

# A ROADMAP FOR FEDERAL ACTION ON STUDENT MENTAL HEALTH



**CANADIAN ALLIANCE OF STUDENT ASSOCIATIONS**  
**L'ALLIANCE CANADIENNE DES ASSOCIATIONS ÉTUDIANTES**

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[ CASA ]

## THE CANADIAN ALLIANCE OF STUDENT ASSOCIATIONS

Through its member-driven structure and grassroots approach, CASA's mission is to advocate for students through policy development and research, awareness campaigns, government relations, and partnerships with other stakeholders.

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## ABBREVIATIONS

**AAU** | ASSOCIATION OF ATLANTIC UNIVERSITIES

**AUCC** | ASSOCIATION OF UNIVERSITIES AND COLLEGES OF CANADA

**CACUSS** | CANADIAN ASSOCIATION OF COLLEGE & UNIVERSITY STUDENT SERVICES

**CIHR** | CANADIAN INSTITUTE FOR HEALTH RESEARCH

**CMHA** | CANADIAN MENTAL HEALTH ASSOCIATION

**CSA** | COLLEGE STUDENT ALLIANCE

**CSLP** | CANADA STUDENT LOANS PROGRAM

**KEC** | KNOWLEDGE EXCHANGE CENTRE

**MHCC** | MENTAL HEALTH COMMISSION OF CANADA

**NSERC** | NATURAL SCIENCES AND ENGINEERING RESEARCH COUNCIL

**PHAC** | PUBLIC HEALTH AGENCY OF CANADA

**POGG** | PEACE, ORDER AND GOOD GOVERNMENT

**PSE** | POST-SECONDARY EDUCATION

**RAP** | REPAYMENT ASSISTANCE PLAN

**RAP-PD** | REPAYMENT ASSISTANCE PLAN FOR BORROWERS WITH PERMANENT DISABILITIES

**SSHRC** | SOCIAL SCIENCES AND HUMANITIES RESEARCH COUNCIL OF CANADA



## EXECUTIVE SUMMARY

Mental health is a growing concern for all Canadians. To date, it is estimated that approximately 20% of Canadians will experience some sort of mental illness in their lifetime.<sup>1</sup> In 2011, roughly 24.1% of the working population was suffering from mental health problems.<sup>2</sup>

The cost of mental illness to society is tremendous. Studies have measured the overall cost of mental illness to the Canadian economy to be well over \$50 billion per year.<sup>3</sup> The economic impact on the labour market is just as concerning. For instance, the Mental Health Commission of Canada (MHCC) estimated that the annual impact on productivity was over \$6.4 billion in 2011 alone, rising to \$16 billion by 2041.<sup>4</sup> The current cumulative 30-year productivity impact is estimated at \$198 billion. Mental illness also affects Canadians in all aspects of their lives, whether it is their personal relationships, their families, their ability to work or study, or even their physical health.

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<sup>1</sup> Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. 2013. Accessible Online: [http://strategy.mentalhealthcommission.ca/wp-content/uploads/2013/03/Case\\_for\\_Investment\\_Mar2013\\_ENG.pdf](http://strategy.mentalhealthcommission.ca/wp-content/uploads/2013/03/Case_for_Investment_Mar2013_ENG.pdf), p.2.

<sup>2</sup> Ibid, p.19.

<sup>3</sup> Smetanin, P. & co. *The Life and Economic Impact of major mental illnesses in Canada: 2011 to 2041*. RiskAnalytica, on behalf of the Mental Health Commission of Canada. Toronto, ON, 2011.

<sup>4</sup> Ibid.

Mental illness affects all Canadians, regardless of their age, and not just those of the working age population. In fact, most people suffering from mental health issues report having developed symptoms before adulthood.<sup>5</sup> In this paper, we will see that youth are particularly vulnerable to mental health problems and illness. We focus our attention on a specific group of young Canadians that are especially exposed to leading determinants of mental illness: youth attending post-secondary education. On a daily basis, post-secondary students experience elevated stress levels, financial difficulties, drug and alcohol-related issues, social pressures, and eating disorders, among other factors known to affect mental health.

This paper explores the role that the federal government plays with respect to mental health policy in the post-secondary education (PSE) sector. Generally, health is thought to be a matter of provincial jurisdiction, but the Canadian Alliance of Student Associations (CASA) believes that the federal government is an important actor that can make a real impact for young Canadians. As the MHCC explains: “The organization and delivery of health and other services are largely the responsibility of the provinces and territories, but there are many areas in which the federal government has an important role and where pan-Canadian initiatives could help all jurisdictions to improve mental health-related outcomes.”<sup>6</sup>

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<sup>5</sup> Manion, I., & Short, K. *Child and youth mental health in Canada: The role of school boards in promoting well-being*. Presentation to the Canadian School Boards Association, Ottawa, 2011. Accessed Online: <https://kec.mentalhealthcommission.ca/partners/sbmhsa/documents/presentations/csba-2011pptx>

<sup>6</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy of Canada*. 2012.

We will thus take a closer look at the scope of the federal government's involvement in this sector. However, keeping in mind that most of the work on the ground is done through the provinces, we seek to provide a broader perspective on policy solutions at the federal level. This does not serve as an extensive guide, strategy, or complete framework for the federal government. Rather, this policy paper offers a basis for federal government involvement in improving the mental health of post-secondary students in Canada.

This policy paper should be viewed as complementary to the strategies and frameworks assembled by various experts inside and outside of the PSE sector. Here, we think of MHCC's national mental health strategy *Changing Directions/ Changing Lives*<sup>7</sup>, the Canadian Association of College and University Student Services' framework *Post-Secondary Student Mental Health: A Guide to a Systemic Approach*<sup>8</sup>, the Association of Universities and Colleges of Canada's (AUCC) guide for Canadian universities *Mental health: A guide and checklist for presidents*<sup>9</sup>, as well as other documents that focus on provincial contexts, like the College Student Alliance's (CSA) policy paper *Mental Health in Ontario's Post-*

*Secondary Education System*.<sup>10</sup> These works focus on specific strategic directions at the institutional level, internal structures, community capacity, campus engagement, crisis management, peer support, student involvement, underrepresented groups, as well as other important, detailed, components overseen by PSE institutions.

This paper mainly addresses five areas of concern regarding mental health and mental illness in the PSE sector:

- (1) The lack of cohesion and collaboration at the Pan-Canadian level
- (2) Stigma associated with mental illness
- (3) Insufficiencies in national data collection on mental health
- (4) Lack of funding in the sector
- (5) The lack of financial support for affected Canada student loan recipients

We address a few key areas whereby the federal government could have a significant impact on improving mental health for youth at the PSE level.

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Accessed Online:

<http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>, p.84.

<sup>7</sup> Ibid.

<sup>8</sup> Canadian Association of College & University Student Services and Canadian Mental Health Association. *Post-Secondary Student Mental Health: Guide to a Systemic Approach*. Vancouver, BC., 2013. Accessed Online: [http://www.cacuss.ca/\\_Library/documents/CACUSS\\_Handbook.pdf](http://www.cacuss.ca/_Library/documents/CACUSS_Handbook.pdf)

<sup>9</sup> Association of Universities and Colleges of Canada. *Mental health: A guide and checklist for presidents*. 2012. Accessed Online: <http://staging.aucc.ca/wp-content/uploads/2012/06/mental-health-checklist-guide-for-presidents-june-2012.pdf>

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<sup>10</sup> Popovic, T. *Mental Health in Ontario's Post-Secondary Education System*. College Student Alliance, 2012. Accessed Online: <http://collegestudentalliance.ca/wp-content/uploads/2013/04/Mental-Health-in-PSE-Tamara-Popovic-May-20121.pdf>



## DEFINING MENTAL ILLNESS AND MENTAL HEALTH

The issue of mental illness in Canada is troubling, affecting more than one fifth of Canadians in their lifetime,<sup>11</sup> and roughly a quarter of the working population on a yearly basis.<sup>12</sup>

The Public Health Agency of Canada (PHAC) characterizes mental illness as “alterations in thinking, mood or behaviour (or some combination thereof), associated with significant distress and impaired functioning over an extended period of time.”<sup>13</sup> As the PHAC explains it, every person experiences short-term distresses over the course of a lifetime. We develop coping mechanisms, but sometimes the duration and intensity of feelings or patterns of thought become overwhelming and people require additional support.<sup>14</sup>

There are many different types of mental illnesses. We can think of more common illnesses, such as depression, anxiety, or eating disorders, but also less common ones, like schizophrenia, dysthymia, or bipolar disorder, among many others.<sup>15</sup> They arise for various reasons and present very different

symptoms, and must be treated as such. A person can suffer from one or several illnesses, and one issue can have downward spiralling effects – a person suffering from anxiety can also become depressed, which could lead to a substance abuse problem, for instance. There is also a link between physical and mental illness. Individuals suffering from physical illnesses can develop mental health problems, and those who suffer from mental illnesses often develop physical symptoms – weight loss, blood biochemical imbalances, etc.<sup>16</sup>

In this paper, we will be discussing ways to tackle mental illness, but also ways to improve mental health in Canada. The two concepts should be distinguished.

Mental health is linked to general health and wellbeing. In its constitution, for instance, the World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>17</sup> Mental health should thus be understood as an essential component of overall health. It encompasses more than the absence of mental disorders and illnesses. Mental health is described as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”<sup>18</sup> The WHO goes so far as to state that mental health is the foundation for the well-being and the successful functioning of a community. The Government of Canada

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<sup>11</sup> Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*, Op.Cit. note 1, p.2.

<sup>12</sup> Ibid.

<sup>13</sup> Public Health Agency of Canada, Health Canada. *A Report on Mental Illness in Canada*. Ottawa, 2002. Accessed Online: [http://www.phac-aspc.gc.ca/publicat/miic-mmhc/pdf/men\\_ill\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/miic-mmhc/pdf/men_ill_e.pdf), p.16

<sup>14</sup> Ibid.

<sup>15</sup> Ibid, p.17; Mental Health Commission of Canada, *Changing Direction, Changing Lives*. Op.Cit, note 6, p.11.

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<sup>16</sup> Public Health Agency of Canada, Health Canada. *A Report on Mental Illness in Canada*. Op.Cit., note 13, p.16.

<sup>17</sup> World Health Organization. *Mental Health: Strengthening our response*. Fact sheet No. 220. Geneva, 2010. Accessed Online: <http://www.who.int/mediacentre/factsheets/fs220/en/>

<sup>18</sup> Ibid.



aligns itself with this school of thought. When implementing programs, the PHAC does not merely attempt to tackle mental illness, but rather tries to promote “positive mental health” in the broader sense. The overarching objective of the PHAC in this domain is to achieve “a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”<sup>19</sup>

The recommendations that stem from this paper also follow the understanding that government programs should not only target issues related mental illness, but general mental health and wellbeing as well. CASA thus seeks solutions to prevent mental illness and promote general mental health for youth at the post-secondary level.



## MENTAL HEALTH, YOUTH, & PSE

So how is this topic relevant to youth at the post-secondary level, and why is mental health promotion such a pressing issue for this cohort of the population?

This is because the onset of a great majority of mental health issues occurs during

adolescence and young adulthood.<sup>20</sup> In fact, 70% of adults living with a mental illness in Canada reported having developed symptoms before the age of 18.<sup>21</sup> Further, Canadians aged 15-24 are most likely to suffer from mood disorders, substance abuse, and are more likely to commit suicide.<sup>22</sup> This is precisely the time of life when many youth are attending or entering post-secondary education.

Post-secondary institutions are ideal locations to target youth that are particularly vulnerable to mental illness. Firstly, institutions regroup massive amounts of youth – nearly two million today<sup>23</sup> – in specific locations across the entire country. Statistics Canada shows that nearly 37% of youth between the ages of 20 and 24 were participating in PSE in 2009.<sup>24</sup> As of 2007, more than 75% of the total population had participated in PSE by the age of 21.<sup>25</sup> This is

<sup>20</sup> Public Health Agency of Canada, Health Canada. *A Report on Mental Illness in Canada*. Op.Cit., note 13, p.20.

<sup>21</sup> Manion, I., & Short, K. *Child and youth mental health in Canada: The role of school boards in promoting well-being*, Op.Cit, note 5.

<sup>22</sup> Statistics Canada, Industry Canada. *Canadian Community Health Survey*. 2012. Accessed Online:

<http://www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.htm>

<sup>23</sup> In the 2010-2011 academic year, 1,955,300 students were enrolled at the post-secondary level. See: Statistics Canada. *Postsecondary Enrolments and Graduates, 2010/2011*.

January 23, 2013. Accessed Online:

<http://www.statcan.gc.ca/daily-quotidien/130123/dq130123a-eng.htm>.

<sup>24</sup> Statistics Canada, Labour Force Survey. <http://www.cli-ica.ca/en/about/about-cli/indicators/know-pse.aspx#chart1>

<sup>25</sup> Statistics Canada, Industry Canada. *Labour Force Survey*. As cited in : Canadian Council on Learning. *Composite Learning Index. Learning to Know : Participation in Post-Secondary Education*. 2010. Accessed Online :

<sup>19</sup> Public Health Agency of Canada, Health Canada. *Mental Health Promotion: Promoting Mental Health Means Promoting Ourselves*. Accessed Online: <http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/index-eng.php>



simply too big a number to ignore. Students also make crucial life decisions that will impact them for the rest of their lives. Mental health is an incredibly important element for students to succeed throughout their studies and in the labour force shortly thereafter.

Students in particular are susceptible to mental health problems. For instance, stress and anxiety run high in post-secondary institutions, placing students in a vulnerable position. Academic pressures, financial constraints, time management issues, and concerns over future careers, are all causes of elevated stress levels for students,<sup>26</sup> and which may lead to mental health problems. In a recent survey conducted at Queen's University, 90% of respondents stated that they experienced stress in the course of their studies – 30% reported average stress levels, 40% reported above-average levels, and 20% qualified their stress levels as “tremendous”.<sup>27</sup> According to this study, consequences of this stress included mental health problems (62%), decreased academic performance (60%), ill health (57%), and missed school or work (48%).<sup>28</sup> Students' quality of life is most definitely affected by the very nature of attending post-secondary, and mental health thus becomes a primary area of concern.

The mental health of students is a pressing issue at universities and colleges across the country. A recent Canada-US report shows, for instance, that an increasing amount of students on campus are being prescribed

psychiatric medication for pre-existing conditions. As of 2012, that percentage had increased to 24.4%, up from 9% in 1994. In addition, 88% of student health services directors across Canada, when surveyed, have reported greater amounts of students with severe psychological problems accessing their service.<sup>29</sup> Across the entire post-secondary sector, most institutions have noted an increase in the number of students with mental health problems.<sup>30</sup> David Turpin, President at the University of Victoria, predicts that mental health issues are going to be the leading cause of disability at Canadian universities by 2020.<sup>31</sup>

Mental illness does in fact follow students throughout their academic careers and beyond. As the PHAC explains, “this affects educational achievement, occupational or career opportunities and successes, and the formation and nature of personal relationships. The effect extends throughout an individual's life.”<sup>32</sup> Affected youth see the impact well before they reach the workforce. For instance, studies show that depression is a significant predictor of a lower GPA and a higher probability of dropping out.<sup>33</sup> Poor mental health can also reduce the perceived

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<http://www.cli-ica.ca/en/about/about-cli/indicators/know-pse.aspx#chart1>

<sup>26</sup> Clapham, L., & co. *Towards a Mental Health Strategy for Queen's: A Discussion Paper*. Queen's University, Principal's Commission on Mental Health. June 2012. Accessed Online: <http://www.queensu.ca/cmh/resources/1cmhdiscussionpaperJune2012.pdf>, p.9.

<sup>27</sup> Ibid, p.8.

<sup>28</sup> Ibid.

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<sup>29</sup> Gallagher, R.P. *National Survey of College Counselling, 2012*. University Of Pittsburgh, The International Association of Counseling Services, Inc. Pittsburgh, PA, 2012. Accessed Online: <http://www.iacsinc.org/NSCCD%202012.pdf>, p.12.

<sup>30</sup> Clapham, L., & co. *Towards a Mental Health Strategy for Queen's: A Discussion Paper*, Op.Cit, note 26, p.10.

<sup>31</sup> Ibid.

<sup>32</sup> Public Health Agency of Canada, Health Canada. *A Report on Mental Illness in Canada*. Op.Cit., note 13, p.20

<sup>33</sup> Eisenberg, D., Golberstein, & E., Hunt, J. *Mental Health and Academic Success in College*. B.E. Journal of Economic Analysis and Policy. May 2009. Accessed Online: <http://www-personal.umich.edu/~daneis/papers/MHacademics.pdf>, p.4.

marginal return to continuing school.<sup>34</sup> Studies show depression decreases one's performance while in school, reducing both the accrual of real skills and outward signals, such as graduating with a high GPA. Depression also decreases expected future mental health, lowering expected productivity in future employment outcomes. Additionally, it has been shown that poor mental health shortens the period of time over which a person expects to be in the labour force. Due to the lower marginal return to schooling, these factors in balance have been shown to cause a decrease in educational attainment and an increase in the likelihood of dropping out.<sup>35</sup>

If gone untreated, mental illness will follow youth into the labour market. Among 20-29 year-olds, including those just entering the work force, mental illness is prevalent and problematic.<sup>36</sup> This is a concern for all Canadians. In the work place, mental illness inhibits productivity by affecting absenteeism or leaving the workforce all together.<sup>37</sup> Without a doubt, this contributes to the overall economic impact of mental illness that we discussed above.

Further in this paper, we will take a closer look at issues of concern in connection with mental health in PSE, including the barriers to accessing mental health services, serious deficiencies in funding, the disconnect between mental health-related programs and initiatives nationwide, as well as the lack of financial support for affected youth. The underlying issue remains, however, that mental health and mental illness is a pressing matter in the realm of PSE; policy changes in this field will not only positively

affect students across the country, but all Canadians as well.



While mental health is a pressing issue, many believe that health is solely a provincial matter and that it is the responsibility of the provincial governments to take action. This is not exactly the case.

### ***Two Competing Jurisdictions***

There is much controversy over which authority exercises power over matters of health in Canada. It has been a constitutional debate for years. This is due to the fact that the Constitution Act, 1867, is rather unclear as to whether the provinces or the federal government have the constitutional jurisdiction to enact laws regarding the provision of health services. Article 92 (7) gave authority to the provinces over "the establishment, maintenance, and management of hospitals, asylums, charities, and eleemosynary institutions in and for the province, other than marine hospitals"<sup>38</sup>. Article 91 (11), on the other hand, gave authority to the federal government over "quarantine and the establishment and maintenance of marine hospitals".<sup>39</sup> The Constitution was therefore silent in the matter of health care.

In truth, the Constitution is a reflection of the times in which it was enacted, and at the

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<sup>34</sup> Ibid, p.5.

<sup>35</sup> Ibid.

<sup>36</sup> Mental Health Commission of Canada, *Making the Case for Investing in Mental Health.*, Op.Cit., note 1, p. 13.

<sup>37</sup> Ibid.

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<sup>38</sup> *Constitution Act, 1867* 30 & 31 Vict., R.-U., c. 3, Section 92(7)

<sup>39</sup> Ibid, section 91.

time, personal health was seen by society as a purely private matter.<sup>40</sup> Social norms began to change in the 1940s, whereby Canadians started to value the idea of health insurance programs and provincial health plans;<sup>41</sup> all provinces were on board with public health care plans by the 1960s,<sup>42</sup> but questions over separation of powers remained.

In Canadian constitutional Law, we settle imprecisions through the judicial system. Indeed, the courts are tasked with the final analysis to interpret constitutional provisions and attribute them meaning, content, and scope when matters are unclear.<sup>43</sup> Early on, case law gave a liberal interpretation to the provincial jurisdiction over health,<sup>44</sup> largely due to the fact that article 92(16) of the Constitution Act, 1867, assigned the provinces jurisdiction over matters of private or local nature, and health care has largely been viewed this way.<sup>45</sup> Other provisions that are often used to explain provincial jurisdiction over health are 92(7), jurisdiction over the establishment of hospitals, 92(13), power over property and civil rights in the province, and 93, authority over education.<sup>46</sup> “Taken individually or together, these provisions are seen as assigning the provinces primary authority for health, in the form of hospital or health care services, the

practice of medicine, training of health professionals and regulation of their profession, hospital and health insurance, and occupational health,” explains Canadian constitutionalist André Braen.<sup>47</sup> Thus, health is widely viewed and practiced as a provincial matter, and the argument is often made that the federal government does not really have a role. However, this could not be further from the truth.

Very early on, the federal government made it a point to play a leading role in the deliverance of health services in Canada through federal-provincial transfers, direct programs, or conditional grants.<sup>48</sup> Parliament passed the *Hospital Insurance and Diagnostic Services Act* in 1957, as well as the *Medical Care Act* in 1966, with the clear goal “to share between the two levels of government the costs of implementing a public hospitalization and medical care plan.”<sup>49</sup> The two Acts listed criteria that the provinces needed to abide by with respect to the implementation of provincial health plans in order to qualify for federal grants. In doing so, Parliament carved itself a very active and important role in the field of health, all without altering the constitutional distribution of powers.<sup>50</sup>

Constitutionally, federal jurisdiction over health derives from three sources: Parliament’s prerogative to legislate in the area of criminal law, the federal government’s spending power, as well as Parliament’s constitutional mandate to ensure peace, order and good government (POGG).<sup>51</sup> We are mainly interested in the latter two.

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<sup>40</sup> Braen, A. *Health and the Distribution of Powers in Canada*. Discussion Paper No.2. Commission on the Future of Health Care in Canada. Ottawa, ON. 2002, p.4.

<sup>41</sup> Canadian Bar Association. *What’s Law Got To Do with It?* Report of the Task Force on Health Care, 1994, p.3.

<sup>42</sup> Ibid.

<sup>43</sup> Braen, A. *Health and the Distribution of Powers in Canada*, Op.Cit, note 40, p.4.

<sup>44</sup> Ibid, p.8.

<sup>45</sup> Lajoie, A. & Molinari, P.A. *Le partage constitutionnel des compétences en matière de santé*, (1978) 56 Canadian Bar Review: 581, 597.

<sup>46</sup> Braen, A. *Health and the Distribution of Powers in Canada*, Op.Cit, note 40, p.7.

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<sup>47</sup> Ibid.

<sup>48</sup> Ibid, p.4.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Canadian Bar Association. *What’s Law Got To Do with It?* Op. Cit, note 41, p. 2-14. As cited

## SPENDING POWER

In Canada's federated system, one level of government can spend money in areas that fall under the jurisdiction of the other, provided that it does not attempt to control or regulate those areas.<sup>52</sup> This authority derives from three provisions in the *Constitution Act, 1867*: subsection 91(3), the federal taxation power, subsection 91(1A), the authority to make laws with regard to public property, and section 106, the power to appropriate federal funds.<sup>53</sup> The way this power is usually carried out is that the federal government allocates funds in areas of provincial jurisdiction, and it determines conditions that the provinces must abide by in order to be eligible for this funding. Often, this comes in the form of "national standards".<sup>54</sup> It was decided by the Supreme Court of Canada that withholding funds from the provinces on the basis that they don't abide by these national standards does not in itself amount to regulating a matter of provincial jurisdiction.<sup>55</sup>

The provinces usually follow national standards set by the federal government for a given program, due to the fact that a refusal amounts to refusing to participate in the initiative, in which case taxpayers would continue to pay for the program through their federal taxes without reaping the benefits. It is thus a tool to exercise authority in an area that typically falls under provincial jurisdiction. According to Braen, "...federal

activity in the field of health care is a clear affirmation of federal spending power".<sup>56</sup>

This spending power is a right, but also a responsibility that the federal government can be held to in areas of importance like health care.

## PEACE, ORDER, AND GOOD GOVERNMENT

Section 91 of the *Constitution Act, 1867*, allows Parliament "to make laws for the peace, order, and good government of Canada."<sup>57</sup> This federal authority is available in times of crisis, as well as in matters of national concern.<sup>58</sup> The general jurisdictions over health care would derive from the second source; that is, matters that concern the entire federation. In order to qualify as such, an issue must be indivisible – impossible for each province to tackle it individually, or requiring cooperation of all provinces, "without which the country would suffer."<sup>59</sup>

There is very little case law to provide indications as to how POGG could be used in specific matters of health. The degree to which it can be used thus remains an open question,<sup>60</sup> but it can certainly be invoked in the constitutional context pertaining to health.

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in <sup>51</sup> Braen, A. *Health and the Distribution of Powers in Canada*, Op.Cit, note 40, p.10.

<sup>52</sup> Brun, H. & Tremblay, G., *Droit constitutionnel*, 3rd ed., Edition Yvon Blais, Montréal, 1997, p.443-444.

<sup>53</sup> Gibson, D., *The Canadian Health Act and the Constitution*, (1996) 4 Health Law Journal, 1-5

<sup>54</sup> Braen, A. *Health and the Distribution of Powers in Canada*, Op.Cit, note 40, p.12.

<sup>55</sup> *Re Canada Assistance Plan*, [1991] 2 S.C.R. 525.

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<sup>56</sup> Braen, A. *Health and the Distribution of Powers in Canada*, Op.Cit, note 40, p.12.

<sup>57</sup> *Constitution Act, 1867*, Op.Cit., note 38, section 91.

<sup>58</sup> Tiedemann, M. *The Federal Role in Health and Health Care*. Parliamentary Information and Research Service, Library of Parliament. 2008. Accessed Online: <http://www.parl.gc.ca/content/lop/research/publications/prb0858-e.htm>

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.



## SOLVING THE ISSUE THROUGH SOCIAL POLICY AND COHESIVE POLITICAL ACTION

Constitutionally, it is rather clear that primary control over health care belongs to the provinces, but certain components fall under federal authority through specific powers – namely its spending power and POGG. However, though the rules of law can be used to identify the rights and responsibilities of each level of government in this field, they “cannot solve the problems currently plaguing the health care system.”<sup>61</sup> We require the participation of both levels of government to tackle issues in this sector; what we need is cohesive social policy to take place. As Braen brilliantly states, “it is through political action that any development concerning the role played by each level of government in this field must take shape.”<sup>62</sup> And on many levels, this is what has occurred within our federation. It is the reason why we have a federal health portfolio, including Health Canada and the Public Health Agency of Canada, which are both run by a Minister of Health. It is also the reason why we have seen federally mandated agencies and organizations set in place to tackle health issues. The best example that applies in our situation is the MHCC, which has received a ten-year mandate from Health Canada to lead initiatives and projects, and make recommendations to improve systems related to mental health care in Canada.<sup>63</sup>

Canadians have recognized the importance of having both provincial and national

initiatives take place in this field. In real terms, health care truly is a shared responsibility between the provinces and the federal government, and this includes the provision of mental health services to all Canadians. Therefore, we need to recognize how the federal government can (and should) get implicated in initiatives regarding the detection, prevention, and intervention of mental illness in Canada, and hold them accountable for those responsibilities that are rightfully theirs.

This can include, but is not limited to, leading and implementing mental health programs nationwide, coordinating efforts and initiatives at a Pan-Canadian level, providing greatly needed financial contributions to regional or provincial health care providers (both public and private stakeholders) through direct grants and the federal-provincial transfers, or playing a supportive role on various levels. In many ways, some of these responsibilities actually fall under the PHAC’s mandate, whose role it is to promote health, prevent and control chronic diseases, and to “strengthen inter-governmental collaboration on public health and facilitate national approaches to public health policy and planning,”<sup>64</sup> among others. We will be looking at this issue in the next section.



## ADDRESSING PRESSING CONCERNS: RECOMMENDATIONS

There are in fact countless areas requiring attention in the area of mental health at the

<sup>61</sup> Braen, A. *Health and the Distribution of Powers in Canada*, Op.Cit, note 40, p.18.

<sup>62</sup> Ibid.

<sup>63</sup> Mental Health Commission of Canada. *About MHCC*. Accessed Online : <http://www.mentalhealthcommission.ca/English/who-we-are>

<sup>64</sup> Public Health Agency of Canada, Health Canada. *About the Agency : Mandate*. Accessed online : [http://www.phac-aspc.gc.ca/about\\_apropos/index-eng.php](http://www.phac-aspc.gc.ca/about_apropos/index-eng.php)

post-secondary level. CASA has identified a few pressing issues that can and should be addressed by the federal government through different means. However, this remains a non-exhaustive list of recommendations to the government, recognizing that its role stretches far beyond this point.

We will be focusing on five problematic areas:

- (1) The disconnect between initiatives, as well as the lack of cohesion among health care providers at the local, regional, and national level;
- (2) The stigma associated with students suffering from mental health problems;
- (3) The lack of data and information pertaining to mental health and mental illness related to youth;
- (4) The lack of federal funding for mental health initiatives and programs in PSE;
- (5) Financial support systems at the federal level for students or recent graduates affected by mental illness.

We will see where the federal government can make improvements in these spheres.



### **ELIMINATING THE DISCONNECT AND CREATING COHESION NATIONWIDE: A PAN-CANADIAN APPROACH AIMED FOR POST-SECONDARY INSTITUTIONS**

The federal and provincial governments are working toward the implementation of policies and programs in the field of mental health, as are various organizations in the public and private sectors alike. Post-secondary institutions are also moving in the same direction.

While government is beginning to address certain issues, mental health efforts at the post-secondary level are still widely one-dimensional and disconnected from other initiatives taking place at the local, provincial, and federal levels. There is very little communication among institutions and within regional circles in this field. On their own, programs that seek to improve waiting times, service delivery mechanisms, or intervention measures, are a step in the right direction, but the lack of cohesion nationwide is limiting the potential that post-secondary institutions could reach with respect to mental health prevention, detection, and intervention on campuses.

Health experts explain that initiatives are too often undertaken in isolation, or focus on one aspect of the “Healthy Living” issue.<sup>65</sup> It is believed that intersectoral cooperation is critical because addressing health issues goes far beyond the mandate of one sector alone. “Success requires that all sectors work together to effect change,” explain various experts at the PHAC.<sup>66</sup> Some institutions have already begun to address this issue. For example, in 2007 Mount Allison University counsellors created a database of local mental health service providers in order to help with referral efforts and to increase its network and partnerships.<sup>67</sup> Institutions have in-large identified the need to create

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<sup>65</sup> Public Health Agency of Canada, Health Canada. *The Pan-Canadian Healthy Living Strategy*. 2010. Accessed Online: <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchlsinfo-spimmvrens-eng.php>.

<sup>66</sup> Ibid.

<sup>67</sup> Hanlon, C. *State of Mental Health: Addressing Mental Health Issues on university campuses*. Association of Universities and Colleges in Canada. 2012. Accessed Online: <http://www.aucc.ca/wp-content/uploads/2012/06/mental-health-state-of-mind-university-manager-article-summer-2012.pdf>, p.5.



partnerships with private organizations and build on resources in the public health care system, medical authorities, community health providers, and institutions.<sup>68</sup>

Several organizations have expressed the necessity for Canadian institutions – public and private alike – to create a vast array of networks through the implementation of a nationwide strategy on mental health. In their detailed mental health strategy, *Changing Directions/Changing Lives*, the MHCC made a series of recommendations to be implemented by various stakeholders, including federal and provincial governments, regional actors, private entities, health care providers, as well as the general public. They specifically call for collaborative work among governments and various agencies to ensure the successful implementation of the strategy.<sup>69</sup> “Committed leadership at many levels is required. People with lived experience and their families must work together with governments and leaders from many sectors, both public and private, to achieve the common priorities presented in this Strategy.”<sup>70</sup> CACUSS and the Canadian Mental Health Association (CMHA) also produced a strategy, complementing the MHCC’s work, that specifically relates to post-secondary institutions. Among other things, they too call for the creation of partnerships with external partners as a means to build on community capacity; it is viewed as a practical way to publicize, to staff and students, all health services available at the local and national level.<sup>71</sup>

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<sup>68</sup> Ibid.

<sup>69</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy of Canada* Op.Cit, note 6, p.130.

<sup>70</sup> Ibid, p.131.

<sup>71</sup> Canadian Association of Colleges and University Student Services, Canadian Mental Health Association. *Post-Secondary Student*

Likewise, there is clear indication that institutions, governments, and other stakeholders should work together to create policy frameworks to help guide mental health strategies in the post-secondary sector.

Without concerted efforts, though, how could these strategies, programs, and initiatives be implemented efficiently? In its strategy, the MHCC discusses the value of a Pan-Canadian strategy as a way to “help all jurisdictions to improve mental health-related outcomes.”<sup>72</sup> Likewise, CASA believes that a pan-Canadian approach to mental health detection, prevention, and intervention for post-secondary students in Canada can effectively tackle some of the most pressing issues.



### **COORDINATED EFFORTS, INFORMATION - SHARING, AND THE MOBILISATION OF STAKEHOLDERS ACROSS THE COUNTRY THROUGH THE PAN-CANADIAN HEALTHY LIVING STRATEGY**

Canada already has in place a potential mechanism for implementation: the Pan-Canadian Healthy Living Strategy. Indeed, in 2002, the Federal, Provincial and Territorial Ministers of Health came together to form the Strategy.<sup>73</sup> Under the umbrella of the Public Health Agency of Canada (PHAC), many sector stakeholders partnered on the long-term project. These stakeholders included federal and provincial governments, non-governmental organizations, private sector

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*Mental Health: Guide to a Systemic Approach.* Op., Cit, note 8, p.30.

<sup>72</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives.* Op. Cit., note 6, p.84.

<sup>73</sup> Health Canada, Public Health Agency of Canada. *The Pan-Canadian Healthy Living Strategy.* Op.Cit., note 65.



industry, as well as Indigenous organizations, among others. The purpose of the Strategy is for these various agencies to work together in all sectors to improve overall health for Canadians and to reduce disparities in health across the country. The Strategy encompasses the entire population with a particular emphasis on vulnerable groups, such as children and youth, people in isolated or rural areas, and Indigenous communities. The desired approach is to build on existing strategies and initiatives in an integrated and coordinated way, and to intervene in health at various levels: through public education, policy, legislation and regulations, fiscal measures, advocacy, social marketing, and community action.<sup>74</sup>

So how could this positively influence mental health outcomes for post-secondary students? By integrating mental health into the Strategy's framework. In 2003, the Strategy implemented the Integrated Pan-Canadian Healthy Living Strategy Framework, in which mental health was identified as a future area of emphasis. In 2008, with support from the PHAC, the Mental Health Issue Group was created in an effort to contribute to efforts in mental health promotion and illness prevention "by supporting research, evidence-based policy, practices and activities, including others that integrate with other relevant initiatives."<sup>75</sup> In 2010, the *Strengthened Integrated Pan-Canadian Healthy Living Strategy Framework* came into effect, whereby addressing opportunities for mental health promotion was identified as a priority. However, there seems to be very little movement on that file,

and efforts to address mental health issues for youth at the post-secondary level have been minimal.

CASA believes that the PHAC can play a greater role in addressing mental health issues for youth by making the detection, prevention, and intervention of mental health a priority within the *Strengthened Integrated Pan-Canadian Healthy Living Strategy Framework*. By doing this, the PHAC could make use of an already-existing framework to connect stakeholders in the field. It would enable the creation of networks made up of various experts, including government agencies, non-governmental and private-sector organizations, local health care providers, mental health councillors, as well as post-secondary institutions themselves.

They could work collaboratively to effect change with respect to mental health on campus by conducting and sharing research, collecting data, developing networks and connecting actors in the field (councillors, administrators, academics, local stakeholders and health care providers, etc.) so that they may work together to provide better services in the community, creating common mental health indicators, discussing best practices and ways to promote general mental health on campus, implementing programs that have worked for others, and maximizing resources.

One example of the kind of positive outcome that could come of this Pan-Canadian Framework is to connect PSE institutions with local, regional, and provincial stakeholders in an effort to strengthen their campus' mental health strategies. Each campus should be equipped with their own internal plan, outlining their general wellness framework as well as all available mental health services for students at the institution. Strengthening this network would deepen their strategies by enabling PSE institutions

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<sup>74</sup> Ibid.

<sup>75</sup> Public Health Agency of Canada, Health Canada. *The 2008 Report on the Integrated Pan-Canadian Healthy Living Strategy*. 2008. Accessed Online: <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs/2008/pdf/ripchl-rspimmvs-2008-eng.pdf>, p.13.

to create additional support systems for students outside campus and within the community.

This is precisely the kind of Pan-Canadian initiative that the MHCC calls for in its national strategy. It is part of its main strategic directions (strategic direction 6), calling for the mobilisation of leadership, knowledge improvement, and collaboration at all levels. In the strategy, the MHCC outlines the various roles and responsibilities that the federal government should take on through collaborative work and Pan-Canadian initiatives. “Strengthening data collection, expanding research capacity, and doing more to share knowledge about what works to foster recovery and well-being across the population would all contribute to progress. Measuring this progress across the country is essential and will require common indicators and measures.”

The first step, then, is for the PHAC to prioritize this issue in the context of the Pan-Canadian Healthy Living Strategy Framework.



## RECOMMENDATION

**CASA recommends that the Public Health Agency of Canada review the current Strengthened Integrated Pan-Canadian Healthy Living Strategy Framework and make mental illness detection, prevention, and intervention for youth in post-secondary an imminent priority. This includes, but is not limited to, enabling the following initiatives:**

- **The creation of databases and other resources at the national level that will**

**facilitate information-sharing with respect to existing programs, new and ongoing research, best practices, and other initiatives. The government should build on programs and networks that already exist in this domain, namely MHCC’s Knowledge Exchange Centre.**

- **The mobilisation and collaboration among experts, health care providers, mental health counsellors on campus and in the community, scholars, and other actors in the field at various levels: campus, community, provincial, and federal.**
- **Greater funding for research and mental health initiatives or programs at the campus level.**
- **Education and training programs for students and staff that work directly with students on campuses.**
- **Data collection and research**
- **Connect PSE institutions, with each other, as well as with community health care providers and stakeholders outside the PSE sector, to discuss delivery mechanisms, ways to improve services, and methods to foster general mental health for students.**



### A PAN-CANADIAN FORUM FOR THE CREATION OF MENTAL HEALTH POLICY FRAMEWORKS

Another important issue on the topic of mental health in the PSE sector is the lack of cohesive policy solutions at the institutional, regional, and provincial level. Many PSE institutions are now equipped with an internal mental health policy to direct their students toward available services, resources, and delivery mechanisms. Carleton University has developed its own framework, for

instance,<sup>76</sup> and so has Queen's University.<sup>77</sup> The University of Waterloo is also well on its way as it works toward the implementation of a strategy based on a set of recommendations from 2011.<sup>78</sup> Yet again, however, these frameworks are largely one-dimensional and do not focus on community, regional, provincial, or even national realities.

There is a clear need to coordinate efforts in order to develop and implement systematic approaches to mental wellness and mental health services on Canadian campuses. Institutions require systems or strategies that maximize community-based resources and include regional or provincial considerations. Many leaders and organizations in PSE have recognized the need for collaborative efforts that are systematically oriented. Robert Campbell, president of Mount Allison University and chair of a mental health working group with the AUCC, has been spearheading a national effort to create a "roadmap" for mental health services on Canadian campuses, which is meant to help

Universities respond better to mental health issues.<sup>79</sup>

In an opening statement at an AUCC workshop about mental health issues in 2012, Campbell focused on the importance of developing good policy, and what this may entail. While implementing policy is of the utmost importance, he explained that this is not something that institutions can do alone. "We are not mental health experts," said Dr. Campbell.<sup>80</sup> He went on to explain that this kind of initiative requires the collaboration of schools, parents, healthcare providers, mental health advocacy groups, and governments.<sup>81</sup> Further to this, in the context of a conference for the Association of Atlantic Universities (AAU) in November 2012, he also called for the development of both institutional and regional policy frameworks and approaches to the issue of mental health among East Coast institutions.<sup>82</sup>

Various organizations in the sector have followed suit. The CSA, for instance, has recommended that the Government of Ontario work toward a collaborative policy framework for mental health in the PSE sector. Speaking about the importance of implementing a policy scheme at the provincial level, they say: "The creating of a policy framework would go a long way to help

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<sup>76</sup> Carleton University. *Student Mental Health Framework: A Guide To Supporting Students in Distress*. Office of the Associate Vice-President. 2009. Accessed Online:

<http://carleton.ca/student-support/wp-content/uploads/Carleton-University-Student-Mental-Health-Framework1.pdf>

<sup>77</sup> Queen's University. *Student Mental Health and Wellness: Framework and Recommendations for a Comprehensive Strategy*. Report of the Principal's Commission on Mental Health. November 2012. Accessed Online:

<http://www.queensu.ca/cmh/index/CMHFinalReport.pdf>

<sup>78</sup> Read, C. *Mental Health and Wellness: Select Recommendations*. University of Waterloo, 2011. Accessed Online: <https://uwaterloo.ca/mental-health-wellness/select-recommendations>

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<sup>79</sup> Tamburri, R. *Universities to Examine their Role in Students' Mental Health*. University Affairs, Feb.6, 2012. Accessed Online: <http://www.universityaffairs.ca/universities-to-examine-their-role-in-students-mental-health.aspx>

<sup>80</sup> Ibid.

<sup>81</sup> Ibid.

<sup>82</sup> Association of Atlantic Universities. *Universities and Mental Health: Developing a Regional Approach to Helping Students*. AAU's Policy Paper Series No.2012-04. 2012. Accessed Online: <http://www.atlanticuniversities.ca/blog/public-policy-paper-series/universities-and-mental-health-developing-regional-approach-helping->

institutions organize, collaborate, and address mental health issues across the province in a systematic and strategic way.”<sup>83</sup>

Thus, we can see that the PSE community is supportive of the idea of creating policy schemes at the regional, provincial, and national level. The multidimensional component to this is very important here. We have to recognize that, across the board in the PSE sector, there are both similar and different needs to address with respect to mental health issues. At the institutional level, for instance, two universities on the East coast may need to meet different requirements to reach the student population that is most at-risk of mental illness, yet those two institutions must work with the same community-based organisations and deal with similar regional factors like poverty and youth employment barriers. At the same rate, both a university in British Columbia and a college in Manitoba may need to build a framework around their large Indigenous student populations, all while needing to adjust for their programs due to differences in provincial laws and available health services. And at the national level, all Canadian students may be exposed to similar trends and difficulties, which also need to be taken in consideration through policy initiatives – financial barriers, education-related stress, difficult career choices and a depleted labour markets for youth, an overall rise in substance abuse or eating disorders, etc. At each stage, we need to implement cohesive policy frameworks that address the needs of students across the board.

In doing so, the federal government is well placed to create a forum made up of provincial governments, regional actors, and other stakeholders in the mental health sector, in order to facilitate the

implementation of policy frameworks that could be instituted in each institution, region, province, and at the Pan-Canadian level.



## RECOMMENDATION

**CASA recommends that the federal government facilitate a mental health forum at the Pan-Canadian level, aimed at developing multi-dimensional policy frameworks to address mental health issues in the PSE sector in a strategic and systematic manner.**

**This forum should include the participation of colleges and universities across Canada, engaged or affected citizens, local organizations, health-care providers, municipal leaders, in addition to provincial governments and other stakeholders in the field.**



### TACKLING STIGMA

Improving mental health services on campus is a necessary step, but we must also ensure that students are seeking the help that they need. The stigma surrounding mental health often prevents individuals from pursuing help, even when resources are at their disposal.<sup>84</sup>

Stigma is a form of stereotyping, distrust, fear, or avoidance of mental illness. It can have a number of impacts on one's quality of life, ranging from preventing someone in

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<sup>83</sup> Popovic, T. *Mental Health in Ontario's Post-Secondary Education System*. Op.Cit, note 10, p.12.

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<sup>84</sup> Hanlon, C. *State of Mental Health: Addressing Mental Health Issues on university campuses..* Op.Cit., note 67, p.2.

pursuing treatment, to making it difficult to obtain work, to undermining one's feelings of self-worth.<sup>85</sup> Individuals suffering from mental illness are labelled based on the way they look, their behaviour, the treatment they may pursue, their socio-economic status, and often because of the negative portrayal of mental health illness that is prevalent in the media.<sup>86</sup> "Individuals with mental illness are stereotyped as dangerous, unpredictable, and as weak-willed. Along with the stigma faced by the individual, associative stigma can impact the family and friends of that person," explains the CMHA.<sup>87</sup> Canadians still greatly fear the idea of mental illness, and discrimination persists to this day. In fact, the Mood Disorders Society of Canada (MDSC) found that 67% of Canadians agree that depression is a form of disability, yet most feel that physically disabled people are more suitable for positions as volunteers, teachers, police officers, and parents than those that are chronically depressed.<sup>88</sup> It was also found that Canadians are more comfortable around physically disabled people than with people suffering from depression.

For students, the fear of carrying a label on campus can prevent them from seeking help in the first place. Heather Stuart, an MHCC consultant on issues surrounding stigma and

a professor at Queen's University, states: "We need to ensure students not only know what services are available but also that, if they access them, their academic careers are not going to be in jeopardy. That message has to be consistent at every level."<sup>89</sup> The need for greater awareness on the topic of mental illness is evident. As Dr. Campbell, president of Mount Allison University, states: "We have to de-stigmatize the issue and make it something that we talk about in the normal course of doing our business."<sup>90</sup>

So what can we do to improve the situation on campuses across the country? We can implement anti-stigma campaigns aimed at reducing stigma associated with mental illness. Experts have widely accepted that stigma reduction efforts through education, especially targeted at youth, can decidedly increase understanding among the public and decrease discrimination against people suffering from mental illness.<sup>91</sup> More specifically, CMHA states that educational material that engages its audience emotionally and intellectually has proven to be the most effective means,<sup>92</sup> in that it increases favourable attitudes and decreases perceived dangerousness.<sup>93</sup> The MHCC has come to similar findings. In 2012, the commission conducted a study at the high school level through its *Opening Minds* Program, and found that students responded very well to hearing stories and interacting on

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<sup>85</sup> Whalen, D. *The Stigma Associated with Mental Illness*. Canadian Mental Health Association. 2006. Accessed Online: <http://www.cmha.nl.ca/pdf/Stigma.pdf>.

<sup>86</sup> Scheffer, R. *Addressing Stigma: Increasing public understanding of mental illness*. Centre for Addiction and Mental Health. Toronto, ON., May 2003. Accessed Online: [https://knowledgex.camh.net/policy\\_health/diversity\\_hr/Documents/addressing\\_stigma\\_senatepres03.pdf](https://knowledgex.camh.net/policy_health/diversity_hr/Documents/addressing_stigma_senatepres03.pdf)

<sup>87</sup> Whalen, David. *The Stigma Associated with Mental Illness*. *Op.Cit.*, note 85.

<sup>88</sup> Mood Disorders Society of Canada. *Quick Facts: Mental illness & addiction in Canada*. Guelph. 2006.

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<sup>89</sup> Hanlon, C. *State of Mental Health: Addressing Mental Health Issues on university campuses*. *Op.Cit.*, note 67, p.2.

<sup>90</sup> <http://www.universityaffairs.ca/universities-to-examine-their-role-in-students-mental-health.aspx>

<sup>91</sup> Whalen, David. *The Stigma Associated with Mental Illness*. *Op.Cit.*, note 85.

<sup>92</sup> *Ibid.*

<sup>93</sup> Scheffer, R. *Addressing Stigma: Increasing public understanding of mental illness*. *Op.Cit.*, note 86.

a personal level with people affected with mental illness.<sup>94</sup>

As it stands, the MHCC has been mandated by the federal government to tackle the issue of stigma associated with mental health and change the way Canadians perceive mental illness. Through the *Opening Minds* Program, it has implemented an important anti-stigma initiative, involving large-scale public education campaigns, among other targeted measures. Instead of trying to address the issue nationwide, the initiative has narrowed in on four key groups in the population: health care providers, youth 12-18, the workplace, and the news media. These groups have been identified as important catalysts to generate positive societal changes in the area of mental illness stigma, and campaigns tend to be aimed at creating awareness within those groups.

CASA believes that youth in post-secondary institutions should also be included as a target population for MHCC's anti-stigma campaigns. As previously mentioned, youth of the age of a majority of post-secondary students are most vulnerable to suffer from mood disorders, depression, suicide, and other mental illnesses. Post-secondary institutions are ideal locations for campaigns, as they regroup large numbers of youth in a single location and offer an environment that is conducive to learning and creating awareness.

MHCC has already made considerable progress in this matter by creating and facilitating partnerships with post-secondary institutions, aimed at developing large networks of researchers to work with target

programs on the topic of stigma.<sup>95</sup> They have also launched their *Mental Health First Aid* initiative, which seeks to educate and bring awareness to the community on mental health and mental illness. These programs and initiatives tackle the issue wonderfully. Nonetheless, we know that stigma still greatly affects students' ability and willingness to seek help from their institution's mental health services. As contact-based campaigns have shown to yield results, they could potentially play a key role in reducing stigma associated with mental illness for an entire generation of Canadians.

In order to assist the MHCC's efforts to set up anti-stigma campaigns on campuses across the country, CASA calls upon the federal government for funding support. The MHCC already operates on a strict budget to fund all of their initiatives. For instance, they currently receive \$15 million per year to cover the *Opening Minds* initiative, the national strategy, as well as the Knowledge Exchange Program. In order to effectively and efficiently deliver anti-stigma campaigns on campuses across the country, CASA recommends that the federal government provide dedicated funding in the amount of no less than \$4.5 million per year to effectively execute such a campaign. This should allow the MHCC to run campaigns on post-secondary campuses across the country, which would cover anti-stigma advertising as well as contact-based education.

Canada is in dire need of a population that is more aware of mental illness and its effects on members of their community. Research shows that anti-stigma campaigns

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<sup>94</sup> For the official report detailing the results of the extensive study, see : Koller, M. & Co. *Opening Minds in High Schools : Results of a Contact-Based Anti-Stigma Intervention*. Mental Health Commission of Canada. 2012.

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<sup>95</sup> Mental Health Commission of Canada. *Opening Minds Program Overview*. Opening Minds Initiative, May 2012. Accessed Online : <http://www.mentalhealthcommission.ca/English/node/5233?terminal=39>.

successfully increase awareness and decrease discrimination against people suffering from mental health illness.<sup>96</sup> This is an excellent opportunity for the government to take action, to ensure that all post-secondary students in need of mental health services feel comfortable accessing the resources available to them.



## RECOMMENDATION

**CASA recommends that the federal government, through the Mental Health Commission of Canada, actively pursue campaigns on university and college campuses across the country aimed at decreasing the stigma associated with individuals suffering from mental health issues, by allotting the MHCC a dedicated funding stream in the amount of no less than \$4.5 million per year for the remainder of their mandate.**



## IMPROVING MENTAL HEALTH DATA

Another area of potential improvements is mental health data collection.

There have been considerable efforts over the last decade to gather research and data on mental health issues in Canada. Organisations, governments, and various stakeholders have put a lot of resources into researching social determinants of mental health, causes and effects of mental illness on a personal, social, and economic level,

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<sup>96</sup> Whalen, David. *The Stigma Associated with Mental Illness..Op.Cit.*, note 85.

the demand for mental health services, delivery systems, best practices, etc. There have been important initiatives to help Canadians gain information on mental health and mental illness. MHCC's Knowledge Exchange Centre (KEC) is a good example of this, as it creates networks and systems for Canadians to access information, share knowledge, and exchange ideas about mental health.<sup>97</sup> It has been a useful tool for Canadians to access information and share knowledge about mental health.

The issue does not appear to be the overall availability of data, but rather the lack of comprehensive measurement tools and common indicators to make use of the data in a consistent manner nationwide. Firstly, there is a recognized need to gather all the information that has been collected by various stakeholders and bring it together so as to allow for improved efforts at the social policy level. The MHCC explains: "While there are many information-related initiatives underway across the country today, none provides a complete or widespread picture of mental health in Canada, and there is no single organization dedicated to gathering and analyzing data either nationally or provincially."<sup>98</sup> Currently, we are devoid of any national body to make sense of all the information we gather on mental health in Canada. This is an obvious area where the federal government can take action and

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<sup>97</sup> Mental Health Commission of Canada. *Initiatives and Projects: Knowledge Exchange Centre*. Accessed Online: <http://www.mentalhealthcommission.ca/English/initiatives-and-projects/knowledge-exchange-centre?routetoken=109200f4750ff2896b7e1c6b6c334a5f&terminal=42>

<sup>98</sup> Mental Health Commission of Canada. *Issue : Data*. Accessed Online : <http://www.mentalhealthcommission.ca/English/issues/data?routetoken=c24622f0e5a898328057ef8ede751e49&terminal=21>



make an impact by creating a single national body to collect the data and analyze it.

Along the same lines, there are also gaps in the way that we collect data. Information is collected differently across the country, which has been identified by the MHCC as an area of weakness in Canada.<sup>99</sup> We require common measurement tools and benchmarks. “Agreement on a comprehensive set of indicators would allow each jurisdiction to measure its progress in transforming the system and improving outcomes over time.”<sup>100</sup> The national mental health strategy *Changing Directions, Changing Lives* actually provides us with an extensive list of indicators and data sources that can be used in this respect.<sup>101</sup>

The lack of information with regards to mental health in the PSE sector is another area of concern. Though we have seen that there is actually a reasonable amount of overall data on mental health in Canada, we appear to be missing sufficient information on specific groups and cohorts in the population, namely Indigenous peoples, military, and youth.<sup>102</sup> In order to improve the mental health of young Canadians, the federal government needs to place greater emphasis on acquiring proper information, as a first step toward the creation and implementation of good social policy. “Accurate data on the demand for various mental health services, their use, and their effectiveness are needed in order to improve the quality of mental health services, treatments and supports. Good data on mental health outcomes and the impact of the social determinants of

health on them are needed to support efforts to foster recovery and well-being wherever possible.”<sup>103</sup>

Overall, addressing these issues will require collaborative work. The MHCC recommends that federal and provincial health agencies collaborate on strategies to improve the collection of mental health data and ways to access it.<sup>104</sup>



## RECOMMENDATION

**Health Canada and Statistics Canada identify the areas lacking information with respect to mental health issues in youth, specifically at the post-secondary level, and that they actively gather data on the demand for various mental health services and delivery systems on campuses nationwide.**

**The federal government mandate a national body to gather and analyze all the data amassed by various stakeholders on mental health in the PSE sector, in an attempt to make sense of all the information and improve existing systems.**

**The federal government enters into formal discussions with the provinces and territories, in order to come to an agreement on a comprehensive set of mental health indicators that would successfully measure progress**

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<sup>99</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy of Canada* Op.Cit, note 6, p.87.

<sup>100</sup> Ibid.

<sup>101</sup> Ibid, p.98.

<sup>102</sup> Mental Health Commission of Canada. *Issue : Data. Op. Cit., note 98.*

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<sup>103</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy of Canada* Op.Cit, note 6, p.87.

<sup>104</sup> Mental Health Commission of Canada. *Issue : Data. Op. Cit., note 98.*

**nationwide in a coordinated fashion. In order to do this, it should build on MHCC's System Performance Initiative, which facilitates more comprehensive and coordinated data on mental health in Canada.**

**The federal government undertake an extensive study at the national level to better understand the effects of mental illness on students, to produce data that will be used to guide future initiatives, and to better determine the focus and results of targeted efforts.**



#### **LACK OF FUNDING**

Canadians are becoming increasingly aware of the mental health crisis and funding in the sector has in fact risen. This is what led to the creation of the MHCC in 2007, for instance, which now receives \$15 million per year from the federal government to fund its operations. Though much more attention has been drawn to the issue over the past decade than ever before, the sector was long neglected and underfunded, creating an important build up of unaddressed mental health problems across the board. Further, mental illness is still a growing problem, requiring more attention, more policy action, and an ever-growing amount of financing. Resources in the field are still very limited, and improvements are necessary.

Canada spends considerably less on mental health than numerous comparable countries, with just 7% of its health care dollars; in comparison, New Zealand and the United Kingdom spend 10-11% of their overall health care package on mental health.<sup>105</sup>

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<sup>105</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives: The*

However, both the amount of support to be injected into the system and the way that current funds are allocated seem to be problematic. Experts explain that we do not simply require an increase in spending, but also a re-allocation of funding and strategic investments. According to the MHCC, we need to take “a comprehensive approach to addressing mental health needs, to re-focus spending on improving outcomes, and to correct years of under-funding of mental health.”<sup>106</sup> We have to learn to pull from existing resources, all while recognizing that mental health sector has been neglected in the past and now requires significant investments.

In its national strategy, the MHCC proposes four solutions to be addressed by the federal government regarding mental health funding in Canada. They propose the government of Canada:

- 1) Increase the proportion of mental health spending from 7% to 9% of overall federal health care spending over 10 years;
- 2) Increase the proportion of social spending that is devoted to mental health by two percentage points from current levels;
- 3) Identify current mental health spending that should be re-allocated to improve efficiency and achieve better mental health outcomes; and
- 4) Engage the private and philanthropic sectors in contributing resources to mental health.

CASA fully supports these recommendations and calls upon the federal government to begin acting on them immediately.

However, there are also specificities that apply to the PSE sector. The lack of funding

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*Mental Health Strategy of Canada* Op.Cit, note 6.

<sup>106</sup> Ibid, p.9.

in the PSE sphere is no less of a struggle than in other domains. This includes funding and investments in the area of mental health research specific to youth, programs, initiatives, as well as services offered to students on campus. Resources are very limited and services can bare the consequences of this. Counselling services on Canadian campuses are increasingly overwhelmed with students that suffer from suicidal behaviours, self-injury, eating disorders, and sexual traumas or assaults.<sup>107</sup> The need for campus mental health services is on the rise, but service providers on campus are having difficulty meeting the demand. North American data shows there is currently a ratio of one counsellor for every 1,600 students, for instance.<sup>108</sup> This can be, in large part, attributed to funding gaps. In a recent survey about the factors that are hindering counsellors' ability to address student issues on Canadian campuses, the three most frequently cited reasons were a lack of staff, financial resources, and the need for more physical space.<sup>109</sup> Institutions lack the resources to meet increasing demands, resulting in at least 7.6% of students that do not, or cannot, seek

treatment on campus in North America.<sup>110</sup> Worse yet, studies predict that this troubling trend will continue in the years to come.

But efforts need not only to be concentrated on the treatment of mental illness on campuses. Experts all around agree that PSE institutions should take steps to promote general student health and mental wellness as well. Programs and initiatives should obviously explore trends on how post-secondary students are affected by mental illness and how their needs are being met, but they should also look at manners to promote a "healthy, inclusive, and supportive environment", as well as strategies to promote mental health awareness.<sup>111</sup> The MHCC's recommendation specific to the education sector follows similar thought patterns, advising that we "increase comprehensive school health and post-secondary mental health initiatives that promote mental health for all students and include targeted prevention efforts for those at risk."<sup>112</sup>

Funding for mental health initiatives and programs in PSE is somewhat particular, because the provinces and the institutions generally administer it. Federal support will therefore serve as filler to complement existing investments. Funding should come in different forms, including:

- Federal-provincial transfers
- Grants to be attributed directly to institutions, toward new or existing programs at the institutional level.

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<sup>107</sup> Gallagher, R.P. *National Survey of College Counselling*. Op. Cit. note 35. As Cited in Popovic, T. *Mental Health in Ontario's Post-Secondary Education System*, Op.Cit., note 10, p.3.

<sup>108</sup> Gruttadaro, D. *College Students Speak: A Survey Results on Mental Health*. National Alliance on Mental Illness. Arlington, VA, 2012. Accessed Online: [http://www.nami.org/Content/NavigationMenu/Find\\_Support/NAMI\\_on\\_Campus1/college\\_report.pdf](http://www.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/college_report.pdf), p.8.

<sup>109</sup> Patterson, P. & Kline, T. *Report on Postsecondary Institutions as Healthy Settings: The Pivotal Role of Student Services*. Health and Learning Knowledge Centre, Victoria, B.C. 2008 p.7. As cited in: Popovic, T. *Mental Health in Ontario's Post-Secondary Education System*. Op.Cit., note 10, p.3.

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<sup>110</sup> Gruttadaro, D. *College Students Speak: A Survey Results on Mental Health*. Op.Cit, note 108, p.8.

<sup>111</sup> Clapham, L., & co. *Towards a Mental Health Strategy for Queen's: A Discussion Paper*, Op.Cit, note 26.

<sup>112</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy of Canada* Op.Cit, note 6, p.20.

- Grants for local organisations and stakeholders that work with, and support, PSE institutions in matters of student mental health.
- Research funding via the three granting councils; the Social Sciences and Humanities Research Council of Canada (SSHRC), the Natural Sciences and Engineering Research Council (NSERC), and the Canadian Institutes for Health Research (CIHR).

Earlier in the chapter, we also discussed the importance of focusing investments and evaluating (or re-evaluating) where they will be most efficient. The federal government, provinces, and institutions should therefore collaborate in order to evaluate how federal support can best improve outcomes. Funding allocation should be based on research and strategic planning.



## RECOMMENDATION

**CASA recommends that the federal government commit to increasing mental health investments in accordance with the MHCC's funding proposal, outlined in the national mental health strategy *Changing Directions, Changing Lives*.<sup>113</sup>**

**CASA further recommends that the federal government increase spending and allocate targeted investments in an effort to deepen its support for mental health on Canadian PSE campuses.**

<sup>113</sup> To view the funding proposal, see : Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy of Canada* Op.Cit, note 6, p.97.

**Funding should be allocated through federal-provincial transfers, direct grants for PSE institutions and local mental health organizations that can go toward new and existing programs or initiatives, as well as mental health research funding via the three research councils of Canada (SSHRC, NSERC, and CIHR). Funding allocation should be based on research and strategic planning.**



## MENTAL HEALTH AND FINANCIAL BARRIERS: BETTER SUPPORTING YOUTH

There are important financial barriers for youth affected by mental illness or at risk of being affected.

Firstly, students attending post-secondary, or wishing to do so, face important financial concerns throughout the course of their studies. The cost of living, as well as the cost of education, is rising rapidly. Since 2009, for instance, average undergraduate tuition rose by over 14%.<sup>114</sup> University undergrads paid an average of \$5,772 for tuition in 2013/2014, and graduate students paid \$6,053.<sup>115</sup> Students must turn to work in order to make ends meet. In 2011, nearly 60% of students in Canada worked while enrolled, and on average, they worked 18 hours per week.<sup>116</sup> As we have already

<sup>114</sup> Statistics Canada, Industry Canada. *Undergraduate Tuition Fees for Full-Time Canadian Students, by discipline, by Province*. 2013. Available Online: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/educ50a-eng.htm>

<sup>115</sup> Statistics Canada, Industry Canada. *University Tuition Fees, 2013-2014*. September 12, 2013. Accessed Online: <http://www.statcan.gc.ca/daily-quotidien/130912/dq130912b-eng.htm>.

<sup>116</sup> Prairie Research Associates for Canadian University Survey Consortium. *Canadian*

established, financially related stress levels run high in PSE institutions, and students are having a difficult time balancing work and study. Combined with all the social pressures and the other stressors that are associated with attending PSE, financial obstacles make students even more vulnerable to mental health problems and illness, and may deter others from entering PSE.

The federal government has the capacity to support students financially, which can serve as a good preventative measure against mental illness and help with the overall mental health of Canadian students. A possible avenue for implementation is the Canada Student Grants Program (CSGP), which provides non-repayable up-front grants to Canadian students. Last year, more than 335,000 students received a grant from the federal government.<sup>117</sup> Grants alleviate much of the pressure that stems from financial concerns. They control the level at which students get indebted, which has been found to decrease chances of dropping out of PSE and increase the likelihood of graduating.<sup>118</sup> Providing grants may also allow students to decrease the amount of hours they spend working. We know that a lack of time for academics is a prominent cause of stress and anxiety for students. This policy measure

could lower stress levels, increase academic performance by allowing more study-time, and increase success rates; a viable solution toward improving the general mental health of students.

However, grants are not as accessible as they should be in Canada. For instance, the amount of grants each student is awarded by CSGP has not increased since the program came into place in 2009. The value of the grants allocated has also not accounted for inflation over that same period. In addition, graduate students are not eligible to receive funding from the federal government through the CSGP. Graduate students are only able to receive merit-based scholarships and bursaries from the federal government, and are mostly forced to rely on non-government financial support, or employment. Debt decreases the likelihood that students will pursue graduate studies, and insufficient funding has been linked to higher attrition rates.<sup>119</sup> Increased completion times have also been attributed to lower funding levels.<sup>120</sup> No doubt that students with limited funding could simply be forced to seek employment and study part-time, or drop out all together. As such, we can see at all levels of PSE, the link between funding and mental health is rather important. With this in mind, the federal government should consider providing better funding for youth at the post-secondary level through the CSGP, and thus positively contribute to the mental health of Canadian students.

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*University Survey Consortium: 2011 Undergraduate University Student Survey.* Master Report. June 23, 2011. Accessed online: [www.cusc-ccreu.ca/publications/CUSC\\_2011\\_UG\\_Master\\_Report.pdf](http://www.cusc-ccreu.ca/publications/CUSC_2011_UG_Master_Report.pdf).

<sup>117</sup> Employment and skills Development Canada. *Annual Report. Canada Student Loans Program 2011-2012*. Accessed Online: [http://www.esdc.gc.ca/eng/jobs/student/reports/annual/cslp\\_2012.pdf](http://www.esdc.gc.ca/eng/jobs/student/reports/annual/cslp_2012.pdf)

<sup>118</sup> Canadian Millennium Scholarship Foundation. *The Impact of Bursaries: Debt and Student Persistence in Post-Secondary Education*. 2009. Accessed online: [https://qspace.library.queensu.ca/bitstream/1974/5759/1/MRN04\\_Persistence\\_EN.pdf](https://qspace.library.queensu.ca/bitstream/1974/5759/1/MRN04_Persistence_EN.pdf).

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<sup>119</sup> Larivière, V. *PhD Students' Excellence Scholarships and their Relationship with Research Productivity, Scientific Impact, and Degree Completion*. Canadian Journal of Higher Education, 2012. Accessed online: [http://lariviere.ebsi.umontreal.ca/Publications/PhD\\_Funding.pdf](http://lariviere.ebsi.umontreal.ca/Publications/PhD_Funding.pdf)

<sup>120</sup> Edgar, F.J. *PhD. Degree Completion in Canadian Universities*. Graduate Student Association of Canada, 2003. Accessed online: <http://careerchem.com/CAREER-INFO-ACADEMIC/Frank-Elgar.pdf>

Just as the federal government should provide greater financial assistance for all PSE students in an effort to better the mental health of all students, it should also implement policies and programs that support those affected by mental illness. An evident area of implementation in this respect is the Repayment Assistance Plan (RAP) that exists under the umbrella of the Canada Student Loans Program (CSLP). The CSLP provides loans to students who require funding for their post-secondary education – about 447 000 students in 2011-2012<sup>121</sup> – and RAP is a mechanism created to help loan recipients that experience difficulties in repaying their loans once they have ceased to be students. In 2011-2012, the CSLP provided assistance to 185 000 borrowers through RAP.<sup>122</sup> Evidently, loan recipients that are forced to stop studying – either temporarily or permanently – due to mental illness can greatly benefit from RAP's repayment model. We have seen that those who suffer from mental health problems and illness often have a difficult time in the labour market – lower productivity levels, regular absenteeism, needing to take longer leaves of absences, etc. – and are at risk of being unable to work consistently; not to mention the stigma they may face when they are seeking employment. Borrowers may also simply need to take time off in order to regain health, or work in an accommodating environment that allows them to work part-time hours. Others may have a hard time finding adequate employment due to the fact they had to drop out of PSE before completing their studies, and lack credentials to find more stable, or higher paid, jobs. In any case, financial assistance should be available for borrowers that require additional support.

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<sup>121</sup> Employment and skills Development Canada. *Annual Report. Canada Student Loans Program 2011-2012*, Op.Cit, note 112, p.4

<sup>122</sup> Ibid, p.5.

Currently, a loan recipient suffering from mental illness could apply for repayment assistance through two mechanisms. Firstly, a borrower could use RAP's primary stream, whereby they can receive short-term or long-term support and pay up to a maximum of 20% of their gross family income.<sup>123</sup> However, a borrower must wait 6 months from the moment he or she stops being a student in order to apply for RAP.<sup>124</sup> This is not ideal for those that require immediate assistance due to mental illness. And though payment on the principle is not required during that period of time, interest accrues as soon as a recipient ceases to study. Further, RAP standards demand that borrowers reapply to the program every 6 months.<sup>125</sup> This adds an unnecessary burden for this particular group, especially those who suffer from medium to long-term issues. In addition to this, when calculating the borrower's affordable payment, the regular RAP stream does not account for costs related to his or her illness. Loan recipients that use RAP are also unable to resume their studies or receive more loans.<sup>126</sup> This means that borrowers that temporarily dropped out of school due to mental illness could be prevented from completing their studies based on the fact that they sought repayment assistance. This acts as an important and unnecessary barrier for this group. All in all, this stream is simply not meant to cater to loan recipients with special circumstances such as mental illness.

There exists a second stream under which a person suffering from mental illness could potentially apply to. RAP-PD, or the Repayment Assistance Plan for Borrowers

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<sup>123</sup> Employment and Skills Development Canada. *Canada Student Loans Program Manual*. 2012, p.78.

<sup>124</sup> Ibid, p.81.

<sup>125</sup> Ibid, p.80.

<sup>126</sup> Ibid, p.23.

with Permanent Disabilities, is available to borrowers suffering from various illnesses and disabilities. It resembles the main stream, but seeks to account for circumstances that apply to loan recipients suffering from disabilities. RAP-PD takes into account additional living costs related to the borrower's disability, for instance.<sup>127</sup> This provides a cushion for those that may encounter medical expenses (medication, consultations from health care professionals, etc.) or other living costs. These costs are deducted from a borrower's affordable payment. Further, while RAP-PD recipients are also restricted from receiving additional loans if they have been out of school for more than 5 years, they, unlike those who benefit from RAP, are not restricted from receiving in-study, interest-free status or interest deferral.<sup>128</sup>

While this stream is more suitable for loan recipients suffering from mental health problems or illness, it presents a number of issues. RAP-PD is actually meant for loan recipients with a permanent disability, which is defined as "a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary school level or the labour force; and is expected to remain with the person for the person's expected life."<sup>129</sup> In our case, this may apply to persons with long-term illnesses such as bipolar disorder and schizophrenia, but it certainly does not apply to the vast majority of mental illnesses that students suffer from, like anxiety, depression, mood disorders, or eating disorders. If we base ourselves on the way in which we define persons eligible for RAP-PD, many applicants could simply be denied. Further, this is simply not the way we

should define mental illness or categorize those who suffer from mental health problems. The CSLP should develop and implement a repayment assistance stream that better suites borrowers that suffer from mental illness and mental health problems. They should also ensure that borrowers are made aware of the existence of such a program, so as to reach out to all Canadian loan recipients in need.

In sum, financially supporting Canada student loan applicants is a clear area whereby the federal government can make a considerable impact for affected students and graduates (or those that are at risk), as well as youth that have had to take a break from studying or were forced to drop out of PSE due to mental illness. This can easily be done by increasing the proportions of non-repayable grants and supporting loan recipients through RAP.



## RECOMMENDATION

**CASA recommends that the federal government actively seek to improve the general mental health of PSE students, and it better support current and future students that suffer from mental illness, by:**

- **Increasing the value of Canada Student Grants to account for inflation from the time the grants were introduced in 2009.**
- **Increasing the proportion of non-repayable grants in the financial aid package with growth tied to no less than the rate of inflation.**

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<sup>127</sup> Ibid, p.90.

<sup>128</sup> Ibid, p.91.

<sup>129</sup> Ibid.



- Making the Canada Student Grant accessible to graduate students, and creating a grant for graduate students with high financial need.

CASA further recommends that the CSLP create a separate stream within the Repayment Assistance Plan for students suffering from mental illness and that are unable to follow the regular repayment plan. Short of this, CASA recommends that the CSLP extend the current RAP-PD stream, or change its current format, so as to better cater the eligibility criteria and benefits to borrowers suffering from mental illness.

A stream that caters to borrowers suffering from mental illness could include, but should not be limited to:

- Creating a category that well-defines and includes all types of mental illnesses and mental health problems;
- Exempting applicants from having to wait 6 months to apply to the program once they cease their studies;
- Allowing borrowers to continue studying while they benefit from repayment assistance
- Allowing borrowers to receive further loans, even if they have been out of school for 5 years
- Lift restrictions that would restrain in-study, interest-free status or interest deferral
- Accounting for expenses related to the borrower's illness when calculating his or her affordable payment.

CASA further recommends the CSLP create more robust outreach initiatives in order to ensure that all Canadian loan

recipients be made aware of the existence of this program.



## CONCLUSION

Mental health is a fundamental component of overall health. As mental health issues and illnesses continue to affect post-secondary students across the nation, fostering mental health through good public policy remains truly important.

There are countless ways for the federal government to get involved in the promotion of mental health for youth at the post-secondary level. The basis for holding the federal government accountable in this matter is clear, and rests on the fact that it is responsible for the health of all Canadians, including youth.

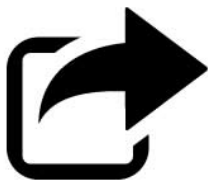
The federal government's involvement will naturally differ from the provinces' participation in this matter. For the most part, the federal government's role involves gathering and synthesizing data, supporting initiatives through financial investments, coordinating the work of organizations and governments, and overseeing negotiations and discussions at the Pan-Canadian level; that is, mostly upper-level involvement. Provincial bodies, on the other hand will tend to oversee internal strategies and implement programs and initiatives on the ground; their role is more "hands on", with a few exceptions. This is normal, however, considering that the primary responsibility over mental health in PSE rests with the provinces and the institutions themselves. The federal government's participation

merely complements the work performed at the local and provincial level, but this does not diminish its role or the importance of its investments.

Overall, there is a need for stronger strategic direction with respect to mental health policies in the PSE sector. Institutions need to work with local organisations, governments, and other stakeholders to improve systems and provide better services for students on campus and in the community. The federal government will play an important role in coordinating these efforts at the pan-Canadian level. The government will also have to make considerable investments in order to help institutions meet

the demand for mental health services and implement more robust mental health strategies.

By putting CASA's recommendations into action, government will not only work toward improving the lives of Canada's youth and student population, but also the health of Canada's future labour market.



## SUMMARY OF RECOMMENDATIONS

The following is a summary of CASA's recommendations for the federal government to implement.

**1)** CASA recommends that the Public Health Agency of Canada review the current Strengthened Integrated Pan-Canadian Healthy Living Strategy Framework and make mental illness detection, prevention, and intervention for youth in post-secondary an imminent priority. This includes, but is not limited to, enabling the following initiatives:

- The creation of databases and other resources at the national level that will facilitate information-sharing with respect to existing programs, new and ongoing research, best practices, and other initiatives. The government should build on programs and networks that already exist in this domain, namely MHCC's Knowledge Exchange Centre.
- The mobilisation and collaboration among experts, health care providers, mental health counsellors on campus and in the community, scholars, and other actors in the field at various levels: campus, community, provincial, and federal.
- Greater funding for research and mental health initiatives or programs at the campus level.
- Education and training programs for students and staff that work directly with students on campuses.
- Data collection and research

- Connect PSE institutions with each other, as well as with community health care providers and stakeholders outside the PSE sector, to discuss delivery mechanisms, ways to improve services, and methods to foster general mental health for students.
- 2) CASA recommends that the federal government facilitate a mental health forum at the Pan-Canadian level, aimed at developing multi-dimensional policy frameworks to address mental health issues in the PSE sector in a strategic and systematic manner.  
This forum should include the participation of colleges and universities across Canada, engaged or affected citizens, local organizations, healthcare providers, municipal leaders, as well as provincial governments and other stakeholders in the field.
  - 3) CASA recommends that the federal government, through the Mental Health Commission of Canada, actively pursue campaigns on university and college campuses across the country aimed at decreasing the stigma associated with individuals suffering from mental health issues, by allotting the MHCC a dedicated funding stream in the amount of no less than \$4.5 million per year for the remainder of their mandate.
  - 4) CASA recommends that Health Canada and Statistics Canada identify the areas lacking information with respect to mental health issues in youth, specifically at the post-secondary level, and that they actively gather data on the demand for various mental health services and delivery systems on campuses nationwide.
  - 5) CASA recommends that the federal government mandate a national body to gather and analyze all the data that has been amassed by various stakeholders on mental health in the PSE sector, in an attempt to make sense of all the information and improve existing systems.
  - 6) CASA recommends that the federal government enters into formal discussions with the provinces and territories, in order to come to an agreement on a comprehensive set of mental health indicators that would successfully measure progress nationwide in a coordinated fashion. In order to do this, it should build on MHCC's System Performance Initiative, which facilitates more comprehensive and coordinated data on mental health in Canada.
  - 7) The federal government undertake an extensive study at the national level to better understand the effects of mental illness on students, to produce data that will be used to guide future initiatives, and to better determine the focus and results of targeted efforts.
  - 8) CASA recommends that the federal government commit to increasing mental health investments in accordance with the MHCC's funding proposal, outlined in the national mental health strategy *Changing Directions, Changing Lives*.<sup>130</sup>
  - 9) CASA recommends that the federal government increase spending and allocate targeted investments in an effort to deepen its support for mental health on Canadian PSE campuses. Funding should be allocated through federal-provincial transfers, direct grants for PSE institutions and local mental health organizations that can go toward new and existing programs or initiatives, as well as mental health research funding via the three research councils of Canada (SSHRC, NSERC, and CIHR). Funding allocation should be based on research and strategic planning.

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<sup>130</sup> To view the funding proposal, see: Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy of Canada* Op.Cit, note 6, p.97.

**10)** CASA recommends that the federal government actively seek to improve the general mental health of PSE students, and that it better support current and future students that suffer from mental illness, by:

Increasing the value of Canada Student Grants to account for inflation from the time the grants were introduced in 2009.

Increasing the proportion of non-repayable grants in the financial aid package with growth tied to no less than the rate of inflation.

Making the Canada Student Grant accessible to graduate students, and creating a grant for graduate students with high financial need.

**11)** CASA recommends that the CSLP create a separate stream within the Repayment Assistance Plan for students suffering from mental illness and that are unable to follow the regular repayment plan. Short of this, CASA recommends that the CSLP extend the current RAP-PD stream, or change its current format, so as to better cater the eligibility criteria and benefits to borrowers suffering from mental illness.

A stream that caters to borrowers suffering from mental illness could include, but should not be limited to:

- Creating a category that well-defines and includes all types of mental illnesses and mental health problems;
- Exempting applicants from having to wait 6 months to apply to the program once they cease their studies;
- Allowing borrowers to continue studying while they benefit from repayment assistance
- Allowing borrowers to receive further loans, even if they have been out of school for 5 years
- Lift restrictions that would restrain in-study, interest-free status or interest deferral
- Accounting for expenses related to the borrower's illness when calculating his or her affordable payment.

CASA further recommends that the CSLP create more robust outreach initiatives in order to ensure that all Canadian loan recipients be made aware of the existence of this program.



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## **LEGISLATION**

*Constitution Act, 1867* 30 & 31 Vict., R.-U., c. 3

## **CASE LAW**

*Re Canada Assistance Plan*, [1991] 2 S.C.R. 525