notable reports concerning MH reform in Ontario.*

Report Title and Year	Primary Goals
1988 – Building Community Support for People: A Plan for Mental Health in Ontario (Graham Report)	• Calls for an integrated and coordinated MH system with an emphasis on community supports prioritizing "people with serious MH problems" (para 1).
1993 – Putting People First: The Reform of Mental Health Services in Ontario	• 10-year strategy endorsing the Graham Report. • A plan to overcome the fragmented MH system, with the highest priority of community services attributed to "people who are severely mentally ill (para 3).
1999 – Making It Happen: Implementation Plan for Mental Health Reform	• The Ministry's strategy to "increase the capacity of the system for comprehensive and integrated treatment, rehabilitative, and support services while focusing on community alternatives whenever possible" (p. 3).
2011 – Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy	• 10-year strategy outlining a plan to transform MH services for all Ontarians. • Phase One (2011 –2014): Dedicated to providing early intervention and support for children and youth. • Phase Two (2014 – 2021): Dedicated to supporting the transition between youth and adult services.

The Role of Post-Secondary Institutions

The *Canadian Charter of Rights and Freedoms* (1982) forbids discrimination on various grounds, including race, national or ethnic origin, religion, sex, age, and physical or mental health disability (MHD). Therefore, Ontario post-secondary institutions are obligated to operate on an anti-discrimination basis. The *Canadian Charter* (1982) includes "conditions of mental impairment" and "mental disorder" (para 1) when defining MHDs but acknowledges that the term may be defined differently based on subjective experiences, different legislations, and theoretical models. When reviewing both federal and provincial documents outlining the legal responsibilities that Ontario post-secondary institutions hold, the term MHD arose most frequently. This term will only be used throughout this portion of the thesis as it is the term used in official documents.

The *Ontario Human Rights Code* (1990) outlines an accommodation provider's legal responsibility to guarantee that individuals with disabilities receive appropriate accommodations; this includes persons with one or more MHDs. The *Ontario Code* (1990) emphasizes the need to accommodate individuals on the basis of functional impairment(s). For example, suppose there is a strain in one's academic performance due to a disability; an accommodation should be provided to allow for a more equitable way for that student to perform (Condra et al., 2015). When discussing the duty to accommodate, the *Ontario Code* does not distinguish between permanent or temporary MHDs, yet this distinction often influences how a post-secondary institution will undertake action. With no distinction, the emphasis lands on functional impairment(s) as the sole basis for determining appropriate accommodations, typically necessitating a formal diagnosis. As the overwhelming majority of Ontario post-secondary institutional approaches to campus MH fall under the jurisdiction of disability and

accommodation (Ng & Padjen, 2019; Olding et al., 2014), a critical issue that arises is how to provide accommodations for students who are experiencing MHC but do not have a formal diagnosis.

To ensure Ontario post-secondary institutions met their legal responsibilities set out in the *Ontario Code*, in 2014, the Ontario Human Rights Commissioner (OHRC) announced *A Policy on Preventing Discrimination Based on Mental Health Disabilities and Addictions*. The policy served as a measure of practical guidance in assisting, handling, and resolving human rights matters related to student MH on campuses. Following its release in 2016, the OHRC wrote to all Ontario colleges and universities requesting they implement six measures to reduce the systemic barriers to PSE faced by students with MHDs. In 2017, the OHRC released a report titled *With Learning in Mind* outlining systemic barriers, requested policy and procedure modifications to reduce said barriers, and institutions self-reported progress and outcomes. A document that included all correspondences between institutions and the OHRC was released alongside this report. Although all respondents stated via e-mail that they had committed to implementing the six measures at their respective institutions, when attempting to locate any quality assurance or systematic evaluation documents online that demonstrate this commitment in action, none were found.

Outside an institution's legal obligation to accommodate, post-secondary institutions have a moral obligation to support students with MHC. This is demonstrated by the many initiatives, plans, and frameworks created and published at provincial and institutional levels to address and support MHC amongst EA. Noteworthy examples include OCHA's *Towards a Comprehensive Mental Health Strategy* (2009), OUSA's *Student Health: Bringing Healthy Change to Ontario's Universities* (2012), and the OUCHA's *Supporting the Mental Health of*

Emerging Adults in Ontario's Postsecondary System (2017). Additionally, the MHCC's first national attempt at a guiding framework to promote post-secondary student MH, *A National Standard for Mental Health and Well-Being for Post-Secondary Students* (2020). Although they all demonstrate the potential to be effective, there is a lack of standardization surrounding the quality assurance of campus MH promotion frameworks, leaving many documents without an understood impact and falling into ambiguousness despite initially appearing promising (Monaghan et al., 2021; Ng & Padjen, 2019).

Mental Health and Ontario Post-Secondary Students

The worsening MH of post-secondary students across Ontario has gained attention as a growing public health concern (Wiens et al., 2020). Although post-secondary institutions have taken notice of the increased threats to MH that EA are routinely exposed to, students continue to experience an array of MHC (De Somma et al., 2017; Linden et al., 2021; Moghimi et al., 2023; Ng & Padjen, 2019). Additionally, with the arrival of the COVID-19 pandemic, post-secondary students were faced with unprecedented threats to MH, causing new concerns for their psychological well-being (Ewing et al., 2022; Li et al., 2021; Ogrodniczuk et al., 2021; Seko et al., 2022; Zhu et al., 2021).

Over the past several years, there has been a steady rise in the number of Canadian EA with diagnosed MHD enrolled in PSE (Lanthier et al., 2023). As Collins and Mowbray (2008) state, "Because of advances in psychotropic medications, psychiatric rehabilitation methods, the implementation of civil rights legislation, and empowerment movement of consumers with psychiatric disabilities, students with mental illnesses are increasingly able to access and complete higher education" (p.91). Between 2019 and 2020, nearly 95,000 post-secondary students were registered with the Offices for Students with Disabilities (OSD) at colleges and

universities across Ontario (Osborne & Tinajero, 2021). More specifically, the number of post-secondary students with one or more MHDs registered with the OSD increased by 67% in only five years (Condra et al., 2015).

The MHCC (2019) shared: "Two out of three post-secondary students in Canada say stress negatively affects their studies. Half have used campus mental health services – 10 percent in crisis situations – and more than a quarter have experienced thoughts of suicide" (para. 1). It is thus not surprising that in their 2019 assessment, the American College Health Association - National College Health Assessment (ACHA-NCHA) found that nearly a quarter (24.6%) of post-secondary students in Ontario reported they were "so depressed that it was difficult to function." A further 17% of students had seriously contemplated suicide in the past year – an increase from the 14% found in their previous 2016 report (ACHA-NCHA, 2019). Suicide has been identified as the second leading cause of death amongst Canadian EA, making suicidal thoughts and ideations a significant public health concern within this population (Ontario Association of Suicide Prevention, 2019; Statistics Canada, 2019).

Post-secondary campuses have, and continue to be, pinpointed as an environment that is hardest hit by depression (Mei et al., 2020). Between the 2018 and 2019 school years, the University of Toronto and the University of Waterloo each had four students take their lives. The University of Ottawa had five student suicides in a ten-month timespan. The University of Ottawa student union advocacy commissioner stated that they did not believe that any one student "does not know of another student who is struggling with mental health issues" (Greenfield, 2020, para 2). They continued to voice the harsh and frightening reality that "many [students] know of classmates and others who have considered suicide" (Greenfield, 2020, para 2).

It has been well established in the literature that post-secondary students experience increased rates of MHC. However, as more post-COVID-19 data emerges, we see a clearer picture of its specific worsening impacts on EA in Ontario. Moghimi et al. (2023) found that the majority of Ontario EA enrolled in PSE (66.5%) reported that their MH declined significantly since beginning their studies as a result of the pandemic. More specifically, a recent meta-analysis found an increase in the prevalence of depression (39%) and anxiety (36%) among post-secondary students during the pandemic (Yang, 2021). Further, students without pre-existing MHC were seemingly more at risk for worsening MH during the pandemic compared to students with pre-existing MHC (Ewing et al., 2022). An increase in feelings of loneliness appears to have disproportionately affected EA (Bricker, 2020; Prowse et al., 2021) – this has been directly linked to depression and anxiety among students during the COVID-19 pandemic (Killgore et al., 2020; Patterson et al., 2021).

Threats to Mental Health

Although the effects of a campus environment will affect each student's MH differently, some sources of student stress remain constant (Kruisselbrink Flatt, 2013; Linden & Stuart, 2023). An increase in academic demands is commonly cited as a primary source of stress for post-secondary students across Ontario (ACHA-NCHA, 2019; Ewing et al., 2022; Linden et al., 2018). Specifically, the volume of coursework, poor time management, test/exam anxiety, difficulties grasping course content, fear of failure, lack of motivation, and inability to concentrate for extended periods (Linden, 2021; Robinson et al., 2016). Students displaying increased concerns regarding academic factors, such as the grades they receive on tests and assignments, are often associated with increased likelihoods of depression, stress (Othman et al., 2019), anxiety (Woodgate et al., 2020), and psychological distress (Bartlett & Fowler, 2020).

In their review of Canadian literature surrounding post-secondary student MH, Linden et al. (2018) found that thoughts of suicide and self-injury are often attributed to academic competition and intense workload in PSE. The competitive nature of PSE leads students to develop the idea that they must outperform others to achieve academic and future career success (Lisnyj et al., 2021; Posselt, 2021). Many students who achieved high grades in high school enter PSE with the same high-grade expectations; however, average grades in the first year of PSE are substantially lower than the average grades achieved in high school (Kruisselbrink Flatt, 2013). This results in students entering PSE, where their high expectations risk being met with disappointing realities, leaving students unsure of their worth (Napierala, 2022).

Stigmatization remains a key factor surrounding post-secondary student MH and students' willingness to seek help on campuses (Tang et al., 2023). Student views of stigmas surrounding MH are primarily tied to their perceptions of their campus culture – students who view their PSE campus as more stigmatizing towards MH have reported increased self-inflected stigma (Chen et al., 2016). On the other hand, students who view their PSE campus environment as destigmatizing and encouraging of help-seeking behaviours experience better overall MH (Fink, 2014). Moghimi et al. (2023) found that both stigma (31.4%) and cultural influences (25.4%) were reported as frequent barriers to seeking and accessing campus MH care. The stigma surrounding MH exists in many cultures; however, some view it as a weakness and a source of shame (Srivastava & Srivastava, 2019).

Ontario is home to 411,985 international post-secondary students (Erudera, 2023), making cultural diversity a vital consideration when providing appropriate, culturally relevant care (Lawrence, 2020; Ng & Padjen, 2019). Perceived stigma linked to the disclosure of MH, the lack of familiarity with the Ontario system, a potential distrust of health care providers, and the

overall absence of availability of culturally sensitive services can lead to EA not receiving the help and support they require (Srivastava & Srivastava, 2019). Yukari et al. (2022) conducted an environmental scan of 44 post-secondary institutions across Ontario between October 2020 and July 2021 – the peak of the global pandemic – and found that 59% of institutions did not provide any MH support for international students who were asked to return to their home countries. It would be presumed that, during a global pandemic, Ontario post-secondary institutions would be keen on implementing some international MH outreach schemes for international students to ensure access to MH services without facing additional hardships. However, this was not the case.

In addition to the lack of culturally relevant services, a lack of access, or disorganized access, to services (both on- and off-campus) remains a significant threat to student MH (Ng & Padjen, 2019; Read et al., 2023). Counselling centres are experiencing increased wait times before students can initially be seen, leaving students needing urgent care at greater risk (Read et al., 2023; Shanmuganandapala & Khanlou, 2019). Students at some Canadian post-secondary institutions have resulted in public protests over lengthy waiting times, with some students reporting they had waited for up to four weeks to speak to a campus MH professional after disclosing suicidal ideations (Mancini & Roumeliotis, 2019). Moghimi et al. (2023) found that long wait times (47.6%) were among the most frequent barriers to accessing campus MH care in Ontario. Further, when a student is finally seen, session limits or 'caps' may restrict access, resulting in students never receiving the long-term support they need (Jaworska et al., 2016; Read et al., 2023).

The arrival of the COVID-19 pandemic only made matters worse; as institutions attempted to reduce the spread of the virus, campuses closed globally and transitioned to online

learning, introducing students to a new set of stressors and threats to their MH (Patterson, 2021). Social isolation and difficulties adapting to online forms of learning directly impacted students' abilities to complete their degrees (Hamaz et al., 2021). Previous studies have shown that in-person learning environments are crucial for promoting academic motivation and social development (Stringer, 2021). Strong social connections have further been proven to positively influence students' psychological and academic outcomes (Ellis et al., 2020), and having multiple groups to turn to for social support can promote and protect MH and well-being (Cruwys et al., 2015). As students experienced decreased levels of connectedness to campus life, they also experienced decreases in MH (Lee, 2020; Misirlis et al., 2020; Prowse et al., 2021).

As new COVID-19 research emerges, it is becoming increasingly apparent that the MH of post-secondary students has been disproportionately affected by the pandemic (Dhothar, 2023; Findlay & Arim, 2020; Hamaz et al., 2021). Although the full range and nature of its impacts are not yet clear, there is increasing evidence to suggest that the pandemic might have further exacerbated students' risks of developing one or more MHC (Elmer et al., 2020; Huang & Zhao, 2020; Lowe et al., 2023; Statistics Canada, 2020).

Best Practices for Mental Health Services

Post-secondary institutions serve as living, learning, and working environments and have an underlying commitment to promote and support students' success and well-being (Healthy Campus 2020, 2016; Hernández-Torrano et al., 2020). Post-secondary institutions are uniquely positioned to identify, prevent, and intervene in MH issues amongst the EA demographic (Ng & Padjen, 2018) and have the ability to promote public health approaches that focus on the health, safety, and overall well-being of a large population (Fernandez et al., 2016). To achieve this, post-secondary institutions need to go beyond addressing individual health issues and move

towards designing comprehensive systems, structures, and broader holistic strategies that emphasize MH promotion, building resilience, and strengthening well-being as a whole (Okanagan Charter, 2015).

As health promotion aims to understand the social, economic, political, and cultural constraints that influence health and well-being (Heard et al., 2020), applying a health promotion lens is necessary when developing best practices for student MH (Thaivalappil et al., 2023). Comprehensive models for campus MH should include both upstream and downstream services (Ecclestone et al., 2023; Monaghan et al., 2021; Short, 2016). Upstream services involve systematic preventative approaches to promote positive MH and aim to intervene before the onset of MHC (Linden & Stuart, 2020). They strive to address the broader determinants of student MH through MH literacy, which encompasses several concepts, including knowledge about MI, knowledge of prevention and promotion of MH, knowledge about help-seeking behaviours, MI stigma, and help-seeking beliefs (Jorm, 2000, 2012; Kutcher et al., 2016a, 2016b; Mansfield et al., 2020; Monaghan et al., 2021). Unfortunately, MH literacy among post-secondary students is considered to be generally low, and only 11 – 14% of Canadian post-secondary institutions offer MH literacy training or education (Chang et al., 2020).

Downstream services are those provided after MHC have presented themselves; they focus more on individual treatment, resilience, and growing to a state of some form of positive MH (Flint et al., 2020; Linden et al., 2021). Health promotion approaches that include components of both upstream and downstream services that explicitly involve MH literacy have been found to improve the knowledge and help-seeking behaviours amongst post-secondary students (Kutcher et al., 2016a, 2016b). Additionally, utilizing both approaches not only equips students with the appropriate knowledge, attitudes, skills, and tools to mediate MHC but can

lessen the weight of demands currently placed on strained campus MH supports and services (Lisnyj, 2021; Monaghan & Linden, 2020; Pin & Martin, 2012).

A comprehensive campus MH plan implements multifaceted approaches that address all components of a campus environment (Canadian Association of College & University Student Services [CACUSS] & CMHA, 2013). Rooted in social ecological theory, a whole-community approach involves weaving practices that promote MH into all aspects of a campus, from the public policy to the intrapersonal level (Wold & Mittelmark, 2018). Plans explicitly highlight respective stakeholder responsibilities, including the role of government, the institution, campus MH administrators, affiliated community organizations, and students (CACUSS & CMHA, 2013; Monaghan, 2021; Pin & Martin, 2012). Students and on-campus MH service providers should particularly be involved in the development of campus-wide plans and procedures as they are the ones who will operationalize and experience the programs (Linden & Stuart, 2020). Additionally, a strong sense of collaboration between institutions and community organizations is vital if post-secondary schools want to accommodate EA increasingly complex and demanding needs (Brache et al., 2012; Pin & Martin, 2012).

A notable example of an approach encompassing all of these components is the 2015 Okanagan Charter. The charter features a concise yet modifiable approach to promoting student MH and campus well-being by encouraging schools to embed health promotion and well-being into every policy, action, and physical space on campus (Okanagan Charter, 2015). Another example includes ACCESS Open Minds, an integrated MH framework committed to developing and evaluating the impact of campus MH care for first-year post-secondary students (Vallianatos et al., 2019). A key feature of the framework is the identified practice of continuously engaging with students through focus groups to assess students' beliefs and practices regarding their MH,

their current needs, and suggestions on how those identified needs were being or could be better met (Vallianatos et al., 2019).

When discussing best practices for MH services, it can be concluded that a comprehensive, whole of community (or whole-campus) approach that implements multifaceted health promotion strategies to address all components of MH on a campus environment is needed (Curtis et al., 2023; Dopp & Lantz, 2020; MacKean, 2011). Institutional structures and the strategies that contribute to reinforcing values, beliefs, and behaviours need to be assessed on an evolutionary and consistent basis (CACUSS & CMHA, 2013). Additionally, campus plans must be all-encompassing by supporting student engagement and inclusivity. MH awareness initiatives need to continuously work collaboratively with community stakeholders to establish roles and responsibilities, and campus MH services need to be accessible and available "to those who need them when they need them" (Kuh et al., 2005, p. 57). It is important to note that although institutions can establish approaches that adhere to best practices, that alone will likely not be enough – practices must be supported with constant evaluation.

Critique of Literature

Although the Ontario government's renewed commitment to re-embarking on the idea of MH reform through policies, frameworks, reports, strategies, and task force documents is admirable, they all share core principles and goals of streamlining entry and simplifying access to community MH services. These documents use the same language and trendy buzzwords to demonstrate the need for change. While the objectives are there and the pressing need to act is apparent, the absence of literature that discusses the degree to which these documents are meeting their goals and the lack of conclusive evidence supporting the effectiveness and influence of these documents is concerning. For example, after the conclusion of phase one of

the 2011 *Open Minds, Healthy Minds* strategy, I was able to locate a progress report that mentioned a $93 million investment that allowed over 50,000 youth and children to access MH services in Ontario (CMHA, 2014). However, when attempting to find any reports revealing the progress of the second phase – as the 10-year timeline of the strategy has now elapsed – my only success was reaching broken links on webpages (e.g., receiving 404 error codes).

A more progressive model of MH exists in Ontario today, but many outdated views and practices still hold profound impacts on society. For example, using the term MHD throughout federal, provincial, and institutional documents outlining a school's legal responsibility to accommodate leaves ample room for discrimination based on subjective perceptions, myths, and stereotypes. Getzel and Briel (2006) found that a sizeable portion of Ontario post-secondary students with diagnosed MHD choose not to register with OSD and disclose their MHD to their institution in an attempt to free themselves from their disability identity.

Additionally, as most post-secondary accommodation policies are built on a medical model of disability (Ng & Padjen, 2019; Smith, 2016), accommodation services are only made available to students who demonstrate having a disability – typically through formal diagnoses. The barriers that present themselves when attempting to receive a formal diagnosis are plentiful and can range from long wait times to see a professional, stigma, costs associated with assessments, and lack of available psychiatric or psychological services in some regions (Chambers et al., 2013). Moreover, diagnosing a MHD can be a lengthy process, and students require support in the interim. This reliance on diagnosis does not reflect the reality of MHC as episodic in nature, with people sometimes experiencing periods of flourishing and periods of less-than-optimal MH (Galderisi et al., 2015; Keyes, 2002; Olding et al., 2018). Throughout the course of post-secondary studies, MHC and extenuating circumstances will inevitably interfere

with some students' abilities to perform academically, and many of these students will not have a formally diagnosed MHD (Olding et al., 2014).

Although the MH promotion initiatives and frameworks that post-secondary institutions continue to roll out acknowledge the severity of the campus MH crisis, little to no quality assurance or evaluation of Ontario post-secondary MH frameworks was found. This includes any qualitative research that unearthed students' lived experiences surrounding campus MH and MH frameworks. For effective post-secondary MH frameworks to be implemented, they must consider the personal experiences of those for whom the frameworks are designed – the students (Brewer, 2023; Hanna-Benson, 2019). While large-scale efforts that monitor the high prevalence of MHC amongst EA enrolled in PSE in Ontario are readily available, efforts looking into the reasoning behind this high prevalence of MHC are notably lacking. Although surveys like the ACHA-NCHA provide quantitative data, there is little qualitative data specific to students' experiences.

Furthermore, including student voices is recognized as a key factor when developing comprehensive approaches to campus MH, yet often, institutional plans and procedures that guide action do not consider students' perspectives, experiences, or needs (Linden & Stuart, 2020; Querstret, 2019). For plans and procedures to be effective, routine needs assessments that include students' inputs need to be conducted (Thaivalappil et al., 2023). This information can help inform the design, implementation, and evaluation of campus MH care to better support students' unique needs (DiPlacito-DeRango, 2022; Linden et al., 2018; Lisnyj et al., 2021).

Chapter Summary

Existing literature indicates that the MH status of post-secondary students across Ontario has, in fact, reached a crisis point. Although student MHC are well recorded, there is a notable

absence surrounding the consistency of addressing students' MH needs. There is no shortage of MH promotion plans, policies, and frameworks that aim to address the campus MH crisis, but the apparent lack of assessment results in empty promises. A noticeable gap exists as there is a shortage of qualitative research that uses students' lived experiences with MHC to develop campus-wide MH frameworks. Students across the province have consistently voiced their concerns and have yet to see many changes. Disorganized access, stigma, lengthy waiting periods (even in times of crisis), and services that do not address the depth of students' needs continue to be key threats to MH. Not to mention students' newfound overarching sense of a less-connected community after the arrival of the COVID-19 pandemic. This chapter concluded with a critique of the existing literature, providing a rationale for this research and how it contributes to the advancements of current knowledge surrounding Ontario post-secondary student MH and the field of health promotion.

Chapter Three: Methods and Methodology

This chapter details the methods and methodology used to answer the following research question: How do current Ontario post-secondary students dealing with mental health challenges perceive campus mental health care following the release of the *In It Together* 2020 framework? To acquire this information, the following research objectives were explored:

1. Understand the experiences of students who have received on-campus mental health support;
2. Use students' perspectives to examine the presence or absence of school's actions in alignment with the *In It Together 2020* principles and recommendations; and
3. Explore the disconnect/alignment between students' lived experiences and campus-wide mental health promotion frameworks.

This chapter begins by further explaining the researcher's positionality and reflexivity in the study. Following, the chapter describes the conceptual framework that informed the research, the paradigm (constructivism), the strategy of inquiry (qualitative description [QD]), and the theoretical underpinning (social ecological model [SEM] for health promotion). Next, the chapter provides an overview of the study, including population characteristics, sampling and recruitment strategies, and setting. The procedure for data collection through semi-structured interviews is then described, followed by the methods for data management and the techniques for data analysis using reflexive thematic analysis (RTA) and the five levels of the SEM. The study's predetermined measures to ensure the quality and rigour of the research are then outlined. This chapter concludes with ethical considerations to ensure informed consent and confidentiality for all participants and goes over the risks and benefits of participating in the research.

Researcher Positionality and Reflexivity

In qualitative research, researchers play an integral role as an instrument for data collection and analysis (Rossman, 1999; Strauss & Corbin, 1988). Given the significant impact of the researcher, they are encouraged to consider and reflect on how their previous experiences, roles, assumptions, and relevant ideas might influence a study (Charmaz, 2000). To study and understand the meaning that individuals or groups assign to social or human issues, qualitative researchers must focus on the detailed views of participants and their position as a researcher (Creswell & Creswell, 2018). In doing so, researchers can uncover how one's social background contributes to shaping the development and interpretations of the study's findings (Creswell & Creswell, 2018; Creswell & Poth, 2018).

My personal experience dealing with MHC as an Ontario post-secondary student largely motivated this research. Shortly after transitioning to campus as an EA in 2016, I was suddenly dealing with several MHC. My challenges in receiving help sparked a curiosity about how institutions attempt to handle the MH crisis among EA in Ontario. Thus, it is essential to discuss how my experiences, assumptions, and beliefs might have shaped the research during recruitment, data collection, and analysis (Guba & Lincoln, 1982).

Before and during recruitment, I reflected on how my gender identity, race, social class, sexual orientation, beliefs, and social position could potentially affect the research process (Creswell & Creswell, 2018). As I am a white, cisgendered, able-bodied, heterosexual woman who deals with MHC, I am aware that specific groups might have been more inclined to participate in my research compared to others. For example, those who viewed themselves as similar to me might have been increasingly motivated to participate. Therefore, this may have impacted the study by disproportionately recruiting participants with similar identities.

Although the topic of MH and living with MHC could be considered of sensitive nature, being sympathetic to certain concepts demanded reflexive analysis during data collection and analysis. As I have experienced first-hand what it is like to deal with the Ontario campus MH system and recognize the challenges that may come alongside it, this might have made me more empathetic towards participants as we would have likely been through similar experiences. Additionally, my past experiences volunteering and working alongside student-led initiatives that aim to shift MH support on campus might have influenced the research by emphasizing the need to address Ontario post-secondary student MH in the greater context of public health and institutional improvements.

Lastly, as I have the privilege of pursuing higher education, I understand how my position in a professional and academic setting shapes my ways of thinking and, ultimately, my interpretation and analysis of participants' narratives. While this is acknowledged, it is not a weakness of the study, as qualitative research finds the researcher's presence just as fundamental to the text as that of the subject of study (Creswell & Poth, 2018). Reflexive notes were integral to the overall research process, and they were used to record thoughts about what was occurring through the data, to help develop themes, and to make comparisons between data, codes, ideas, and concepts (Hennink et al., 2011).

Conceptual Framework – Constructivism

The paradigm chosen to situate this research is the constructivist worldview. The constructivist worldview is considered a learning or meaning-making theory, which posits that individuals' subjective meaning of the world in which they live in is formed through interactions with others, situational conditions, and prevailing historical and cultural norms (Creswell & Creswell, 2018; Creswell & Poth, 2018; Mascolo & Fischer, 2005). Constructivism seeks to

understand how individuals construct knowledge and function in society by examining the unique environments and contexts in which they live and work (Creswell & Creswell, 2018). It believes that individual perceptions and interpretations of reality are not discovered but constructed through human activity (Guba & Lincoln, 1994; Kim, 2001). It acknowledges that our understanding of lived experiences is incredibly complex and multifaceted and that various truths or views surrounding a particular experience can coexist (Creswell, 2013; Denzin & Lincoln, 2011).

Since multiple realities (or multiple constructed realities) are assumed to exist, researchers situating themselves within a constructivist paradigm seek to understand and interpret participant realities as relative to time, society, and culture (Mills et al., 2006; Nelson & Prilleltensky, 2005; Thompson, 2019). Researchers focus on participant's subjective meanings of an experience and acknowledge that findings are only one possible interpretation of reality and, therefore, not generalizable (Charmaz, 2000). Although acknowledged as a limitation, generalizability is not necessarily desirable, as truth and knowledge are viewed as human constructs moulded by the particular contexts in which they occur (Thompson, 2017).

The constructivist worldview is the paradigm best fit to explore how current Ontario post-secondary students dealing with MHC perceive campus MH supports following the release of the *In It Together* 2020 framework as it brought students' perspectives to the forefront (Creswell, 2013). Given that the constructivist paradigm acknowledges individual perceptions, experiences, and realities, this study allowed students to express their opinions on campus MH supports and further validated their experiences (Guba & Lincoln, 1994; Weaver & Olson, 2006). Employing such a paradigm allowed me to understand the meaning and significance participants attribute to their experiences surrounding campus MH. In doing so, closer attention

was drawn to the complex contextual factors that might have shaped students' MH and how campus MH services are perceived and experienced in higher education settings (Green & Thorogood, 2013). The constructivist worldview has been used as a practical framework in similar studies that have explored post-secondary students' experiences interacting with campus MH interventions (Dodson, 2016; Lisnyj et al., 2021; Placito-De Rango & Lucia; 2015; Walls, 2019).

Strategy of Inquiry – Qualitative Description

Qualitative description (QD) was chosen as the strategy of inquiry for this research. QD aims to produce rich, straightforward descriptions and comprehensive summaries of a phenomenon of interest (Kim et al., 2017; Sandelowski, 2010). The strategy seeks to translate events into language by letting real-life experiences take on meaning in the context in which they occurred (Thorne et al., 1997, 2004; Thorne, 2000, 2016). In practical terms, QD inquires to know who was involved, what was involved, and where things took place and does so by using minimal interpretation (or remaining data-near) in the analysis and dissemination process (Doyle et al., 2020; Neergaard et al., 2009; Thompson Burdine et al., 2021). Although QD uses minimal interpretation, it is only partially an interpretative-free approach due to the researchers' final meaning-making of the data (Nusbaum et al., 2008; Sandelowski, 2000, 2010).

From a philosophical perspective, a QD approach best aligns with theories that use naturalistic and flexible methods of inquiry (Colorafi & Evans, 2018; Levitt et al., 2018; Sandelowski, 2000, 2010). These philosophical perspectives denote that reality exists within diverse contexts that will be perceived differently depending on the subject; therefore, reality is multiple and idiosyncratic (Lincoln et al., 2017). As QD recognizes that no two people will identically experience an event, it is a suitable strategy of inquiry when a study aims to explore

participants' subjective experiences surrounding a particular phenomenon (Thompson Burdine et al., 2021).

Employing a QD approach can be particularly relevant in research surrounding MH, as it often involves understanding the experiences of those dealing with MHC and how they view associated supports and services (Doyle et al., 2020; Ennals et al., 2015; Ewing et al., 2022; Keshoofy et al., 2023; Venville & Street, 2014). Such a strategy could allow participants' perceptions of why a service or initiative worked or did not work to come to the forefront. Doing so could generate insight applicable to policymakers and practitioners and reveal the wants and needs of participants dealing with MHC (Doyle et al., 2020).

The exploratory nature of this research fits well with a QD approach as it accepts that multiple interpretations of reality exist through subjective perspectives (Creswell & Creswell, 2018; Thorne et al., 2004). A QD approach is a further ideal fit for this research as it aligns well with the constructivist worldview – both aim to make sense of the multiple interpretations of reality that arise from individual experiences by placing individuals and their experiences at the centre of the inquiry (Liamputtong, 2019). Employing both strategies offered great emancipatory potential for participants as they could author their personal experiences and advocate for their own MH, thereby giving them a voice and bringing about their subjective transformation (Davidson, 2018; Hones, 1998). To remain data-near and ensure participants' voices were accurately represented and captured, direct quotations are presented in the findings chapter of this thesis (Bradshaw et al., 2017; Creswell & Creswell, 2018; Sandelowski, 2000, 2010).

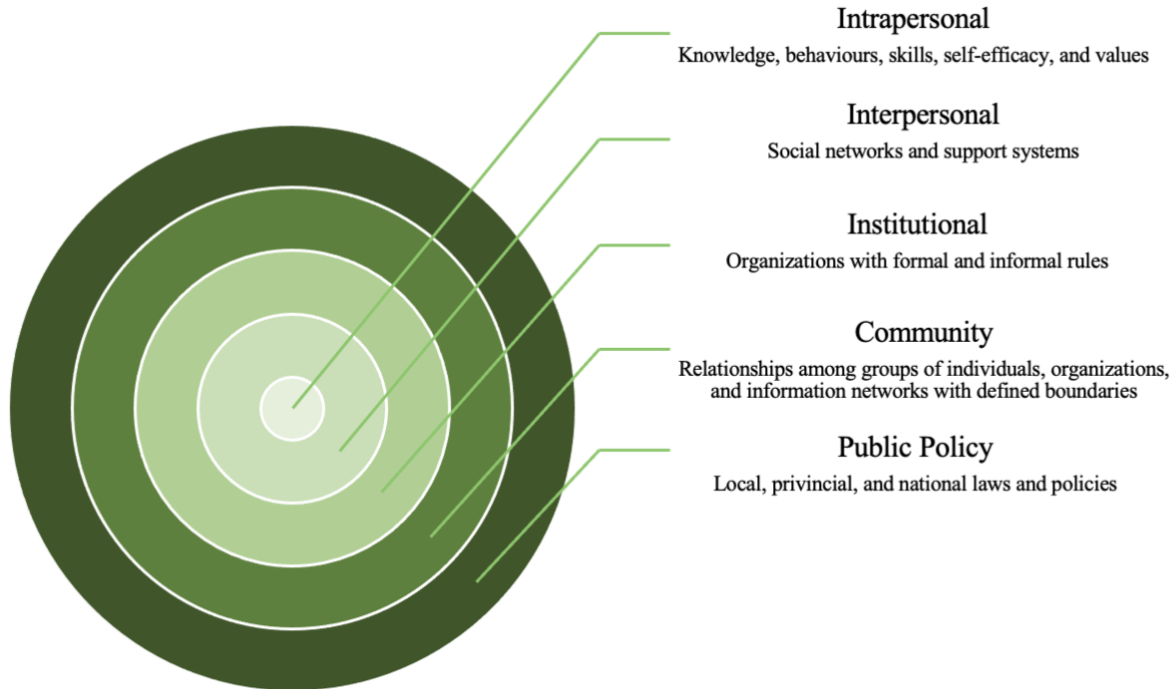
Theoretical Framework – Social Ecological Model for Health Promotion

The social ecological model (SEM) for health promotion uses a holistic socio-cultural approach that links environments and socio-cultural features to biological factors (Cote &

Nightingale, 2012). The core principles of the SEM find that individual behaviours are shaped by multiple levels of influence, categorized from the most intimate level to the broadest (McLeroy et al., 1988). The SEM highlights the dynamic interplay among factors within and between the various levels and their influence on health (Glanz et al., 2008). It further finds that interactions between individuals and their environments are reciprocal, meaning that an individual is influenced by their environment just as much as the environment is influenced by the individual (Salihu et al., 2015). As such, the model reflects both how individuals construct knowledge and how broader systems influence knowledge (Henderson & Baffour, 2015).

McLeroy et al. (1988) proposed the SEM as an avenue for health promotion to showcase that individual behaviours affect, and are affected, by five distinct levels of influence: 1) intrapersonal, 2) interpersonal, 3) institutional, 4) community, and, 5) public policy (see Figure 2 below). Intrapersonal factors incorporate individual characteristics, such as knowledge, attitudes, beliefs, skills, and perceptions, that influence behaviour (ACHA, 2020). Interpersonal factors include the individual's social circle and support systems, such as family, friends, and peers (McLeroy et al., 1988). The institutional level of the SEM includes organizational characteristics, such as an institution's (e.g., schools, work) formal and informal attitudes, rules, and regulations for operation (ACHA, 2020). Community factors involve relationships with organizations, institutions, and informal networks (e.g., neighbourhoods). Lastly, the influence of local, provincial, national, and global laws and policies are considered at the public policy level (McLeroy et al., 1988).

Figure 2 *SEM for health promotion adapted by McLeroy et al., 1998.*



Promoting post-secondary student MH is a complex matter as health-related behaviours are influenced by multiple factors across the different social ecological levels (Allen et al., 2016; Linden et al., 2021; Lisnyj, 2021; Patterson et al., 2021). As health promotion aims to apply proactive approaches beyond individual behaviours to understand and address various social and environmental factors influencing health and well-being (Thaivalappil et al., 2023), using the SEM offered a comprehensive understanding of the contextual factors that might have shaped how students perceive campus MH care in the higher education setting. Therefore, exploring students' perspectives of campus MH care following the release of the *In It Together* 2002 framework from a social ecological perspective offers a complete picture of contributing factors that influence students' experiences. Using the SEM as a new perspective and criteria to evaluate the 2020 framework, I wanted to uncover how accurately the framework goals represent students' wants and needs and better understand the factors contributing to how students

experience care. Several studies have found that the application of the SEM for health promotion has been a valuable tool in exploring post-secondary student MH across its multiple levels of influence (Frandsen, 2022; Lisnyj et al., 2021; Versaevel, 2014; Wilson et al., 2021; Woodgate et al., 2020).

Population

The study's population consisted of EA who dealt with MHC and were enrolled full-time in an undergraduate program at an Ontario post-secondary institution. This choice was made due to the need for more research pertaining to the use of students' lived experiences with MHC to develop and evaluate campus MH frameworks in Ontario (Monaghan et al., 2021; Ng & Padjen, 2019). To be included in this study, participants had to be between 18 and 25, as this is the age group often referred to as EA (Arnett, 2000). Additionally, all participants must have actively sought campus MH support for their MHC through their host institution from September 2020 onwards, as this was the first academic semester succeeding the framework announcement. Lastly, recruited participants must have been aware of the 2020 framework and their institutions' acceptance of it, as this research was interested in exploring students' perceptions surrounding campus MH care following its release. Living in Ontario was not a requirement, as the pandemic has resulted in some students attending PSE remotely. No formal screening tool for English proficiency was used. If participants determined they were comfortable in conversational English, they were invited to participate in the research.

Sampling

Purposeful sampling aims to identify and select information-rich cases related to the phenomenon of interest (Creswell, 2013). This sampling strategy was used to recruit participants who were particularly familiar with campus MH care to provide the information needed to

answer the research question (Bradshaw et al., 2017; Strauss & Corbin, 1997). Purposeful sampling allowed participants to partake in the research if they were an EA currently enrolled at an Ontario post-secondary institution and had actively sought out campus MH supports for their MHC from September 2020 onwards. As this study used a sample of ten participants, purposeful sampling ensured that each participant could provide extensive information about campus MH supports and services.

The choice to include ten participants in this research is consistent with studies that employ a QD approach guided by the SEM to explore post-secondary student MH (Krish et al., 2016; Lisnyj et al., 2021; Versaevel, 2014; Wilson et al., 2021). A small sample size is recommended for qualitative research projects as it allows for a significant amount of data to be collected through each participant, all while creating meaningful connections and comprehensive findings (Vasileiou et al., 2018). With a sample size of ten, I constructed detailed descriptions of each participant's experiences surrounding campus MH care and, therefore, had enough information to conceptualize and develop patterns from their narratives (Bradshaw et al., 2017; Braun & Clarke, 2013).

Recruitment

Recruitment took place entirely online and involved the circulation of a digital poster (Appendix A), recruitment email (Appendix B), and a copy of the *In It Together* 2020 framework (a summary page of the framework is found in Appendix C). The poster included a summary of the research, the study objectives, eligibility criteria, and the lead researcher's contact information. The poster encouraged interested individuals to reach out to me, the lead researcher, via email. All three documents were emailed to a wide range of relevant organizations, groups, and societies to recruit participants who met the inclusion criteria of the

research. For example, documents were emailed to student-led MH groups across Ontario and organizations that would typically be in contact with the study population, such as The Canadian Mental Health Association – Ontario Division, Centre for Addiction and Mental Health, and Ontario Association of Mental Health Professionals. Additionally, the documents were shared broadly via social media accounts (e.g., Facebook, Instagram, Twitter) focusing on Ontario student MH. Some examples include the Ontario Mental Health Support Group and the Student Mental Health Awareness and Support Group.

After interested individuals reached out to me directly, an initial phone call was scheduled where I was able to provide more information about the research, ensure eligibility criteria were met, and answer any initial questions participants had. If participants were still interested and eligibility criteria were met, they were emailed another copy of the *In It Together* 2020 framework and the study consent form. Participants were asked to review the form, sign it, and send it back to me. Additionally, they were asked to provide a few dates and times that would work for the one-on-one interview.

Setting

This research was conducted online due to the global pandemic and some students attending PSE remotely. Each participant was interviewed over the Dalhousie University supported platform, Microsoft Teams. If participants did not have a Microsoft Teams account, they were not required to pay any fees to use the platform and were prompted to accept the interview invitation sent by the researcher through their email.

Data Collection

Data collection took place in the form of semi-structured one-on-one online interviews. Semi-structured interviews are typically organized around predetermined, open-ended questions

with the possibility of evolving to more or less structured questions depending on participant responses (Corbin & Straus, 2015; Rubin & Rubin, 2012). An interview guide was created and included ten open-ended questions with follow-up (or probing) questions and was used to guide each of the ten interviews (Appendix D). Probes were used to aid participants in recalling more specific information and helped keep the conversation focused on the pre-prepared questions (Rubin & Rubin, 2012).

Semi-structured interviews were chosen as the data collection method for this research as the flexible and conversational foundations allowed participants to feel comfortable sharing their experiences surrounding campus MH supports (Hesse-Biber, 2007). Additionally, due to the stigma surrounding the topic of MH, one-on-one interviews were selected to ensure participants felt safe and free of judgment when discussing the potentially sensitive topic of MH. Participants also had the choice to partake in the interview via video call or audio, whichever they deemed suitable.

Ten EA participated in an online interview, whereby informed consent was obtained before data collection. Interviews were used to collect qualitative data from participants between December 2022 and February 2023. All interviews were conducted by myself, audio-recorded, and later transcribed using online speech-to-text software. I began each interview by introducing myself to the participant and provided my position in the research. I hoped that any power imbalances would be neutralized in doing so, and participants would feel more inclined to trust me and speak freely, allowing me to gain their most authentic and contextual insights (Hesse-Biber, 2007).

Questions changed throughout interviews or were more or less structured, depending on the talkativeness of each participant. An example question from the interview guide is: "What

would you like to see happen in the future in terms of post-secondary campus mental health care?” In order to remain faithful to participants’ voices, I continuously checked with participants to ensure that derived interpretations were accurately understood (Mills et al., 2006). Field notes were also taken to ensure data was accurately captured and contextualized. To show appreciation for students’ participation in the research, each student received an honorarium in the form of a $15 e-transfer once their interview was complete.

Data Management

Interviews were audio recorded to ensure an accurate record of what was discussed between researcher and participant (Gill et al., 2008). Audio from each interview was recorded through the Microsoft Teams platform and a hand-held audio recorder. This ensured that no data were lost and each interview was accurately documented. Audio files were saved to a password-protected file on my personal computer and were labeled in a sequence of interviews. For example, Participant 1’s audio file was saved as ‘Participant 1 Audio’. Shortly after each interview, I began transcription and uploaded audio files to the online speech-to-text platform Otter.ai. Once audio files were uploaded, Otter.ai generated a transcript, and I reviewed each transcript against the audio recordings to ensure they were transcribed verbatim. While reviewing transcripts, all personal identifying information was removed. For example, if a participant mentioned their institution’s name, it was replaced in the transcript by ‘[institutions’ name],’ and if they mentioned a location, it was replaced by ‘[location].’

After reviewing each transcript and determining that they were accurately transcribed, audio files were deleted. Final de-identified transcripts were again saved in a password-protected file on my computer and labeled in a sequence of interviews. For example, Participant 1’s transcript was saved as ‘Participant 1 Transcript’. To begin coding the transcripts, files were

uploaded to the qualitative data analysis software program NVivo 12. The project was titled ‘CODING’ and required a password.

Data Analysis

This research demonstrates the use of reflexive thematic analysis (RTA) guided by the SEM to explore how current Ontario post-secondary students dealing with MHC perceive campus MH care following the release of the *In It Together* 2020 framework. RTA is a method designed to identify, analyze, and report patterns within a data set while acknowledging how researcher reflexivity could influence the interpretation of the data (Braun & Clarke, 2019). RTA explores the complex relationships across participants’ experiences while organizing and coding data to reflect structural conditions and socio-cultural contexts (Braun & Clarke, 2006, 2021a). Due to its flexible nature, RTA can be used alongside varying guiding theories, such as the constructivist approach used in this study (Braun & Clarke, 2021b, 2021c). RTA allowed me to understand each participant’s unique perspectives while using the broad structure of the SEM to explore the synergic relationship between micro- and macro-factors contributing to how students perceive campus MH care today. While using the approach to explore the unique perspectives of each participant within the context of the SEM, I acknowledged how my prior experiences, knowledge, beliefs, and personal opinions about post-secondary campus MH care could influence the development and interpretation of the data (Braun & Clarke, 2021).

Interview data were transcribed verbatim and analyzed using the qualitative software NVivo 12. Guided by Braun and Clarke’s (2013, 2019, 2021) six-step approach to RTA, after familiarizing myself with the interview data through transcription, reading and re-reading, and taking notes of potential ideas and concepts of interest, I began to generate initial codes. This initial coding phase involved systematically coding the data by analytically and critically, once

again, reading and re-reading transcripts. Codes were generated through open coding to label and capture what was interesting about the data (Braun & Clarke, 2006). Examples of initial codes included: family support system, orientation week influence, stressors of studying, and unrelatable campus MH specialists. Similar codes were then interpretatively clustered together to develop initial themes. While doing so, I began to think about the relationship between each theme and what the overall story of each theme would be (Braun & Clarke, 2019). For example, the codes: positive influence of peers, students supporting students, lack of connectedness, COVID-19 influence, influence of professor, and negative influence of peers were grouped and collapsed under the theme: the power of peers.

Themes were then revised and reviewed using deductive methods to ensure the generation of meaning with respect to the research question and SEM (Bano et al., 2023; Braun & Clarke, 2019; Byrne, 2022). The SEM was used later in data analysis to map the conceptualized themes onto their corresponding levels of influence. Once I felt confident that there was enough data to support each theme and where they fit within the SEM, I titled and defined them to ensure they were easily understood, accurately represented, and fit the broader story of the data set to respond to the research questions (Braun & Clarke, 2006, 2019, 2021c). Coding, theme development, and naming were an ongoing process and were overviewed by my supervisor, who provided additional insight, support, and enhanced reflexivity (Braun & Clarke, 2021a). The data analysis process led to five themes developed from the data. Participants' quotations were extracted to support each conceptualized theme. Findings from the data revealed a complex interplay of physical, social, emotional, psychological, and academic factors influencing students' perceptions of campus MH care following the release of the *In It Together* 2020 framework.

Quality and Rigour

Consistent with the best practices of qualitative RTA, credibility, confirmability, dependability, and transferability were attained through various techniques (Lincoln & Guba, 1985).

Credibility

Credibility refers to ensuring the study measures what was intended and that results are an authentic, accurate representation of participants' views and experiences (Braun & Clarke, 2006, 2021; Ryan et al., 2007). Credibility was established by ensuring participants were well-informed and comfortable with the study's purpose and process (Rubin & Rubin, 2012). Credibility was further enhanced through the selection of participants. As this research used purposeful sampling, the study research question and objectives were addressed as intended due to the "information-rich cases" (Baxter & Eyles, 1997, p. 513). Inductive coding, reflexive notes, and repeating certain talking points back to participants to ensure experiences and perceptions were accurately understood further demonstrated the credibility of the research (Braun & Clarke, 2006, 2021; Lincoln & Guba, 1985; Rubin & Rubin, 2012).

Confirmability

Confirmability holds the goal of minimizing research bias and is the degree to which findings are based on participants' responses (Guba & Lincoln, 1985). I intended to minimize researcher bias by remaining critically conscious of my predispositions throughout the research project and have provided details on how my background and position may have influenced the findings. Additionally, the use of participants' direct quotes to the semi-structured, open-ended questions are presented in the findings chapter and provides evidence demonstrating the consistency and accuracy of participants' responses (Bradshaw et al., 2017).

Dependability

Dependability ensures that the research process is outlined with enough detail to the point where another researcher can accurately repeat the study (Maher et al., 2018). A comprehensive study description was provided to guarantee dependability and included a detailed account of each step and procedure. It should be noted that although another researcher could conduct this research in the same context using the same methods and methodologies, participants' and participants' responses cannot be replicated as dependability assumes multiple realities (Baxter & Eyles, 1997).

Transferability

Transferability refers to the degree to which the findings can be transferred and applied to settings outside of the research (Lincoln & Guba, 1985). As qualitative research tends to be specific to one particular context, it is essential for a complete description of the findings to be provided so that readers have the necessary information to assess whether or not the study is transferable to their situation (Bradshaw et al., 2017). The intent of this research is not to be generalizable; however, as findings involve Ontario post-secondary students' perspectives surrounding campus MH supports and services, the likelihood that the findings are transferable to a broader Ontario post-secondary population is plausible.

Ethical Considerations

This section summarises the study's ethical process and highlights important ethical considerations for the research. As this qualitative research involved human participants, ethical approval was required from the Dalhousie University Research Ethics Board and was obtained on November 14th, 2022. Several ethical considerations had to be taken throughout this study to

ensure that participants' rights and needs were protected and respected. Notable considerations include informed consent, risks, benefits, and confidentiality, outlined below.

Informed Consent

Informed consent was obtained from each of the ten students who participated in this research. Following an initial phone call, eligible participants were emailed a consent form (Appendix E) and asked to review it privately before signing it and sending it back to me. The consent form explained the research objectives, study procedures, reason for their participation, any risks/benefits that may arise, and compensation. Participants were made aware that their participation in this study was completely voluntary. Prior to signing it, I asked that participants not hesitate to reach out with any questions. After I received signed consent forms, a date and time for their interview was established.

Following my introduction at the beginning of every interview, verbal consent was obtained from all participants. A verbal consent script (Appendix F) was read to each participant to ensure, one final time, that they understood and complied with participating in the study. Participants were once again given the opportunity to ask any questions before consenting verbally. Eight statements were read aloud, and participants were asked to respond to each of them with either a yes or no. An example of a statement from the verbal consent script is: "I have read the explanation of the study and have been given the opportunity to discuss any concerns and ask any questions I have."

Risks

There were no foreseeable risks to participants' physical health from this research. However, as this study discusses topics relating to MH, I recognized that these subjects were sensitive, and discussing personal MHC could be triggering to students if they have had negative

experiences. To alleviate unintended harm, a list of formal and non-formal MH resources was emailed to each participant once their interview was complete (Appendix G). Students were encouraged to use these resources if they experienced adverse reactions or emotions.

The risk of students feeling obligated to participate in this research was mitigated by informing participants that they could refrain from answering questions, take breaks during their interview, and terminate participation at any moment. Participants were informed that should they choose to withdraw from the interview, none of their information would be used in the research. Further, participants had two weeks following their interview to withdraw their data without any consequences. The written consent form and verbal consent script contained a section highlighting voluntary participation.

Benefits

There were no direct benefits to participating in this study besides receiving a $15 honorarium. Despite this, participating in this research provided students with the ability to advocate for their MH and offered students a sense of contribution to exploring the effectiveness and experiences of PSE campus MH care in Ontario.

Confidentiality

Participant confidentiality was of utmost importance at every stage of this research. During initial phone calls, participants were made aware that I would be the only individual with knowledge of their participation. Once an interview was complete, I labeled the recorded audio file in a sequence of interviews (e.g., Participant 1 Audio) and began transcription. During this process, all identifying information was removed. Although this research involved participants sharing their perceptions of campus MH supports at their respective institutions, identifiable information, such as institutions' names and geographical locations, was revoked from

transcripts. After transcription, audio recordings were deleted, and transcripts were once again labeled in a sequence of interviews. Files were stored in a password-protected file on my password-protected computer. Files were then uploaded to the qualitative data management software NVivo12 to be analyzed. Participant quotations were used to describe the results of this study; however, each student was assigned a pseudonym.

Chapter Summary

This chapter described the qualitative methods and methodologies that were used to explore how current Ontario post-secondary students dealing with MHC perceive campus MH care following the release of the *In It Together* 2020 framework. The chapter began by further describing the researcher's positionality and reflexivity in the study. Next, the chapter described the constructivist worldview and QD strategy of inquiry, followed by a description of the SEM for health promotion that guided this research. The chapter then provided an overview of the study methods, including the study population, sampling and recruitment techniques, and the study setting. The process of data collection through semi-structured, one-on-one interviews was then described, followed by data management procedures. The use of RTA guided by the SEM to analyze qualitative interview data was then described and rationalized. Finally, the chapter discussed plans to ensure quality and rigour and outlined ethical considerations.

Chapter Four: Results

Chapter Four presents the findings of this study that were obtained by examining participants' transcribed interviews using RTA theoretically guided by the SEM for health promotion. The SEM was used to explore how current Ontario post-secondary students dealing with MHC perceive campus MH care following the release of the *In It Together* 2020 framework at each level. Qualitative research methods guided by the SEM allowed me to examine students' experiences interacting with campus MH supports to determine the presence (or absence) of institutional actions that align with the 2020 framework principles and recommendations. By carefully considering the multi-level factors contributing to students' lived experiences, I gained a glimpse of the effectiveness of PSE campus MH care in Ontario today.

This chapter begins by describing participants and their characteristics. Five themes were developed to explain participants' perceptions of campus MH care following the release of the 2020 framework: 1) the transition in and out of PSE is a stressor in and of itself, 2) the power of peers, 3) available services lack sincerity, 4) boundaries of community extend beyond campus gates, and 5) the cost of action and reaction. Themes were then organized into the five SEM levels and are presented in ascending order. Each theme's linkage to the *In It Together 2020* framework is discussed in Chapter Five.

Participants and Context

Ten EA currently enrolled full-time in an undergraduate program at an Ontario post-secondary institution participated in this research. Interviews were used to collect qualitative data from participants between December 2022 and February 2023 and ranged from 41 to 63 minutes (median: 51 minutes) in length. Participants identified as female (n = 8; 80%) and male (n = 2; 20%) and were enrolled in their first-year (n = 1; 10%), second-year (n = 2; 20%), third-year (n =

3; 30%), fourth year (n = 2; 20%), or fifth-year (n = 2; 20%) of PSE. Students were registered in various programs, such as arts, life sciences, computer sciences, business, criminology, and psychology. Two participants were international students (n = 2; 20%), and eight were domestic students (n = 8; 80%). One participant identified as queer (n = 1; 10%), another participant identified as bisexual (n = 1; 10%), and eight participants did not discuss their sexuality (n = 8; 80%).

A summary of participants' characteristics is presented below in Table 3. All participants were attributed a pseudonym, and quotations in this chapter are presented verbatim, with minor edits for readability indicated by brackets. Institutions were considered small if there were < 5,000 students, mid-sized if there were between 5,000 and 15,000 students, and large if there were >15,000 students. As might be expected, given the nature of this study, all participants had long-standing MHC.

Table 3 *Participant characteristics.*

Pseudonym	Gender Identity	Academic year	Student status (international or domestic)	Size of institutions (small, medium, or large)	Long-standing MHC or onset at PSE
P1	Male	Third-year	Domestic	Medium	Pre-PSE
P2	Male	Fourth-year	Domestic	Small	Pre-PSE
P3	Female	Fifth-year	Domestic	Large	Pre-PSE
P4	Female	Third-year	Domestic	Medium	Pre-PSE
P5	Female	Third-year	Domestic	Large	Pre-PSE
P6	Female	Fourth-year	Domestic	Medium	Pre-PSE
P7	Female	Second-year	International	Large	Pre-PSE
P8	Female	First-year	Domestic	Small	Pre-PSE
P9	Female	Fifth-year	Domestic	Medium	Pre-PSE
P10	Female	Second-year	International	Large	Pre-PSE

Five themes were developed and then categorized into the five levels of the SEM. Table 4 below visually represents the organization of the findings presented in this chapter.

Table 4 *Findings by SEM level, theme, code examples, and In It Together 2020 framework link.*

Social Ecological Model Level	**Theme**	**Code [examples]**	**In It Together 2020 framework link**
1. Intrapersonal	The Transition in and out of PSE is a Stressor in and of Itself	- Decrease in MH once starting PSE - Accountability of lack thereof with MH practices - Challenges of adapting to a new environment - Increased demands, responsibilities, and competitiveness	Principle three Recommendation six and seven
2. Interpersonal	The Power of Peers	- Informal vs. formal support systems - Influence of peers, both positive and negative - Influence of the professor and TA - Stigma - Lack of connectedness	Principle one Recommendation three
3. Institutional	Available Services Lack Sincerity	- Campus initiatives concerning academic learning, student MH, and well-being - Gaps in service provision - Perceptions of institutions prioritizing MH	Principle one Principle two Recommendations three, four, and five
4. Community	Boundaries of Community Extend Beyond Campus Gates	- On and off-campus MH service liaison - Appreciation of a whole community approach	Principle one Recommendation one and two
5. Public Policy	The Cost of Action and Reaction	- Perceptions of insufficient funding regarding campus MH resources - COVID-19 influence	Principle two Recommendations three, four, and five

1. Interpersonal Level

Interpersonal-level factors are associated with individual characteristics, such as experience, knowledge, attitudes, beliefs, self-concept, and skills (ACHA, 2020). These factors are believed to be key predictors of individual behaviour (Bandura, 1977; Roberts et al., 1982).

The Transition in and out of PSE is a Stressor in and of Itself

The transition from high school to PSE was a key topic discussed by all participants. This period of change characterized by entering PSE resulted in each of the ten participants noticing a significant decrease in their MH during their first semester at their respective institutions. Students predominantly described heightened levels of anxiety and stress throughout this transition period, with both academic and external factors threatening their MH. Not knowing what to expect, adapting to a new environment, experiencing feelings of homesickness, difficulties in making friends, and increased demands, responsibilities, and workloads were common factors that made this transition so difficult for students. Participants described a range of adverse physical, emotional, and cognitive symptoms they believe to have contributed to their anxiety and stress, including loss of sleep, pressures of fitting in, inability to focus, feelings of restlessness, chronic fatigue, forgetfulness, and self-isolation. Participant 8, who was enrolled in their first year of PSE, shared their perceptions of the transition period:

> *I feel like post-secondary education is where […] a lot of students go through […] their worst mental health times because it's […] just craziness out of nowhere. And especially […] like, you're growing, you're becoming an adult, you're changing, your body's changing, your minds changing, you're just […] going through so many different things, so many different things that are so stressful.*

When participants were asked if they experienced any forms of MH education or awareness in high school before transitioning to PSE, a shared experience amongst students was an alarming absence of MH learning in primary and secondary school settings. Students shared that they had access to career and guidance counselors, but only some initiatives promoted and discussed MH literacy. One of the main things participants mentioned when discussing what they would like to see in the future of student MH in Ontario was the need for mandatory MH-based courses in both high school and PSE. Each student recognized that improving their MH literacy before entering PSE would have helped them navigate the transition.

Several participants stated that their post-secondary school did not provide explicit transition support, significantly contributing to their initial less-than-optimal MH. Students were unsure how to navigate their new school system, struggling to settle, and experiencing a wide range of emotional roller-coasters alone or with little to no support. Students described feeling particularly overwhelmed during orientation week. They reported challenges with changing their old high school learning and working habits, difficulties prioritizing competing demands (e.g., working a part-time job, volunteering, staying on top of school work, practicing healthy habits), and having difficulties processing and succeeding in the new competitive environment of PSE.

While attempting to manage the variety of emotional states, imperfect functioning, and new threats to MH during their transitional period, students recognized the importance of prioritizing their MH and participating in daily health-promoting habits. Some examples participants shared included practicing self-care, spending time with social support networks, getting restful sleep, and regularly participating in physical activity. Students additionally recognized the adverse effects of participating in health-diminishing behaviours, such as “pulling

all-nighters," increased consumption of unhealthy foods, physical inactivity, social media overload, and binge drinking.

Although students recognized the benefits of practicing healthy habits, following through with them on campus posed challenges for several reasons. Participant 4 shared their thought process when attempting to practice the healthy habit of taking purposeful study breaks: "*A little one I've kind of been working on lately is just, […] to try to take breaks, but sometimes […] when you do take, like for example, you go out to Starbucks or brunch or something, you feel kind of guilty after. But trying to not feel guilty and just kind of accept that […] you need that time to just reset yourself.*" Experiencing feelings of guilt, negative self-talk, fear of failure, and the newfound constant comparison were detrimental when prioritizing MH and practicing health-promoting behaviours on campus amongst students. Participant 7 shared their experiences with a PSE campus seemingly entrenched in competition and stated: "*I just feel like, I'm just drowning here, because I feel (institution' name) is so competitive and everybody would, you know, like bite someone's head off just to get to the top of the rat race.*"

Eight out of ten participants specified that going from high school classes to a hyper-stressful course load in PSE was a primary threat to their MH during the transition period and throughout their entire time in PSE. Students described their academic demands as a seemingly never-ending cycle, driving from one assignment to another without any immediate relief in sight. As academic requirements consumed much of their day, students had little time for personal interests or to prioritize their MH. When participants did attempt to tend to their MH, students shared that upcoming deadlines and tests would often ruminate in the back of their minds, leaving them unable to relax or fully enjoy themselves. Participant 1 summarised this outlook and stated: "*I'm probably not gonna […] be doing mindfulness all the time if I'm just*

swamped with assignments and [...] all my friends are stressed, and we're all arguing with each other." Participant 2 described using the strenuous workload to shift their focus away from their poor MH entirely and shared: "*I let studying be a way to distract myself basically. And so, I studied so hard as a way to, like, you know, because if I'm filling my mind with all these notes and all these, all this course information, then I literally don't have room in my brain to be thinking about all this other stuff.*"

Though distraction techniques can be a helpful way to momentarily shift focus onto something else when dealing with strong emotions or feelings, distractions should only be temporary, meaning that you return to the emotion or feeling only when its intensity has been reduced and try to use another health-promoting habit to manage or cope with those feelings. Several other students experienced falling into similar habits when attempting to balance their MH and academic demands, such as ignoring their MH completely, hiding it deep down in their subconscious, or, as Participant 7 stated: "*cry[ing] about it for a few days*" and then telling themselves "*Okay, let's get back to work.*"

Three participants were in their final year of PSE during the time of their interview and shared their experiences with exit-specific support. Both students noted that their institution reasonably prepares them career-wise by providing academic resources (e.g., connecting students with their Alumni network, helping them build a professional resume, and hosting career development webinars). However, there was a notable absence of exit-specific MH support. Based on students' experiences in this study, both incoming and exiting transition supports need to be improved. Additionally, although participants recognized the value and importance of prioritizing their MH, students may be missing the appropriate knowledge, skills, resiliency, and

resources to manage and maintain their MH effectively when experiencing hardships during this transitional period.

2. Interpersonal Level

Interpersonal-level factors comprise the formal and informal social circles and support systems, such as family members, friends, significant others, neighbours, contacts at work, and peers (McLeroy et al., 1988). The social relationships one holds have been proven to influence individual behaviour considerably (Kilanowski, 2017).

The Power of Peers

All participants shared a desire to forge strong social connections within their PSE campus and recognized the direct benefits to MH that come from creating a sense of community. There were several different avenues in which students reported receiving social support in their personal lives, with the most common sources stemming from family members, friends, roommates, and romantic partners. In their academic lives, students reported peers within their program of study as the primary sources of support, with only two students mentioning instructors, teaching assistants, and academic staff as primary supports. Students explained the value of forming meaningful connections through shared experiences when creating a sense of community in both their personal and academic lives. Participant 4 captured this notion and shared: "*I feel like a lot of people kind of are in the same boat. So, we're able to share struggles like, 'Oh, I have this exam due this day. Oh my gosh, […] I'm so stressed out.' […] So, you're kind of talking to people who are experiencing the same things that you're experiencing.*"

Though each participant acknowledged the value of meaningful connections and creating a sense of community within their PSE campus, students noted some direct threats to MH that arose from sharing negative experiences. Nearly all participants cited the pressures of making

friends, fitting in, and being accepted by their peers as a primary threat to MH on a PSE campus. Some additional examples included constantly comparing oneself to others (e.g., physical appearance, academic achievements, relationships), collectively stressing and spiraling, experiencing MH stigma, engaging in normalized harmful behaviours (e.g., 'pulling all-nighters,' caffeine overconsumption, no work-life balance, binge drinking), criticism/judgment from others, and conflicts with friends resulting in them feeling lonesome or socially isolated. Participant 3 explained how talking about how an exam went with their friends had turned into an ongoing battle of constant comparison:

> *I think there's definitely pressure coming from […] peers as well because it also depends on, like, who you're hanging out with, right? Like the type of people that you hang out with, and what they do during the day and you know, what marks they get on exams. […] Sometimes […] when they ask you how you did, they're looking for […] a specific number that they're trying to get out of you instead of like, 'Oh, I did well or not so well on my exam.' They want to know […] what exactly you got, and then you start comparing yourself to your friends and other people. But even now, I'm still doing this because […] I'm in my fourth year, technically, but I'm […] looking at different LinkedIn profiles and comparing myself or what I'm doing now versus everyone else. It's just a really bad cycle of comparing myself to others.*

Students shared their experiences of negative social support in their academic lives, with a majority arising from poor experiences with courses and course instructors. Examples include interacting with unapproachable professors, being enrolled in classes with 300+ other students, professors randomly calling on students, class competition and comparison, a lack of support from teaching assistants, and stigmatization associated with MH in program-specific courses.

While most participants reported their campus as entirely stigma-free, some found it present in their classrooms with certain professors. Participant 4 shared their experiences interacting with younger versus older professors and explained how their perceptions of MH vary: "*I feel like the younger generation of profs, they're more [...] charismatic. Like they're not, they're not necessarily like, cold and stern, as I would describe some of [...] the older staff members. And the older staff members, too, those are the ones that they're like, 'Oh, what's anxiety? What's depression? Oh, back in the day? We would like do this and that,' you know?*" Despite students' different experiences and perceptions of the prevalence of MH stigma within their respective personal and academic lives, there was a mutual understanding that continued efforts are required to reduce the power of stigma within a PSE setting.

Students also shared their experiences of positive social support in the classroom; the primary examples were when professors tried to get to know their students, discuss MH in their courses, and encourage students to use the campus MH supports and services available to them if needed. Participant 5 shared a memorable experience they had with one of their professors on the day of a final exam: "*I had one prof who, for one of my courses last year, [...] it was a class of like, 800 kids or something, [...] and for every student on their desk for the final exam she put [...] a card being like, 'You can do this, your grades don't define you,' etc. etc. So that was really, really sweet.*"

Two participants were international students and highlighted the negative social support factors they faced in their personal and academic lives. Examples include being physically distant from their support systems in their home countries, struggling to make friends, unsure how to navigate the new education system, living in solitude, and experiencing cultural differences when receiving MH care. Two additional participants explicitly acknowledged that

international students often face many additional negative personal and academic social factors. Participant 10 shared how being an international student and experiencing a sudden change in social support affected them and their MH:

> *The entire education system, staying away from home, making new friends that, that was something that I had never done. My God, I've always been close to my parents and everything. I think it was pretty challenging for me, and I maybe could not process it initially. I started isolating myself without realizing that it's [mental health] getting worse. So, I mean, I isolated myself, I got off with no friends, I completely became like, I was just surrounded by four walls. So, I think that was something that just ruined my mental health.*

Both international students expressed that they would have benefited from some 'hand-holding' from their peers or institution as they adjusted to being physically distant from their social support networks. Students expressed that if their school provided some form of mentoring program or international student club where they could have connected with fellow international students, it would have helped them adjust and feel less alone in their new home.

Three participants held active student leadership positions at their institutions. They mentioned that several students have turned to them instead of campus MH professionals in times of MH distress. When asked about their responses and reactions to students reaching out to them for MH support, Participant 6 shared: "*I just try to provide as much […] emotional support as I can. Obviously, I'm not a professional, but […] I just say like, 'Oh, if you need to talk, I'm here.' And then I recommend the […] I try to advertise […] the psychological service that I use. […] And I […] just kind of let them know what is available for them to use if they need to and just […] making sure I'm there for them and stuff.*" Students shared their required training

processes and mentioned that the MH portion predominantly focused on educating them about the MH resources available to students on campus and where to find them. Participants explained that they were more than happy to support their peers and recognized that some students might not be comfortable seeking professional help for several reasons (e.g., fear of their parents finding out, stigma from classmates and teaching staff, and unsure how to navigate the resources). Although all three student leaders expressed how they enjoyed their role, students did share that they did not receive any training on MH first aid or crisis response.

Though students stressed the notion that sharing experiences, forming meaningful connections, and being present for one another was an instrumental factor when it came to promoting and maintaining positive MH on campus, students perceived a general lack of connectedness to their friends, classmates, instructors, and physical PSE campus environment. Participant 1 shared their thoughts on the matter and mentioned: "*In the modern day, we're kind of starved of a community, whether it's for mental health or not, just in general. […] I don't think I'm necessarily […] more lonely than anyone, than the average, but it's just generally people are less connected.*"

Due to institutions closing during the COVID-19 pandemic, students lost many campus connections and seemed to have difficulty rebuilding their networks three years into the pandemic. As students were stripped of their sense of community, participants shared that they were forced to rely on themselves to overcome many new threats to their MH, such as reduced socialization, online learning, and prolonged, intense feelings of isolation. Some students noted their school's attempts at continuing traditional PSE events that aim to promote social togetherness and a sense of campus community (e.g., virtual homecoming). However, the loss of motivation from online schooling, brain fog, screen fatigue, newly discovered struggles of

reaching out to people, and a day-to-day routine that felt like a never-ending cycle prevented students from finding these efforts beneficial.

3. Institutional Level

Typically, individuals can spend much of their lives within organizational settings like schools and workplaces. Institutional-level factors directly affect the practice and views of the individual within the organization, ultimately supporting and promoting certain behaviours, social norms, and values over others (McLeroy et al., 1988).

Available Services Lack Sincerity

All participants noted that their institution offered several different active and passive forms of campus MH supports and services to promote student MH and well-being. Six participants reported seeking campus MH support through their student wellness centres and speaking with MH professionals (e.g., psychiatrists, psychologists, psychotherapists, and social workers) as the primary form of active support. Two students sought on-campus MH support through academic program counsellors. One student reached out via an online MH chat service found on their institution's home website, and another student accessed a virtual MH chat service after downloading their institution's mobile app. Several students shared that they actively tried to partake in campus de-stressing activities and initiatives (e.g., puppy therapy, bingo nights, yoga, potlucks, and gardening events) as another means of receiving on-campus MH support. Although they stated that they found these activities beneficial to their MH, students mentioned that these events are promoted, organized, and led solely by student groups, clubs, and organizations. Two students specified that they participated in learning and MH promotion webinars provided through their institution's wellness program.

Participants also listed passive campus MH supports, such as taking pamphlets from the student wellness centre, reading MH promotion related information on their institution's social media pages, seeing MH posters on campus, and reading school newsletters and emails sharing MH promotion tips and tricks. Though helpful for some students, Participant 1 noted a seeming lack of inclusion of varying MHC when discussing passive forms of campus MH supports and stated: "*I feel like at (institutions' name) the, like mental illnesses that are talked about, a lot are mood and anxiety disorders, and […] the concept of like, an eating disorder, or learning disability, schizophrenia, whatever it is just, supposedly […] don't exist.*"

While students were aware of the on-campus MH supports and services available, nearly all participants cited their difficulty accessing them. Students notably voiced their frustrations with the lengthy wait times related to trying to speak to a MH professional on campus. Participant 6 noticed a significant increase in wait times between the two periods they sought support and stated:

> *I think that it's kind of harder to access […] mental health support on campus. I have been […] to counseling, like there's a resource for getting counseling through the Student Wellness Center and in first year I, I thought the experience was great. But now that I'm in fourth year […] there's a lot more students who are accessing the resources, and because of that, I don't think […] there are enough […] counselors to support the amount of students. So, […] the wait times are longer, and that definitely is making it harder.*

Participant 5 highlighted the importance of providing timely on-campus MH care and shared their experiences needing immediate support: "*I was kind of reaching out when I was in […] crisis mode. And, you know, when you finally get the courage to reach out and ask for help, having them be like, 'Yeah, I actually can't speak with you for another three weeks.' It's like,*

‘Oh, what do I do while I'm waiting for you in those three weeks?’ Like it's almost kind of a letdown.”

Some students noted that when they were finally able to speak to a professional one-on-one, the support they provided was not necessarily tailored to their specific MH needs (e.g., struggles of dealing with homophobia, help navigating an abusive romantic relationship, substance abuse on campus, and what to do when experiencing recurring suicidal thoughts). Participant 1 shared: “*I'm part of the […] queer community, and I think that […] the mental health services I've accessed haven't necessarily taken into account […] what it means to be […] queer.*” Some students also mentioned that they felt they weren’t listened to and that their concerns were not considered when meeting with campus MH professionals. Participant 2 shared a first instance when they experienced this with one campus MH administrator: “*I was having some trouble […] meeting people […], and she's like, ‘Well, why don't you go on the train and just talk to every person you see?’ And I'm like, I don't know if that would really be helpful.*” As well as a second instance with a different campus MH professional: “*I was having some […] mental health difficulties at the time […] and felt like, you know, I might hurt myself or something. I tried to explain how I felt, and they ended up just giving me […] a magazine or something.*”

Participants further noted difficulties connecting to the MH professional they spoke to for several reasons (e.g., significant age gaps between patients and providers and a lack of multicultural MH professionals). Three participants shared that when they finally started connecting with a campus MH professional, they were switched to a new one. Participant 9 described the nuance: “*I had her for maybe only two sessions, two or three. So, I felt like there was an alliance forming. But yeah, I was hoping that I could have stayed with her just because*

[…] she seemed to be a decent therapist, and it's kind of annoying […] having to reconnect with a new one."

Participants had at least one experience interacting with a campus MH support or service. Five students reported their experiences as positive and somewhat helpful, but only one out of the five received routine MH support. The other four students spoke to a campus MH professional between two and five times, finding that sessions were somewhat helpful but not valuable enough to continue with regularly. Students shared that the professional they spoke to provided some takeaway information or homework. When asked if they completed and implemented their homework into their daily routines, students mentioned they did for a while but eventually forgot about it and stopped.

Participants shared that booking subsequent sessions was entirely self-directed, and there was no follow-up from either their wellness centre or the MH professional they spoke with. Three out of the four students mentioned they were made aware of a session limit or 'cap' to the number of times they could speak to someone on campus. Participant 3 spoke to a counsellor five times and mentioned they hit their session cap. When asked if further resources were provided, Participant 3 shared: "*So she kind of just terminated the session.* […] *After all our sessions were completed, there was like, yeah, no follow-up.*"

The other five participants defined their experiences interacting with campus MH supports and services as unhelpful and impersonal. These students sought campus MH support between one and two times, with three speaking to someone in person and two speaking to someone over their institution's virtual MH chat service. Two students were actively receiving MH support outside of their institutions. However, they were curious about the services offered through their school, as they would be covered under their student health insurance plan. After

their poor initial experience, the two students ultimately deemed themselves better off paying out of pocket and sticking with the support they received outside their institution. The two students who used their schools' online chat platform shared that they believed they were speaking to an artificial intelligence chatbot. After receiving very generic and disingenuous responses, Participant 7 shared that they felt: "*Truly lonely, helpless, hopeless.*"

All participants recognized that their institutions made reasonable attempts to support their academic learning and overall well-being. For example, promoting a safe and inclusive campus environment by implementing policies and procedures surrounding human rights and sexual violence. Participants also shared their experiences obtaining formal academic accommodations and informal extensions on assignments from professors, and when asked to describe the processes, responses were polarizing. Some participants described obtaining an accommodation as relatively easy but mentioned they had received accommodations since high school. Others described the process as inaccessible, complicated, lengthy, and annoying.

Participant 8 shared that the process was so difficult that they, along with other students they know, decided to abandon it completely: "*It's not as […] easy as like […] 'Oh, here's an email; send this person an email, they'll set it up for you.' It's kind of like, you kind of have to look for it, you know? I just think they should be more accessible because a lot of people […] don't seek help because they don't want to go through the process.*" Participant 1 shared that even after going through the lengthy process of attaining their accommodation, there seemed to be some confusion surrounding how institutions document and organize approved accommodations: "*The accommodations office will tell you to […] submit accommodations through their website, but profs would only see it if you did it through (institutions online learning platform). So, like, sometimes they just don't know.*"

Students' responses were also divided when discussing receiving informal extensions granted by professors. Some students mentioned that, for the most part, their professors had been understanding and helpful, while others had contradictory experiences. Participant 5 captured both sides of the continuum: "*(Institution's name) has a lot of stuff about, like they actively try to educate people on what mental health supports are available and [...] encourage us to reach out if we're struggling. I know profs do that a lot, too. They're like, 'Yeah, if you guys are struggling with your mental health, send me an email.' Some are better than others. Like I had one prof that was like, 'Yeah, honestly, [...] I don't need you to provide accommodation; you can just email me, and, you know, obviously, please don't abuse the privilege,' right? And then some are like, 'Oh, you need the whole form and everything,' which I get, but then if there's someone who's struggling with their mental health, [...] they might not have the ability to, you know, go through a doctor, and then go through academic counseling, and then reach out to the prof.*"

Although participants recognized their institutions' efforts to support their academic learning and well-being, students felt their MH was not at the top of their school's priority list. Participant 2 shared: "*So sometimes, well, oftentimes, it says on the syllabus [...] where the mental health services are on campus, but oftentimes, the profs never even read that. It kind of just feels like something that they have to include.*" When discussing their schools' efforts to promote and support student MH in the classroom, Participant 3 shared their only recollection of MH promotion in the classroom and stated: "*There was one time where a professor put up a slide about [...] mental health and resources you can reach out to, but only after someone [...] committed suicide here.*" Participant 5 explained that although their institution tries to promote student MH on their social media pages, perceptions of institutional support vary on campus: "*I'm just gonna use (institution's name) as an example. [...] On social media and everything,*

these universities and institutions really promote the services that are available to students. So, […] to an outsider, it's like, 'Oh, they really care,' and everything like that, but then, the students themselves, so many of them don't even know that these exist."

All participants stated that their institutions should listen to students' voices and perspectives when planning and developing campus MH supports and services. Participants shared some examples of ways in which their institutions could better involve them and better support their needs, including a review or feedback system after students have accessed campus MH resources, student-led MH groups, clubs, and organizations being present at stakeholder meetings, and circulating routine campus-wide MH needs assessments.

4. Community Level

Community-level factors include the groups and organizations individuals belong to and the social networks, norms, and standards that exist formally and informally within those groups and organizations (Shimamoto et al., 2022). Community-level factors are a source of social resources and social identity, both known to influence values, beliefs, and attitudes (McLeroy et al., 1988).

Boundaries of Community Extend Beyond Campus Gates

Students noted several different community organizations that exist as possible sources of MH support, such as addiction and crisis centres and local hospitals and clinics. Additionally, some students mentioned crisis text message lines as another possible channel of MH support (e.g., Kids Help Phone, Crisis Service Canada, and region-specific hotlines). The eight participants attending medium or large institutions mentioned they had access to various off-campus community-specific supports. In contrast, students attending smaller schools were not as familiar with community resources. Participant 8, who was enrolled in a smaller institution,

shared some examples of community-specific support groups and organizations near their PSE campus (e.g., 2SLGBTQ+ groups, BIPOC organizations, and women's centres) but only found out about these resources through their own research. They further expressed how a lack of varying community-based resources can negatively threaten student MH: "*It's really important to […] give community, like specific communities their own space […] because they might feel unwelcome or unwanted within like the general majority of students or the student population. […] I definitely think that it helps […] students not feel […] alienated or […] feel othered.*"

When asked about what kind of community-based MH supports and services participants' institutions directly worked with, most students were unaware of any. Participant 7 shared their perceptions of community-based services available to them and put it: "*So, I think (institution) does provide […] services, but they're not very, you know, community-based […] so, I think they should work on them.*" Participant 5 provided an example of community-based services and shared that students who opted into their institution's health insurance plan had access to various off-campus supports during the academic school year and during reading weeks, holidays, and summer breaks. They shared how this made them feel seen and supported even when they were not living directly on campus or near their PSE campus community: "*Students that maybe […] don't live where their institution is, […] they still need to access care when they're at home for the summer for example. It's not like, 'Oh, because I'm not in school, they don't care about me anymore.' It's like they still […] want you to get help and everything.*" While all participants agreed that students should have year-round access to second-hand MH health services outside of their institutions, only four students were aware of their school supporting this.

Participants mentioned frequenting several different services throughout their community, such as local restaurants, coffee shops, hiking trails, bars and nightclubs, shopping malls, workout facilities, and movie theatres. Additionally, some students mentioned attending community events near their institution, such as farmers markets, concerts, and sidewalk sales. Students shared that visiting these facilities, often with other students or in groups, is a way to de-stress and have fun with friends outside of their campus environment. Although these community events and activities exist, not all students were aware of them or attended them. All participants who spoke about attending these events stated that they found out about them through their own research.

Each student emphasized the value of a whole of community approach to student MH and MH promotion. Participants shared that when institutions work with their students and their surrounding community, they can create an environment that nurtures and supports its inhabitants. Although participants agreed about its importance, only three out of the ten students stated that they felt their institution had adopted and implemented the approach. Participant 6 shared their views on a whole of community approach to tackling the post-secondary student MH crisis and MH stigma: "*The whole, whole of community thing, I think that if […] we kind of work together, work as an institution, or like (institution) and students combined, it really promotes […] taking time for ourselves and improving mental health. And […] I guess just like, being able to access it, and […] kind of ending that stigma.*" Students attending larger institutions found minimal MH stigma within their community, whereas those attending smaller institutions reported signs of stigma.

5. Public Policy Level

Public policy-level factors refer to local, provincial, and national policies and laws. These are the mandates within society functions that structure and shape environments and directly or indirectly influence individual behaviour (McLeroy et al., 1988).

The Cost of Action and Reaction

All participants commented that additional government funding would benefit their institutions' MH supports and services. Students also commented on a perceived disconnect between institutional promises and real changes on campus. Participants mentioned that their schools had made public statements about investments and improvements in campus MH supports and services; however, as many students had less-than-ideal experiences, they were still waiting to see real change. The perceived lack of progress left students feeling insignificant, disempowered, and overlooked. Participant 1 shared their frustrations with regard to the disconnect: "*I honestly cannot stand when (institution's name) [...] talks about mental health and then just, [...] proceeds to like, I don't know, just stress us completely. They talk so much about it but won't fund the services. [...] I just find it very hypocritical.*"

Some students also discussed their frustrations with the potential changes to the 2020 Ontario government-mandated tuition freeze. Although the freeze occurred in 2020, it was extended until 2022. Upon the time of participant interviews, some Ontario post-secondary institutions were lobbying the provincial government not to extend the freeze another year. Though a genuine concern for participants during interviews, it was announced in April 2023 that the freeze would be extended another year. Participants further commented on the rising cost of pursuing PSE and that specific programs are more costly than others.

As interviews took place after the announcement of the COVID-19 pandemic, students shared their fears and concerns surrounding initial government responses. As institutions physically closed their doors and asked students to return home, participants were left unsure of what the rest of their schooling and lives would look like. While participants acknowledged the degree of responsibility that government officials and post-secondary administrators were suddenly tasked with, students remarked that the lack of clear information about their education made them uneasy and anxious. Participant 5 shared their experience during the unprecedented times: "*It felt like a fever dream, honestly. [...] It was just so out there, almost like a sci-fi movie or something. It's like, wow, I can't believe this is really what I'm living right now.*"

Chapter Summary

This chapter presented the results of this study. Findings were developed into five themes and then organized into the levels of the SEM to explore how Ontario post-secondary students dealing with MHC perceive campus MH care following the release of the *In It Together* 2020 framework. At the intrapersonal level, students' experiences transitioning in and out of PSE are highlighted, and a direct threat to MH is revealed as students seemingly struggle to manage and cope with transition-related stressors. Next, the interpersonal level discusses participants' perceptions of peer support and the positive and negative MH effects of shared experiences. At the institutional level, students shared their experiences interacting with campus initiatives concerning academic learning, student MH, and well-being, and gaps in service provision were revealed. The significance of community cohesion and a whole of community approach to student MH are discussed by participants at the community level. Finally, students' reactions to institutional actions, or perceived lack thereof, are revealed at the public policy level. The following chapter will outline each theme's relationship to the *In It Together* 2020 framework.

Chapter Five: Discussion

This study focused on students' interactions with campus MH supports and services to explore the effectiveness of campus MH care today. Specifically, this qualitative research centred on the real-life experiences of current Ontario post-secondary students dealing with MHC to explore their perceptions of campus MH care following the release of the *In It Together* 2020 framework. This research strived to incite critical considerations of the ways in which campus MH supports and services are designed and experienced in Ontario today. The purpose of this research was achieved by answering the following research question: How do current Ontario post-secondary students dealing with mental health challenges perceive campus mental health care following the release of the *In It Together* 2020 framework? To answer this question, the following research objectives were explored:

1. Understand the experiences of students who have received on-campus mental health support;
2. Use students' perspectives to examine the presence or absence of school's actions in alignment with the *In It Together 2020* principles and recommendations; and
3. Explore the disconnect/alignment between students' lived experiences and campus-wide mental health promotion frameworks.

This research employed a constructivist worldview and QD inquiry to explore the influence of the *In It Together* 2020 framework through the lens of ten Ontario post-secondary students. Using TA theoretically guided by the SEM, five themes were developed to describe participants' perceptions of campus MH care following the release of the 2020 framework. Themes were then organized into the five levels of the SEM and presented in the previous chapter.

This chapter summarises the study's findings and discusses each theme's linkage to the *In It Together* 2020 framework. Next, the study's strength, significance, and broader implications for the field of health promotion are highlighted. The study limitations and recommendations for future research are then shared based on the findings. An explanation of how the knowledge generated through this research will be translated is presented, and the chapter concludes with final remarks.

1. Intrapersonal Level - *The Transition in and out of PSE is a Stressor in and of Itself*

During the first semester of their studies, all ten participants experienced many changes that resulted in a notable decline in their MH. As incoming post-secondary students are a population particularly at risk for developing chronic stress and MHC (Linden & Stuart, 2020), this theme provides insight into how symptoms of MHC were experienced by participants transitioning into PSE. Additionally, this theme discussed the varying self-management and problem-solving strategies, or observed lack thereof, that helped students cope during their transition to post-secondary life.

During their transition into PSE, participants in this study predominantly experienced MHC in the form of heightened levels of anxiety and stress. Students experienced homesickness, challenges making new friends, difficulties adapting and succeeding in the new competitive environment, and struggling to manage the increased academic expectations and workloads. Participants described a range of adverse physical, emotional, and cognitive symptoms they believe to have been the results of these new challenges, such as sleep issues, loneliness, compromised concentration, and mood swings. There is a substantial amount of research that explores the relationship between the transition to PSE and student MH in Ontario, and the experiences of participants in this study are well-established within the literature (Linden et al.,

2021; Moghimi et al., 2023; Monaghan et al., 2021; Nwogu, 2023; Patten et al., 2022). The transition to PSE will inevitably bring new academic, social, and emotional challenges, but often, incoming students are not equipped with the cognitive maturity to appropriately manage them (Blanco et al., 2008; De Somma et al., 2017; Devoe et al., 2021; Gilham et al., 2018; Linden & Stuart, 2020; Monaghan et al., 2021; Wei et al., 2022).

When asked about transition-specific supports, several participants mentioned they received none and were unaware such resources existed, leaving them to cope with these new challenges independently. Though participants recognized the importance of partaking in health promoting behaviours when attempting to manage and cope with these new stressors, a general lack of self-efficacy for practicing these behaviours was found to be a concern. We know that post-secondary students will experience significantly higher levels of stress compared to the general population (Linden & Stuart, 2023; Moghimi et al., 2023) and when students engage in health diminishing behaviours, such as the ones participants described (i.e., 'pulling all-nighters' and over consuming social media), they are more likely to experience symptoms of MHC (Lovell et al., 2015). In light of this, research has shown that when first-year students regularly engage in health promoting behaviours and are provided with comprehensive resources that discuss MH and how to manage everyday first-year stress-inducing situations, they are better equipped to navigate this critical transition period and experience greater MH and overall well-being (Ahlstrand et al., 2022; Gilham et al., 2018; Limarutti et al., 2021; Wei et al., 2022; Welle & Graf, 2011).

While intrapersonal characteristics and behaviours can be challenging to change, they do have the potential to be enhanced and supported. With that being said, one of the most prominent suggestions from participants was the need for MH-based interventions that teach students

exactly how to incorporate health promoting behaviours (e.g., personal coping strategies such as how to deal with stress, time management, and achieving a sustainable and healthy work-life balance) into their daily routines. Substantive evidence supports the effectiveness of school-based interventions that aim to help students build their resilience capacity (Gilham et al., 2018; Miles et al., 2020; Reis et al., 2023; Zaza & Yeung, 2023). Intrapersonal characteristics, such as resilience and self-efficacy, have been found to directly influence how students manage and work through various emotional states and imperfect MH functioning throughout their time in PSE (Galderisi et al., 2015). For example, a more resilient student might be able to manage the intense academic demands and competitive nature of PSE without experiencing any adverse shifts in their MH, whereas a more vulnerable student might face prolonged periods of languishing MH (Linden & Stuart, 2020).

Principle three of the *In It Together* 2020 framework discusses the life-long commitment to MH and well-being through prevention, harm reduction, and access. Recommendation six, which falls under the third principle, mentions embedding MH learning in K-12 to ensure students have the knowledge, resilience, and resources to manage their MH effectively. As participants in this study reported little to no MH awareness or education in K-12 and seem to lack the appropriate assets to manage and maintain their MH, findings in this study reveal the first gap between students' experiences and the framework's recommendations. While it is beyond the scope of this study, there is a visible gap in addressing MH literacy at the primary and secondary school levels, suggesting the need for age-appropriate resources amongst this age cohort.

As a foundational element to MH promotion, post-secondary students must be taught and develop age-appropriate MH literacy to understand how to obtain and maintain positive MH

while enrolled in PSE and beyond. Additionally, MH literacy permits students to understand MH disorders and their available treatments, thus encouraging and promoting help-seeking behaviours for MHC (Kutcher et al., 2016a, 2016b). Participants in this research agreed that improving their MH literacy and resiliency before entering PSE would have been a significant asset in helping them manage the sudden and new threats to MH they experienced due to the transition. Institutions may, therefore, benefit from including formal courses that review action-based tools, skills, and strategies that students can use to manage and maintain their MH. An example of an initiative that aims to improve student's knowledge about MH literacy, develop valuable life skills needed for transitioning to PSE, and reduce perceived stress is *Know Before You Go* (Kutcher, 2017). In a study by Wei et al. (2022), Canadian grade 12 students who completed the program demonstrated significant and substantial improvements in overall MH literacy and experienced a greater sense of preparedness for PSE. This presents an opportunity for future consideration in the development of subsequent *In It Together* frameworks and campus MH promotion initiatives.

Concerning the transition into PSE, recommendation seven of the *In It Together* 2020 framework (which also falls under principle three) highlights the provinces support for the development of transition programs for students both entering and exiting PSE. As participants in this research described receiving minimal transition-specific support, they felt they were left to cope with various new intrapersonal challenges independently, resulting in languishing MH. While the 2020 framework highlights the value of transition-specific supports, participants in this study struggled to recognize this support as being available to them within their institutions, revealing another gap.

2. Interpersonal Level – *The Power of Peers*

This theme characterized the impact of positive and negative social factors contributing to how students experience MH on a PSE campus. It highlights the value of peer support and the MH impacts of sharing experiences. All participants recognized the instrumental role that forming meaningful connections, creating a sense of community, and having a solid social support system have when it comes to positive MH during their time in PSE. Evidence concerning the influence of social support on MH is prominent, and it is well-established that social support is a significant protective factor for MH and well-being among EA (Pasinringi et al., 2022; Prieto-Welch, 2016; Qi et al., 2020).

Despite nearly all participants citing the pressures of making friends, 'fitting in,' belonging, and being accepted by their peers as a primary threat to their MH on campus, findings revealed that students felt more reliant on their personal social supports for MH care rather than the ones available to them through their institutions. Evidence in the literature suggests that interpersonal connections among peers are a main source of social support for post-secondary students (Cao et al., 2020; Yildirim & Tanriverdi, 2020) and that students will turn to each other for MH support long before they turn to a professional (Drum et al., 2009; Kirsch et al., 2014). Peer or classmate social support has the potential to normalize experiences and promote a sense of belonging, trust, and togetherness (Batchelor et al., 2020). When students feel a greater sense of belonging and form trusting relationships with peers, they report better overall MH and well-being (Henderson et al., 2019; Linsyj et al., 2023; McBeath et al., 2018). Participants in this study highlighted that they felt more comfortable turning to fellow students for MH support, as the nature of support is provided by someone living through similar experiences (Shalaby &

Agyapong, 2020). For example, the three student leaders had peers turn to them in times of languishing MH instead of the trained campus MH professionals hired to do so.

Principle one of the *In It Together* 2020 framework acknowledges that for a whole-of-community approach to be successful, it must involve student groups and organizations in coordinating the delivery of services. Empowering students to be a part of their institutions' efforts to support MH and well-being offers an increased sense of agency in the larger sphere of their PSE campus communities (Healey et al., 2016), raises awareness of available resources, reduces campus MH stigmatization (Baik et al., 2019), provides opportunities for social connectedness (CACUSS & CMHA, 2013), and most importantly, recognize students as the experts of their personal experiences (Bland & Atweh, 2007). Although all three student leaders realized their contributions to promoting campus MH amongst the student population, none received any MH first aid or crisis response training. Findings reveal that supplementary efforts are warranted to ensure student leaders are equipped with the appropriate skills and resources to help students in MH distress if they want to actively contribute to a whole of community approach.

Under principle two of the *In It Together* 2020 framework, recommendation three mentions increasing funding for campus-based MH services, such as peer-to-peer programming. As the findings of this study suggest that students feel more comfortable amongst their cohorts, it is suggested that the province continue to support the development of increased peer-to-peer programming and provide students in leadership positions with adequate resources to help fellow students better. This is supported by the growing body of research exploring peer-to-peer programming for promoting and supporting post-secondary student MH in Canada (Gilham et al., 2018; Grégoire et al., 2022; Suresh et al., 2021).

Participants provided some examples of negative social experiences (e.g., collectively stressing and spiraling, academic comparison and competition, engaging in normalized harmful behaviours, and experiencing MH stigma in the classroom). Students shared how these experiences led to a decline in MH. Jolly et al. (2019) discuss the idea that sharing experiences can amplify emotions, making positive experiences more positive and negative experiences more negative. The findings in the present study highlighted both the positive and negative MH effects that come from shared experiences on a PSE campus and provided a detailed picture of the different types of interpersonal situations that may arise amongst students.

Some participants discussed the prevalence of stigmatization associated with MH within their respective personal and academic lives, demonstrating that stigma remains attached to post-secondary students with MHC. Students who perceive their campus as more stigmatizing towards MH will report more personal MH stigma themselves (Chen et al., 2016). The only mention of efforts to continue to de-stigmatizing MH on PSE campuses in the 2020 framework is that "institutions have worked to reduce the stigma associated with mental health challenges on campus" (p. 14). Although a noteworthy statement, no evidence demonstrates this "work to reduce stigma" besides the declaration that institutions have taken action. The framework omits the provision of tangible measures that schools can take to continue to reduce the prevalence of MH stigma across campuses.

Despite participants highlighting the value that strong social support, a sense of community, and sharing experiences bring to their MH, the arrival of the COVID-19 pandemic seems to have drastically shifted students' perceptions of connectedness. As more research emerges surrounding the influence of the global pandemic on post-secondary student MH, it is becoming increasingly evident that the sudden shift in learning style and environment has led

students to the erosion of the sense of PSE community and togetherness (Ewing et al., 2022; Morava et al., 2023; Sandner et al., 2023).

3. Institutional Level - ***Available Services Lack Sincerity***

This theme characterized the varying institutional initiatives concerning student MH, academic learning, and overall well-being. Although some students had positive experiences interacting with their campus MH supports and services, others reported them as inadequate and inaccessible. Based on students' perspectives, there was a perceived absence of sincerity towards campus MH care.

Participants pinpointed several available active and passive forms of campus MH supports and services at the institutional level. Previous research has suggested that improved knowledge surrounding PSE campus MH services is associated with greater help-seeking behaviours (Eisenberg et al., 2007), and a lack of such knowledge has been shown to prevent help-seeking behaviours (Beatie et al., 2016). Though participants accessed and were aware of campus MH supports, they did not always feel that these met the demand or delivered the multi-faceted care that might appeal to the entire student population. For example, participants expressed their qualms about using campus services due to extensive wait times, a lack of immediate crisis care, and the fact that when they finally spoke to someone, the support received inadequately addressed their specific MH needs. Findings are in line with prior cross-sectional and longitudinal studies that reveal the awareness of resources is not necessarily a barrier towards access, but rather, the inadequate capacity of the support or service to manage students MHC (Condra et al., 2015; Giamos et al., 2017; Moghimi et al., 2023; Vallianatos et al., 2019).

Some participants shared how a negative or unhelpful interaction with a campus MH professional could put them off using available resources, which they also identified as limited.

In a national survey, Jaworska et al. (2016) found that incorporating group or peer components to PSE campus MH care has been shown to extend the reach of MH services by creating a more inclusive, connected campus environment. As students felt as though campus MH administrators did not always address their MH needs, they struggled to form trusting therapeutic relationships (both in person or via online chat). Findings reveal a main deterrent in campus MH support – students struggled to connect with the MH professional they spoke to.

Principle two of the *In It Together* 2020 framework states that students should have access to timely, effective, culturally relevant, and flexible on-campus MH support that responds appropriately to their needs. The findings of this study suggest that although students could identify different forms of available active and passive campus MH supports and services, they remain insufficient and inaccessible. Although five participants reported their experiences with campus MH services as somewhat positive, only one student utilized the resource regularly. The other five participants stated that their experience was unhelpful and felt impersonal, and that was enough to deter them from using the service again. Findings revealed that participants typically sought MH support in response to their languishing MH once they had already noticed symptoms. This highlights a gap in proactive, upstream efforts as post-secondary institutions need to improve their resources that work to address and prevent the threats to MH from initially occurring. All three recommendations under principle two distinctively mention the increase of funding for campus supports and services. However, as students continued to report them as inadequate and unattainable, they were left with no other option but to speculate about the supposed influence of these funds.

When it comes to supporting academic learning, in some instances, participants received formal accommodations to support their learning needs if they were diagnosed with a MHC,

knew where to apply, and sustained the arduous application process. The means of obtaining accommodations can be considered a protective factor for MH, yet participants who would have qualified to receive one described how they abandoned the process due to its inaccessibility. Gin et al. (2021) investigated equitable PSE spaces for students needing accommodations and found that over half of students were not adequately accommodated by their post-secondary institution. Recommendation four of the *In It Together* 2020 framework (which falls under the second principle) mentions access to accessibility services for students with physical and non-physical disabilities. Although they are available to students, the application process is complicated and lengthy – so much so that it prevented students in their entirety from obtaining one. Therefore, obtaining accommodations demands a more proactive approach focusing on full access and easier integration of students with MHC.

Participants in this study felt that their institutions only discussed campus MH supports and services because they were ethically required to do so rather than because they sincerely wanted to. The desire to act sincerely is grounded in values that prioritize effective human connectedness (Ozar, 2009), and based on students' perspectives, there is an absence of perceived sincerity toward student MH and well-being. When students perceive a higher level of care and value from their institution, they report increased levels of safety and comfort on campus (Hoffman et al., 2002) and a stronger sense of positive campus community (Chen, 2004). Based on participant experiences, it seems the structure to care for students with MHC in PSE in Ontario is designed to support them in the short term rather than the long term. While post-secondary institutions are not expected to provide and deliver long-term psychiatric care per se, schools have a duty of care. They should strive to support their students throughout all their MH functions. As principle three discusses the life-long commitment to MH and well-being for all

Ontarians, a contradiction between participant experiences and the 2020 framework is again revealed.

4. Community Level - *Boundaries of Community Extend Beyond Campus Gates*

Although participants could recognize the value of a whole-community approach to student MH, this theme highlights that participants did not appear to have experienced the full effects of the approach. Additionally, this theme discusses participants' seeming need for more awareness of second-hand health services teams available to them.

Participants affirmed that the size and location of their post-secondary school directly influenced their MH and their opportunities for accessing off-campus MH supports. A shortage of accessible community care for MH is a well-known issue in Ontario, particularly regarding EA (Feenstra, 2023). Fewer available resources imply a narrower range of supports and services, thus disproportionately limiting the access to MH care that students desperately need (Sommers, 1989). Participants described being unaware and unfamiliar with community-based MH resources available through their institution, suggesting that more could be done to connect students to such resources.

Principle one of the *In It Together* 2020 framework discusses a whole-of-community approach to improving and supporting student MH and well-being. The approach involves a bidirectional partnership across multiple system levels, such as post-secondary institutions and surrounding communities (Kousoulis & Goldie, 2021; Trach et al., 2018) and entails bringing community-based resources into the school and providing equal opportunities for students to access resources outside of the school (Brache et al., 2012). Though participants collectively agreed and acknowledged its significance, only three students felt their institutions indeed promoted and implemented a whole-of-community approach.

Recommendation one, which falls under principle one, discusses the province's commitment to ensuring access to a core set of community-based MH supports and services across students' lifespans. Most students could not identify any community-based MH supports and services their institutions directly worked with, revealing an apparent disconnect between the framework and students' experiences. Recommendation two (which also falls under the first principle) mentions that students should have access to a secondary health service team while studying away from their home communities. Another difference was revealed, as only four students knew they could access such a resource. The findings of this study reveal a need for strengthened coordination efforts and greater collaboration between post-secondary institutions and surrounding community MH agencies. Strengthening communication strategies among services can help better address students' complex MH needs and build a more resilient student community (CACUSS & CMHA, 2013).

Participants identified threats and protective factors to student MH at the community level. Overall, the findings of this study suggest that while the 2020 framework supports the notion of a comprehensive and integrated system between institutions and community organizations, participant narratives indicate otherwise. If schools wish to support their students in a more unified and seamless manner, greater communication, collaboration, and coordination strategies must be applied. Although more timely and costly, an example of such a strategy that students provided was the development of MH training initiatives, MH courses, and individual social programs focusing on MH literacy. The findings of this study align with previous research demonstrating the effectiveness of upstream efforts that focus on community-level factors, such as increased access to resources, to promote MH and well-being and minimize the threats to MH (Alegría et al., 2022; Castillo et al., 2019; Collins et al., 2014; Szeto et al., 2021).

5. Public Policy Level - *The Cost of Action and Reaction*

This theme discussed participants' perspectives of their institution's policy-level actions. It highlighted how these actions, or perceived lack thereof, have directly impacted student MH and overall well-being. As a result of negative experiences with the system, many students felt their MH was not a priority to their school, leaving them feeling unheard and insignificant.

While the MHC of current Ontario post-secondary students are well recognized by the province of Ontario and post-secondary institutions within, according to participant perspectives described, efforts at the public policy level to care for students dealing with MHC in PSE remain insufficient. Findings revealed that institutions' actions, or observed lack thereof, for investing in campus MH supports and services left students feeling passed over and invisible. As students described the challenges they faced when trying to speak to someone on campus (e.g., extensive wait times, unrelatable campus MH professionals, daunting accommodation process, and services unable to meet their MH needs), they struggled to rationalize what improvements came from assured additional funding. The implications of the findings in this study demonstrate that Ontario post-secondary institutions' commitments to supporting and enhancing student MH need to be more visible.

The novelty of the COVID-19 pandemic had a direct and understandable influence on the MH of participants and contributed to a sense of uncertainty and lack of connectedness. The lack of answers and control regarding online learning resulted in various new stressors, challenges, and threats to student MH that participants continue to navigate and cope with. Although the *In It Together* 2020 framework was formulated before the pandemic, it served as a reference point to assess the flexibility and longevity of its principles and recommendations.

Commitments to improving student MH often involve policy change (Tsouros et al., 1998) and should systematically consider the overall health, social, and environmental impacts of its results across multiple levels (i.e., intrapersonal, interpersonal, institutional, community, and public policy) (Armstrong & Burcin, 2016). In recognizing the complexity of post-secondary students' MH needs, it is essential to note that a simple change in policy will likely not address the needs described by participants on its own. Investments followed by detailed action and implementation plans and assurance and evaluation procedures to measure the change in policy's success are compulsory if we want to address the campus MH crisis. Although the *In It Together* 2020 framework outlines all the right steps to addressing the crisis, there remains a disconnect between the framework suggestions and experiences shared by participants.

Study Strengths, Significance, and Implications

This research highlighted ten Ontario post-secondary students' experiences interacting with PSE campus MH care. The *In It Together* 2020 framework provided a framing mechanism through which I was able to study students' experiences and gain insight into what current campus MH care looks like in Ontario. This study used students' perspectives to examine any disconnect or alignment between the 2020 framework principles and recommendations and the lived experiences of those for whom the framework was designed. Literature on the adequacy, accessibility, and adherence to best practices of MH services on Ontario PSE campuses through qualitative research is significantly lacking. Understanding EA experiences receiving MH support on campus can help us better address the student MH crisis and begin to shift how frameworks are created and shared to better support students' needs.

In It Together 2020 framework creators and developers could benefit from the findings of this study. As the findings consist of the thoughts and opinions of those for whom the framework

was designed, this study can assist in creating future frameworks that aim to support Ontario post-secondary students by providing a strengthened and updated understanding of students' precise campus MH wants and needs. Findings would also be of value to post-secondary institutions across Ontario as schools might be encouraged to re-evaluate and re-assess how they view and prioritize student MH and well-being. Although participants recognized institutions' efforts, they expressed how schools struggle to meet their need for appropriate and effective campus MH care. Therefore, schools could adopt these findings to tailor their services to better assist students struggling with complex MHC on campus. Off-campus PSE community networks could also adopt the findings as they could aid in improving the accessibility and responsiveness of community-based MH services for PSE students. Beyond the scope of a PSE setting, the study's findings could inform provincial public health professionals of the current EA MH climate and provoke officials to implement or re-evaluate future MH policies.

Participants in this study had the opportunity to share their personal experiences and advocate for their own MH. As the topic of MH continues to carry a stigma, advocacy is an essential means of raising MH awareness. Following their interview, participants might have felt encouraged to continue the conversation surrounding the topic of MH with their friends and peers, resulting in further dialogue and knowledge construction outside of the study setting. The implications of this study also hold significance to me as a researcher. Completing this research project partially fulfilled the Master of Arts in Health Promotion program at Dalhousie University. This study allowed me to further my knowledge surrounding student MH, strengthen my qualitative research abilities, and continue to advocate for student MH.

Health promotion aims to apply proactive approaches beyond individual behaviours to understand and address various social and environmental factors influencing health and well-

being (Thaivalappil et al., 2023). In general, health promotion strategies aim to implement health-enhancing public policies, create supportive environments, strengthen community action, develop personal skills, and reorient health services to enhance population health (Kobau et al., 2011). This research supports these strategies as it examined how current students dealing with MHC perceive PSE campus MH care following the release of the *In It Together* 2020 framework at the intrapersonal, interpersonal, institutional, community, and public-policy levels. Although one individual study will not change the way Ontario post-secondary campus MH care is implemented and experienced, it can provide a means of informing future campus-wide health promotion strategies and practices. Understanding the different levels of framework influence could help post-secondary institutions develop new multi-faceted strategies to promote student MH and well-being through holistic, whole-campus, social ecological approaches. Additionally, in alignment with participants' recommendations, new MH promotion-based interventions that help students develop personal skills, such as resiliency, within and beyond the PSE campus community could be established.

Despite it not being the central goal of post-secondary institutions, schools are responsible for creating environments that support student MH and overall well-being (Mackean, 2011; OUCHA, 2009). Intrapersonal-level PSE health promotion interventions can help students develop the necessary skills to manage and maintain their MH; however, health promotion efforts, considering the broader campus environment and community, should also be considered when seeking to encourage students in achieving their full academic and personal potential (OUCHA, 2009). To address and support student MH on PSE campuses, students need to be actively involved in the development, implementation, and evaluation cycles of health promotion efforts. Therefore, to address the post-secondary student MH crisis in Ontario, we must listen to

students' voices and acknowledge their real-life experiences, which provide a different perspective on current campus MH care. Considering student input will aid in developing multi-level campus health promotion interventions that can effectively address the concerns and experiences of the target EA population.

Study Limitations

While this research fills gaps in the literature regarding qualitative post-secondary MH framework evaluation within PSE in Ontario, some limitations exist. This study used purposeful sampling and allowed students to participate in the research if they were enrolled full-time in an undergraduate program at an Ontario post-secondary institution. This could be considered a form of selection bias as students who might have dropped out or taken a leave of absence due to their MH would not have had the chance to contribute to the study's findings. Additionally, most participants in this research identified as female (n = 8; 80%); therefore, this may have contributed to the results of this study being overwhelmingly from the perspectives of female students, especially since I, a female researcher, conducted the analysis and inquiry.

As this research investigated students' experiences interacting with campus MH supports and services at a few different institutions across Ontario, conducting this research at one specific post-secondary school could have provided greater insight and understanding of student's perceptions surrounding MH care following the release of the *In It Together* 2020 framework. Similarly, as the framework was created for PSE students across Ontario, exploring the perspectives of additional students across the province would have likely provided a more complete representation of the framework's influence.

As the COVID-19 outbreak was declared a pandemic in March 2020 and this study recruited students who sought campus MH support from September 2020 onwards, participants'

experiences interacting with campus MH care took place following the arrival of COVID-19. Despite the 2020 framework being formulated prior to the pandemic, this could be considered both a strength and limitation as it demonstrates the overall flexibility and longevity of the framework. For example, principle two mentions that all students should have access to timely on-campus MH care. As two participants discussed accessing their institution's virtual MH chat service, this supports the ideology of timely care. Although both participants reported the chat service unhelpful, it provided students with adaptable on-campus MH care both pre-pandemic and three years into it.

Despite these limitations, this research provides insight into how Ontario post-secondary students with MHC perceive and experience campus MH supports and services. Using students' lived experiences to explore the influence of the *In It Together* 2020 framework at the intrapersonal, interpersonal, institutional, community, and public-policy levels provides a basis for health promotion initiatives within PSE and a foundation for future MH research.

Recommendations for Future Research

This study brought forward the voices of the target demographic being addressed in the framework. I hope that participants' experiences can better contextualize the quantitative data on MHC for EA in relation to campus MH support. Additionally, I hope this study catalyzes future research by further exploring the MH of Ontario post-secondary students and how institutions support them. Exploring how students dealing with MHC perceive campus MH care following the release of the *In It Together* 2020 framework offers a foundation for future research and efficacy for MH promotion. Future research should consider the voices of campus MH administrators, professors, and faculty staff to gain a more comprehensive understanding of all principal factors regarding campus MH framework implementation and evaluation. Additionally,

as gender and gender expression are fluid concepts, future research should consider the lived experiences of students across gender identities.

As this research had a sample size of ten participants in Ontario, future research is encouraged to explore the experiences of additional post-secondary students across Ontario. This will likely provide a better representation of students dealing with MHC on campus across the province. A final suggestion for future research is to specifically consider the effects of the COVID-19 pandemic on Ontario post-secondary student MH and create up-to-date plans and programs that target and address the new unique needs of Ontario PSE students.

Knowledge Translation

A crucial part of research is putting the newly generated knowledge into action (Graham et al., 2006). Understanding current Ontario post-secondary students' experiences interacting with campus MH supports and services can help institutions advance the variety and quality of on-campus care. The knowledge generated by this study can additionally inform *In It Together* creators on how students perceive and experience the efforts of their 2020 framework. The findings of this study can also help improve community and government-level plans and policies that address EA MH more broadly. Due to the ongoing student MH crisis and small body of knowledge surrounding the adequacy, accessibility, and adherence to best practices of MH frameworks on Ontario post-secondary campuses, I find myself ethically responsible to share the findings with past and present students, post-secondary administrators, and all *In It Together* stakeholders. The findings of this study will be disseminated to improve the outcomes for Ontario post-secondary students dealing with MHC and contribute to a hopeful shift in the ways in which campus MH frameworks better support students' current needs.

As this research is part of a Master of Arts in Health Promotion thesis, the knowledge generated from the study will be available through the Dalhousie University library system. I intend to publish the study's results in a health promotion journal in hopes that the findings will reach those who may benefit or find this research useful. A community report of the study's key findings will be shared with all study participants, and they will be encouraged to circulate it generously among their networks. Key recommendations include greater involvement of the Ontario student body in the development, implementation, and evaluation cycles of subsequent *In It Together* frameworks, increased MH advocacy from teaching staff and campus administrators, and improved government and institutional visibility highlighting concrete and tangible improvements on campus. I plan to distribute the community report further to various institutes in and outside the academic realm, such as PSE students, student-led MH groups, Ontario post-secondary administrators, community MH centres, government health agencies, and online spaces. Findings may additionally be shared and presented at relevant research conferences and amongst organizations and groups that may benefit or deem the study's findings useful.

Conclusion

Overall, this study contributes to a unique gap in Ontario post-secondary MH literature by using qualitative research methods to explore how ten Ontario post-secondary students dealing with MHC perceive campus MH care following the release of the *In It Together* 2020 framework. Amongst the literature, studies displaying the high prevalence of MHC amongst EA enrolled in PSE in Ontario are readily available. However, research using students' lived experiences to investigate the reasoning behind this high prevalence was notably lacking. Furthermore, limited research explores how the SEM can help better understand Ontario student

experiences interacting with campus MH supports and services and its capabilities of providing a broader look at the variety of factors that will influence students' campus MH perceptions and experiences.

Using the SEM as a new perspective and criteria to evaluate the *In It Together 2020* framework, I considered students' experiences accessing campus MH supports and services in the context of the framework's principles and recommendations. Students' perceptions of campus MH care were conceptualized by developing five key themes and organized within the five levels of the SEM: 1) the transition in and out of PSE is a stressor in and of itself (intrapersonal level), 2) the power of peers (interpersonal level), 3) available services lack sincerity (institutional level), 4) boundaries of community extend beyond the campus gates (community level), and, 5) the cost of action and reaction (public policy level).

A complex interplay was revealed as several components of students' experiences interacting with campus MH care exist between and within the five levels of the SEM. For example, the perceived disconnect between promises of investments and improvements to campus MH care at the public policy level, coupled with negative perceptions of MH prioritization and impersonal experiences with campus MH professionals at the institutional level, place more significant pressures on student's social support networks to provide MH care at the interpersonal level, yet students seem to be missing the appropriate knowledge, resiliency, and resources to manage and maintain their well-being at the intrapersonal level. In recognizing the complexity surrounding the depth and breadth of students' campus MH experiences and needs at each level of the SEM, it is important to acknowledge that a simple framework, such as *In It Together* 2020, will likely not suffice in addressing the campus MH crisis. However, as the findings of this research consist of the thoughts and opinions of those for whom the framework

was designed, this study provides detail as to how the effects of the framework are perceived and experienced in real time.

The findings from this study offer insight to government legislators, *In It Together* framework creators, and post-secondary educators and administrators about the role they can play in better supporting student MH and well-being and preventing the threats to MH that are commonly placed in post-secondary student populations. From participants' perspectives, the principles and recommendations of the *In It Together 2020* framework include all the right steps to enhancing and supporting student MH. However, there remains a disconnect between the framework suggestions and experiences shared by participants.

References

Ahlstrand, I., Larsson, I., Larsson, M., Ekman, A., Hedén, L., Laakso, K., Lindmark, U., Nunstedt, H., Oxelmark, L., Pennbrant, S., Sundler, A. J., & Hallgren, J. (2022). Health-promoting factors among students in higher education within health care and social work: A cross-sectional analysis of baseline data in a multicentre longitudinal study. *BMC Public Health*, *22*(1), 1–1314. https://doi.org/10.1186/s12889-022-13690-z

Aldiabat, K. M., Matani, N. A., & Navenec, C. L. (2014). Mental health among undergraduate university students: a background paper for administrators, educators and healthcare providers. *Universal Journal of Public Health, 2*(8), 209-214. https://doi.org/10.13189/ujph.2014.020801

Alegría, M., Zhen-Duan, J., O'Malley, I. S., & DiMarzio, K. (2022). A new agenda for optimizing investments in community mental health and reducing disparities. *The American Journal of Psychiatry, 179*(6), 402–416. https://doi.org/10.1176/appi.ajp.21100970

American College Health Association (ACHA). (2020). *Implementing healthy campus*. Retrieved from: https://www.acha.org/HealthyCampus/Implement/Ecological_Model

American College Health Association-National College Health Assessment (ACHA-NCHA) (2016). *Canadian reference group executive summary spring 2016.* Retrieved from: https://www.acha.org/documents/ncha/NCHA-II%20SPRING%202016%20CANADIAN%20REFERENCE%20GROUP%20EXECUTIVE%20SUMMARY.pdf

American College Health Association-National College Health Assessment (ACHA-NCHA) (2019). *Spring 2019 reference group executive summary*. Retrieved from: https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_US_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *The American Psychologist, 55*(5), 469–480. https://doi.org/10.1037/0003-066X.55.5.469

Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child Development Perspectives, 1*(2), 68–73. https://doi.org/10.1111/j.1750-8606.2007.00016.x

Baghoori, D., Roberts, M. R., & Chen, S. P. (2022). Mental health, coping strategies, and social support among international students at a Canadian university. *Journal of American College Health*, 1-12. https://doi.org/10.1080/07448481.2022.2114803

Baik, C., Larcombe, W., & Brooker, A. (2019). How universities can enhance student mental well-being: The student perspective. *Higher Education Research and Development*, *38*(4), 674–687. https://doi.org/10.1080/07294360.2019.1576596

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215. https://doi.org/10.1037/0033-295X.84.2.191

Bano, S., Rahat, R., & Fischer, F. (2023). Inconsistent condom use for prevention of HIV/STIs among street-based transgender sex workers in Lahore, Pakistan: Socio-ecological analysis based on a qualitative study. *BMC Public Health, 23*, 635. https://doi.org/10.1186/s12889-023-15550-w

Barnett, L., Nicol, J., & Walker, J. (2020). *An examination of the duty to accommodate in the Canadian human rights context.* Parliament of Canada. Retrieved from https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/201201E

Bartlett, J., & Fowler, K. (2020). Beyond the curriculum: a cross-sectional study of medical student psychological distress, and health care needs, practices and barriers. Social psychiatry and psychiatric epidemiology, 55(9), 1215–1221. https://doi.org/10.1007/s00127-019-01771-1

Baxter, J., & Eyles, J. (1997). Evaluating qualitative research in social geography: Establishing 'rigour' in interview analysis. *Transactions - Institute of British Geographers, 22*(4), 505–525. https://doi.org/10.1111/j.0020-2754.1997.00505.x

Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S.-M., & Olfson, M. (2008). Mental health of college students and their non–college-attending peers: Results from the national epidemiologic study on alcohol and related conditions. *Archives of General Psychiatry, 65*(12), 1429–1437. https://doi.org/10.1001/archpsyc.65.12.1429

Bland, D., & Atweh, B. (2007). Students as researchers: Engaging students' voices in PAR. *Educational Action Research, 15*(3), 337–349. https://doi.org/10.1080/09650790701514259

Brache, K., Reist, D., Dyck, T., & Morris, J. (2012). *Healthy minds/healthy campuses: A community of practice to promote campus mental health.* Retrieved from: https://dspace.library.uvic.ca/bitstream/handle/1828/4805/Campus%20Mental%20Health%20March%202012.pdf?sequence=1&isAllowed=y.

Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*. https://doi.org/10.1177/2333393617742282

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3(*2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021a). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research, 21*(1), 37–47. https://doi.org/10.1002/capr.12360

Braun, V., & Clarke, V. (2021b). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*. https://doi.org/10.1037/qup0000196

Braun, V., & Clarke, V. (2021c). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology, 18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Brewer, S. J. (2023). Academic community-engaged learning and student mental health and wellness: Understanding the lived experiences of undergraduate students (Doctoral dissertation, Michigan State University). Retrieved from: https://ezproxy.library.dal.ca/login?url=https://www.proquest.com/dissertations-theses/academic-community-engaged-learning-student/docview/2795831931/se-2

Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Qualitative Quantitative, 56*, 1391–1412. https://doi.org/10.1007/s11135-021-01182-y

Canadian Alliance of Student Association (CASA). (2022). *The new abnormal: Student mental health two years into COVID-19.* Retrieved from: https://campusmentalhealth.ca/wp-content/uploads/2022/12/Abacus_Report_2022_1.pdf

Canadian Association of College and University Student Services (CACUSS) & Canadian Mental Health Association (CMHA). (2013). *Post-secondary student mental health: Guide to a systematic approach*. Vancouver, BC: Author. Retrieved from: https://healthycampuses.ca/wp-content/uploads/2014/09/The-National-Guide.pdf

Canadian Mental Health Association (CAMH). (2023). *Youth and mental health 101.* Retrieved from: https://moodle8.camhx.ca/moodle/mod/book/view.php?id=189

Canadian Mental Health Association (CMHA). (2014). *Phase two of Ontario's mental health and addictions strategy announced.* Retrieved from: https://ontario.cmha.ca/news/phase-two-ontarios-mental-health-addictions-strategy-announced/

Canadian Mental Health Association (CMHA). (2021). *History of mental health reform*. Retrieved from: https://ontario.cmha.ca/provincial-policy/health-systems-transformation/history-of-mental-health-reform/.

Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., Dong, J., & Zheng, J. (2020). The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Research, 287*, 112934. https://doi.org/10.1016/j.psychres.2020.112934

Cefai, C., Simões, C. and Caravita, S. (2021). A systemic, whole-school approach to mental health and well-being in schools in the EU. NESET report, Luxembourg: Publications Office of the European Union. https://doi.org/10.2766/50546

Chambers, T., Bolton, M., & Sukhai, M. A. (2013). Financial barriers for students with non-apparent disabilities within Canadian postsecondary education. *Journal of Postsecondary Education and Disability, 26*(1), 53-66. https://files.eric.ed.gov/fulltext/EJ1026811.pdf

Chang, W. P., Chen, T., Stuart, H., & Chen, S. P. (2021). Environmental scan of mental wellness resources available on Canadian post-secondary campuses. *Higher Education, 81*, 1007-1021. https://doi.org/10.1007/s10734-020-00594-3

Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. *Handbook of qualitative research, 2*(1), 509-535. Thousand Oaks, CA: Sage Publications, Inc.

Colleges Ontario (CO). (2021). *Environmental scan: Student and graduate profiles*. Retrieved from: https://files.eric.ed.gov/fulltext/ED614192.pdf

Collins, P. A., Resendes, S. J., & Dunn, J. R. (2014). The untold story: examining Ontario's community health centres' initiatives to address upstream determinants of health. *Healthcare Policy, 10*(1), 14–29. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4253893/pdf/policy-10-014.pdf

Colorafi, K. J., & Evans, B. (2016). Qualitative descriptive methods in health science research. *Health Environments Research and Design Journal, 9*(4), 16–25. https://doi.org/10.1177/1937586715614171

Condra, M., Dineen, M., Gills, H., Jack-Davies, A., & Condra, E. (2015). Academic accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues. *Journal of Postsecondary Education and Disability, 28*(3), 277-291. Retrieved from: https://files.eric.ed.gov/fulltext/EJ1083849.pdf

Cooke, M., & Huntley, J. (2015). *White paper on postsecondary student mental health*. The Coordinating Committee of Vice President Students. Retrieved from: https://occcco.files.wordpress.com/2015/05/ccvps-white-paper-on-postsecondary-student-mental-health-april-2015.pdf

Cote, M., & Nightingale, A. J. (2012). Resilience thinking meets social theory: Situating social change in socio-ecological systems (SES) research. *Progress in Human Geography, 36*(4), 475-489. https://doi.org/10.1177/0309132511425708

Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches.* 4th ed. Sage Publications.

Creswell, J. W., & Creswell, J. D. (2018). The selection of a research approach. Research design. In *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (5th ed., pp. 3–24). SAGE Publications. Retrieved from: https://books.google.ca/books?id=s4ViswEACAAJ

Creswell, J. W., & Poth, C. N. (2018). Choosing Among Five Approaches. In *Qualitative Inquiry and Research Design* (4th ed.). Sage Publications.

Cruwys, T., Greenaway, K. H., & Haslam, S. A. (2015). The stress of passing through an educational bottleneck: A longitudinal study of psychology honours students. *Australian Psychologist*, *50*(5), 372–381.https://doi.org/10.1111/ap.12115

Curtis, A., Bearden, A., & Turner, J. P. (2023). Post-secondary student transitions and mental health: Literature review and synthesis. *New Directions for Higher Education, 2023*(201-202), 63–86. https://doi.org/10.1002/he.20466

Davidson, B. (2018). *The role of narrative change in influencing policy*. Retrieved from: https://www.comminit.com/content/role-narrative-change-influencing-policy

De Somma, E., Jaworska, N., Heck, E., & MacQueen, G. M. (2017). Campus mental health policies across Canadian regions: Need for a national comprehensive strategy. *Canadian Psychology, 58*(2), 161–167. https://doi.org/10.1037/cap0000089

Denzin, N., & Lincoln, Y. (2011). In *The Sage handbook of qualitative research*. Sage Publications.

Department of Justice. (1982). *Canadian Charter of Rights and Freedoms, Section 15, 1, Equality Rights.* Ottawa, ON: Government of Canada. Retrieved from https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/check/art15.html#:~:text=Provision,or%20mental%20or%20physical%20disability.

Devoe, D., Lange, T., MacPherson, P., Traber, D., Perry, R., Schraeder, K., Patten, S., Arnold, P., & Dimitropoulos, G. (2021). Supporting the transition to postsecondary for students with mental health conditions: A scoping review. *Paediatrics & Child Health*, *26*, e19–e21. https://doi.org/10.1093/pch/pxab061.020

Dhothar, M. (2023). COVID's mental-health toll: How has the mental health of post-secondary students been affected by the pandemic?. *Writing for University and Beyond: A Journal of First-Year Student Writing at UTM, 2*(2), 114-124. Retrieved from: https://jps.library.utoronto.ca/index.php/writing/article/view/40544

DiPlacito-DeRango, M. L. (2022). Mapping the role of instructors in Canadian post-secondary student mental health support systems. *International Journal of Mental Health and Addiction, 20*(3), 1423–1437. https://doi.org/10.1007/s11469-020-00453-3

Dodson, L. E. (2016). Mental health policies and practices: Student services leaders connect the dots. Electronic Thesis and Dissertation Repository. 3992. Retrieved from: https://ir.lib.uwo.ca/etd/3992

Dopp, A. R., & Lantz, P. M. (2020). Moving upstream to improve children's mental health through community and policy change. *Administration and Policy in Mental Health and Mental Health Services Research, 47*(5), 779–787. https://doi.org/10.1007/s10488-019-01001-5

Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, *25*(5), 443–455. https://doi.org/10.1177/1744987119880234

Drum, D. J., Brownson, C., Burton Denmark, A., & Smith, S. E. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology*, *Research and Practice, 40*(3), 213–222. https://doi.org/10.1037/a0014465

Dunley, P., & Papadopoulos, A. (2019). Why is it so hard to get help? Barriers to help-seeking in postsecondary students struggling with mental health issues: A scoping review. *International Journal of Mental Health and Addiction, 17*(3), 699–715. https://doi.org/10.1007/s11469-018-0029-z

Ecclestone, A., Linden, B., Monaghan, C., & Zheng, S. (2023). Canada's student mental health network: Protocol for a comprehensive program evaluation. *Journal of Medical Internet Research, 12*(1), https://doi/org.10.2196/41521

Ellis, W. E., Dumas, T. M., & Forbes, L. M. (2020). Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Canadian Journal of Behavioural Science*, *52*(3), 177–187. https://doi.org/10.1037/cbs0000215

Elmer, T., Mepham, K., & Stadtfeld, C. (2020). Students under lockdown: Comparisons of students' social networks and mental health before and during the COVID-19 crisis in Switzerland. *Public Library of Science One*, *15*(7), e0236337–e0236337. https://doi.org/10.1371/journal.pone.0236337

Ennals, P., Fossey, E., & Howie, L. (2015). Postsecondary study and mental ill-health: A meta-synthesis of qualitative research exploring students' lived experiences. *Journal of Mental Health, 24*(2), 111–119. https://doi.org/10.3109/09638237.2015.1019052

Erudera. (2023). *Canada international student statistics*. Retrieved from: https://erudera.com/statistics/canada/canada-international-student-statistics/

Evans, T. M., Bira, L., Gastelum, J. B., Weiss, L. T., & Vanderford, N. L. (2018). Evidence for a mental health crisis in graduate education. *Nature Biotechnology*, *36*(3), 282–284. https://doi.org/10.1038/nbt.4089

Ewing, L., Hamza, C. A., Walsh, K., Goldstein, A. L., & Heath, N. L. (2022). A qualitative investigation of the positive and negative impacts of the COVID-19 pandemic on post-secondary students' mental health and well-being. *Emerging Adulthood, 10*(5), 1312-1327. https://doi.org/10.1177/21676968221121590

Feenstra, M. (2023). *Community mental health and addictions at a crisis point: CMHA Ontario at budget committee*. Canadian Mental Health Association. Retrieved from: https://ontario.cmha.ca/news/community-mental-health-and-addictions-at-a-crisis-point-cmha-ontario-at-budget-committee/

Fernandez, A., Howse, E., Rubio-Valera, M., Thorncraft, K., Noone, J., Luu, X., Veness, B., Leech, M., Llewellyn, G., & Salvador-Carulla, L. (2016). Setting-based interventions to promote mental health at the university: A systematic review. *International Journal of Public Health, 61*(7), 797–807. https://doi.org/10.1007/s00038-016-0846-4

Findlay, L., & Arim, R. (2020). *Canadians report lower self-perceived mental health during the COVID-19 pandemic.* Statistics Canada. Retrieved from: https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00003-eng.htm

Flint, A. J., Bingham, K. S., & Iaboni, A. (2020). Effect of COVID-19 on the mental health care of older people in Canada. *International Psychogeriatrics*, 32(10), 1113–1116. https://doi.org/10.1017/S1041610220000708

Frandsen, N. (2022). Accessing ability: Mental-health-promoting communities of online learning. Retrieved from: https://summit.sfu.ca/_flysystem/fedora/2023-03/etd22320.pdf

Gahagan, J. (2021). *Program Planning and Evaluation* [PowerPoint slides]. Dalhousie University.

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry, 14*(2), 231. https://doi.org/10.1002/wps.20231

Getzel, E. E., & Briel, L. W. (2006). Pursuing postsecondary education opportunities for individuals with disabilities. In P. Wehman (Ed.), *Life beyond the classroom: Transition strategies for young people with disabilities* (pp.355-368). Baltimore, MD: Paul H. Brookes.

Giamos, D., Lee, A. Y. S., Suleiman, A., Stuart, H., & Chen, S.-P. (2017). Understanding campus culture and student coping strategies for mental health issues in five Canadian colleges and universities. *Canadian Journal of Higher Education*, *47*(3), 136–151. https://doi.org/10.7202/1043242ar

Gilham, C., Austen, E. L., Wei, Y., & Kutcher, S. (2018). Improving mental health literacy in post-secondary students: Field testing the feasibility and potential outcomes of a peer-led approach. *Canadian Journal of Community Mental Health*, *37*(1), 1–12. https://doi.org/10.7870/cjcmh-2018-002

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal, 204*(6), 291–295. https://doi.org/10.1038/bdj.2008.192

Gin, L. E., Guerrero, F. A., Brownell, S. E., & Cooper, K. M. (2021). Covid-19 and undergraduates with disabilities: Challenges resulting from the rapid transition to online course delivery for students with disabilities in undergraduate stem at large-enrollment institutions. *CBE Life Sciences Education, 20*(3), ar36–ar36. https://doi.org/10.1187/cbe.21-02-0028

Glanz, K., Rimer, B. K., & Viswanath, K. (2008). Health behavior. *Encyclopedia of Epidemiology*. Thousand Oaks: SAGE Publications, Inc. 459-63.

Goldman, H. H., & Grob, G. N. (2006). Defining “mental illness” in mental health policy. *Health Affairs, 25*(3), 737–749. https://doi.org/10.1377/hlthaff.25.3.737

Government of Ontario. (2009). *Every door is the right door: Towards a 10-year mental health and addictions strategy.* Retrieved from: https://ontario.cmha.ca/wp-content/uploads/2016/08/Every-Door-the-Right-Door-July09-MH-discussion-paper.pdf

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions, 26*(1), 13–24. https://doi.org/10.1002/chp.47

Graham, R. (1988). *Building community support for people: A plan for mental health in Ontario.* Toronto: The Provincial Community Mental Health Committee. Retrieved from: https://ontario.cmha.ca/wp-content/uploads/2016/08/grahamreport.pdf

Greenfield, N. (2020). *Stress and isolation behind rising student suicides.* University World news. Retrieved from: https://www.universityworldnews.com/post.php?story=20200227125212379

Grégoire, S., Beaulieu, F., Lachance, L., Bouffard, T., Vezeau, C., & Perreault, M. (2022). An online peer support program to improve mental health among university students: A randomized controlled trial. *Journal of American College Health*, 1-13. https://doi.org/10.1080/07448481.2022.2099224

Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communication and Technology, 30*(4), 233–252. https://doi.org/10.1007/BF02765185

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research, 2*(163-194), 105.

Hanna-Benson, C. (2019). Development and evaluation of an online university readiness course furthered by capturing the lived experience of students during this transition: A multi-perspective understanding of the transition to university. *Electronic Thesis and Dissertation Repository*. 6092. Retrieved from: https://ir.lib.uwo.ca/etd/6092

Hartford, K., Schrecker, T., Wiktorowicz, M., Hoch, J. S., & Sharp, C. (2003). Report: Four decades of mental health policy in Ontario, Canada. *Administration and Policy in Mental Health and Mental Health Services Research, 31*(1), 65-73. https://doi.org/10.1023/A:1026000423918

Health Canada. (2022). *Health Canada provides $2M to support mental health project for post-secondary students.* Retrieved from: https://www.canada.ca/en/health-canada/news/2022/05/health-canada-provides-2m-to-support-mental-health-project-for-post-secondary-students.html

Heard, E., Fitzgerald, L., Wigginton, B., & Mutch, A. (2020). Applying intersectionality theory in health promotion research and practice. *Health Promotion International, 35*(4), 866-876. https://doi.org/10.1093/heapro/daz080

Henderson, D. X., & Baffour, T. (2015). Applying a socio-ecological framework to thematic analysis using a statewide assessment of disproportionate minority contact in the United States. *Qualitative Report, 20*(12), 1960–1973. https://doi.org/10.46743/2160-3715/2015.2405

Henderson, L., Thompson, K., Hudson, A., Dobson, K., Chen, S.-P., & Stewart, S. (2019). An analysis of campus culture, mental health, and drinking at three Canadian universities. *Canadian Journal of Community Mental Health, 37*(3), 97–113. https://doi.org/10.7870/cjcmh-2018-013

Holmes, A., & Silvestri, R. (2016). Rates of mental illness and associated academic impacts in Ontario's college students. *Canadian Journal of School Psychology, 31*(1), 27-46. http://doi.org/10.1177/0829573515601396

Hones, D. F. (1998). Known in part: The transformational power of narrative inquiry. *Qualitative Inquiry, 4*(2), 225–248. https://doi.org/10.1177/107780049800400205

Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: A web-based cross-sectional survey. *Psychiatry Research, 288*, 112954–112954. https://doi.org/10.1016/j.psychres.2020.112954

Hutchison, B., & Glazier, R. (2013). Ontario's primary care reforms have transformed the local care landscape, but a plan is needed for ongoing improvement. *Health Affairs, 32*(4), 695-703. https://doi.org/10.1377/hlthaff.2012.1087

Jaworska, N., De Somma, E., Fonseka, B., Heck, E., & MacQueen, G. M. (2016). Mental health services for students at postsecondary institutions: A national survey. *Canadian Journal of Psychiatry, 61*(12), 766–775. https://doi.org/10.1177/0706743716640752

Jolly, E., Tamir, D. I., Burum, B., & Mitchell, J. P. (2019). Wanting without enjoying: The social value of sharing experiences. *Public Library of Science One, 14*(4), e0215318. https://doi.org/10.1371/journal.pone.0215318

Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry, 177*, 396–401. https://doi.org/10.1192/bjp.177.5.396

Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *American Psychologist, 67*(3), 231. https://psycnet.apa.org/doi/10.1037/a0025957

Keshoofy, A., Lisnyj, K., Pearl, D. L., Thaivalappil, A., & Papadopoulos, A. (2023). A qualitative study of university students' perspectives of hope during the COVID-19 pandemic. *SAGE Open Medicine, 11*. https://doi.org/10.1177/20503121231185014

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry, 20*(4), 359–364. https://doi.org/10.1097/YCO.0b013e32816ebc8c

Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly, 61*(2), 121–140. https://doi.org/10.2307/2787065

Keyes C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*(2), 207–222. https://doi.org/10.2307/3090197

Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539. https://psycnet.apa.org/doi/10.1037/0022-006X.73.3.539

Kilanowski, J. F. (2017). Breadth of the socio-ecological model. *Journal of Agromedicine, 22*(4), 295-297. https://doi.org/10.1080/1059924X.2017.1358971

Kilbourne, A. M., Beck, K., Spaeth-Rublee, B., Ramanuj, P., O'Brien, R. W., Tomoyasu, N., & Pincus, H. A. (2018). Measuring and improving the quality of mental health care: A global perspective. *World Psychiatry, 17*(1), 30–38. https://doi.org/10.1002/wps.20482

Killgore, W. D. S., Cloonan, S. A., Taylor, E. C., & Dailey, N. S. (2020). Loneliness: A signature mental health concern in the era of COVID-19. *Psychiatry Research, 290*, 113117–113117. https://doi.org/10.1016/j.psychres.2020.113117

Kim, B. (2001). Social constructivism. *Emerging perspectives on learning, teaching, and technology, 1*(1), 16. Retrieved from: https://cmapspublic2.ihmc.us/rid=1N5PWL1K5-24DX4GM-380D/Kim%20Social%20constructivism.pdf

Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Research in Nursing & Health, 40*(1), 23–42. https://doi.org/10.1002/nur.21768

Kirsch, D. J., Pinder-Amaker, S. L., Morse, C., Ellison, M. L., Doerfler, L. A., & Riba, M. B. (2014). Population-based initiatives in college mental health: Students helping students to overcome obstacles. *Current Psychiatry Reports, 16*(12), 525–525. https://doi.org/10.1007/s11920-014-0525-1

Kirsh, B., Friedland, J., Cho, S., Gopalasuntharanathan, N., Orfus, S., Salkovitch, M., Snider, K., & Webber, C. (2016). Experiences of university students living with mental health problems: Interrelations between the self, the social, and the school. *Work, 53*(2), 325-335. https://doi.org/10.3233/WOR-152153

Kruisselbrink Flatt, A. (2013). A suffering generation: Six factors contributing to the mental health crisis in North American higher education. *College Quarterly*, *16*(1). Retrieved from: https://files.eric.ed.gov/fulltext/EJ1016492.pdf

Kuh, G.D., Kinzie, J., Schuh, J.H., & Whitt, E.J. (2005). *Assessing conditions to enhance educational effectiveness: The inventory for student engagement and success.* Jossey-Bass, Francisco, CA.

Kutcher, S., Wei, Y., & Coniglio, C. (2016a). Mental health literacy: Past, present, and future. *Canadian Journal of Psychiatry, 61*(3), 154–158. https://doi.org/10.1177/0706743715616609

Kutcher, S., Wei, Y., & Morgan, C. (2016b). Mental health literacy in post-secondary students. *Health Education Journal, 75*(6), 689–697. https://doi.org/10.1177/0017896915610144

Kutcher, S. (2017). *Know before you go*. Retrieved from: https://mentalhealthliteracy.org/pdfs/know-before-you-go_en/

Lanthier, S., Tishcoff, R., Gordon, S., & Colyar, J. (2023). *Accessibility services at Ontario colleges and universities: Trends, challenges and recommendations for government funding strategies.* Higher Education Quality Council of Ontario. Retrieved from: https://heqco.ca/wp-content/uploads/2023/11/Accessibility-Services-at-Ontario-Colleges-and-Universities-FINAL-English.pdf

Lawrence, A. K. (2020). Implementing innovative mental health supports and services at a post-secondary institution. *The Organizational Improvement Plan at Western University, 135.* Retrieved from: https://ir.lib.uwo.ca/oip/135

Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health.* https://doi.org/10.1016/S2352-4642(20)30109-7

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. *The American Psychologist, 73*(1), 26–46. https://doi.org/10.1037/amp0000151

Li, Y., Wang, A., Wu, Y., Han, N., & Huang, H. (2021). Impact of the COVID-19 pandemic on the mental health of college students: A systematic review and meta-analysis. *Frontiers in Psychology, 12*, 669119–669119. https://doi.org/10.3389/fpsyg.2021.669119

Liamputtong, P. (2019). Qualitative inquiry. In *Handbook of Research Methods in Health Social Sciences*. Springer Singapore. https://doi.org/10.1007/978-981-10-5251-4_53

Limarutti, A., Maier, M. J., Mir, E., & Gebhard, D. (2021). Pick the freshmen up for a "healthy study start" evaluation of a health promoting onboarding program for first year students at the Carinthia University of applied sciences, Austria. *Frontiers in Public Health, 9*, 652998–652998. https://doi.org/10.3389/fpubh.2021.652998

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage publications.

Linden, B., Grey, S., & Stuart, H. (2018). *National standard for the psychological health and safety of post-secondary students.* Retrieved from: https://www.athabascau.ca/support-services/_documents/psyc_safety_report_cdn_standards_students.pdf)

Linden, B., Boyes, R., & Stuart, H. (2021). Cross-sectional trend analysis of the NCHA II survey data on Canadian post-secondary student mental health and well-being from 2013 to 2019. *BMC Public Health, 21*(1), 590–590. https://doi.org/10.1186/s12889-021-10622-1

Linden, B., & Stuart, H. (2020). Post-secondary stress and mental well-being: A scoping review of the academic literature. *Canadian Journal of Community Mental Health, 39*(1), 1-32. https://doi.org/10.7870/cjcmh-2020-002

Linden, B. (2021). Cross-Canada release of the Post-Secondary Student Stressors Index (PSSI): Protocol for a cross-sectional, repeated measures study. *JMIR Research Protocols, 10*(8), e27713–e27713. https://doi.org/10.2196/27713r

Lisnyj, K. T., Pearl, D. L., McWhirter, J. E., & Papadopoulos, A. (2021). Exploration of factors affecting post-secondary students' stress and academic success: Application of the socio-ecological model for health promotion. *International Journal of Environmental Research and Public Health, 18*(7), 3779. https://doi.org/10.3390/ijerph18073779

Locke, B., Wallace, D., & Brunner, J. (2016). Emerging issues and models in college mental health services. *New Directions for Student Services, 2016*(156), 19–30. https://doi.org/10.1002/ss.20188

Lovell, G. P., Nash, K., Sharman, R., & Lane, B. R. (2015). A cross-sectional investigation of depressive, anxiety, and stress symptoms and health-behavior participation in Australian university students. *Nursing & Health Sciences, 17*(1), 134–142. https://doi.org/10.1111/nhs.12147

Lowe, C., Keown-Gerrard, J., Ng, C. F., Gilbert, T. H., & Ross, K. M. (2023). COVID-19 pandemic mental health trajectories: Patterns from a sample of Canadians primarily recruited from Alberta and Ontario. *Canadian Journal of Behavioural Science, 55*(2), 113. https://doi.org/10.1037/cbs0000313

MacKean, G. (2011). *Mental health and well-being in post-secondary education settings.* Canadian Association of College and University Student Services (CACUSS) preconference workshop on mental health. Retrieved from: https://www.athabascau.ca/mental-health/documents/mental_health_postsecondary_education.pdf

MacPhee, J., Modi, K., Gorman, S., Roy, N., Riba, E., Cusumano, D., Dunkle, J., Komrosky, N., Schwartz, V., Eisenberg, D., Silverman, M. M., Pinder-Amaker, S., Watkins, K. B., & Doraiswamy, P. M. (2021). A comprehensive approach to mental health promotion and suicide prevention for colleges and universities: Insights from the JED campus program. *National Academy of Medicine Perspectives*, 1–25. http://doi.org/10.3147/202106b

Mancini, M., & Roumeliotis, I. (2019). *'It's literally life or death': Students say university of Toronto dragging feet on mental health services*. Canadian Broadcasting Corporation (CBC). Retrieved from: https://www.cbc.ca/news/canada/toronto/student-suicides-mental-health-support-1.5363242

Mansfield, R., Patalay, P., & Humphrey, N. (2020). A systematic literature review of existing conceptualisation and measurement of mental health literacy in adolescent research: Current challenges and inconsistencies. *BMC Public Health, 20*(1), 1–14. https://doi.org/10.1186/s12889-020-08734-1

McEwan, R. C., & Downie, R. (2019). Patterns of academic success and engagement among college students with psychiatric disabilities. *Journal of College Student Psychotherapy, 33*(3), 257-272. http://dx.doi.org/10.1080/87568225.2018.1483216

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education & Behavior, 15*(4), 351–377. https://doi.org/10.1177/109019818801500401

McLure, J., Forrester-Bowling, T., Peeters, A., Berk, M., Moylan, S., Carolin, R. (2023). Person-centred growth-oriented language and care: Fundamental to successful mental health reform. *Australasian Psychiatry, 31*(5):598-600. http://doi.org/10.1177/10398562231189437

Megivern, D., Pellerito, S., & Mowbray, C. (2003). Barriers to higher education for individuals with psychiatric disabilities. *Psychiatric Rehabilitation Journal, 26*(3), 217–231. https://doi.org/10.2975/26.2003.217.231

Mental Health Commission of Canada. (2019). *Catalyst - March 2019 - Getting mental health up to standard on post-secondary campuses.* Retrieved from: https://mentalhealthcommission.ca/English/catalyst-march-2019-getting-mental-health-standard-post-secondary-campuses

Mental Health Commission of Canada. (2023). *Children and youth*. Retrieved from https://mentalhealthcommission.ca/what-we-do/children-and-youth/mental health. *American Psychologist, 67*(3), 231–243. https://doi.org/10.1037/a0025957

Merianos, A. L., Nabors, L. A., Vidourek, R. A., & King, K. A. (2013). The impact of self-esteem and social support on college students' mental health. *American Journal of Health Studies, 28*(1), 27.

Miles, R., Rabin, L., Krishnan, A., Grandoit, E., & Kloskowski, K. (2020). Mental health literacy in a diverse sample of undergraduate students: Demographic, psychological, and academic correlates. *BMC public health, 20*(1), 1-13. https://doi.org/10.1186/s12889-020-09696-0

Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods, 5*(1), 1-9. Retrieved from: http://www.ejournals.library.ualberta.ca/index.php/IJQM

Miron, J. (2011). *Prisons, asylums, and the public: Institutional visiting in the nineteenth century.* University of Toronto Press. https://doi.org/10.3138/9781442661639

Misirlis, N., Zwaan, M., Sotiriou, A., & Weber, D. (2020). International students' loneliness, depression and stress levels in COVID-19 crisis. The role of social media and the host university. *Journal of Contemporary Education, Theory & Research, 4*(2), 20–25. https://doi.org/10.5281/zenodo.4256624

Mjøsund, N.H. (2021). A salutogenic mental health model: Flourishing as a metaphor for good mental health. In: Haugan, G., Eriksson, M. (eds) *Health promotion in health care – Vital theories and research.* Springer, Cham. https://doi.org/10.1007/978-3-030-63135-2_5

Monaghan, C., Linden, B., & Stuart, H. (2021). Postsecondary mental health policy in Canada: A scoping review of the grey literature. *Canadian Journal of Psychiatry, 66*(7), 603–615. https://doi.org/10.1177/0706743720961733

Morava, A., Sui, A., Ahn, J., Sui, W., & Prapavessis, H. (2023). Lessons from zoom-university: Post-secondary student consequences and coping during the COVID-19 pandemic—A focus group study. *Public Library of Science One, 18*(3), e0281438–e0281438. https://doi.org/10.1371/journal.pone.0281438

Mowbray, C. T., Megivern, D., Mandiberg, J. M., Strauss, S., Stein, C. H., Collins, K., Kopels, S., Curlin, C., & Lett, R. (2006). Campus mental health services: Recommendations for change. *American Journal of Orthopsychiatry, 76*(2), 226–237. https://doi.org/10.1037/0002-9432.76.2.226

Muller, N. (2014). *Mental health issues in academia: 'Stories are not cries of the privileged'*, The Guardian Higher Education Network. Retrieved from: https://www.theguardian.com/higher-education-network/blog/2014/apr/16/mental-health-academia-not-cries-of-privileged

Napierala, J., Pilla, N., Pichette, J., & Colyar, J. (2022) *Ontario learning during the COVID-19 pandemic: Experiences of Ontario first-year postsecondary students in 2020–21*. Toronto: Higher Education Quality Council of Ontario. Retrieved from: https://heqco.ca/wp-content/uploads/2022/03/Ontario-Student-Experiences-with-COVID_FINAL.pdf

Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description-the poor cousin of health research? *BMC Medical Research Methodology, 9*(1), 52–52. https://doi.org/10.1186/1471-2288-9-52

Ng, P., & Padjen, M. (2019). An overview of post-secondary mental health on campuses in Ontario: Challenges and successes. *International Journal of Mental Health and Addiction, 17*(3), 531–541. https://doi.org/10.1007/s11469-018-0015-5

Noret, N., Hunter, S. C., & Rasmussen, S. (2020). The role of perceived social support in the relationship between being bullied and mental health difficulties in adolescents. *School Mental Health, 12*(1), 156–168. https://doi.org/10.1007/s12310-019-09339-9

Nwogu, V. (2023). Post-secondary education and students: A mental health review. *Journal of Undergraduate Studies at Trent (JUST), 7*(2), 8-11. https://ojs.trentu.ca/ojs/index.php/just/article/view/421

Okanagan Charter. (2015). *Okanagan charter: An international charter for health promoting universities and colleges*. Retrieved from: https://www.healthpromotingcampuses.org/okanagan-charter

Olding, M., Yip, A., & Hong, S. (2014). *Policy approaches to post-secondary student mental health. OCAD University & Ryerson University Campus Mental Health Partnership Project.* Toronto, ON: Author. Retrieved from: https://campusmentalhealth.ca/wp-content/uploads/2018/04/Policy-Approaches-to-PS-student-MH.FINAL_April15-2014.pdf

Ontario College Health Association (OCHA). (2009). *Towards a comprehensive mental health strategy: The crucial role of colleges and universities as partners*. Retrieved from: http://www.oucha.ca/pdf/mental_health/2009_12_OUCHA_Mental_Health_Report.pdf

Ontario Human Rights Commission (OHRC). (2014). *Policy on preventing discrimination based on mental health disabilities and addictions*. Retrieved from: https://www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions

Ontario Human Rights Commission (OHRC). (2017). *With learning in mind – Inquiry report on systemic barriers to academic accommodation for post-secondary students with mental health disabilities.* Retrieved from: https://www3.ohrc.on.ca/sites/default/files/With%20learning%20in%20mind_inquiry%20report%20on%20systemic%20barriers%20to%20accademic%20accommodation_accessible_2017.pdf?_gl=1*1499cz9*_ga*NzU2MDgyMDM2LjE2OTk0ODUyNjI.*_ga_K3JBNZ5N4P*MTY5OTQ4OTY0MC4yLjEuMTY5OTQ5MDM3Ny4wLjAuMA.

Ontario Human Rights Commission (OHRC). (2017). *With learning in mind – Responses from colleges, universities and other stakeholders.* Retrieved from: https://www3.ohrc.on.ca/sites/default/files/With%20learning%20in%20mind_appendices_accessible_2017.pdf

Ontario University and College Health Association (OUCHA). (2017). *Supporting the mental health of emerging adults in Ontario's post-secondary system.* Retrieved from: http://oucha.ca/pdf/mental_health/Oucha-Paper-April-2017.pdf

Osborne, B., Tinajero, J. (2021). *Ontario expanding employment supports for postsecondary students with disabilities.* Retrieved from: https://news.ontario.ca/en/release/1001275/ontario-expanding-employment-supports-for-postsecondary-students-with-disabilities

Othman, N., Ahmad, F., El Morr, C., & Ritvo, P. (2019). Perceived impact of contextual determinants on depression, anxiety and stress: a survey with university students. *International journal of mental health systems*, *13*, 17. https://doi.org/10.1186/s13033-019-0275-x

Ozar, A. C. (2009). *The moral significance of sincerity*. ETD Collection for Fordham University. https://research.library.fordham.edu/dissertations/AAI3353775

Pasinringi, M. A. A., Vanessa, A. A., & Sandy, G. (2022). The relationship between social support and mental health degrees in emerging adulthood of students. *Golden Ratio of Social Science and Education, 2*(1), 12-23. https://doi.org/10.52970/grsse.v2i1.162

Patten, S. B., King, N., Munir, A., Bulloch, A. G., Devoe, D., Rivera, D., Byun, J., Cunningham, S., Dimitropoulous, G., Bhattarai, A., & Duffy, A. (2022). Transitions to campus mental health care in university students: Determinants and predictors. *Journal of American College Health,* 1-8. https://doi.org/10.1080/07448481.2022.2115303

Patterson, Z. R., Gabrys, R. L., Prowse, R. K., Abizaid, A. B., Hellemans, K. G. C., & McQuaid, R. J. (2021). The influence of COVID-19 on stress, substance use, and mental health among postsecondary students. *Emerging Adulthood, 9*(5), 516–530. https://doi.org/10.1177/21676968211014080

Pearson, C., Janz, T., & Ali, J. (2013). *Mental and substance use disorders in Canada.* Statistics Canada. Retrieved from: https://www150.statcan.gc.ca/n1/en/pub/82-624-x/2013001/article/11855-eng.pdf?st=TA1Pohbc

Pin, L., & Martin, C. (2012). *Student health: Bringing healthy change to Ontario's universities.* Toronto: Ontario Undergraduate Student Alliance. Retrieved from: http://studentunion.ca/ousa/OUSA%20-%20Student%20Health%20-%20Bringing%20Healthy%20Change%20to%20Ontario-s%20Universities%20-%20May%202012.pdf

Placito-De Rango, D., & Lucia, M. (2015). Campus mental health: Implications for instructors supporting students. http://hdl.handle.net/10315/30718

Posselt, J. (2021). Discrimination, competitiveness, and support in US graduate student mental health. *Studies in Graduate and Postdoctoral Education, 12*(1), 89–112. https://doi.org/10.1108/SGPE-07-2020-0042

Posselt, J. R., & Lipson, S. K. (2016). Competition, anxiety, and depression in the college classroom: Variations by student identity and field of study. *Journal of College Student Development, 57*(8), 973–989. https://doi.org/10.1353/csd.2016.0094

Prieto-Welch, S., L. (2016). International student mental health. *New Directions for Student Services, (156),* 53–63. https://doi.org/10.1002/ss.20191

Prowse, R., Sherratt, F., Abizaid, A., Gabrys, R. L., Hellemans, K. G. C., Patterson, Z. R., & McQuaid, R. J. (2021). Coping with the COVID-19 pandemic: Examining gender differences in stress and mental health among university students. *Frontiers in Psychiatry, 12*, 650759–650759. https://doi.org/10.3389/fpsyt.2021.650759

Qi, M., Zhou, S.-J., Guo, Z.-C., Zhang, L.-G., Min, H.-J., Li, X.-M., & Chen, J.-X. (2020). The effect of social support on mental health in Chinese adolescents during the outbreak of COVID-19. *Journal of Adolescent Health, 67*(4), 514–518. https://doi.org/10.1016/j.jadohealth.2020.07.001

Querstret, D. (2019). Collaborating with students to support mental health and student wellbeing. In S. Lygo-Baker, I. Kinchin & N. Winstone (Eds.). *Engaging Student Voices in Higher Education.* London, UK: Palgrave Macmillan.

Read, A., Lutgens, D., & Malla, A. (2023). A descriptive overview of mental health Ssrvices offered in post-secondary educational institutions across Canada. *The Canadian Journal of Psychiatry, 68*(2), 101-108. https://doi.org/10.1177/07067437221128168

Reavley, N., & Jorm, A. F. (2010). Prevention and early intervention to improve mental health in higher education students: A review. *Early Intervention in Psychiatry, 4*(2), 132–142. https://doi.org/10.1111/j.1751-7893.2010.00167.x

Reis, A., Nguyen, V., Saheb, R., Rutherford, E., & Sperandei, S. (2023). Improving university students' mental health literacy using experiential learning opportunities. *Health Education Journal, 82*(2), 184-199. https://doi.org/10.1177/00178969221147615

Roberts, S., Ajzen, I., & Fishbein, M. (1982). Understanding attitudes and predicting social behavior. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1980. *The Journal of School Health, 52*, 186–186.

Robertson, J., & Larson, G. (Eds.). (2020). *Disability and social change: A progressive Canadian approach.* Fernwood Publishing.

Robinson, A. M., Jubenville, T. M., Renny, K., & Cairns, S. L. (2016). Academic and mental health needs of students on a Canadian campus. *Canadian Journal of Counselling and Psychotherapy, 50*(2), 108. Retrieved from: https://cjc-rcc.ucalgary.ca/article/view/61100

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). SAGE Publications Inc. https://doi.org/10.4135/9781452226651

Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research. Part 2: Qualitative research. *British Journal of Nursing, 16*(12), 738–744. https://doi.org/10.12968/bjon.2007.16.12.23726

Salihu, H. M., Wilson, R. E., King, L. M., Marty, P. J., & Whiteman, V. E. (2015). Socio-ecological model as a framework for overcoming barriers and challenges in randomized control trials in minority and underserved communities. *International Journal of Maternal and child health and AIDS, 3*(1), 85–95.

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334–340. https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G

Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health, 33*(1), 77–84. https://doi.org/10.1002/nur.20362

Sandner, M., Patzina, A., Anger, S., Bernhard, S., & Dietrich, H. (2023). The COVID-19 pandemic, well-being, and transitions to post-secondary education. *Review of Economics of the Household, 21*(2), 461–483. https://doi.org/10.1007/s11150-022-09623-9

Saxena, S., & Sharan, P. (2008). Mental health resources and services. *In International Encyclopedia of Public Health,* 4, 418–430. https://doi.org/10.1016/B978-012373960-5.00043-5

Seko, Y., Meyer, J., Bonghanya, R., & Honiball, L. (2022). Mental health support for Canadian postsecondary students during COVID-19 pandemic: An environmental scan. *Journal of American College Health*, 1–5. https://doi.org/10.1080/07448481.2022.2103379

Shalaby, R. A. H., & Agyapong, V. I. O. (2020). Peer support in mental health: Literature review. *Journal of Medical Internet Research Mental Health, 7*(6), e15572. https://doi.org/10.2196/15572

Shanmuganandapala, B., & Khanlou, N. (2019). An interview between a professor and a nursing graduate student on the current state of post-secondary student mental health in Ontario, Canada. *International Journal of Mental Health and Addiction, 17*(3), 418-424. https://doi.org/10.1007/s11469-019-00104-2

Shimamoto, J., Watanabe, J., & Kotani, K. (2022). Application of a social-ecological model to study the factors associated with sarcopenia. *Cureus,14*(5), e25248–e25248. https://doi.org/10.7759/cureus.25248

Short, K. H. (2016). Intentional, explicit, systematic: Implementation and scale-up of effective practices for supporting student mental well-being in Ontario schools. *The International Journal of Mental Health Promotion, 18*(1), 33–48. https://doi.org/10.1080/14623730.2015.1088681

Smetanin, P., Stiff, D., Briante, C., Adair, C.E., Ahmad, S. and Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada.* Risk Analytica, on behalf of the Mental Health Commission of Canada 2011. Retrieved from: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHCC_Report_Base_Case_FINAL_ENG_0_0.pdf

Smith, K. (2016). *Auditing the illness: Critical analysis of emergent higher education mental health policy in major Ontario universities*. Retrieved from: http://hdl.handle.net/10464/10102

Spagnolo, J. (2014). Improving first-line mental health services in Canada: Addressing two challenges caused by the deinstitutionalization movement. *Healthcare Quarterly, 17*(4), 41–45. https://doi.org/10.12927/hcq.2015.24116

Statistics Canada. (2017). *Mental health related disabilities in Canada, 2017.* Retrieved from: https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2019005-eng.htm

Statistics Canada. (2020). *Mental health of Canadians during the Covid-19 pandemic*. Retrieved from: https://www150.statcan.gc.ca/n1/en/pub/11-627-m/11-627-m2020039-eng.pdf?st=L8kMkZlk

Statistics Canada. (2023). Suicide in Canada: Key Ssatistics (infographic). Retrieved from: https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html

Stringer, H. (2021). Zoom school's mental health toll on kids. A*merican Psychological Association*. Retrieved from: https://www.apa.org/news/apa/2020/online-learning-mental-health

Suresh, R., Karkossa, Z., Richard, J., & Karia, M. (2021). Program evaluation of a student-led peer support service at a Canadian university. *International Journal of Mental Health Systems, 15*(1), 54. https://doi.org/10.1186/s13033-021-00479-7

Sussman, S. (1998). The first asylums in Canada: A response to neglectful community care and current Trends. *Canadian Journal of Psychiatry, 43*(3), 260–264. https://doi.org/10.1177/070674379804300304

Szeto, A. C., Henderson, L., Lindsay, B. L., Knaak, S., & Dobson, K. S. (2021). Increasing resiliency and reducing mental illness stigma in post-secondary students: A meta-analytic evaluation of the inquiring mind program. *Journal of American College Health*, 1-11. https://doi.org/10.1080/07448481.2021.2007112

Tang, T., Abuhmaid, A. M., Olaimat, M., Oudat, D. M., Aldhaeebi, M., & Bamanger, E. (2023). Efficiency of flipped classroom with online-based teaching under COVID-19. *Interactive Learning Environments, 31*(2), 1077–1088. https://doi.org/10.1080/10494820.2020.1817761

Thaivalappil, A., Stringer, J., Burnett, A., & Papadopoulos, A. (2023). Institutional factors affecting postsecondary student mental wellbeing: A scoping review of the Canadian literature. *Psychology, 5*(3), 630–649. https://doi.org/10.3390/psych5030040

The College Student Alliance, Ontario Undergraduate Student Alliance, Colleges Ontario, & the Council of Ontario Universities. (2020). *In it together: Foundations for promoting mental wellness in campus communities.* Retrieved from: https://cdn.agilitycms.com/colleges-ontario/documents-library/document-files/2020%20Feb%20-%20In%20it%20Together%202020_20200224190819_0.pdf

Thompson, P. (2017). *Foundations of educational technology*. Oklahoma State University Libraries. https://doi.org/10.22488/okstate.19.000002

Thorne, S. (2000). Data analysis in qualitative research. *Evidence-Based Nursing, 3*(3), 68–70. http://dx.doi.org/10.1136/ebn.3.3.68

Thorne, S. (2016). *Interpretive description* (1st ed.). Routledge. https://doi.org/10.4324/9781315426259

Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health, 20*(2), 169–177. https://doi.org/10.1002/(SICI)1098-240X(199704)20:2%3C169::AID-NUR9%3E3.0.CO;2-I

Thorne, S., Kirkham, S. R., & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3*(1), 1–11. https://doi-org.ezproxy.library.dal.ca/10.1177/160940690400300101

Trach, J., Lee, M., & Hymel, S. (2018). A social-ecological approach to addressing emotional and behavioral problems in schools: Focusing on group processes and social dynamics. *Journal of Emotional and Behavioral Disorders, 26*(1), 11–20. https://doi.org/10.1177/1063426617742346

Tsouros, Agis D., Dowding, Gina, Thompson, Jane & Dooris, Mark. (1998). *Health promoting universities: Concept, experience and framework for action*. Target 14 World Health Organization. Regional Office for Europe. Retrieved from: https://apps.who.int/iris/handle/10665/108095

Vallianatos, H., Friese, K., Perez, J. M., Slessor, J., Thind, R., Dunn, J., Chisholm-Nelson, J., Joober, R., Boksa, P., Lal, S., Malla, A., Iyer, S. N., & Shah, J. L. (2019). ACCESS Open minds at the University of Alberta: Transforming student mental health services in a large Canadian post-secondary educational institution. *Early Intervention in Psychiatry, 13*(1), 56–64. https://doi.org/10.1111/eip.12819

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology, 18*(1), 148–148. https://doi.org/10.1186/s12874-018-0594-7

Vastag, B. (2001). Suicide prevention plan calls for physicians' help. *The Journal of the American Medical Association, 285*(21), 2701–2703. https://doi.org/10.1001/jama.285.21.2701

Venville, A., & Street, A. F. (2014). Hearing voices: Qualitative research with postsecondary students experiencing mental illness. *International Journal of Training Research, 12*(1), 45-56. https://doi.org/10.5172/ijtr.2014.12.1.45

Walls, R. A. (2019). Undergraduate students accessing mental health services: Exploring the barriers surmounted using a qualitative approach. Retrieved from: https://library2.smu.ca/bitstream/handle/01/29091/Walls_Roisin_MASTERS_2019.pdf?sequence=1&isAllowed=y

Washburn, C. A., & Mandrusiak, M. (2010). Campus suicide prevention and intervention: Putting best practice policy into action. *Canadian Journal of Higher Education (1975), 40*(1), 101. Retrieved from: https://ezproxy.library.dal.ca/login?url=https://www.proquest.com/scholarly-journals/campus-suicide-prevention-intervention-putting/docview/734767111/se-2

Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology, 64*(4), 678–691. https://doi.org/10.1037/0022-3514.64.4.678

Wei, Y., Gilham, C., & Kutcher, S. (2022). Evaluation of Know Before You Go on mental health literacy and life skills to prepare for life after high school. *Canadian Journal of Behavioural Science.* https://doi.org/10.1037/cbs0000341

Wei, Y., Kutcher, S., Austen, E., Comfort, A., Gilham, C., MacDougall, C., McKenna, G., McKinnon, M., Thompson, K., Yeo, E., Zhang, M., Baxter, A., & Matheson, K. (2022). The impact of transitions, a mental health literacy intervention with embedded life skills for postsecondary students: Preliminary findings from a naturalistic cohort study. *Canadian Journal of Psychiatry, 67*(6), 452–461. https://doi.org/10.1177/07067437211037131

Welle, P. D., & Graf, H. M. (2011). Effective lifestyle habits and coping strategies for stress tolerance among college students. *American Journal of Health Education, 42*(2), 96–105. https://doi.org/10.1080/19325037.2011.10599177

Wesley, A. (2019). *Strategies for addressing mental health support on campus*. NASPA Policy and Practice Series. Issue No. 4. NASPA-Student Affairs Administrators in Higher Education. Retrieved from: https://www.naspa.org/images/uploads/main/NASPA_Policy_and_Practice_Issue_4_Mental_Health_DOWNLOAD.pdf

Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development, 17*(2), 110–119. https://doi.org/10.1007/s10804-009-9082-y

Wiens, K., Bhattarai, A., Dores, A., Pedram, P., Williams, J. V. A., Bulloch, A. G. M., & Patten, S. B. (2020). Mental health among Canadian postsecondary students: A mental health crisis? *Canadian Journal of Psychiatry, 65*(1), 30–35. https://doi.org/10.1177/0706743719874178

Wilson, H., Neufeld, H. T., Anderson, K., Wehkamp, C., & El Khoury, D. (2021). Exploring Indigenous undergraduate students' experiences within urban and institutional food environments. *Sustainability, 13*(18), 10268. https://doi.org/10.3390/su131810268

Wold, B., & Mittelmark, M. B. (2018). Health-promotion research over three decades: The social-ecological model and challenges in implementation of interventions. *Scandinavian Journal of Public Health, 46,* 20-26. https://doi.org/10.1177/1403494817743893

Woodgate, R. L., Gonzalez, M., Stewart, D., Tennent, P., & Wener, P. (2020). A socio-ecological perspective on anxiety among Canadian university students. *Canadian Journal of Counselling and Psychotherapy, 54*(3), 486–519. http://orcid.org/0000-0002-7176-2390

World Health Organization. (2005). *Promoting mental health: Concepts, emerging evidence, practice: Summary report*. World Health Organization. Retrieved from: https://iris.who.int/bitstream/handle/10665/42940/9241591595.pdf

Wynaden, D., McAllister, M., Tohotoa, J., Al Omari, O., Heslop, K., Duggan, R., Murray, S., Happell, B., & Byrne, L. (2014). The silence of mental health issues within university environments: A quantitative study. *Archives of Psychiatric Nursing, 28*(5), 339–344. https://doi.org/10.1016/j.apnu.2014.08.003

Zaza, C., & Yeung, R. C. (2023). It's time to bring mental health literacy education into the postsecondary curriculum. *Canadian Journal for the Scholarship of Teaching & Learning, 14*(1). https://doi.org/10.5206/cjsotlrcacea.2023.1.13663

Zhu, J., Racine, N., Xie, E. B., Park, J., Watt, J., Eirich, R., Dobson, K., & Madigan, S. (2021). Post-secondary student mental health during COVID-19: A meta-analysis. *Frontiers in Psychiatry, 12*, 777251–777251. https://doi.org/10.3389/fpsyt.2021.777251

Appendix A – Recruitment Poster

EVER HEARD OF THE IN IT TOGETHER 2020 FRAMEWORK?

The research study "Exploring the Mental Health of Ontario Post-Secondary Students Following the In It Together 2020 Framework" is looking for undergraduate students who deal with mental health challenges to share their experiences surrounding campus mental health supports, in a one-on-one interview of approximately 1 hour.

To participate you must:

- Be between the ages of 18 and 25
- Enrolled full-time in an undergraduate program at an Ontario University
- Deal with mental health challenges
- Have actively sought campus mental health care from September 2020 onwards

If you are interested in participating or have any questions about this study, please contact Maggie Zohil-Morton at: maggie.zohil-morton@dal.ca

DALHOUSIE UNIVERSITY

Appendix B – Recruitment Email

Dear (insert name/group/organization name)

Please allow me to introduce myself; my name is Maggie Zohil-Morton and I currently am a Master of Arts student at Dalhousie University studying Health Promotion. I am emailing you today to see if you (or anyone in your group) may be interested in helping me recruit participants for my study surrounding Ontario post-secondary mental health frameworks and students' experiences accessing campus mental health supports. More specifically, I'm interested in Ontario post-secondary students' perceptions of campus mental health care following the release of he In It Together 2020 framework.

I have decided to undertake this work because I have experienced first-hand the trials and tribulations that come alongside seeking campus mental health supports for my mental health challenges when I was once enrolled in an undergraduate program at an Ontario post-secondary institution.

I am looking to recruit post-secondary students between the ages of 18 to 25, who are currently enrolled full-time in an undergraduate program at any Ontario post-secondary school, who are dealing with mental health challenges, and who have actively sought out campus mental health supports for their mental health challenges from September 2020 onwards. Participants must have sought campus mental health supports from September 2020 onwards, as this is the first full academic semester following the release of the In It Together 2020 framework. All participants should be aware of the framework as well as their institution's awareness of it. Participants will be asked to review the framework prior to participating in this study's one-on-one interview.

Attached to this email you will find the study recruitment poster and the In It Together 2020 framework document. It is my hope that you will share the poster on your social media accounts and groups and distribute it to your emailing list or to anyone you think might be interested. Should you have any questions, concerns, or would like more information about the study, please do not hesitate to reach out at your convivence by responding to this email. Additionally, you may contact my supervisor, Dr. Sara Kirk, at sara.kirk@dal.ca.

Sincerely,

Maggie Zohil-Morton

Appendix C – In It Together 2020 Framework Summary

Summary of recommendations

PRINCIPLE 1:

A 'whole-of-community' approach is vital to improving student mental health and well-being.

The partnering organizations recommend that:

1. The Province ensure access to a core set of community-based mental health and addictions services across Ontario, providing baseline support for individuals across their lifespan.
2. The Province update the primary care funding model to allow postsecondary students to access care with a second health service team while studying away from their home communities.

PRINCIPLE 2:

All postsecondary students should have access to timely, effective, culturally relevant and flexible on-campus mental health care that responds appropriately to their needs.

The partnering organizations recommend that:

3. The Province increase funding for campus-based mental health services and supports, such as peer-to-peer programming, frontline counselling services and preventive and early intervention supports.
4. The Province increase funding to postsecondary Accessibility Services offices that provide supports to students with disabilities, including non-physical disabilities.
5. The Province provide funding to maintain the Centre for Innovation in Campus Mental Health (CICMH) and support its mission to help Ontario's universities and colleges enhance their capacity to support student mental health and well-being, while sharing best practices.

PRINCIPLE 3:

Life-long mental health and well-being for all Ontarians should be promoted through prevention, harm reduction and access to mental health care.

The partnering organizations recommend that:

6. The Province continue their approach of embedding mental health learning in K-12, ensuring that students have the knowledge, resiliency and resources to effectively manage their mental well-being and to seek help if they reach a point of distress in which they are unable to cope independently.
7. The Province support the development of transition programming for students as they enter and exit postsecondary education.

Appendix D - Interview Guide

All participants will have a copy of the In It Together 2020 document during the interview.

1. What do you, as a post-secondary student dealing with mental health challenges, think about the In It Together 2020 framework in general?

2. Can you tell me about your experiences with your mental health?
    - *Probe*: How has your mental health affected your life?
    - *Probe*: How has your mental health affected your time at post-secondary education?

3. Can you share with me an experience that you had with accessing help at your post-secondary institution?
    - *Probe*: How did it feel to go through that?
    - *Probe*: What were you thinking during this experience?

4. When thinking about that experience, is there any part of the In It Together 2020 framework that you feel aligned with how your school went about providing support?

5. What do you, as a student dealing with mental health challenges, think about the In It Together 2020 recommendations and principles?
    - *Probe*: Would you say these recommendations and principles are valuable to you?
    - *Probe*: Would you say these recommendations and principles are valuable to your school as a whole?
    - *Probe*: Why or why not?

6. When reading the document, would you say the framework addresses some of your personal experiences when it comes to accessing campus mental health supports?
    - *Probe*: If yes, what specific parts of the framework aligns with your experiences?
    - *Probe*: If no, what specific parts of the framework does not align with your experiences?

7. What are some things you would like to see your school do in terms of student mental health frameworks?
    - *Probe*: Are there any specific things that you personally need/want out of a mental health framework?

8. Do you know if your post-secondary institution has implemented any of these recommendations and principles?
    - *Probe*: Can you tell me a little bit more about why you think your post-secondary institution has implemented (or not implemented) the recommendations and principles?
    - *Probe*: If yes, do you think your school has done a good job at implementing them?
    - *Probe*: If no, why do you think your school hasn't implemented them?

9. What would you like to see happen in the future in terms of post-secondary campus mental health supports?

10. If you could say absolutely anything to the people in charge of creating these campus mental health frameworks, what would you say?

11. Is there anything that I’ve missed or anything you want to say

Appendix E – Consent Form

Consent to Participate in a Research Study
Dalhousie University School of Health and Human Performance

Title of Study: Exploring the Mental Health of Postsecondary Students' Following Implementation of the 'In it Together 2020' Framework

Researcher: Maggie Zohil-Morton, MA Health Promotion Candidate, Dalhousie University
Maggie.zohil-morton@dal.ca, (647) – 982 – 3211
Supervisor: Dr. Sara Kirk (sara.kirk@dal.ca)

Introduction

- We invite you to take part in a study being conducted by Maggie Zohil-Morton, a Master of Arts in Health Promotion student at Dalhousie University. Choosing whether or not to partake in the study is entirely your choice. There will be no negative impact if you decide not to partake. The below tells you what is involved in the study, what you will be asked to do, and any benefit or risk you might experience. You should discuss any questions you have about this study with Maggie Zohil-Morton. Do not hesitate to ask as many questions as you like, and contact Maggie at any time.
- You are being asked to participate in a research study about your experiences of accessing campus mental health supports at Ontario universities and the influence that the In It Together 2020 framework has.
- You are eligible to participate in this study because you are a current full-time undergraduate student at an Ontario post-secondary institution who identifies as dealing with mental health challenges and have actively sought out help from your institution to manage your mental health challenges and/or support your mental health challenges.
- This research study poses the question: How do current Ontario post-secondary students dealing with mental health challenges perceive campus mental health care following the release of the *In It Together* 2020 framework?
- Please read this form in its entirety and ask any questions you may have before agreeing to participate in the study.

Purpose of Study and Outline

- Post-secondary students may experience mental health issues uniquely, and the threats to mental health that present themselves on a post-secondary campus have been largely studied. Due to this, a number of frameworks have been created with hopes of providing care and support to tackle these threats, yet little is known about *if* and *how* these frameworks are being implemented on campus.
- The purpose of this study is to understand to what extent the In It Together 2020 framework is influencing Ontario post-secondary students dealing with mental health challenges when it comes to campus mental health care.

- In order to get this information, this research seeks to:
  - Understand the experiences of students who have received on-campus mental health support;
  - Use students' perspectives to examine the presence or absence of school's actions in alignment with the *In It Together 2020* principles and recommendations; and
  - Explore the disconnect/alignment between students' lived experiences and campus-wide mental health promotion frameworks.

Who Can Take Part in the Study

- You may take part in this research study if you are 18 years of age and older and are a current full-time undergraduate student at an Ontario post-secondary institution who identifies as dealing with mental health challenges. Additionally, you must have actively sought out help from your institution to manage or support your mental health challenges from September 2020 onwards. You must also be aware of the *In It Together 2020* framework and your school's adoption of it. You will be provided a copy of the *In It Together 2020* framework document prior to your participation to ensure your familiarity with it. We are looking to recruit 6 to 10 participants and all participants must have access to a device with a working microphone that can connect to the internet to run Microsoft Teams.

Description of the Study Procedures

- If you agree to partake in this study, you will be interviewed individually by the researcher for approximately 60 minutes via the Microsoft Teams platform.
- The maximum amount of time you could spend participating in this study is approximately 3 hours, as the actual interview could take 1 hour, but recruitment, scheduling, reviewing the informed consent documents, and In It Together 2020 framework may take additional time.
- During the interview, you will have the option to turn on your video or just use the audio function on the Microsoft Teams platform, whichever is more comfortable for you.
- During your interview you will be asked to share your thoughts and experiences surrounding campus mental health care for your mental health challenges.
- The definition for mental health challenges for this study is broad, and can include a wide range of psychological or behavioral conditions that interfere with an individual's thoughts, processing abilities, emotions, actions, and behaviors. You do not need to have phycological diagnosis to take part in this study.
- The interview will be audio recorded with a hand help audio recorder as well as recorded through Microsoft Teams, and later transcribed verbatim (typed out). Microsoft Teams is a software available on all computers that serves as a virtual meeting place. It allows for users to video chat and call one and other through their computers and will be used to record the entire interview as a backup to the handheld audio-recorder.

Risks/Discomforts of Participating in this Study

- Participating in this study might not directly benefit you, but we may learn things from your experiences that could benefit other post-secondary students in Ontario dealing with campus supports for their mental health challenges.
- This study has little to no foreseeable risk to your physical health, but asking you to identify and discuss significant experiences surrounding your mental health challenges may bring up

sensitive or emotional memories during the interview process. You may refuse to answer any question, and stop or leave the interview at any time without repercussions or judgement.
- A list of formal and non-formal mental health resources will be made available to all participants at the end of the interview.

Benefits of Participating in this Study
- This research study will use the unique experiences of students to better understand how the In It Together 2020 framework is viewed, facilitated, implemented, and experienced on Ontario post-secondary campuses.
- By participating in this study, you will have the ability to author your own story and advocate for your own mental health challenges by helping the researcher contribute to hopeful action towards shifting and improving Ontario post-secondary mental health frameworks.

Compensation for Participating in this Study
- As an honorarium for participating in this study and providing your time, you will receive a compensation of a 15-dollar e-transfer that will be sent to the email you provide during the verbal consent.

Confidentiality
- Your participation in this research will be known only to the researcher, Maggie Zohil-Morton, as all information you share will be fully confidential. Identities such as participant names will remain confidential by using pseudonyms and institutions and geographical locations will not be disclosed. The researcher will be the only person aware of your participation.
- You will be asked to consent verbally prior to commencing your interview if you agree to having your quotations used in the studies final report.
- The researcher will use her Dalhousie University credentials for the Microsoft Teams interview, which will ensure that the Teams interview recordings are securely stored in Canada. During the live Teams interview, audio and video content is routed through the United States, and therefore may be subject to monitoring without notice, under the provision of the US Patriot Act with the interview is in progress. After the interview is complete, interview recordings made by Dalhousie University are stored in Canada and are inaccessible to US authorities.
- All your identifying information, such as your name and contact information, will be stored securely and separately from your research information.
- During the study, all electronic records, such as consent documents, audio recordings, and transcripts, will be kept secure in an encrypted file on the researcher's password protected computer.
- No information about your participation in this research will be disclosed to anyone unless compelled to do so by law, such as in the unlikely event that abuse is suspected, and the researcher is required to contact the authorities.
- All materials will be kept securely in the same manner for five years from the time of collection, and then destroyed.

Voluntary Participation

- You are under no obligation to participate in this research study. If you decide to participate in this study, you may refuse to answer any question that you do not want to answer and you may take a break and come back to your interview for up to one hour.
- You may withdraw from the study *at any time* without penalty. If you chose to withdraw from the study, you can decide whether the data gathered until the time of withdrawal is kept or discarded. You will have up to two weeks after your interview, as after two weeks, your data will have been transcribed. You can make data removal requests by emailing the researcher at maggie.zohil-morton@dal.ca.
- Your decision to refuse or withdrawal will not compromise your access to the mental health resources provided by the researcher at the end of the interview.
- You are free to remove yourself from the study at any time, but your individual voice cannot be removed from audio-recordings.

Rights to Ask Questions and Report Concerns

- You have the right to ask the researcher any/all questions about the study before, during, or after the research study has been completed.
- If you have any further questions about the study, require more information about the study itself, or any concerns about your rights and ethical conduct as a research participant, you may contact the researcher directly at maggie.zohil-morton@dal.ca at any time.

Obtaining Results

- If you wish to have a copy of the studies final report, the lead researcher, Maggie Zohil-Morton, can provide you with the final report of the study findings when it is finished.
- Additionally, she can provide updates via email on any future publications or presentations that include the study's findings upon your request.
- You will be asked to consent verbally prior to commencing your interview if you agree to having your email used for future correspondences from the researcher once the study is complete.

Questions

- The researchers are happy to talk with you about any questions or concerns you may have about your participation in this study. Please contact Maggie Zohil-Morton at 647-982-3211, maggie.zohil-morton@dal.ca, or her supervisor, Dr. Sara Kirk, at sara.kirk@dal.ca at any time with your questions, comments, or concerns about the research study. If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at 902-494-1462, ethics@dal.ca.

Consent

- Your signature on the following page indicates that you have decided to volunteer as a research participant for this study and that you have read and understood the information provided above. You are hereby agreeing to participate in a study that aims to explore your experiences of receiving campus mental health supports for your mental health challenges at an Ontario post-secondary institution and how the In It Together 2020 framework has influenced those experiences.

- Your signature on the following page indicates that you have read the explanation of the study and have been given the opportunity to discuss any concerns and ask any questions you may have.
- Your signature on the following page indicated that you are aware that prior to commencing your scheduled one-on-one interview, you will be given the opportunity to verbally consent (or not) to the use of your direct quotations in the studies final report and the use of your email for future correspondences from the researcher.
- You will be emailed a signed and dated copy of this consent form as well as a list of references and access information if you experience emotional issues related to your participation in this study.

____

Name of Participant: ____

Signature of Participant: ____ Date: __________

Signature of Researcher: ____ Date: __________

Appendix F - Verbal Consent Script

To be read aloud and checked off by the researcher prior to beginning each interview

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Title of Study: Exploring the Mental Health of Postsecondary Students' Following Implementation of the 'In it Together 2020' Framework
Researcher: Maggie Zohil-Morton, MA Health Promotion Candidate, Dalhousie University
Maggie.zohil-morton@dal.ca, (647) – 982 – 3211
Supervisor: Dr. Sara Kirk (sara.kirk@dal.ca)

My name is Maggie Zohil-Morton and I am a Master of Arts student at Dalhousie University studying Health Promotion. I am the lead researcher in a study that is conducting research on Ontario post-secondary students dealing with mental helath challenges and their experiences with seekign campus mental health supports for their mental health challenges.

This study seeks to explore Ontario post-secondary students experiences of accessing campus mental health supports and the influence that the In It Together 2020 framework has. You have been asked to partake in a one-on-one interview that will last for approximatly 60 minutes. You will be compensated for your time by receiving a $15 honorarium.

Every effort will be made to keep your data confidential. Every interview will be audio recorded, and all recordings will be deleted immediately after transcription has been complete. All transcripts will be saved on my password protected computer that only I have access to. I will be the only one who has access to the data. Although your individual quotes might be used in the final study results, there will be no way to identify you. All of your identifying information will be removed, such as your real name, your institution name, and your geographical location. It is asked that you do not discuss any details of the study with anyone outside of the study and, as data is being recorded vertually, I ask that you please refrain from recording any of the interview at all times.

Should you feel discomfort at any time during the interview, you are permited to skip any questions. You are also permited to take a break of up to one hour from the interview. Additionally, you can withdrawl your participation in the interview at any point without consequences. Further, following the completion of your interview, you may request to have your data be removed from the study in its entirity up to two weeks affter your participation. There will also be no consequiences should you choose to do so. You can email me should you wish to remove your data following the interview.

If you have any questions or concerns about your participation in this study or the study in general, please do not hesitate to ask me now or contact my supervisor, Dr. Sara Kirk, or the Dalhousie Research Ethics Board.

To be read aloud and checked off by the researcher before beginning each interview.

I will now read aloud a few statements and ensure that you understand and comply with everything before commencing the interview. Please either respond with a "**Yes**" or "**No**".

1. I have read the explanation of the study and have been given the opportunity to discuss any concerns and ask any questions I have.

   Yes No

2. I understand that I have been asked to partake in a one-on-one interview via the Microsoft Teams platform and consent to be interviewed by either a video or audio call, depending on which is most comfortable to me.

   Yes No

3. I consent to the use of my quotes in the studies final report, publications and/or presentations and understand that I will be attributed a pseudonym and quotations will not contain any identifying information such as my name, school, location, etc.

   Yes No

4. I consent to having my email used for future correspondences and grant the researcher permission to use my email for future correspondences, such as obtaining the studies final report and bring notified of any future publications and/or presentations that include the studies findings.

   Yes No

5. I understand that one-on-one interviews will be audio recorded and the researcher will be the only individual aware of my participation.

   Yes No

6. I agree to take part in this study. My participation is voluntary and I understand that I am free to remove myself from the study at any time, but my individual voice cannot be removed from audio-recordings.

   Yes No

Provision of Results

1. Would you like to receive a copy of the final report of the study's findings once it is completed?

   Yes No

2. Would you like to be updated via email regarding any possible future study publications, events, or presentations?

   Yes No

If you said **Yes** to **either** of the above questions, please spell out your name for me.

Name of Participant: ____

Appendix G – Mental Health Resources

For immediate/emergency assistance
Canada Suicide Prevention Service: 1-833-456-4566 or www.crisisservicescanada.ca/en/
Offers 24/7/365 bilingual support to people in Canada who have concerns about suicide. Phone line available 24/7.

Wellness Together Canada: 1-866-585-0445 or text WELLNESS to 741741

Kids Help Phone: 1-800-668-6868 or text CONNECT to 686868
Youth mental health support available 24/7.

Distress and Crisis Ontario: http://www.dcontario.org/
Distress Centres (DC's) across Ontario offer support and a variety of services to their communities. At a DC you can find a listening ear for lonely, depressed, and/or suicidal people, usually 24 hours a day, seven days a week. The website also offers a chat function.

Good2Talk Helpline: 1-866-925-5454 or text GOOD2TALKON to 686868
Ontario's 24/7 helpline for postsecondary students.

(Alberta) Mental Health Helpline: 1-877-303-2642
24/7 confidential service that provides support, information, and referrals to Albertans experiencing mental health concerns.

(British Columbia) Crisis Line Association of BC: 310-6789
24/7 emotional support, information and resources specific to mental health.

(Manitoba) Manitoba Suicide Prevention & Support Line: 1-877-435-7170
The Manitoba Suicide Prevention & Support Line is for people who are struggling with suicidal thoughts or feelings, concerned about a friend, family, or co-worker, impaired by a suicide or suicide attempt.

(New Brunswick) Chimo HelpLine: 506-450-4357
Chimo is a provincial service which provides a free, confidential and bilingual crisis intervention service to all residents of New Brunswick.

(Newfoundland and Labrador) NL HealthLine 811: 1-888-834-1252
NL HealthLine 811 is a free, confidential, 24-hour telephone line, staffed by experienced registered nurses in our province who can offer health advice, information and connect you to resources and local services.

(Northwest Territories) NWT Health Line: 1-800-661-0844
The NWT Help Line offers free support to residents of the Northwest Territories, 24 hours a day, 7 days a week. It is 100% free and confidential.
(Nova Scotia) Good2Talk Nova Scotia: 1-833-292-3698
Good2Talk nova Scotia provides 24/7 support for university and college students.

(**Nunavut) Kamatsiaqtut Nunavut Helpline:** 1-800-265-3333
24/7 toll-free, anonymous, confidential support in your time of need.

(Prince Edward Island) Call the Island Helpline: 1-800-218-2885
The Island Helpline is a 24/7 free, bilingual, non-judgmental, and supportive telephone service that [provides emotional support, problem solving, and crisis intervention services.

(Quebec) Info-Social 811: 811
Info-Social 811 is a 24/7 confidential telephone service available to anyone who lives in Quebec and who is experiencing a psychosocial problem.

(Saskatchewan) Healthline 811: 811
24/7 mental health and addictions crisis support in a safe and confidential manner.

(Yukon) Yukon Distress & Support Line: 1-844-533-3030
The Yukon Distress & Support Line is a toll-free, Yukon-wide, phone line that provides confidential, anonymous, and non-judgmental support to people in crisis, distress, looking for information, or seeking support.

For ongoing assistance:
BounceBack: https://bouncebackontario.ca/
A free, guided self-help program that's effective in helping people aged 15 and up who are experiencing mild-to-moderate anxiety or depression, or may be feeling low, stressed, worried, irritable or angry.

Children's Mental Health Ontario Centres: cmho.org/findhelp/
100 member organizations operating in every region in Ontario, providing treatment and support to children, youth, and families. Free. No referral required.

Hope for Wellness Help Line: 1-855-242-3310
Offers immediate mental health counselling and crisis intervention to all Indigenous peoples across Canada. Phone and chat counselling is available in English, French, Cree, Ojibway and Inuktitut.

LGBT Youthline Ontario: 647-694-4275 + https://www.youthline.ca/ (chat, text and email currently available)
Ontario-wide peer-support for lesbian, gay bisexual, transgender, transsexual, two-spirited, queer and questioning young people.

(Ontario) ConnexOntario: 1-866 -531-2600 or www.connexontario.ca
Free and confidential health services information for people experiencing problems with alcohol and drugs, mental health and/or gambling. Available 24/7.