OUSA
Ontario Undergraduate Student Alliance

POLICY PAPER

Student Health and Wellness

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ABOUT OUSA

OUSA represents the interests of 160,000 professional and undergraduate, full-time and part-time university students at nine student associations across Ontario. Our vision is for an accessible, affordable, accountable, and high-quality post-secondary education in Ontario. To achieve this vision, we've come together to develop solutions to challenges facing higher education, build broad consensus for our policy options, and lobby the government to implement them.

The member institutions and home office of the Ontario Undergraduate Student Alliance operate on the ancestral and traditional territories of the Attawandaron (Neutral), Haudenosaunee, Huron-Wendat, Leni-Lunaape, Anishinaabek, and Mississauga Peoples.

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OUSA policy papers are written by students to articulate student concerns and offer student-driven solutions for accessible, affordable, accountable, and high quality post-secondary education in the province.

To support our policies and ensure that we are effectively representing undergraduate and professional students at Ontario's universities, students and student groups from each of our eight member institutions were consulted to provide guidance and feedback on the principles, concerns, and recommendations contained herein.

OUSA would like to thank students and student groups from Brock University, Laurentian University, McMaster University, Queen's University, Trent University Durham GTA, the University of Waterloo, Western University, Wilfrid Laurier University, and Ontario Tech University for their valuable contributions to this policy paper.

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GLOSSARY

Cisheteronormative: A pervasive system of belief that centers and naturalizes heterosexuality and a binary system of assigned sex/gender when there are two rigid, distinct ways of being: assigned-male-at-birth masculine men and assigned-female-at-birth feminine women.[1]

Whole-of-community approach: This approach involves postsecondary institutions, student associations, government, health-care providers and community organizations working together to coordinate the delivery of services. It requires clearly defined roles and responsibilities for each stakeholder.[2]

[1] "Glossary." The Gender and Sexuality Campus Center | Michigan State University. Accessed April 23, 2024. https://gscc.msu.edu/education/glossary.html#:~:text=Cisheteronormativity%20%2D%20a%20pervasive%20system%20of,%2Dat%2Dbirth%20feminine%20women.

[2] Colleges Ontario. *In It Together, 2020: Foundations for Promoting Mental Wellness in Campus Communities.* n.d. https://files.eric.ed.gov/fulltext/ED607162.pdf.

EXECUTIVE SUMMARY

THE PROBLEM

Inadequate and Fragmented Mental Health Care

Students are concerned about the lack of coordination among ministries involved in addressing student mental health needs between post-secondary institutions (PSIs), local, off-campus health care providers, and Ontario Health Teams (or equivalent), leading to service gaps. They are concerned that PSIs are not equipped to manage the increasing demand for student mental health services, local health care providers do not adequately support referrals and transitions for long-term treatment of students' severe psychological and psychiatric conditions, and on-campus care providers are not currently part of regional health care systems and are ineligible for associated health care funding.

Students are concerned about the accessibility of mental health care, specifically that: they are not able to access mental health care services in a timely manner and regularly face long wait times; they are often unaware of mental health care resources that are available to them; there are financial and systemic barriers that continue to prevent students from receiving the proper mental health care and diagnosis that they need; the available hours of operation of mental healthcare workers do not align with student schedules; the services are not always accessible to persons with disabilities and many students are turning to private, for-profit virtual and telehealth services which not covered by OHIP.

Students are concerned about the quality of services, particularly that; the policies on best practices for student mental health care at PSIs are not standardized and are unclear and, as a result, practices are inconsistent across institutions; there is low efficacy and low quality among online mental health resources and wellness apps; and that staff and mental health care providers from marginalized groups are under-represented at PSIs.

Students are concerned about barriers to effective peer support services that fill gaps left by mental health services and supports on campus that are not equipped to address the needs of students from various backgrounds and identities on campus. Peer support services at PSIs across Ontario are taking on the burden of providing safe(r) mental health resources and pathways to students that have otherwise been overlooked and are operating at capacity, yet they receive minimal support from the provincial government and may not receive proper training or have qualifications to effectively provide mental health care to students.

Government funding and initiatives have failed to support the increasing number of post-secondary students seeking mental health support. This is a concern as post-secondary students are at a high risk of experiencing mental health concerns, and the long-term effects of the COVID-19 pandemic are likely to exacerbate mental health challenges. Additionally, perceived stigma acts as a barrier to accessing mental health and wellness supports; preventative mental health supports are prioritized less than crisis interventions; and there is a stigma surrounding mental health and a lack of conversation around the importance of taking preventative measures to support one's mental health – all of which hinder access to care. These concerns begin in K-12 education, as many children and adolescents lack awareness regarding mental wellness. Moreover, current teacher training programs may not adequately prepare teachers to provide students with knowledge and skills related to mental health, nor do they prepare teachers to cope with the emotional labor, stress and potential burnout associated with discussing these issues with students.

Gaps in Medical Accommodations & Health Care Coverage

Students are concerned about gaps in frameworks for accommodations and health care coverage. In terms of academic accommodations for students with disabilities, students are concerned that institutions do not provide incoming and returning students with information about the academic accommodations, services, and supports available to them; students and student services do not have best practice guidelines to serve as a starting point for accommodation discussions; and students who have received a diagnosis before the age of 18 may need to be re-diagnosed in order to receive accommodations. For academic considerations, students are concerned that PSIs often require unreasonable documentation and unrealistic timelines from students, and that can be a financial barrier to students.

Students have identified a number of gaps in health care coverage, including the fact that: mature students often have less coverage and/or support due to age restrictions on health coverage; recent changes to the OHIP+: Children and Youth Pharmacare program actively exclude post-secondary students; students often pay out of pocket for necessary and often expensive medical supplies; students who access health care from a secondary general practitioner while at their PSI risk losing access to their primary general practitioner; limited dental health and eye care coverage may restrict students from seeking necessary and preventative care; the University Health Insurance Plan severely limits and restricts the health care options of international students; and the coverage limitations of the Ontario Drug Benefits Program is a barrier to quality healthcare for students.

Barriers to Sexual Health Support

Students are concerned about gaps in education and awareness around sexual health that can have negative impacts on student and community health and wellness. Specifically, they are concerned that, sexual health information and resources are predominantly cishetronormative, which actively excludes members of the 2SLGBTQIA+ community; discussions and questions related to 2SLGBTQIA+ communities under Ontario's current sex education are often discouraged and ignored by professionals; discussions focusing on students with disabilities within sexual health education are often limited and likely to perpetuate the ableist ideology; policy/program memorandum 162 currently allows parents or guardians of K-8 students to opt out of taking sexual health education classes, without making an informed decision; the Ontario education curriculum only mandates one physical education credit during high school in which sex education is part of the curriculum; current methods of academic testing within the sexual health education curriculum do not accurately measure students' knowledge or understanding of sexual health; K-12 students who are absent during sexual health education are often made to feel uncomfortable for their absence by their teachers and peers; and culturally diverse norms and values are not discussed in relation to sexual health education.

At the post-secondary level, students are concerned that the stigma around sexual health discourages students from knowing and utilizing sexual health resources and supports; many students do not have the knowledge relating to the maintenance of sexual health due to a lack of comprehensive information; many staff may not have the information to adequately support students in ways that are trauma-informed, sex-positive, gender, 2SLGBTQIA+-, culturally-, and disability-sensitive and inclusive; and international students may not have the same sexual education as their domestic peers which leads to gaps in knowledge about resources, rights and supports.

In terms of support resources, service, resource, and communication gaps between post-secondary institutions and community sexual health supports can be a barrier to students accessing sexual health resources; OHIP, OHIP+, and UHIP do not cover all student sexual health needs; students who seek resources after an instance of sexual violence may be under-supported by existing systems and at-risk student groups are often overlooked in the development of sexual health services.

Inadequate Supports for Substance Use

A significant number of students use opioids, and overdosing on these substances is the third leading cause of accidental deaths in Ontario. In most cases, students do not have access to the resources required to dispose of needles and other materials on campus safely, and they are often unaware of harm reduction methods and how they work. Additionally, rhetoric regarding community fear of perceived undesired populations can lead to stigmatization and over-policing of consumption and treatment services, which can deter funding and use, and the current cap on the number of consumption and treatment services that can receive funding from the provincial government forces some communities to rely more heavily on donation and private funding.

Students are concerned that people with addictions have limited support to manage their own care, that PSIs often lack the resources required to provide adequate addiction counselling to students, and that long wait times for on and off-campus addiction treatment prevent students from receiving specialized care that they need. Students are concerned about the adequacy of alcohol use supports, recognizing that students have differing levels of knowledge relating to alcohol consumption. Given that binge drinking is common among young adults, common abstinence-only approaches and punitive responses have been shown to be insufficient in addressing alcohol use, and stigmatized attitudes often affect an individual's choice to use support resources.

Post-secondary students are often ill-informed of the potential health consequences of consuming cannabis in each of its possible methods of consumption, and students are concerned that the Lower-Risk Cannabis Use Guidelines are not effectively utilized by PSIs to inform cannabis policies, cannabis education campaigns, and cannabis prevention campaigns directed towards post-secondary students, and that many PSIs lack a detailed policy describing the process students should take if they require academic accommodations related to medically prescribed cannabis.

Students are concerned about vaping, which can increase post-secondary students' exposure to harmful chemicals, produce second-hand vapour, and lead to nicotine addiction, which has been shown to cause long-term, negative health effects. They are concerned that there is a lack of information on the long-term health consequences of vaping and the effects of being exposed to second-hand vapour, that the number of post-secondary students who use vaping products continues to increase, and that postsecondary students are at an increased risk of having vaping directly promoted to them, through traditional advertising, social media, and mainstream media.

Finally, students are concerned about data collection, particularly that there is limited data on illegal substance consumption at PSIs and not all Ontario universities participate in the National College Health Assessment, limiting the reliability of the Ontario reference group to inform the scope of the issue and effective interventions; there is lack of data and research around the non-medical usage of anabolic-androgenic steroids in post-secondary students and that the data collection processes often lack transparency.

Barriers to Physical Health

The majority of post-secondary students struggle to meet weekly recommendations for physical activity as many universities fail to engage students with opportunities for physical activity; some activities foster an environment where issues of gendered stereotypes, racism, homophobia, transphobia and body shaming surface, women-identifying individuals may feel unsafe and unwelcome in certain fitness and recreational spaces and the development of athletic and recreation facilities; women identifying individuals may feel unsafe or unwelcome in certain fitness and recreational spaces and there is not always adequate time or spaces dedicated to these individuals' specific involvement in fitness and recreation and athletic programming does not involve sufficient student consultation.

In terms of nutrition, students are concerned that body size and shape are wrongly conflating with nutrition, reinforcing harmful ideology and fatphobia; many institutions lack sufficient and diverse healthy food options to facilitate nutritious eating amongst students while meeting cultural and dietary restrictions; not every student may be equipped with the resources or information necessary to build healthy eating habits, and certain aspects of student life can promote a culture of disordered eating.

Food Insecurity

Students are concerned about accessing affordable, culturally diverse and nutritious meal options, particularly that student unions do not receive support and often must fund food banks through student fees; students in need may be unaware of or feel embarrassed using food access; inflation of food prices leaves more students vulnerable to food insecurity; some PSIs do not have cafeterias, dining halls, or food provision services and those that do have food that can be purchased on-campus are typically not offering options that are affordable or healthy.

This is compounded by issues of food insecurity as post-secondary institutions that do have food that can be purchased on-campus are typically not offering options that are affordable or healthy or that meet certain restrictions; Students residing in rural areas may be affected by 'food deserts', presenting exacerbated barriers to getting affordable and nutritious food in a timely manner and a lack of access to culturally relevant food in community and campus spaces year round can hinder students' sense of belonging and cause unnecessary stress and hardship in finding feasible food options.

RECOMMENDATIONS

Strengthening Mental Health Care

In order to address concerns around mental health care, students recommend that the provincial government should use a multi-ministerial approach to develop a framework addressing how on- and off-campus care providers can work together to avoid fragmented care; the provincial government, through through the Mental Health and Addictions Centre of Excellence (once fully operational) and the Higher Education Quality Council of Ontario (HEQCO) should communicate and specify the respective roles of post-secondary institutions and local healthcare providers when addressing student mental health needs; should develop a series of best practices that support post-secondary institutions in partnering with local healthcare providers to provide acute and long-term treatment, psychiatric treatment, counselling, health promotion, and preventative action on Campus; provide directives to triage students appropriately; and provide directives and funding to develop and implement cross-sector integration between post-secondary institutions, local health care providers, and Ontario Health Teams (or equivalent). Additionally, the Ministry of Health should include on-campus care providers in regional healthcare

systems and corresponding Ontario Health Teams to ensure they are eligible for additional funding and are integrated with off-campus care providers.

The provincial government should also provide mental health care at an accessible cost to post-secondary students by increasing funding for these services; directly paying for services rather than providing reimbursement, allocate funding to increase access to no-fee medical assessments required for mental health diagnoses for students entering or continuing in post-secondary institutions; establish long-term funding for on-campus wellness centres and create a plan for sustainable service provision, which will provide these centres the proper infrastructure to have smaller wait times; create and fund an online referral system, updated by each Ontario Health Team (or equivalent), containing a comprehensive and updated list of community mental health care providers, their specializations, and associated costs, and make this list publicly available; provide funding to PSIs to support the transition of making mental health resources, counselling, assessments, and treatment options available to all students virtually, as well as in-person; collaborate with Ministry of Mental Health and Addictions to develop a strategy to increase support for students with emerging mental health disabilities and direct the Ministry of Health and Long-term Care to create or fund the creation of a public or non-profit virtual care platform commensurate with existing private health care providers.

To improve the quality of mental health services, the provincial government should recognize that post-secondary students have specific mental health needs and develop and evaluate best practices for institutions and local health care providers to follow when providing mental health care services. They should work in consultation with equity-deserving student groups and experts on alternative healthcare practices to incorporate wellness models and offer treatment approaches preferred by diverse population groups. Additionally, the Ministry of Colleges and Universities (MCU) should provide continuous funding to the Centre for Innovation in Campus Mental Health to conduct tri-annual evaluations on the efficacy of existing on-campus programs and online mental health resources and wellness apps; provide assistance and continuous funding, under the Mental Health Worker Grant, to PSIs to recruit and hire diverse front-line campus-based mental health workers; and mandate that all institution-based mental health care providers receive training on providing culturally relevant and diverse counselling.

To support peer support services, the provincial government should provide funding for the creation of culturally relevant resources that peer support staff can use to ensure they are able to support students' mental wellbeing effectively; provide funding specifically dedicated to ensuring the sustainability of peer support programs and implementation of proper training for volunteers on campuses; and provide envelope funding to address the lack of financial support for student support centres who are operating peer support services on campuses.

The Council of Ontario Universities should partner with the Mental Health and Addictions Centre of Excellence to develop best practice guidelines for creating mental health programming for PSIs. The provincial government should allocate additional funds within the Mental Health and Services Grant for mental health programming and resources that focus on building resiliency skills and promote a preventative approach to mental health. Additionally, the Ministry of Health should collaborate with the MCU to create an educational awareness campaign aimed at post-secondary students that promotes the importance of mental health, adaptive coping skills training, and skills in dealing with mental health challenges and the educational awareness campaign aimed at post-secondary students should be funded by the provincial government through set-aside funds within the Mental Health and Services Grant.

At the K-12 level, the Ministry of Education should incorporate curriculum on mental wellness, mental illnesses, resilience, coping skills, and stress management into secondary school core courses at all grade

levels and expand data collection under policy/program Memorandum 169 to include parents and guardians. Additionally, the Ontario College of Teachers should develop an Additional Qualifications Course that incorporates lessons on student mental health, coping, resilience, and seeking out resources, as well as strategies for enhanced emotional intelligence and stress management, in order to equip teachers with the skills to discuss issues related to mental health with students and to support mental wellbeing among students; and the provincial government should invest money towards the creation of mental health counsellors for elementary and high school students.

Addressing Gaps in Medical Accommodations & Health Care Coverage

To support students in accessing necessary accommodations, the MCU should provide post-secondary institutions with grant funding to develop programs that educate students about disabilities and accessibility supports; the Ministry of Seniors and Accessibility and the Ministry of Colleges and Universities should, in consultation with experts and students with disabilities, develop best practice guidelines for providing academic accommodations for students with disabilities and mandate that post-secondary institutions should not require a student to be re-diagnosed with a disability to qualify for accessibility support. Additionally, the provincial government should task HEQCO with creating best-practice guidelines for providing accessibility considerations to post-secondary students and should mandate that PSIs develop policies based on those guidelines. Moreover, the provincial government should cover the cost of medical documentation required to receive support from accessibility offices through OHIP.

Ministry of Health should create a student status within OHIP and OHIP+ for all people enrolled in a recognized PSI, regardless of age or citizenship; should amend the OHIP+: Children and Youth Pharmacare program to cover all drug costs, including dispensing fees, for people with the student status, regardless of their enrolment in a private insurance plan; expand the Assistive Devices Program to cover the cost of medical supplies regardless of age or specified long-term disability; make changes to the OHIP doctors' billing process to allow people with the student status to have more than one general practitioners;expand OHIP to cover basic dental costs, eye exams and he purchase of necessary vision correction for people with student status; complete an audit of the Ontario Drug Benefit Program to investigate and address existing limitations and expand the Assistive Devices Program to include the purchase of additional devices and services not currently covered under eligibility criteria, for the treatment of mental health concerns.

Supporting Sexual Health

To improve sexual health education, the Ministry of Education should, in consultation with experts, create and monitor markers beyond academic success to ensure K-12 sexual education is comprehensive, relevant and gender-+ 2SLGBTQIA+, culturally and disability-sensitive and inclusive; amend policy/Program Memorandum 162, mandating that parents or guardians who choose to opt-out their children from taking sexual health education courses must first read through and sign a standardized document they are provided with information about the curriculum being taught to students; amend the K-12 curriculum to include age-appropriate discussions of gender and sexuality and discussions focused on the direct inclusion of people with disabilities; amend the K-12 sex education curriculum to include age-appropriate, culturally-informed discussions of consent; and include discussions about various cultural values surrounding sexual health in the K-12 sex education curriculum.

At the post-secondary level, the provincial government should provide envelope funding to PSIs for comprehensive resources and promotion of said resources, focused on safer sex practices that are trauma-

informed, sex-positive, 2SLGBTQIA+-, gender, culturally-, and disability-sensitive and inclusive; consult with experts to develop and provide mandatory sexual health training that is trauma-informed, sex-positive, LGBTQ+-, culturally-, and disability-sensitive for all on-campus sexual health workers and front-line staff; and develop sexual health education resources for incoming international students focused their rights and responsibilities that are provided through the Ontario Universities Info website and the websites of PSIs.

The provincial government should also provide grant funding that existing sexual violence centres can use to meet their growing demand, and to create and/or improve programs. Moreover, the provincial government should mandate that all urgent and emergency care facilities have sexual assault kits that can be properly administered on-site; develop funding for on-campus sexual health centres providing comprehensive and specific supports for 2SLGBTQIA+ students, students from culturally and racially diverse backgrounds, and students with disabilities; and provide grant funding that existing public health centres can use to provide on-campus STI testing and STI testing drives.

Harm Reduction for Substance Use

The Ministry of Health should develop and facilitate education campaigns on harm reduction and alternative options for safe substance use targeted towards post-secondary students. This should be complemented by expanding the Ontario Naloxone Program for Pharmacies to on-campus clinics and pharmacies and community health organizations to work with post-secondary institutions to administer naloxone kits to on-campus clinics and pharmacies and nearby off-campus sites. The provincial government should provide funding to community health organizations to work with post-secondary institutions to install medical hazard waste bins in residence and campus buildings; lift the cap of funding a maximum of 21 Consumption and Treatment Services to meet community needs; work with individual institutions to innovate options that use pre-existing campus spaces as drug consumption sites for students; and work in consultation with community members, including student representatives, to address the impact of policing on supervised-consumption site implementation, in order to improve user experience with, and access to, harm reduction programs.

To improve treatment, the provincial government should provide envelope funding to community health organizations to provide substance use counselling on campus and at their off-campus locations; dedicate more funding to off-campus addiction services to improve student's access to specialized care; and create and facilitate an information campaign of rehabilitation services available to students, including amnesty from suffering drug-related criminal charges and punishments from universities when seeking immediate medical attention and treatment services. Additionally, the MCU should mandate that all universities implement medical amnesty policies that restrict punishments for students seeking immediate medical attention and treatment services.

To support students who consume alcohol, the MCU should collaborate with the Canadian Centre on Substance Use and Addiction to develop alcohol awareness and education campaigns that educate postsecondary students on the short- and long-term consequences of consuming alcohol and promote responsible alcohol consumption; the Council of Ontario Universities should develop best practice guidelines regarding compassionate responses to alcohol use and the provincial government should provide envelope funding for PSIs to develop and promote alcohol awareness campaigns and compassion training; and the Council of Ontario Universities should develop best practice guidelines for compassionate responses to alcohol use and these guidelines should be used to create early intervention programs and training for campus police, special constables, and mental health support providers. To support students who consume cannabis, the provincial government should work with the Council of

Ontario Universities to create a guide, based on the best practices identified in the Lower-Risk Cannabis Use Guidelines, to be used by Ontario PSIs to inform cannabis policies, cannabis education campaigns, and cannabis prevention campaigns. The MCU should mandate that all PSIs include relevant information about on- and off-campus support services pertaining to cannabis use and work with the Ontario Human Rights Commission to identify best practices relating to accommodations for post-secondary students who use medical cannabis.

To support students who vape, the provincial government should work with the federal government to conduct a national longitudinal study to identify the long-term health consequences of vaping and secondhand vapour and best practices regarding harm reduction and the selling and distribution of vaping products and use this data to develop a vaping awareness campaign which highlights the long-term health consequences of vaping and second-hand vapour. Additionally, the provincial government should work with the Council of Ontario Universities' Committee on Space Standards and Reporting to designate vaping areas in central outdoor areas. Lastly, to improve data collection, the provincial government should cover the cost of universities participating in the National College Health Assessment and mandate their participation; mandate that all data collection surveys relating to substance use must provide survey respondents with transparent and accessible information about how collected data will be used and by whom;partner with the Centre for Addictions and Mental Health and the Council of Ontario Universities to expand and promote the Ontario Student Drug Use and Health Survey to collect data on university student consumption of illegal substances; fund a comprehensive study into the non-medical usage of anabolic-androgenic steroids in post-secondary students, and establish an advisory committee of persons with lived experience relating to substance use and abuse to review the Ontario Student Drug Use and Health Survey

Supporting Physical Health

The provincial government should task the Higher Education Quality Council of Ontario with researching the rationale for dividing physical education classes, intramural sports, and fitness programming based on gender, and recommend a framework for PSIs to follow based on their findings. They should provide envelope funding to assist PSIs in creating inclusive, accessible, size-sufficient and diverse recreational spaces not limited to varsity and expand programming into suitable community spaces. At the same time, the provincial government should provide funding to assist post-secondary institutions in creating subsidized athletic and recreation programs to allow more people to start out in such activities. Moreover, the MCU should mandate that universities complete an institutional assessment of all recreational and athletic spaces to identify under-resourced areas to allocate as a requirement to qualify for government funding for recreational spaces and encourage post-secondary institutions to involve students in developing athletic and recreational facilities and athletic programming.

To address the nutritional needs of post-secondary students, the provincial government should provide envelope funding to campuses in order to allow for the hiring of and cultural competency training of full-time campus dieticians in support of broader nutrition campaigns and pilot programs;
mandate that all on-campus eateries provide nutrition facts accompanying items sold, including ingredient lists, appropriate serving sizes of nutrients, and potential allergens; create a standard for post-secondary institutions to provide a diverse array of food options meeting a variety of cultural needs; provide funding to support and create eating disorder educational resources and programs on post-secondary campuses; mandate that post-secondary institutions must consult with student groups yearly to discuss what food and dietary options are available and provide funding to support and create resources and programs for post-secondary campuses on nutrition through a body-positive lens. Additionally, the Ministry of Health should create a standard for post-secondary institutions to offer

healthy foods and alternatives for students with dietary restrictions on campus, in accordance with the Canada Food Guide and create a mandate for post-secondary education institutions to provide educational material for students on what constitutes nutritious and healthy food options.

Addressing Food Insecurity

To support students with accessing nutritious and affordable food options, the provincial government should amend the Living Allowance under OSAP to allocate more funding for food expenses to account for the inflation of prices and give students the resources to acquire the food options they want; create a food sustainability certificate for student-led food banks to highlight resources and cost-effective strategies provincial government should establish a grant for students to access for the purposes of addressing their food insecurity; and establish a grant that student-run food banks can use to maintain the infrastructure required to provide nutritious options (e.g., fridges and freezers). Additionally, the MCU Universities should partner with the Council of Ontario Universities to complete a system analysis of food insecurity and systems on university campuses.

INTRODUCTION

The right to health is a fundamental entitlement for all humans, and for post-secondary students, it is frequently jeopardized by the pressures of academic responsibilities, work commitments, and extracurricular activities, coupled with inadequate financial resources and support. Furthermore, challenges in obtaining accommodations and access to healthcare contribute to the vulnerability of students. The pre-existing crises in mental health and addictions, obstacles to physical and sexual well-being, as well as issues like food insecurity and insufficient healthcare coverage, have been exacerbated by the impact of the COVID-19 pandemic. This has left post-secondary students in an increasingly precarious state as they strive to maintain their overall well-being. Without proper assistance, students are likely to continue facing mental, physical, and sexual health challenges that can significantly hinder their success in post-secondary education and beyond.

According to the results from OUSA's biennial survey in 2022 - the Ontario Undergraduate Student Survey (OUSS) - 64.5% of the respondents reported having experienced mental health issues during their post-graduate studies.[3] The effects of the pandemic have only intensified this crisis, with a substantial percentage of students reporting feelings of stress, anxiety, or isolation. Despite the prevalence of mental health issues, there are notable gaps in available services, with a significant portion of students not accessing online mental health resources, as well as experiencing significant delays in accessing appointments.

The intricate interconnection of mental health, substance use, sexual health, and physical health underscores the importance of addressing these priorities to ensure student well-being. However, students face challenges in leading a healthy lifestyle due to insufficient support in these critical areas. Gaps persist in accessing harm reduction, support, and treatment for substance use, despite high rates of alcohol, cannabis, and tobacco use among post-secondary students. Additionally, barriers limit students' ability to engage in physical activity, access nutritious and affordable food, and participate in safe and healthy sexual activities.

Beyond these concerns, students highlight limitations and gaps in accessing medical accommodations and healthcare coverage, leaving them without necessary resources to participate equitably in their academic lives and access essential healthcare. Post-secondary institutions currently bear much of this responsibility without adequate funding or expertise, resulting in inconsistent prevention and response efforts and placing an increased burden on students to navigate complex and often ineffective healthcare systems.

In response to these challenges, this policy paper presents several recommendations, emphasizing the crucial role of support from the provincial government in enabling students to lead full and healthy lives. The paper advocates for a comprehensive, student-driven response to mental health and addictions crises, accommodation gaps, and barriers to physical and sexual wellness. The hope is that these evidence-based policy recommendations will be embraced by the provincial government, laying the groundwork for robust support for student health and wellness throughout Ontario.

[3] Unpublished Data, OUSS 2022.

MENTAL HEALTH

WHOLE OF COMMUNITY APPROACH

Principle: Student mental health is an interdisciplinary and cross-sectoral issue that requires a comprehensive approach with clearly defined roles of multiple areas of government, post-secondary institutions, and local health care providers.

Principle: Coordination between government ministries, post-secondary institutions, and local health care providers should be strong, continuous, and without gaps to ensure that all student mental health needs are met with accessible, consistent, and high-quality care.

Concern: There is a lack of coordination for mental healthcare services among ministries, post-secondary institutions, off-campus providers, and Ontario Health Teams (or equivalent) which leads to gaps in service and poor student experience when transitioning between providers.

Concern: Post-secondary institutions are not equipped to manage the increasing demand for student mental health services, and local healthcare providers do not adequately support referrals and transitions for long-term treatment of students' psychological and psychiatric conditions.

Concern: On-campus care providers are not currently part of regional healthcare systems and are ineligible for associated healthcare funding.

Recommendation: The provincial government should use a multi-ministerial approach to develop a framework addressing how campus care providers can work together to avoid fragmented care.

Recommendation: The provincial government, through the Mental Health and Addictions Centre of Excellence (once fully operational) and the Higher Education Quality Council of Ontario should communicate and specify the respective roles of post-secondary institutions and local healthcare providers when addressing student mental health needs.'

Recommendation: The provincial government should develop a series of best practices that support post-secondary institutions in partnering with local healthcare providers to provide acute and long-term treatment, psychiatric treatment, counselling, health promotion, and preventative action on Campus; and provide directives to triage students appropriately.

Recommendation: The provincial government should provide directives and funding to develop and implement cross-sector integration between post-secondary institutions, local health care providers, and Ontario Health Teams (or equivalent).

Recommendation: The Ministry of Health should include on-campus care providers in regional health care systems and corresponding Ontario Health Teams to ensure they are eligible for additional funding and are integrated with local, off-campus care providers.

Mental health is an increasingly severe issue affecting post-secondary students across various aspects of their academic and personal lives. According to the Ontario Undergraduate Student Survey (OUSS) 2022,

64.5% of students reported experiencing mental health challenges during their undergraduate degree.[4] Studies have found that poor mental health negatively affects other aspects of student life such as academics , extracurriculars, forming relationships and more.[5] As such, 77.8% of the OUSS respondents reported that mental health issues affected their academic performance and/or career prospects.[6]

When students need support for mental health, they turn to campus supports as their first avenue. However, campus-based mental health care providers and services remain underfunded and unable to meet growing student demand, and because they are not included in regional health care systems, including many Ontario Health Teams (OHTs), they are not included in integrated coordination and funding models. Regional health care systems like OHTs are intended to strengthen coordination and integration of health care in local communities and address gaps in funding and service delivery.[7] The limited inclusion of campus-based mental health care providers and services in regional health care systems is, in part, a symptom of lack of awareness and integration between universities and local health care providers, as well as a failure in coordination between ministries of the provincial government. Despite the ongoing development and funding of OHTs across the province, the lack of full provincial coverage and inclusion of campus-based care,[8] means that students continue to experience gaps in service and difficulties with transitioning between care providers. Each of these values should also be accessible to students by involving campus service providers within this program. However, there has been a lack of integration between campus services, regional healthcare systems, and ministries in the government.

While campus-based mental health services play a crucial role in promoting mental health, early intervention, and triaging, students require a more holistic approach to receive proper care. Post-secondary institutions are typically the first point of access for students seeking mental health support, but addressing student mental health necessitates collaboration between government, post-secondary resources, and local health care providers. However, a lack of funding and resources for on-campus mental health services, combined with unclear roles and responsibilities between campus-based and community-based mental health care providers, results in students facing additional costs and fragmented care. Therefore, the provincial government should employ a multi-ministerial approach to develop a framework addressing how campus care providers can collaborate to provide comprehensive support to students.

In addition to a lack of funding and resources to support on-campus mental health services to provide comprehensive support to students, it is unclear whose responsibility it is to provide students with long-term care or psychiatric treatment. There is a lack of direction from the Ministry of Colleges and Universities and the Ministries of Health and Long-Term Care on what the respective roles and responsibilities of campus-based mental health care providers and local, community-based mental health care providers are in meeting student needs. This confusion ultimately hurts students who can incur additional costs that are not covered under the Ontario Health Insurance Plan (OHIP) if they are given an off-site referral should their first point of access deem the services needed to be the responsibility of another provider, whether that be off or on campus. Therefore, the provincial government should use a multi-ministerial approach to develop a framework addressing how campus care providers can work

[4] Unpublished Data, OUSS 2022.
[5] Evans, Teresa M., Lindsay Bira, Jazmin B. Gastelum, L. T. Weiss, and Nathan L. Vanderford. "Evidence for a mental health crisis in graduate education." *Nature Biotechnology* 36, no. 3 (2018), 282-284. doi:10.1038/nbt.4089.
[6] OUSS 2022.
[7] *Ontario Health Teams* (Government of Ontario, n.d.), https://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf.
[8] Government of Ontario, "Ontario Announces 13 New Ontario Health Teams," November 18, 2020, https://news.ontario.ca/en/release/59252/ontario-announces-13-new-ontario-health-teams. At the time of this publication, OHTs only cover 86 percent of the population, and it is unclear how many of the 42 OHTs include campus-based mental health services.

together to avoid fragmented care. Moreover, the provincial government, through the Mental Health and Addictions Centre of Excellence (once fully operational) and the Higher Education Quality Council of Ontario should communicate and specify the respective roles of post-secondary institutions and local healthcare providers when addressing student mental health needs.

A large concern with current mental health supports on campus is the increasing demand and the lack of availability for referrals for long-term treatment of students. This results in universities handling the burden of student mental health care, despite the lack of funding and resources available. Based on the OUSS, only 27.8% of students reported accessing on-campus mental health supports.[9] Students reported being hindered in their accessibility to mental health resources due to wait times, insurance coverage, a lack of diversity in mental health staff, and awareness of how to access resources.[10] Wait times have been reported to be upwards to access mental health. The average wait time for counseling and therapy is 67 days and for intensive treatment the average is 92 days.[11] The longest wait for community mental health child and youth services can reach 919 days or 2.5 years.[12] Accessing therapy and counseling services from private providers may offer shorter wait times, as you can often schedule appointments more quickly. However, this typically involves out-of-pocket costs or relying on private insurance, as services are not covered by OHIP. Moreover, on-campus wait times for accessing mental health services are on average 2 weeks, which is problematic given that students access on-campus mental health services as their first approach.[13]

On-campus mental health services often offer an opportunity for students to access triaging services, which is crucial as young adults spend the longest wait times in the emergency department for mental health related services.[14] Students who require immediate care must be prioritized, which emphasizes the need for appropriate triaging services on campuses. A lack of psychologists and psychiatrists available leads to these increased wait times, which creates a gap in the accessibility of services for students. In addition, whenever students are able to access help from professionals, they often have limited services due to the demand. In cases of long-term and psychiatric treatment, it can be unclear which providers' responsibility this is. When expectations are not laid out, students often pay additional costs that are not covered through OHIP when referred to off-campus resources. Therefore , OUSA recommends that the provincial government should develop a series of best practices that support post-secondary institutions in partnering with local healthcare providers to provide acute and long-term treatment, psychiatric treatment, counseling, health promotion, and preventative action on Campus; and provide directives to triage students appropriately.

The lack of funding for on-campus mental health resources is largely affected by the lack of inclusion in regional health care systems. This includes integration into Ontario Health Teams (OHTs), which should be able to strengthen coordination and integration of healthcare into campus mental health supports.[15] The expectations for a quality health system, according to OHTs, includes active involvement of primary care providers throughout the patient's journey, providing appropriate care at the right time, and is easy to access. Each of these values should also be accessible to students by involving campus service providers within this program. Not only do students not receive proper care on campus due to the lack of funding, but also experience difficulties transitioning between care providers. Therefore, the provincial

[9] OUSS 2022.
[10] Ibid.
[11] Children's Mental Health Ontrio. *Kids Cant Wait*. 2020. https://cmho.org/wp-content/uploads/CMHO-Report-WaitTimes-2020.pdf.
[12] Ibid.
[13] OUSS 2022
[14] Moroz, Nicholas, Isabella Moroz, and Monika S. D'Angelo. "Mental health services in Canada: Barriers and cost-effective solutions to increase access." *Healthcare Management Forum* 33, no. 6 (2020), 282-287. doi:10.1177/0840470420933911.
[15] Ibid.

government should provide directives and funding to develop and implement cross-sector integration between post-secondary institutions, local healthcare providers, and Ontario Health Teams (or equivalent). Moreover, the Ministry of Health should include on-campus care providers in regional health care systems and corresponding Ontario Health Teams to ensure they are eligible for additional funding and are integrated with local, off-campus care providers.

A whole-of-community approach is necessary to ensure that students in Ontario have access to mental health care whenever and wherever they need it. This is accomplished by prevention, early intervention, and appropriate direction to care. This approach requires the involvement of various levels of support, including student associations, postsecondary institutions, government, health-care providers, and community organizations. Postsecondary institutions alone can give prevention and early intervention care, but require health-care services to focus on acute and long-term care. The whole-of-community approach is designed to eliminate gaps in services and care, providing students with high quality care.[16] Strong collaboration between partners ideally creates seamless and integrated services and allows for sharing of best practices.[17] The Community of Practice model has been implemented in British Columbia and Alberta through the Healthy Minds/Healthy Campuses and Healthy Campus Alberta. This was accomplished through empowering the communities, modifying environmental structures, promoting mental health literacy, and expanding support services. Involving each service provider in mental healthcare avoids the fragmented care that post-secondary students often receive.

ACCESSIBILITY OF SERVICES

Principle: All students should have equitable access to adequate and culturally appropriate mental health care services that are reflective of their lived experiences and identities, in a timely manner.

Principle: Students should not face unnecessary financial barriers for diagnosis or re-diagnosis while accessing mental health care.

Principle: Students should be able to access telehealth and virtual care as options for accessible medical services.

Principle: Students will be best served by effective and robust public and non-profit in-person and virtual healthcare services.

Concern: Students are not able to access mental health care services in a timely manner and regularly face long wait times which has the potential to exacerbate or worsen their mental health.

Concern: Available hours of operation for on-campus mental health services often do not align with the schedules of post-secondary students, acting as a barrier to accessing these services in the first place.

Concern: Students are often unaware of mental health care resources that are available to them online and in-person.

[16] Colleges Ontario. *In It Together, 2020: Foundations for Promoting Mental Wellness in Campus Communities*. n.d. https://files.eric.ed.gov/fulltext/ED607162.pdf.
[17] Monaghan C, Linden B, Stuart H. Postsecondary Mental Health Policy in Canada: A Scoping Review of the Grey Literature: Politique de santé mentale post-secondaire au Canada: un examen de la portée de la littérature grise. Can J Psychiatry. 2021 Jul;66(7):603-615. doi: 10.1177/0706743720961733. Epub 2020 Oct 5. PMID: 33016127; PMCID: PMC8240010.

Concern: Financial and systemic barriers continue to prevent students from receiving the mental health care and diagnosis that they need.

Concern: Students cannot always access in-person care and alternative care options are not always accessible.

Concern: Mental health services are not always easily accessible to persons with disabilities, which often deters students from accessing necessary services.

Concern: Students and student associations are increasingly turning to private, for-profit virtual and telehealth services not covered by OHIP to fill gaps in the public system

Recommendation: The provincial government should provide mental health care at accessible costs to postsecondary students by increasing funding into mental health services.

Recommendation: The provincial government should improve the integration between providers of healthcare services and student healthcare plans by directly paying for services rather than reimbursement.

Recommendation: The provincial government should allocate funding to increase access to no-fee medical assessments required for mental health diagnoses for students entering or continuing in post-secondary institutions.

Recommendation: The provincial government should establish long-term funding for on-campus wellness centres and create a plan for sustainable service provision, which will provide these centres the proper funding and support to have shorter wait times.

Recommendation: The provincial government should create and fund an online directory system, updated by each Ontario Health Team (or equivalent), containing a comprehensive and updated list of community mental health care providers, their specializations, and associated costs, and make this list publicly available and accessible.

Recommendation: The provincial government should provide funding to post-secondary institutions to support the transition of making mental health resources, counselling, assessments, and treatment options available to all students virtually, as well as in-person.

Recommendation: The Ministry of Colleges and Universities and the Ministry of Mental Health and Addictions should work in collaboration to develop a strategy to increase support for students with emerging mental health disabilities, particularly in communities with a large young adult population (such as communities near post-secondary institutions).

Recommendation: The provincial government should direct the Ministry of Health and Long-term Care to create or fund the creation of a public or non-profit virtual care platform commensurate with existing private health care providers.

Ensuring that mental healthcare services are accessible should be a priority during the development and expansion of mental health services. Accessibility is particularly important for young people, as they are

eight times more likely to have unmet mental healthcare needs than adults aged 65 and over.[18] Due to the pandemic, there have been many service disruptions, causing people to not receive appropriate support. Additionally, students experience inadequate resources for eating disorders, ADHD, autism, gender-affirming therapy, and substance use.[19] An identified structural barrier to mental healthcare is ensuring that services fit the needs of the demographic, including the format of delivery and quality of care, and as such, students require mental healthcare that is diverse and culturally relevant to their own experiences.

Lack of financial support for mental health is a common barrier that students face, with almost 52% of students citing financial burden as a major stressor during their post-secondary studies.[20] Moreover, the financial burden in accessing care disproportionately affects equity-deserving groups, such as Black, Indigenous, and People of Color.[21] Mental healthcare should be accessible to all students without financial barriers being a burden for students. In 2024, the Ontario government allocated $396 million for mental health and addictions- while this is a positive step it does not cater to the infrastructural needs and gaps to support post-secondary institutions.[22] Therefore, OUSA recommends that the provincial government should provide mental health care at accessible costs to postsecondary students by increasing funding into mental health services. Another barrier related to finances is the system for healthcare services and the use of reimbursement for some treatments. Students who cannot afford treatment may not have the means to pay out-of-pocket and be reimbursed at a later date. However, paying for costs upfront not only hinders students from accessing care but adds to their stress as the process of reimbursement may be cumbersome. Therefore, the provincial government should improve the integration between providers of healthcare services and student healthcare plans by directly paying for services rather than reimbursement. Additionally, when accessing services offered by universities, students may require medical assessments in order to receive mental health diagnoses. While post-secondary institutions offer no-fee assessments, there is often limited access to this service. Therefore, the provincial government should allocate funding to increase access to no-fee medical assessments required for mental health diagnoses for students entering or continuing in post-secondary institutions. With increased funding, more students could access medical assessments required for using services necessary for their education.

A major concern with the current system of mental health care on campus is the continually increasing wait times for services. The average wait times for counselling and therapy are 67 days, and for intensive treatment, the average is 92 days. The longest wait for community mental health child and youth services can reach 919 days or 2.5 years.[23] Accessing therapy and counselling services from private providers may offer shorter wait times, as you can often schedule appointments more quickly. However, this typically involves out-of-pocket costs or relying on private insurance, as services are not covered by OHIP. On-campus wait times are no different -results from OUSS 2022 show that most students waited 2 weeks before getting an appointment. Students looking to access mental health support services may be in crisis and require immediate support. Being subject to long wait times to get an appointment can worsen their state of well-being. 61.3% of students through the OUSS survey reported experiencing significant or some difficulty accessing on-campus supports, and only 27.8% of students said that they have used mental

[18] Kourgiantakis, Toula, Roula Markoulakis, Eunjung Lee, Amina Hussain, Carrie Lau, Rachelle Ashcroft, Abby L. Goldstein, Sugy Kodeeswaran, Charmaine C. Williams, and Anthony Levitt. "Access to mental health and addiction services for youth and their families in Ontario: perspectives of parents, youth, and service providers." *International Journal of Mental Health Systems* 17, no. 1 (2023). doi:10.1186/s13033-023-00572-z.
[19] Ibid.
[20] "The Impact of Mental Health Problems in the Community College Student Population." Higher Education Quality Council of Ontario – An Agency of the Government of Ontario. Accessed April 23, 2024. https://heqco.ca/pub/the-impact-of-mental-health-problems-in-the-community-college-student-population/.
[21] Ibid.
[22] Canadian Mental Health Association. *Re-introducing the Ontario Budget 2024*. 2024. https://bhn.cmha.ca/wp-content/uploads/2024/03/Revised-Issue-Note-Ontario-Budget-2024-March-26-2024.pdf.
[23] Children's Mental health Ontario

health services despite 67% of students experiencing mental health concerns.[24] Due to long waitlists and unavailable services, youth seek out private mental health care services that may not be insured.[25] When asked how mental health resources can be more accessible, students suggested an increased number of sessions allotted to students, more counsellors to reduce wait times, and greater long-term counselling support. Wait times are a crucial issue that must be addressed in order for students to receive adequate care. Another accessibility barrier for students includes the hours of operation for mental healthcare services. As post-secondary students have varying schedules, if these do not line up with on-campus resource hours, they may not have the ability to access these services. Expanding operating hours requires increased funding to hire more support workers; however, this would also provide an opportunity for more students to be treated. Therefore, the provincial government should establish long-term funding for on-campus wellness centers and create a plan for sustainable service provision, which will provide these centers with the proper funding and support to have shorter wait times.

According to the OUSS, 42.6% of students without disabilities were able to access mental health supports; however, only 16.6% of students with disabilities were able to access these same supports.[26] Accessibility for disabilities has been an area identified for improvement, as this may deter students or cause them to not be able to access support. Students with disabilities should be prioritized when increasing the accessibility of services. As a result, students are looking to have more services available through diverse forms, such as instant messaging, phone calls, and in-person appointments. Due to the lack of diversity in resources, students resort to using services that are not covered by insurance in order to access mental healthcare. Institutions should prioritize covering a wider variety of resources under the student healthcare plans, including telehealth and virtual care options. Funding should also be allocated to advertising these on campus through marketing and regular check-in programs to ensure student satisfaction. It is also crucial to increase the number and quality of alternative and virtual services, and this should be done in collaboration with current healthcare providers to ensure accessibility and quality of platforms.

Lastly, there is commonly a lack of awareness of where to access supports on campus. This poses a great risk to student mental health as this creates a barrier to receiving care. More than a third of final-year students report not knowing where to access mental health supports on campus.[27] With mental health cases increasing, students should have improved services, but should also understand how and where they can access this. Developing lists of off-campus resources for mental health support can lighten the number of cases on campus and increase accessibility for students to access these.[28] Therefore, the provincial government should create and fund an online directory system, updated by each Ontario Health Team (or equivalent), containing a comprehensive and updated list of community mental health care providers, their specializations, and associated costs, and make this list publicly available and accessible. An online directory creates an accessible manner for students to understand the healthcare options available to them. Involving Ontario Health Teams as well as the provincial government in this process ensures that this list is holistic. To provide full context to students, this should include lists of providers, their specializations, and costs.

[24] OUSS 2022
[25] Kourgiantakis et al., "Access to mental health and addiction services for youth and their families in Ontario,"
[26] Ibid.
[27] Magier, Megan J., Madelyn Law, Sarah Pennisi, Tanya Martini, Markus J Duncan, Hussain Chattha, and Karen A Patte. "Final-Year University Students' Mental Health and Access to Support as They Prepared to Graduate." *Cogent Mental Health* 2, no. 1 (2023). doi:10.1080/28324765.2023.2252918.
[28] Ibid.

QUALITY OF SERVICES

Principle: Post-secondary students are a distinct population cohort with individual mental health needs.

Principle: All students should have access to high-quality mental health care services that are effective, trustworthy, accessible, culturally-aware, inclusive, and trauma-informed.

Principle: Students from equity-deserving groups should have access to mental health care services that are culturally relevant and sensitive to their diverse identities and where counsellors are well-equipped to provide care that is grounded in lived experience.

Concern: Policies on best practices for student mental healthcare are not standardized and, as a result, practices are inconsistent across institutions.

Concern: Many students have reported low efficacy and low quality among online mental health resources and wellness apps, which are often promoted as alternatives to established models of care.

Concern: Staff and mental health care providers from equity-deserving groups are under-represented at post-secondary institutions.

Concern: Students from equity-deserving groups are less likely to trust and engage with mental health services in part due to a lack of diverse representation among staff and limited understanding of these students' lived experiences.

Recommendation: The provincial government, in recognition of the unique mental health needs of post-secondary students, should evaluate and develop best practices for local health care providers to follow when providing mental health care services.

Recommendation: The Ministry of Colleges and Universities should provide continuous funding to the Centre for Innovation in Campus Mental Health to conduct tri-annual evaluations on the efficacy of existing on-campus programs and online mental health resources and wellness apps targeting post-secondary students.

Recommendation: The Ministry of Colleges and Universities should provide assistance and continuous funding, under the Mental Health Worker Grant, to post-secondary institutions to recruit and hire diverse front-line campus-based mental health workers such as staff who identifies as BIPOC and/or 2SLGBTQIA+.

Recommendation: The provincial government, in consultation with equity-deserving student groups and experts on alternative health care practices, should develop wellness models and treatment approaches that meet the needs of diverse population groups.

Recommendation: The Ministry of Colleges and Universities should mandate that all institution-based mental health care providers receive training on providing accessible, trauma informed and culturally relevant counselling and referrals to diverse populations.

Post-secondary students face diverse and unique challenges, and as a result, they need tailored, high-quality, culturally relevant, and adequate resources to support them. Some of these challenges include

academic and financial stressors, future planning, and relationships. According to a report, 46% of students in counselling and disability centers had been diagnosed with at least one mental disorder, specifically mood and anxiety disorders.[29] Additionally, 80% of students believe that their mental health challenges affect their academic performance.[30] While universities consist of campus-based counselling services, these were originally designed for issues such as relationships, homesickness, or academic issues. However, more recently, the role of campus counselling providers has evolved to address more serious and complex issues. However, many of the services are not standardized, and as a result, practices are inconsistent across institutions.

Post-secondary institutions across Ontario strive to provide mental health supports for their students, but these practices vary across campuses. This is due to a lack of standardization across Ontario. Ontario has acknowledged the importance of addressing mental health on campuses but has not created a province-wide framework.[31] Without frameworks in place, post-secondary students may not receive the same standard quality of mental healthcare across the province. Atlantic provinces are currently developing a framework for mental health services in post-secondary institutions. In addition to consistency, this will also allow for partnerships between institutions and data sharing. A similar framework in Ontario would align post-secondary institutions, promote collaboration between institutions, and allow for the identification of the most effective principles and best practices. Once guidelines are established, they should be accompanied by toolkits and resources to support institutions in adhering to these guidelines. Student and community demographics vary in the respective post-secondary institutions, so the established guidelines need to allow for adaptations for the unique contexts. Therefore, OUSA recommends that the provincial government, in recognition of the unique mental health needs of post-secondary students, should evaluate and develop best practices for local healthcare providers to follow when providing mental healthcare services.

In 2020 and 2021, the Ministry of Colleges and Universities targeted their investments in post-secondary mental health to expand virtual programs like Good2Talk to meet the growing demand for mental health services among students.[32] Online resources are often more convenient as this eliminates barriers including scheduling conflicts with wellness centers, waitlists, and are often less expensive.[33] Additionally, using online resources allows independence in seeking mental health supports, which can relieve stigmatization associated with this process. In-person services can also cause students to associate this with a certain level of commitment, while virtual delivery of services lessens this burden. Despite the benefits to those services, these services are often low quality. These services require continual evaluation of their effectiveness and constant improvement to accommodate the ever-changing needs of students. A concern with online mental health resources is the perception of privacy and credibility.[34] A 2020 survey by jack.org found that only 37% of students reported accessing online mental health resources during the pandemic, and only 44% reported feeling that online services would meet their mental health needs.[35] The Centre for Innovation in Campus Mental Health (CICMH) examined the post-secondary mental health

[29] Ibid.
[30] Ibid.
[31] Monaghan C, Linden B, Stuart H. Postsecondary Mental Health Policy in Canada: A Scoping Review of the Grey Literature: Politique de santé mentale post-secondaire au Canada: un examen de la portée de la littérature grise. Can J Psychiatry. 2021 Jul;66(7):603-615. doi: 10.1177/0706743720961733. Epub 2020 Oct 5. PMID: 33016127; PMCID: PMC8240010.
[32] Government of Ontario, "Ontario Government Takes Action on Campuses to Support Student Mental Health," *Newsroom*, February 3, 2020, https://news.ontario.ca/en/release/55634/ontario-government-takes-action-on-campuses-to-support-student-mental-health; Government of Ontario, "Ontario Increases Mental Health Funding for Postsecondary Students," *Newsroom*, February 9, 2021, https://news.ontario.ca/en/release/60275/ontario-increases-mental-health-funding-for-postsecondary-students-1.
[33] Harith S, Backhaus I, Mohbin N, Ngo HT, Khoo S. Effectiveness of digital mental health interventions for university students: an umbrella review. PeerJ. 2022 Mar 31;10:e13111. doi: 10.7717/peerj.13111. PMID: 35382010; PMCID: PMC8977068.
[34] Ibid.
[35] jack.org, *Youth Voice Report*.

sector and found that "[t]here are knowledge gaps regarding the services that post-secondary institutions are currently offering, whether/which best practices are implemented, and the feasibility of replicating similar programs and services at other institutions."[36] To address these concerns, online mental health resources should be promoted to students and should be safe, high quality, and credible to eliminate barriers to care. Thus, OUSA recommends that the Ministry of Colleges and Universities should provide continuous funding to the Centre for Innovation in Campus Mental Health to conduct tri-annual evaluations on the efficacy of existing on-campus programs and online mental health resources and wellness apps targeting post-secondary students.

Student mental health issues have become increasingly complex, which requires additional and higher quality mental health support. Post-secondary institutions must increase standards in qualifications and professional development requirements to ensure students are receiving appropriate care. The care that students receive should also be trauma-informed. Trauma-informed care creates an environment where users don't have to become further traumatized and recognizes the importance of safety in care.[37] With this in mind, it should be required that mental healthcare providers receive proper training that prioritizes the needs of students and is reflective of the demographic of students it serves.

Data also shows that marginalized post-secondary students are disproportionately affected by poor mental health and negative experiences with care providers. Specifically, international students have reported not seeking help from campus mental health care providers due to a lack of familiarity with available services and mistrust of mental health care providers.[38] Indigenous students are 1.26 and 1.18 times more likely than non-Indigenous students to be diagnosed with depression and anxiety, respectively,[39] and have been clear that they prefer culturally relevant services as they are more effective in mitigating mental health issues.[40] Data analyzed from the 2016 National College Health Assessment for "Querying Canadian higher Education" revealed that Two Spirit and LGBTQ+ students reported poorer mental health outcomes compared to cisgender, heterosexual students.[41] Black students are also disproportionately affected by mental health concerns, experiencing increased anxiety and other mental health concerns, linked to experiences of racism and hostile campus and community climates.[42]

Another student group that faces unique challenges includes those transitioning in and out of university. First-year transitions are often prioritized by secondary and post-secondary institutions; however, those

[36] Pearlyn Ng and Marija Padjen, "An Overview of Post-Secondary Mental Health on Campuses in Ontario: Challenges and Successes," *International Journal of Mental Health and Addiction* 17, (2019):531-541, 539, https://doi.org/10.1007/s11469-018-0015-5.
[37] "Trauma-informed Care." Community Mental Health Action Plan. Last modified September 13, 2021. https://mentalhealthactionplan.ca/tools/mental-health-training-framework/trauma-informed-care/.
[38] Susan L. Prieto-Welch, "International Student Mental Health," in "College Student Mental Health," ed. Susan R. Jones and Sherry K. Watt, special issue, *New Directions for Student Services,* no. 156 (Winter 2016): 53-63, https://doi.org/10.1002/ss.20191.
[39] Nolan K. Hop Wo, Kelly K. Anderson, Lloyd Wylie, and Arlene MacDougall, "The Prevalence of Distress, Depression, Anxiety, and Substance Use Issues Among Indigenous Post-secondary Students in Canada," *Transcultural Psychiatry* 57, no. 2 (2020): 263-274, 268, doi: 10.1177/1363461519861824.
[40] Ibid.
[41] Canadian Centre for Gender and Sexual Diversity, Michael R. Woodford, Simon Coulombe, and Nicholas Schwabe, *LGBTQ2 Health Policy: Addressing the Needs of LGBTQ2 Post-Secondary Students* (submission to the House of Commons Standing Committee on Health, May 2, 2019), 2, https://lgbtq2sthrivingoncampus.ca/wp-content/uploads/2020/02/LGBTQ2-Health-Policy-2019.pdf.
[42] Greta Anderson, "The Emotional Toll of Racism," *Inside Higher Ed*, October 23, 2020, https://www.insidehighered.com/news/2020/10/23/racism-fuels-poor-mental-health-outcomes-black-students; Tiyondah Fant-Coleman and Fatimah Jackson-Best, "Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth: A Scoping Review," *Adolescent Research Review* 5, (2020): 115-136, https://doi.org/10.1007/s40894-020-00133-2. While Canada does not yet collect race-based data on student mental health, student stories and data from the U.S. helps to inform the experiences of Black students in Canada.

graduating from post-secondary institutions are often overlooked.[43] There are unique stressors faced by graduating students including transitioning from adolescence to adulthood and looking for employment. Gender, sexuality, and financial stress were also linked to final-year mental health outcomes. Further, those transitioning into adulthood have higher rates of disengagement with mental health services. This is not due to a lack of cases, as 42% of final-year students at mid-sized Canadian universities had threshold symptoms for depression, and 38% for anxiety.[44] As a result, it is important that graduating students are prioritizing when updating and promoting mental health services. Better supports can also be directly linked to success in adolescence. This includes financial supports and transportation, and it has been proven to increase success during transitions. In addition, increasing financial literacy and decision-making capability is linked to decreasing depression symptoms. Supports in finding jobs after graduation are also crucial to alleviating stress for graduating students. 64% of students facing mental health concerns directly related this to concerns over post-graduation career prospects.[45] When cultivating supports for graduating students, there should be prioritization for transitioning to the workforce. However, there is often a lack of diversity among mental health care providers on campus despite student calls for diverse and culturally-relevant services.[46] Therefore, the Ministry of Colleges and Universities should provide assistance and continuous funding, under the Mental Health Worker Grant, to post-secondary institutions to recruit and hire diverse front-line campus-based mental health workers such as staff who identify as BIPOC and/or 2SLGBTQIA+.

In addition to mental healthcare being effective and accessible, services for post-secondary students should also be culturally relevant. Services should not include stigma, racism, lack of cultural awareness, or lack empathy.[47] Marginalized students should be able to access mental healthcare, and these supports should be reflective of the diverse cultures and identities within post-secondary communities. Ethnic minorities are shown to require more mental healthcare, specifically Chinese respondents.[48] Further, first-generation post-secondary students and international students are more likely to experience anxiety and depression while in university, causing poorer health and well-being.[49] Lacking culturally relevant and sensitive mental health services causes ethnic minorities to struggle to access mental health resources and causes poorer experiences which contribute to growing mental health needs. Lack of competency also results in mistrust of mental healthcare. This is largely due to mental health services being Eurocentric and not responsive to diverse cultures.[50] Institutional racism is another large barrier to accessing services. As a result, BIPOC populations have an increased likelihood to drop out of treatments. To increase cultural competency, BIPOC representation within staff is important, and was recommended by students through the qualitative comments in the OUSS survey.[51] Even upon graduation, different cultures have various expectations of students' next steps, and having support that understands the diverse struggles results in a better experience. It is important to increase diversity of staff to suit the varying needs of students, but this should be accompanied by developing wellness models and expanding treatments to

[43] Magier, Megan J., Madelyn Law, Sarah Pennisi, Tanya Martini, Markus J. Duncan, Hussain Chattha, and Karen A. Patte. "Final-year university students' mental health and access to support as they prepared to graduate." *Cogent Mental Health* 2, no. 1 (2023). doi:10.1080/28324765.2023.2252918.
[44] Ibid.
[45] OUSS 2022
[46] Jaworska et al., "Mental Health Services for Students at Postsecondary Institutions"; Rida Pasha, "Hiring Diverse Counsellors," *The Silhouette*, March 10, 2019, https://www.thesil.ca/hiring-diverse-counsellors; Peggy Lam, "UW Hires More Mental Health Staff but Students Say That's Not Enough," *CBC News*, July 31, 2018, https://www.cbc.ca/news/canada/kitchener-waterloo/university-waterloo-mental-health-counsellors-hire-1.4767234; Milca Kuflu, "Mental Health Services Need More Diversity," *Ryersonian*, October 18, 2017, https://ryersonian.ca/mental-health-services-need-more-diversity/.
[47] Ibid.
[48] Chiu, Maria, Abigail Amartey, Xuesong Wang, and Paul Kurdyak. "Ethnic Differences in Mental Health Status and Service Utilization: A Population-Based Study in Ontario, Canada." *The Canadian Journal of Psychiatry* 63, no. 7 (2018), 481-491. doi:10.1177/0706743717741061
[49] Ibid.
[50] Ibid.
[51] Ibid.

support BIPOC students. Having designated spaces for minorities such as a BIPOC peer support center is also beneficial to students who have niche experiences. Therefore, the provincial government, in consultation with equity-deserving student groups and experts on alternative healthcare practices, should develop wellness models and treatment approaches that meet the needs of diverse population groups. Moreover, the Ministry of Colleges and Universities should mandate that all institution-based mental health care providers receive training on providing accessible, trauma-informed, and culturally relevant counseling and referrals to diverse populations.

PEER SUPPORT SERVICES

Principle: Peer support services can add unique value to a students' mental health care in addition to, or separate from, professional mental health care providers.

Principle: All post-secondary students, regardless of geographic location or online/in-person designation, should be able to access gender-affirming, trauma informed, and culturally sensitive peer support services and supports that are validating, high-quality, comfortable, and provided in a timely, effective, accessible, and flexible manner.

Concern: On-campus mental health services and supports on campus are inadequately equipped to address the needs of diverse students across various backgrounds and identities on campus.

Concern: Peer support services at post-secondary institutes across Ontario are taking on the burden of providing safe(r) mental health resources and pathways to overlooked students. However these peer support services receive minimal aid from the provincial government.

Concern: Many student-led peer support services staff are operating at capacity and are not receiving adequate support themselves.

Concern: Peer support services increase accessibility to mental health resources, however, their training is often insufficient and they may lack the qualifications to effectively refer mental health care to students.

Concern: Peer support programs are unreliably funded, and rely on student-based supplemental support, creating financial uncertainty regarding the total funding available to cover staffing and other costs.

Recommendation: The provincial government should fund the creation of culturally relevant resources that peer support staff can use to ensure they are able to effectively support students' mental wellbeing in order to adequately bridge the gap between peer support and professional services.

Recommendation: The provincial government should provide funding specifically dedicated to ensuring the sustainability of peer support programs and implementation of proper training and support for staff and volunteers on campuses to recognize signs of mental illness and properly direct students to the correct services.

Recommendation: The provincial government should provide envelope funding to address the lack of financial support for student support centres who are operating peer support services on campuses in

order to sufficiently fund their resources, compensate personnel for their time, and increase access to students.

While professional mental healthcare providers are essential and effective support mechanisms for students in many circumstances, peer support services offer a different perspective and method of support. Peer support is designed to provide social and emotional support by someone of equal standing, in this case, another student.[52] Students come from diverse backgrounds and are more comfortable with a variety of support mechanisms. Studies show that peer support can lead to greater empathy and connectedness due to shared experiences, resulting in improvements in self-esteem, acceptance, and overall well-being.

These services are relatively new, so there is limited availability on campus. Students are more likely to seek informal support from family and peers, and peer support can serve as a similar resource. However, peer support can also identify concerns in students and direct them to other resources. Peer support is a model that can increase awareness of resources on campus and the number of students who reach out for help. It is important that students have this option available to them when seeking support on campus, but it is not a replacement for qualified mental health professionals. Instead, peer support services can offer distinct benefits to students' mental healthcare, either complementing or standing alone from other forms of support. These programs should be viewed as supplementary avenues, providing an alternative approach or an extra layer of assistance alongside professional guidance. They are intended to be utilized by students as they strive to enhance their mental well-being. Therefore, the provincial government should fund the creation of culturally relevant resources that peer support staff can use to ensure they are able to effectively support students' mental wellbeing in order to adequately bridge the gap between peer support and professional services.

Peer support often lacks the resources to treat a wide variety of students on campus, including those from different backgrounds. It is crucial that these services are accessible to students of diverse backgrounds and are funded to create culturally relevant resources. These resources should also serve as a bridge to professional services and require support to do so. Funding and the establishment of consistent resources for peer support services are necessary. With proper funding, personnel should be trained in suicide prevention and response to ensure proper communication with students in high-risk situations. Additionally, these services are not adequately supported and are not reliably funded. The provincial government provides minimal aid to peer support services, and these programs often rely on supplemental support from students. Peer support requires funding for staffing, resources, and other costs. Although these programs are typically run by volunteers, funding is required to ensure updated resources and training programs for volunteers. In addition, volunteers facing financial hardships should not have to exacerbate financial burdens and would benefit from additional funding to support these personnel. Funding from the provincial government is crucial to ensure the quality, sustainability, and accessibility of peer support services.

A key aspect of improving peer support services is training personnel to effectively support and refer students to appropriate care. The current training provided is often limited, and students should receive the highest standard of care that institutions can provide. In order to properly identify students of concern and those in distress, training needs to specifically address this process.[53] Signs of mental illness can vary, and personnel must be able to identify these to support their students. Mental illness can be classified as

[52] Suresh, Rahul, Zoe Karkossa, Jérémie Richard, and Maharshee Karia. "Program Evaluation of a Student-led Peer Support Service at a Canadian University." 2020. doi:10.21203/rs.3.rs-98100/v1.
[53] Ng and Padjen. "An Overview of Post-Secondary Mental Health on Campuses in Ontario,"

mild, moderate, and severe depending on the types of symptoms experienced, the severity, and frequency.[54] Additionally, personnel should be trained in active listening, communication, and knowledge of services available to address students in need of further support. OUSA recommends that the provincial government should provide funding specifically dedicated to ensuring the sustainability of peer support programs and implementation of proper training and support for staff and volunteers on campuses to recognize signs of mental illness and properly direct students to the correct services. Moreover, the provincial government should provide envelope funding to address the lack of financial support for student support centers who are operating peer support services on campuses in order to sufficiently fund their resources, compensate personnel for their time, and increase access to students.

EDUCATION & AWARENESS IN POST-SECONDARY

Principle: Access to resources that offer comprehensive, intersectional, holistic and trauma-informed information about mental health and wellness is essential to post-secondary students.

Principle: Adaptive coping strategies provide students with the tools necessary to address the stigma associated with mental health and wellness and to respond to the challenges ,stress, and setbacks that may occur during post-secondary education.

Principle: A preventative and harm reducing approach to mental health care ensures that mental health concerns are addressed before they develop to a crisis-level of severity.

Concern: Provincial government funding and initiatives do not adequately support the increasing number of post-secondary students seeking mental health support.

Concern: Post-secondary students are at a high risk of experiencing mental health concerns and crises.

Concern: The long-term effects of isolation, loneliness, and stress due to the aftermath of the COVID-19 pandemic and the consequent return to in-person campus activities have and continue to exacerbate the mental health challenges experienced by post-secondary students.

Concern: Perceived stigma surrounding mental illness acts as a barrier to accessing mental health and wellness support.

Concern: With the current emphasis placed on crisis support measures, preventative mental health supports are prioritized less, leading to a lack of awareness, funding and/or existence of preventative mental health resources for students.

Concern: The stigma surrounding mental health and the lack of conversation around taking preventative measures to support one's mental health often prevents students from seeking out mental health resources until they are in a crisis state.

Recommendation: The Council of Ontario Universities should partner with the Mental Health and Addictions Centre of Excellence to develop best practice guidelines for creating mental health

[54] Cherney, Kristeen. "Mild, Moderate, or Severe Depression? How to Tell the Difference." Healthline. Accessed April 23, 2024. https://www.healthline.com/health/depression/mild-depression.

programming for post-secondary institutions focusing on adaptive coping skills , and reducing stigma associated with mental health.

Recommendation: The provincial government should allocate additional funds within the Mental Health and Services Grant for adaptive mental health programming and resources that focus on building adaptive coping skills.

Recommendation: The Ministry of Health should collaborate with the Ministry of Colleges and Universities to create an educational awareness campaign, aimed at post-secondary students, that promotes the importance of mental health, adaptive coping skills training, and skills in dealing with mental health challenges.

Recommendation: The educational awareness campaign aimed at post-secondary students should be funded by the provincial government through set-aside funds within the Mental Health and Services Grant.

The COVID-19 pandemic, virtual delivery of post-secondary education, and societal changes have presented significant challenges for everyone, impacting post-secondary students as they return to campus. In Ontario, approximately 20% of individuals above 15 self-reported having fair/poor perceived mental health,[55] while nearly three-quarters of students experienced negative mental health during the 2021-2022 school year,[56] underscoring the disproportionate mental health challenges faced by post-secondary students. According to OUSS, 64.5% of students encountered mental health challenges during their post-secondary education, yet only 27.8% accessed mental health services and supports.[57]

Throughout the pandemic, students grappled with isolation, loneliness, and stress, resulting in long-term effects. COVID-19 induced mass fear, hysteria, misconceptions, and stigmatization of those infected, alongside a rise in social, political, and economic unrest.[58] OUSS reported that 76% of students felt significantly or somewhat affected by the pandemic, emphasizing the need for support in navigating the post-pandemic environment.[59] In addition to pandemic-related stress, students faced academic and financial pressure, compounded by the abrupt shift to online learning, which led to academic fatigue and heightened feelings of loneliness, particularly among young people. Youth suicide emerged as the second leading cause of death for those ages 15-24, highlighting the critical importance of supporting post-secondary students' mental health.[60]

Adaptive coping strategies, such as exercise, meditation, and socialization, offer effective mechanisms for managing stress, while maladaptive coping mechanisms like substance use exacerbate mental health issues.[61] During the pandemic, substance use among young people surged, alongside increased screen time correlated with anxiety and depression. Promoting awareness of healthy coping mechanisms is crucial to destigmatizing mental health and equipping students with effective strategies. With these mechanisms leading to such extreme consequences, it is imperative that students are able to recognize

[55] "Mental Health and Addictions Centre of Excellence." Ontario Health | Ontario Health. Last modified September 1, 2023. https://www.ontariohealth.ca/about-us/our-programs/clinical-quality-programs/mental-health-addictions.
[56] Ibid.
[57] Ibid.
[58] Javed S, Parveen H. Adaptive coping strategies used by people during coronavirus. J Educ Health Promot. 2021 Mar 31;10:122. doi: 10.4103/jehp.jehp_522_20. PMID: 34084869; PMCID: PMC8150078; Sillcox, Carly. "Implication of COVID-19 on Post-Secondary Students' Mental Health: A Review." *Faculty of Medicine, McGill University*, March 2022.
[59] Ibid.
[60] Ibid.
[61] Javed and Parveen, Adaptive coping strategies used by people during coronavirus.

healthy coping strategies. During the pandemic, there was an increase in substance use within young people . In addition, there was a 50-70% increase in internet use, with 50% of this spent on social media. Increased screen time has been correlated with anxiety and depression. Students must be aware of healthy coping mechanisms as stress is so prevalent in academic careers, and awareness of strategies also works to destigmatize mental health. With effective programming, students can gain awareness of their own coping mechanisms, and which may be negative to their mental health. In addition, programming should teach students what healthy coping strategies are, but also how to implement them in a feasible way into their own life. Therefore the provincial government should allocate additional funds within the Mental Health and Services Grant for adaptive mental health programming and resources that focus on building adaptive coping skills and the Ministry of Health should collaborate with the Ministry of Colleges and Universities to create an educational awareness campaign, aimed at post-secondary students, that promotes the importance of mental health, adaptive coping skills training, and skills in dealing with mental health challenges.

Accessing mental health support remains hindered by stigma, compounded by the belief that seeking support is only necessary during crises.[62] This can be compounded by a commonly held belief that a person should only seek mental health support if they are in the midst of a crisis, which can preclude opportunities for many to engage in proactive mental health action. This hurts the individuals who are experiencing mental health issues, while also increasing burdens on mental health resources to respond to crises which may have otherwise been mitigated through preventative mental health interventions. Stigma can result from a variety of factors, and is a difficult issue to address. Although stigma has evolved over the last decade, staff who are working on campuses without external healthcare experience struggle to deal with mental health crises.[63] Therefore, OUSA recommends that the Council of Ontario Universities should partner with the Mental Health and Addictions Centre of Excellence to develop best practice guidelines for creating mental health programming for post-secondary institutions focusing on adaptive coping skills , and reducing stigma associated with mental health.

Proper training for what services are available on campus and awareness of a variety of mental illnesses is necessary for staff to feel comfortable with the various issues on campus. This is increasingly relevant as international students have risen in population in Ontario by 117% from 2010-2017. With a diversity of students, some are unwilling to get mental health support due to cultural stigma or perceived stigma on campus.[64] Although mental health concerns may arise, students often won't reach out to services and resources until they are in a crisis state. Supporting students should take place in every stage of students' journeys, not only when they are in an emergency. Due to the focus on crises, preventing mental health is often less prioritized. Three-quarters of mental disorders first arise in those 18-24.[65] If this is not treated, students are more likely to have serious symptoms, and will impact their academic careers. Therefore, we must prioritize identifying symptoms and early intervention programs such as Easy Alert. These programs would focus on academic support, awareness campaigns across campus, and giving students access to support before they are in crisis. To increase awareness, the educational awareness campaign aimed at post-secondary students should be funded by the provincial government through set-aside funds within the Mental Health and Services Grant.

[62] Mental Health Commission of Canada, "Stigma: The Facts," Mental Health Commission of Canada, accessed February 7, 2021, https://www.mentalhealthcommission.ca/English/media/3076.
[63] Ibid.
[64] Ibid.
[65] Ontario University and College Health Association (OUCHA). "Supporting the Mental Health of Emerging Adults in Ontario's Post-Secondary System." 2017. https://bp-net.ca/wp-content/uploads/2023/06/Supporting-the-Mental-Health-of-Emerging-Adults-in-Ontario-Post-Secondary-System.pdf.

EDUCATION & AWARENESS IN K-12

Principle: Mental health education should begin in primary education and continue into secondary education, since mental health issues often begin to manifest in childhood and adolescence.

Principle: Proactive measures that equip students with the tools they need to care for their mental health should be in place during the K-12 period in order to lay the foundation for coping strategies that will mitigate the impacts of various post-secondary-related stressors.

Principle: Primary and secondary school teachers should be trained to educate students on adaptive coping strategies and how to seek additional resources and support.

Concern: Many children and adolescents lack awareness regarding mental wellness, and the primary and secondary school curriculum have traditionally been ineffective in providing relevant knowledge and resources.

Concern: Current teacher training programs do not adequately prepare teachers to provide students with knowledge and skills related to mental health, nor do they prepare teachers to cope with the emotional labour, stress and potential burnout associated with discussing these issues with students.

Recommendation: The Ministry of Education should incorporate a curriculum on mental wellness, mental illnesses, resilience, coping skills, and stress management into primary and secondary school core courses at all grade levels.

Recommendation: The Ministry of Education should expand the collection of data under policy/program Memorandum 169 to include parents and guardians.

Recommendation: The Ontario College of Teachers should develop an Additional Qualifications Course that incorporates lessons on student mental health, coping, resilience, and seeking out resources, as well as strategies for enhanced emotional intelligence and stress management, in order to equip teachers with the skills to discuss issues related to mental health with students and to support mental wellbeing among students.

Recommendation: The provincial government should invest money towards the creation of mental health counsellors for elementary and high school students to enhance the mental health care and supports available to these students.

Mental health can be taught in various ways in primary schools including active living, healthy eating, teaching coping skills, positive self-esteem, cultivating an open environment, and bullying prevention.[66] Before students ever enter the post-secondary environment, it is important that they have an understanding of how to cope with stress and various mental health issues. More than half of mental disorders that show in adulthood start in childhood or adolescence.[67] When these signs go unaddressed, children and young adults can have less academic success, higher substance use, and lower quality of

[66] "Mental Health Resources in Schools." CMHA Ontario. Accessed April 23, 2024. https://ontario.cmha.ca/documents/mental-health-resources-in-schools/.
[67] Schlack R, Peerenboom N, Neuperdt L, Junker S, Beyer AK. The effects of mental health problems in childhood and adolescence in young adults: Results of the KiGGS cohort. J Health Monit. 2021 Dec 8;6(4):3-19. doi: 10.25646/8863. PMID: 35146318; PMCID: PMC8734087.

life.[68] The Ontario government is currently implementing new resources for Grade 7 and 8 students, and a new curriculum for Grade 10 students.[69]Although this is a much needed step, it is important that students develop awareness of coping strategies and recognition of early signs at an even younger age. Curriculum should cover diverse areas within mental health, including mental wellness, mental illnesses, resilience, coping skills, and stress management. Development of this curriculum should be done in consultation with K-12 stakeholders, including The Ontario Student Trustees' Association (OSTA-AECO). While mental health awareness through curriculum is an important step towards promoting health and wellness, A recent analysis of teacher training and student mental health education in Canada found that it was difficult to evaluate the efficacy of mental health curriculum and indicated the need for research into its effectiveness.[70] As such, the Ontario College of Teachers should develop an Additional Qualifications Course that incorporates lessons on student mental health, coping, resilience, and seeking out resources, as well as strategies for enhanced emotional intelligence and stress management, in order to equip teachers with the skills to discuss issues related to mental health with students and to support mental wellbeing among students.

With the knowledge on what mental health is and how to stay healthy, students will be better equipped entering post-secondary. Data collection on student needs is an important issue, and Policy-Program Memorandum 169 allows for collection from school boards. However, parents and guardians offer a more personal perspective into the mental wellness and knowledge of their students', and should be included in this process. It is crucial that future mental health supports and literacy instruction include the personal experiences of students.

As mental health is a prevalent issue for all age groups, teachers, educators, and support staff should be equipped to recognize symptoms in students and conduct their class in a way which promotes wellness. If educators are trained in mental health, they are also better able to support and guide their students. Current training programs do not provide adequate training in how to teach students about mental health, and do not explore the emotional weight and stress that these conversations can bring. This training should include adaptive coping strategies, and how to direct students to additional resources and support. When teachers are being trained, very few schools offer courses in their teacher programs about how classroom management and teacher behavior affects students' emotional well-being.[71] Physical health, nutrition, and relationships are often mentioned in teacher curriculum, but lacks in prevention of mental health concerns. In addition, these courses are often electives for teachers, so they do not equip all teachers with the necessary knowledge surrounding mental health. Teachers should be qualified to teach on mental health, and coping, be educated on resources, and be knowledgeable on emotional intelligence and stress management. Through development of these courses, K-12 stakeholders should also be consulted. As mental health literacy is ever-expanding, professional development for teachers should be on-going.

In Ontario, 18.1% of children aged 4-17 experience clinical mental disorders, but only 16% receive services.[72] Without treatment, most mental disorders in children proceed later in life. With high rates of

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[68] Ibid.
[69] "Grades 7 and 8 - Ontario Introducing New Mandatory Learning on Mental Health Starting This Upcoming School Year." Education News Canada. Accessed April 23, 2024. https://educationnewscanada.com/article/education/level/k12/3/1019182/ontario-introducing-new-mandatory-learning-on-mental-health-starting-this-upcoming-school-year.html.
[70] Susan Rodger, Kathy Hibbert, Alan Leschied, Laurel Pickel, Magdelena Stephien, and Melanie-Anne Atkins, Mental Health Education in Canada.
[71] Western University Centre for School-Based Mental Health. "Mental Health Education In Canada- An Analysis of Teacher Education and Provincial/Territorial Curricula." *Physical and Health Education Canada* (n.d.).
[72] Duncan, L., Boyle, M. H., Abelson, J., & Waddell, C. (2018). Measuring Children's Mental Health in Ontario: Policy Issues and Prospects for Change. *Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal de l'Academie canadienne de psychiatrie de l'enfant et de l'adolescent*, *27*(2), 88–98.

students experiencing mental disorders or negative mental health, it is important that they are supported and have access to mental health professionals. While K-12 schools provide support counsellors, students requiring high level support do not receive the same support from a professional. Additionally, while it is important to educate students on issues surrounding mental health, some students require additional support. A study found that 91% of elementary and secondary schools in Ontario are in need of mental health supports from psychologists and other specialists, and the number of elementary schools with no access to a psychologist has doubled from 2011 to 2022.[73] As such, the provincial government should invest money towards the creation of mental health counsellors for elementary and high school students to enhance the mental health care and supports available to these students. Through additional support from the provincial government, having mental health counsellors in elementary and secondary schools would increase access for students to mental healthcare, and increase their likelihood for success moving into post-secondary education.

MEDICAL ACCOMMODATIONS & HEALTH CARE COVERAGE

ACADEMIC ACCESSIBILITY FOR STUDENTS WITH DISABILITIES

Principle: Institutions are responsible for ensuring their student populations are made aware of accommodation and accessibility supports available, and how to access them.

Principle: Students with disabilities should not face undue hardship in accessing academic accommodations during the completion of their post-secondary education.

Concern: Post-secondary institutions do not provide incoming and returning students with information about the academic accommodations, services, and supports available to them, an action which deters students from accessing necessary supports in the first place.

Concern: Students and student services do not have best practice guidelines to serve as a starting point for accommodation discussions.

Concern: Students who have received a diagnosis before the age of 18 may need to be re-diagnosed in order to receive accommodations during the completion of their post-secondary education.

Recommendation: The Ministry of Colleges and Universities should provide post-secondary institutions with grant funding to develop programs that educate students about disabilities and accessibility supports.

Recommendation: The Ministry of Seniors and Accessibility and the Ministry of Colleges and Universities should, in consultation with experts and students with disabilities, develop best practice guidelines for providing academic accommodations for students with disabilities.

Recommendation: The provincial government should mandate that post-secondary institutions should not require a student to be re-diagnosed with a disability to qualify for accessibility support.

[73] Sara Mojtehedzadeh Work and Wealth Investigative Reporter. "'The Kids Aren't All Right': Mental Health Supports Needed in More Than 90 Per Cent of Ontario Schools, Report Finds." Toronto Star. Last modified May 27, 2023. https://www.thestar.com/news/gta/the-kids-aren-t-all-right-mental-health-supports-needed-in-more-than-90-per/article_b9f8154e-abac-52a7-9ee6-078b86c37dc1.html.

Education is an international human right essential to the life of an individual and the collective vitality of the community. Accommodations are essential for students with disabilities to have equal access to education, ensuring equitable opportunity to engage in academic activities and course requirements. The Ontario *Human Rights Code* requires that universities and colleges accommodate students with disabilities, including those with Mental Health Disorders.[74] Students are entitled to accommodations if their disability results in a functional impairment that hinders their academic participation, irrespective of the disability's permanence or temporariness. With three-quarters of mental health disorders beginning before the age of 24, post-secondary represents the ideal environment to address mental health concerns at their onset.[75] The number of students diagnosed with mental health conditions has doubled from 2012 to 2022, with disproportionate impacts on marginalized students such as Two-Spirit, LGBTQIA+ and BIPOC individuals.[76] A report from the Higher Education Quality Council of Ontario (HEQCO) found the annual OSD registrations at universities increased by 126% since 2013; mental health and Attention-Deficit Hyperactivity Disorder (ADHD) registrations increased by 76% and 107%, respectively since 2016.[77] As participation rates of students with disabilities in postsecondary education continue to increase,[78] students continue to face a variety of barriers in accessing accommodations. While certain students may be informed about the accessibility and accommodation services offered by their academic institution, individuals without disabilities or diagnoses frequently lack awareness of these supports due to their non-utilization during primary or secondary school.

To ensure that students are aware of the accommodation, services and supports, the Ministry of Colleges and Universities should provide post-secondary institutions with grant funding to develop programs that educate students about disabilities and accessibility supports. Additionally, to ensure equal access to campus accommodation supports, the Ministry of Seniors and Accessibility should provide grant funding to post-secondary institutions to develop programs that educate students on disabilities and supports available through campus accessibility centers. A proposed 70/30 funding model would allocate 70 percent based on the number of students with registered disabilities and 30 percent based on total student enrollment. This approach is crucial, as not all students needing accommodations have registered disabilities or are aware of their needs. The grant aims to reach students without registered disabilities at the time of access or those unaware of available services. It should be open to institutional programs and student initiatives addressing accessibility concerns. In addition to knowledge gaps about available accommodations, there is inconsistency in how accommodations are offered across and within post-secondary institutions, creating uncertainties and inequities. For example, the operational definitions and technical requirements each institution has for a student to receive an accommodation vary across institutions.[79] This creates uncertainty and inequities for students, hindering their post-secondary experience and limiting their success.

It is also important that students do not face undue hardship when accessing accommodations. However, stipulations regarding documentation and diagnoses may place some students at a disadvantage,

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[74] Condra, Mike, Mira Dineen, Sarah Gauthier, Helen Gills, and Anita Jask-Davies. "Academic Accommodations for Postsecondary Students with Mental Health Disabilities in Ontario, Canada: A Review of the Literature and Reflections on Emerging Issues." *Journal of Postsecondary Education and Disability* (n.d.). https://files.eric.ed.gov/fulltext/EJ1083849.pdf.
[75] Ibid.
[76] Ibid.
[77] Lanthier, Sophie, Ryan Tishcoff, Spencer Gordon, and Julia Colyar. *Accessibility Services at Ontario Colleges and Universities: Trends, Challenges and Recommendations for Government Funding Strategies*. Higher Education Quality Council of Ontario, 2023. https://heqco.ca/pub/accessibility-services-at-ontario-colleges-and-universities-trends-challenges-and-recommendations-for-government-funding-strategies/#:~:text=A%20new%20report%20from%20the,%2D14%20and%202020%2D21.
[78] K. Howorth, Sarah, Deborah L. Rooks-Ellis, Ella Sulinski, and Brooklin Jones. "Effect of PEERS® Class on Conversational Skills of Adults with Autism in College." *Journal of Postsecondary Education and Disability*, 2023. https://www.semel.ucla.edu/sites/default/files/users/user-293/jped_354.pdf.
[79] National Educational Association of Disabled Students, *Landscape of Accessibility and Accommodation in Post-Secondary Education for Students with Disabilities* (National Educational Association for Disabled Students, July 2018), https://www.neads.ca/en/about/media/AccessibilityandAccommodation%202018-5landscapereport.pdf.

considering the financial, emotional, and time-related burdens associated with obtaining diagnoses. This is a concern given the inconsistency in documentation requirements across institutions and lack of provincial standards.[80] Students at OUSA member schools have expressed particular apprehension about those who received a diagnosis before turning 18. Students may be required to undergo re-diagnosis as adults to qualify for accommodations, depending on their institution's documentation criteria, even if their needs have not changed or are not perceived to have changed. Barriers such as extended wait times for on-campus medical appointments and a shortage of family doctors to re-issue diagnoses compound these concerns. To ensure that students are not subjected to the additional burdens that come with requirements for re-diagnosis, the provincial government should mandate that post-secondary institutions should not require a student to be re-diagnosed with a disability to qualify for accessibility support. As well it is recommended that Postsecondary institutions shall establish a clear practice with respect to providing interim academic accommodations while waiting for further medical or psychological documentation before confirming the accommodations.[81]

ACADEMIC CONSIDERATIONS

Principle: Students should receive appropriate academic considerations without having to provide unnecessary evidence.

Concern: Post-secondary institutions often require unreasonable documentation and unrealistic timelines from students seeking academic considerations, putting additional strain on students which can lead to deterrence in seeking accommodations.

Concern: The documentation required to register with campus accessibility services can be a financial barrier to students, which may prevent them from receiving the support and services they need to succeed.

Recommendation: The provincial government should task the Higher Education Quality Council of Ontario with creating best-practice guidelines for providing accessibility considerations to post-secondary students.

Recommendation: The provincial government should mandate that post-secondary institutions develop academic consideration policies based on the best-practice guidelines outlined by the Higher Education Quality Council of Ontario for short-term disabilities, illnesses, and extenuating circumstances.

Recommendation: The provincial government should cover the cost of medical documentation required to receive support from accessibility offices through OHIP.

The widespread practice at Ontario post-secondary institutions of requiring doctor's notes from students who miss assignments or tests because of illness causes undue stress for the affected students, puts pressure on an overstretched public health system, and utilizes valuable healthcare resources unnecessarily. The redundancy of this practice has been underscored by the COVID-19 pandemic, and medical associations across Canada, such as Doctors of BC and the Ontario Medical Association, have

[80] Ibid.
[81] Postsecondary Education Standards Development Committee. "Development of Proposed Postsecondary Education Standards — Final Recommendations Report 2022." Ontario.ca. Last modified April 22, 2022. https://www.ontario.ca/page/development-proposed-postsecondary-education-standards-final-recommendations-report-2022#rec93.

advocated for employers to stop asking for sick notes from employees because of the risk it puts on other patients, the misuse of scarce resources, and the reality that healthcare professionals are unlikely to accuse or suggest a patient is “faking”, meaning that sick notes are almost always given when asked for.[82] Individuals may choose to consider themselves "not sick enough" to seek the attention of a doctor or medical staff, opting to return to class to avoid potential academic consequences and, in turn, potentially compromising the well-being of those in their proximity. Alternatively, they can decide to consult a doctor or medical professional, utilizing valuable physician time, intensifying their stress, and risking the health of others. This decision is driven by the necessity to adhere to postsecondary policies mandating this visit to obtain essential documentation, thereby preventing academic penalties.

These concerns apply equally in the context of post-secondary education and are compounded for many students who face barriers to accessing appointments to receive a sick note due to “lack of time, disability or mobility issues, cost of transportation, lack of insurance coverage, or indeed the illness for which they are making the appointment.”[83] The McMaster Student Absence Policy has a self-reporting absence form that may be used once per term for assignments worth less than 25%, wherein students may push the weighting to the final exam or receive a 72-hour extension, thus eliminating the requirement for medical documentation.[84] For absences that exceed three calendar days or missed academic work worth 25% or more of the final grade, students are directed to their faculty/program office to report their absence within 24 hours of returning to their academic activities. Similar policy programs are used at Brock University, intended to replace the need for a medical note and supporting documentation from a health care provider.[85]

Another concern raised by students is a gap in institutional policies that provide significant discretion to instructors to decide when, and in what circumstances, they will allow student academic consideration in response to illness. This means that, even if sick notes are not required, instructors may still choose to not grant an extension or allow an absence based on their own discretion.[86] To address this concern, the provincial government should mandate that post-secondary institutions develop compassionate academic policies for short-term disabilities, illness, and extenuating circumstances, based on best practices. These best practices should be identified through research conducted by the Higher Education Quality Council of Ontario, which will serve as the guidelines for institutional policy development. This policy mandate would mirror the requirement for post-secondary institutions to have standalone sexual violence policies under section 17 of the Ministry of Training, Colleges, and Universities Act. Some post-secondary institutions in the province already have such policies, so this mandate would simply be a way to ensure all institutions offer students the same, or similar, levels of trust and support accessing academic considerations in the event of illness or injury. For example, Queen’s University has developed an “Academic Consideration for Students in Extenuating Circumstances Policy.” This policy, which operates on “good faith,” allows students to request academic consideration in extenuating circumstances without needing to provide medical notes.[87] Policies such as these can help students avoid wasting the time and resources of medical personnel. They also promote student health and wellness by allowing students to

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[82] Stephen, Lauren C. "College Sick Note Policies Hurt Students, Public Health." The Hamilton Spectator. Last modified January 1, 2018. https://www.thespec.com/opinion/contributors/college-sick-note-policies-hurt-students-public-health/article_b74903bf-87f2-520f-a7fe-51d7b6f584a9.html.
[83] Ibid.
[84] McMaster University. *Policies, Procedures and Guidelines*. n.d. https://secretariat.mcmaster.ca/app/uploads/Requests-for-Relief-for-Missed-Academic-Term-Work-Policy-on.pdf.
[85] Brock University. *Medical Self-Declaration Form*. n.d. https://brocku.ca/registrar/wp-content/uploads/sites/45/Medical-Self-Verification-Form-Short-term-less-than-3-days-1.pdf.
[86] Shawna Wagman, “Professors Discuss Ditching the Doctor’s Note for Sick Students,” *University Affairs*, February 8, 2016, https://www.universityaffairs.ca/news/news-article/professors-discuss-ditching-the-doctors-note-for-sick-students/.
[87] McMaster University. *Academic Consideration for Students in Extenuating Circumstances Policy | University Secretariat and Legal Counsel*. 2017. https://www.queensu.ca/secretariat/policies/senate/academic-consideration-students-extenuating-circumstances-policy.

stay home and rest when they are sick or injured, and ultimately, they allow students to make their own decisions about their health. The provincial government should task the Higher Education Quality Council of Ontario with creating best-practice guidelines for providing accessibility considerations to post-secondary students, and the provincial government should mandate that post-secondary institutions develop academic consideration policies based on the best-practice guidelines outlined by the Higher Education Quality Council of Ontario for short-term disabilities, illnesses, and extenuating circumstances.

Finally, though many aspects of receiving a formal diagnosis are covered through OHIP, there are aspects that remain excluded, such as documentation or doctor's notes required for accommodations.[88] Students often use these documents to access accessibility services, including accommodations that they need to pursue their studies. However, because these services are not covered by OHIP, students are forced to pay out-of-pocket. There is a provincial standard of $19.50 for the cost of medical documentation such as a sick note, which can be a significant cost for some students. The provincial standard is only a guideline – doctors may choose to charge more.[89] Additionally, the cost of a doctor filling out forms, such as OSAP's Disability Verification Form, may cost students more in additional fees. These fees are not uncommon, with only 11.6 percent of doctors opting to waive fees for required documentation.[90] Costs for these services can present barriers to students, especially those from low-income backgrounds.[91] As a result, the provincial government should cover the cost of all required documentation, including sick notes and mandatory forms, through OHIP. Therefore, OUSA recommends that the provincial government should cover the cost of medical documentation required to receive support from accessibility offices through OHIP.

HEALTH CARE COVERAGE

Principle: All students, including mature and international students, should have adequate health care coverage.

Principle: OHIP+ should cover any and all necessary medical care, including medical prescriptions, necessary or preventative dental procedures, and optical/auditory procedures including vision and hearing tests that students require to maintain their health and wellbeing.

Principle: Post-secondary students must be able to access medical assistance during their education that is easy to navigate and accessible.

Principle: International students should have access to affordable health services and coverage during their post-secondary studies.

Principle: The Ontario Drug Benefits program should accurately reflect the needs of those accessing it.

Principle: Students will be best served by effective and robust public and non-profit healthcare services paid for by public health insurance.

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[88] MacLeod, Meredith. "Ending Sick Note Requirements Best for Healthcare System, Says Doctor." CTVNews. Last modified June 9, 2017. https://www.ctvnews.ca/canada/ending-sick-note-requirements-best-for-healthcare-system-says-doctor-1.3451531.

[89] R. Daw, Jamie, Kaitlyn E. Rice, and Danyaal Raza. "Fees for uninsured services: a cross-sectional survey of Ontario family physicians." 2020. https://www.cmajopen.ca/content/8/1/E163.

[90] Ibid.

[91] Ibid.

Concern: Mature students often have less coverage and/or support due to age restrictions on health coverage.

Concern: Changes to the OHIP+: Children and Youth Pharmacare program actively excludes post-secondary students, affecting their access to medication.

Concern: Students often pay out of pocket for necessary and often expensive medical supplies due to this not being covered in their healthcare plans.

Concern: Students who access a secondary general practitioner while at their postsecondary institution risk losing access to their primary general practitioner.

Concern: Limited dental health coverage may restrict students from seeking necessary and preventative care, which can result in detrimental consequences if untreated.

Concern: Limited eye care coverage, such as for vision correction, may restrict students from seeking necessary and preventative care.

Concern: The University Health Insurance Plan severely limits and restricts the health care options of international students.

Concern: The coverage limitations of the Ontario Drug Benefits Program is a barrier to quality healthcare for students.

Recommendation: The Ministry of Health should create a student status within OHIP and OHIP+ for all people enrolled in a recognized Ontario post-secondary institution, regardless of age or citizenship.

Recommendation: The Ministry of Health should amend the OHIP+: Children and Youth Pharmacare program to cover all drug costs, including dispensing fees, for people with the student status, regardless of their enrollment in a private insurance plan.

Recommendation: The Ministry of Health should expand the Assistive Devices Program to cover the cost of medical supplies such as syringes, regardless of age or specified long-term disability.

Recommendation: The Ministry of Health should make changes to the OHIP doctors' billing process to allow students to have more than one general practitioner to increase accessibility and convenience to students.

Recommendation: The Ministry of Health should expand OHIP to cover basic dental costs, including regular check-ups.

Recommendation: The Ministry of Health should expand OHIP to cover yearly eye exams and any follow-up assessments required for students.

Recommendation: The Ministry of Health should expand OHIP to cover the purchase of necessary vision correction for people with student status.

Recommendation: The Ministry of Health should complete an audit of the Ontario Drug Benefit Program to investigate and address existing limitations.

Recommendation: The Ministry of Health should expand the Assistive Devices Program to include the purchase of additional devices and services not currently covered under eligibility criteria, for the treatment of mental health concerns.

As healthcare is integral to the success of post-secondary students, all students should have access to adequate health care coverage. However, the current OHIP+ system severely limits students' ability to access certain health programs, such as the Children and Youth Pharmacare and Ontario Drug Benefits programs, due to restrictive eligibility requirements. These requirements, which only include those aged 24 and under without private health insurance, actively exclude post-secondary students, as most have access to private health insurance through their post-secondary institution (or through their parent(s)/guardian(s) insurance, in which case they are eligible to opt out of their institution's plan) and is doubly exclusionary of mature students who do not meet age eligibility. [92]

Private insurance plans, although they may cover some prescriptions, do not cover all costs, similar to OHIP+, which lacks universal and comprehensive coverage. Instead of being limited to or forced to choose one insurance plan, students should have the option to combine private insurance plans and OHIP+ to address gaps in coverage for necessary medication. Additionally, gaps in OHIP leave many students without coverage for non-pharmacy-related healthcare, including eye exams and follow-up assessments, which are currently only covered for those between 20 and 64 years or those with a specified medical condition, as well as coverage for vision correction which is not covered under OHIP (cite).[93] To support this, the Ministry of Health should create a "student status' under OHIP and OHIP+ that would include all people enrolled in a recognized post-secondary institution, regardless of age or citizenship, in eligibility criteria. This is an important, but limited step to ensuring students are able to afford necessary medications and health care.

Neither OHIP+ nor private insurance plans cover the cost of dispensing fees for drugs covered by the Ontario Drug Benefit plan. These fees can range from $9 to $13 or more in some cases, with higher fees paid in rural areas.[94] Students incur these charges for each prescription (even when filled in the same visit), creating additional costs for students with numerous prescriptions. As a result, the Ontario government should amend OHIP+ to ensure that people under 25 years of age, or those 25 years and older with student status, are eligible for programs such as the Children and Youth Pharmacare and Ontario Drug Benefits Program. The provincial government should amend these programs to cover the complete costs of all necessary drugs, including dispensing fees, regardless of whether a student is enrolled in a private insurance plan.

In addition, there are other necessary medical fees that are not covered by existing health care coverage programs, such as the cost of syringes. For example, the Assistive Devices Program – which is intended to support those with long-term disabilities to pay for equipment and supplies[95] – covers up to $170 of

[92] "Get Coverage for Prescription Drugs." Ontario.ca. Last modified September 20, 2016. https://www.ontario.ca/page/get-coverage-prescription-drugs#section-1.
[93] "What OHIP Covers." Ontario.ca. Last modified April 21, 2017. https://www.ontario.ca/page/what-ohip-covers#section-5.
[94] "Dispensing Fee Policies in Public Drug Plans, 2020/21." Canada.ca. Last modified January 15, 2024. https://www.canada.ca/en/patented-medicine-prices-review/services/npduis/analytical-studies/supporting-information/dispensing-fee-policies.html.
[95] "Assistive Devices Program." Ontario.ca. Last modified December 7, 2016. https://www.ontario.ca/page/assistive-devices-program.

syringes for diabetic seniors over the age of 65.[96] However, there are many students with long-term disabilities who require access to equipment and supplies who are not eligible for the Assistive Devices Program and who are not able to access coverage through other programs. Providing coverage for medical equipment ensures equitable access to essential tools for managing and improving students' health. This promotes equity in healthcare, ensuring that individuals with medical needs, regardless of their financial situation, can afford necessary equipment. The gap between what people need to manage their condition and what they can afford is a growing concern, "forcing individuals to choose between recommended [safe] care and basic living expenses".[97] Individuals without adequate coverage for test strips used for checking blood glucose levels forego checking, leading to poorly managed diabetes and a higher risk of co-complications-furthering pressures on both individuals' well-being and the healthcare systems.

To address this, the Assistive Devices Program should be expanded to provide coverage for syringes regardless of age or specified long-term disability, allowing those under the age of 65, as well as those who require syringes to manage a long-term disability , to access these materials without financial hardship should they need them. Further, the Assistive Devices Program should be expanded to include the purchase of additional devices and services related to mental health disabilities. This is important because there are currently gaps in coverage for those with mental health disabilities who require support, such as a service dog, which is not currently covered through the Assistive Devices Program.[98]

Importantly, there are life-saving and necessary medical equipment that some students without a disability require, or that are required for reasons not tied to disability. For example, those accessing Hormone Replacement Therapy (HRT), such as trans individuals or those with hormone deficiencies, often use syringes to administer necessary medications. These students should be able to access syringes for necessary medical interventions through programs that are not tied to disability status. Gender-Affirming care is life-saving care. Based on a large survey of trans and non-binary people in Ontario, research teams found that having access to all desired gender-affirming medical care reduced suicidal ideation by 62 per cent, suggesting access to medical transition has the "potential to contribute to substantial reductions in the extremely high prevalences of suicide ideation and attempts within trans populations".[99] As such, the Ministry of Health should develop a new Ontario Drug Benefit Program called "Syringe Coverage" to cover the cost of syringes when medically necessary.

While these recommendations target specific gaps in medication and prescription coverage faced by students, they do not address all gaps in coverage, nor do they allow for a more comprehensive solution. To this end, the Ministry of Health should complete an audit of the Ontario Drug Benefit program with the aim of finding and addressing existing limitations. Currently, there is little to no data on what drugs are covered, the rate of usage of covered drugs and/or the rate of access to drugs that are not covered by the Ontario Drug Benefit program. This creates many access barriers for students, the general public, and advocacy groups. This investigation would also provide insight into how the Ontario Drug Benefit program could better support all Ontarians. Moreover, it creates additional barriers for students to go to their hometown to visit their general practitioner in situations where they move out of their hometown to pursue their graduation.

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[96] "Get Support for Diabetes Equipment and Supplies." Ontario.ca. Last modified December 7, 2016. https://www.ontario.ca/page/get-support-for-diabetes-equipment-and-supplies.
[97] "Diabetic Supplies or Groceries – Sometimes the Choice is Difficult." St. Joseph's Hospital. Last modified May 15, 2023. https://www.sjhc.london.on.ca/news-and-media/our-stories/diabetic-supplies-or-groceries-sometimes-choice-difficult.
[98] "Assistive Devices Program," *Government of Ontario*, updated July 16, 2020, https://www.ontario.ca/page/assistive-devices-program.
[99] Bauer, Greta R., Ayden I. Scheim, Jake Pyne, Robb Travers, and Rebecca Hammond. "Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada." *BMC Public Health* 15, no. 1 (2015). doi:10.1186/s12889-015-1867-2.

However, in Ontario, a person cannot see more than one general practitioner because of the way the billing system works. Those who see a secondary general practitioner risk being removed from their primary practitioner's roster, potentially leaving them without a primary care provider or reliable point of access, ultimately increasing the burden on walk-in clinics and emergency healthcare services. Students are particularly at risk of this happening since many split their time between their hometown and their university's municipality. Therefore, the Ministry of Health should make changes to how doctors bill OHIP so that students can access more than one general practitioner in multiple regions without being removed from rosters.

Dental care is a pivotal part of the health of Canadians, as it not only deals with the most prevalent diseases in Canadians but it also helps to catch early signs of other diseases such as HIV/AIDS and osteoporosis.[100] Additionally, poor oral health can affect the rest of the body; it has been shown to complicate diabetes management and has been linked to respiratory disease and more.[101] With this information widely available, it does not make sense that OHIP does not cover dental care (unless it takes place inside a hospital). Dental care – which most often takes place in a dentist's office – cost Canadians $12.1 billion in 2010, second only to prescription drug costs.[102] To ensure students are able to access and afford necessary dental care, the Ministry of Health should expand OHIP to cover basic dental costs, including recommended regular check-ups and common procedures outside of hospitals.

Eye care is another pivotal part of the health of Canadians of all ages. It is recommended that people go for an eye exam at least once every two years unless someone has a medical need for a more frequent exam.[103] However, OHIP only covers yearly eye exams and follow-up assessments for those 19 years and under and those 65 years and older, unless someone has a specified medical condition.[104]This means that a large percentage of the university student population must rely on student benefits alone to cover any eye care needs. Additionally, OHIP does not cover the cost of vision correction for people who need it, thereby putting the financial burden of necessary tools on students who need them to see. To address these issues, the Ministry of Health should expand OHIP to cover yearly eye exams and any follow-up assessments required for everyone with student status, regardless of age or whether or not they have a specified medical condition. OHIP should also be expanded to cover the cost of vision correction, such as glasses or contact lenses, for people with student status.

A particularly vulnerable group are international students as they face unique gaps in health care coverage. Though international students are often covered by the University Health Insurance Plan, OUSA has outlined numerous issues with this coverage, such as up-front, out-of-pocket costs, inconsistent costs across universities and more. As such, international students should be given the option to opt into OHIP while studying in Ontario, giving them affordable and better access to necessary health care.[105]

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[100] "Dental Care in Canada: the Need for Incorporation into Publicly Funded Health Care." UBC Medical Journal. Last modified November 24, 2015. https://ubcmj.med.ubc.ca/ubcmj-volume-7-issue-1/dental-care-in-canada-the-need-for-incorporation-into-publicly-funded-health-care/dental-care-in-canada-the-need-for-incorporation-into-publicly-funded-health-care/.
[101] "Dental Care in Canada: the Need for Incorporation into Publicly Funded Health Care."
[102] Ibid.
[103] "Eye Exam Cost and when to Have an Eye Exam." All About Vision. Last modified January 24, 2020. https://www.allaboutvision.com/en-ca/eye-exam/preparing/.
[104] "What OHIP Covers," *Government of Ontario*, updated January 8, 2020, https://www.ontario.ca/page/what-ohip-covers#section-5.
[105] Cruz, Shawn, Emma Evans, Matthew Gerrits, Fayza Ibrahim, Brook Snider, and Megan Town. Policy Paper: International Students & International Education. Toronto: Ontario Undergraduate Student Alliance, 2020

SEXUAL HEALTH

EDUCATION AND AWARENESS IN K-12

Principle: All students, including 2SLGBTQIA+ students, students with disabilities, and students from culturally diverse backgrounds, should see themselves, their identities, and their experiences meaningfully reflected and included within the sexual health education curriculum.

Principle: All K-12 students studying in Ontario should receive comprehensive sexual health education that is sex-positive, trauma-informed, consent focused, body positive and is gender-, 2SLGBTQIA+-, culturally-, and disability representative and inclusive.

Principle: K-12 students should feel comfortable learning about and asking questions related to their sexual health without fear of stigmatization.

Principle: The success of sexual health education initiatives should not be determined solely by academic markers, given the inherently non-academic nature of sexual health and awareness.

Principle: Students who do not participate in sexual health education courses during their K-12 studies should not face stigmatization from their teachers or peers because of their absence.

Concern: Sexual health information and resources are predominantly cisheteronormative, which actively excludes members of the 2SLGBTQIA+ community from learning about healthy, safe, and consensual sexual relationships that are reflective of their identities during their sex education classes.

Concern: Discussions and questions related to 2SLGBTQIA+ communities under Ontario's current sex education curriculum are often discouraged or ignored by sexual health professionals and educational professionals; a practice which continues to stigmatize non-heteronormative sexual relationships.

Concern: Discussions focusing on students with disabilities within sex education are often limited and are likely to perpetuate the ableist ideology that people with disabilities do not have a sexuality.

Concern: Policy/Program Memorandum 162 currently allows parents or guardians of K-8 students to opt out of taking sexual health education classes, without making an informed decision, limiting the sexual health knowledge of these students, while having the potential to impact their ability to participate in healthy sexual relationships in the future.

Concern: The Ontario education curriculum only mandates one physical education credit during high school in which sex education is part of the curriculum, meaning that many students do not continue to take physical education after Grade 9, which severely limits their understanding of sexual health.

Concern: Current methods of academic testing within the sexual health education curriculum do not accurately measure students' knowledge or understanding of sexual health.

Concern: K-12 students who are absent during sexual health education are often made to feel uncomfortable for their absence by their teachers and peers.

Concern: Culturally diverse norms and values are not discussed in relation to sexual health education.

Recommendation: The Ministry of Education should, in consultation with sexual health professionals and teaching experts, create and monitor markers beyond academic success to ensure K-12 sexual health education is comprehensive, relevant and gender, 2SLGBTQIA+, culturally and disability-sensitive and inclusive.

Recommendation: The provincial government should amend Policy/Program Memorandum 162, mandating that parents or guardians who choose to opt out their children from taking sexual health education courses must first read through and sign a standardized document they are provided with information about the curriculum being taught to students, allowing them to make an informed and transparent decision.

Recommendation: The Ministry of Education should amend the K-12 sex education curriculum to include age appropriate discussions of gender and sexuality that directly and intentionally includes information about healthy sexual relationships for 2SLGBTQIA+ students, students with disabilities, and students from a culturally diverse background.

Recommendation: The Ministry of Education should amend the K-12 curriculum to include discussions focused on the direct inclusion of people with disabilities, including (but not limited to) dispelling myths about disabilities and sexualities and providing age appropriate resources and discussions.

Recommendation: The Ministry of Education should amend the K-12 sex education curriculum to include age-appropriate, culturally-informed discussions of consent.

Recommendation: The Ministry of Education should include discussions about various cultural values surrounding sexual health in the K-12 sex education curriculum.

Conversations surrounding sexual health education for Kindergarten to Grade 12 (K-12) students have been a controversial topic and in trying to create and develop a sexual health education curriculum for K-12 students, the Government of Ontario has faced heavy scrutiny from various stakeholders, such as parents and guardians of K-12 students.

There are a number of arguments that have been proposed relating to the inclusion of sexual health education within the K-12 physical education curriculum. Amongst all of the controversy surrounding the current sexual health education curriculum in Ontario, two main sides can be seen to emerge: (1) those who feel that there is no place for sexual health education in the province's schools, as this type of education is believed to be the responsibility of parents or guardians, and (2) those who feel that current sexual health education in Ontario does not provide K-12 students with enough information about how to make informed decisions relating to their sexual health and well-being.

Under the current version of Ontario's Health and Physical Education curriculum, the use of the term 'sexual health' was meant to be broad in nature and scope so as to encompass a wide range of topics related to sexual development, reproductive health, choices and sexual readiness, consent, abstinence, and protection to interpersonal relationships, sexual orientation, gender identity and gender expression,

affection, love, pleasure, body image, and gender roles and expectations.[106] Within the current curriculum, it is recognized and outlined that the sexual health of an individual is just one of the many components necessary in the well-rounded formation of human development and the formation of concepts of self, stating that it is important for "learning about healthy human development begins at an early age,"[107] but students' "learning about human development - and their understanding of its many interrelated aspects - deepens as students get older and as the nature of their relationships changes.[108] They learn more about self, others, and identity; peer, family, and romantic relationships; personal safety; and decision making." The current sexual health education curriculum also recognizes that learning about and understanding sexual health is a lifelong process but one that needs to start during the early years of adolescence.

It is the duty of the Ontario education system, in consultation with sexual health and teaching experts, to ensure that the students they are responsible for educating are able to make informed decisions about their sexual health and well-being. However, the current methods used in the creation of the sexual health education curriculum fail to consult K-12 students. Although student consultation is not the norm during the curriculum creation process, the nature of sexual health education presents a unique opportunity to receive feedback from students, as students know better than anyone what they want and need to learn from sexual health education. Including student voices in the creation of the sexual health curriculum would ensure that what K-12 students are learning is reflective of the skills and knowledge that they need and want to participate in healthy sexual relationships.

The current sexual health education curriculum that is used throughout Ontario recognizes the importance of teaching students age-appropriate content. While age-appropriate content is important to ensuring that students are only receiving sexual health education that experts in the field have deemed they have the maturity to handle, age should not be the only factor that influences what students are being taught. Teaching K-12 students about sexual health in a comprehensive and accessible manner is also necessary to ensure the sexual health and well-being of oneself and others, ensuring that we are setting K-12 students up for success whenever they feel ready to participate in sexual relationships. It is also necessary that the content being taught to students during their sexual health education classes is sex-positive, trauma-informed, consent-focused, body-positive, and representative and inclusive of all gender identities, sexualities, abilities, and cultural backgrounds.

K-12 students have continued to express a desire to learn about their sexual health and well-being. The reality is that youth are curious and have a lot of questions related to the topic of sex. These are questions that will not go away, and, depending on how they are answered, will impact how these students participate in sexual relationships in the future. In a study completed by Action Canada in 2023, researchers confirmed that students want to learn about sex and how they can participate in healthy sexual relationships.[109] This study found that the current sexual health education curriculum in Ontario was not meeting the needs of the students taking these classes. The majority of questions that K-12 students have were not being answered or addressed under curriculum guidelines, forcing students to turn to the internet to have their questions answered. By not meeting their needs within the classroom, students began to use other sources to find this information, such as pornography websites, to answer their questions. This provides students with unrealistic, unhealthy, and unsafe expectations for what constitutes appropriate behavior in healthy sexual relationships. Sexual health education curriculum

[106] Government of Ontario. "The Ontario Curriculum, Grades 1-8: Health and Physical Education." (Queen's Printer for Ontario, 2019), 43.
[107] Government of Ontario.
[108] Ibid.
[109] Action Canada. *Holding Ground and Pushing for Progress*. 2023. https://www.actioncanadashr.org/sites/default/files/2024-01/Annual%20Report%20-%20January%2010%20%28digital%29_0.pdf.

should be designed to ensure that the students taking these classes are leaving feeling prepared to eventually participate in sexual relationships that are healthy, consensual, and informed. Although the current K-12 sexual health education curriculum is focused on ensuring that students are receiving information that is age-appropriate, there is currently nothing that requires this curriculum to be reflective of the identities of the students present within these classroom spaces. In fact, students who identify as a member of the 2SLGBTQIA+ community, students with a disability, and students from culturally diverse backgrounds often feel that their identities are not reflected and, in most cases, are not even addressed within sexual health education classes. This is a concerning reality as K-12 students, regardless of their sexuality, gender identity, ability, or cultural or spiritual background, have continued to express a desire to learn about their sexual health and well-being from sexual health experts that is reflective of their lived identities and experiences. Therefore, OUSA recommends that the Ministry of Education should, in consultation with sexual health professionals and teaching experts, create and monitor markers beyond academic success to ensure K-12 sexual health education is comprehensive, relevant and gender, 2SLGBTQIA+, culturally and disability-sensitive and inclusive.

K-12 students have continued to express a desire and need for sexual health education classes that are inclusive and reflective of their lived identities. Ensuring that willing students are receiving inclusive sexual health education allows them to explore aspects of their sexual identities in an age-appropriate and medically accurate manner will only help to set these students up for success as they begin to explore sexual relationships when they feel ready to do so. After surveying K-12 students throughout Canada, Action Canada determined that students "want sex-ed that speaks to them in all of their diversity and equips all of them, not just some of them, with what they need to take care of their own health" and sexual well-being.[110] These conversations with K-12 students continue to highlight the importance that comprehensive, age-appropriate, and inclusive sexual health education have on the sexual health and well-being of youth throughout the province. It is therefore imperative that the Ministry of Education, in consultation with sexual health professionals and teaching experts, create and monitor markers beyond academic success to ensure K-12 sexual health education is comprehensive, relevant, and gender-, 2SLGBTQIA+, culturally, and disability-sensitive and inclusive. Moreover, the Ministry of Education should amend the K-12 sex education curriculum to include age-appropriate discussions of gender and sexuality that directly and intentionally includes information about healthy sexual relationships for 2SLGBTQIA+ students, students with disabilities, and students from culturally diverse backgrounds. It should also amend the K-12 curriculum to include discussions focused on the direct inclusion of people with disabilities, including (but not limited to) dispelling myths about disabilities and sexualities and providing age-appropriate resources and discussions. Sexual health education should be easily accessible for all K-12 students who express an interest in learning it. Creating a sexual health education curriculum that is age-appropriate, comprehensive, trauma-informed, sex-positive, consent-focused, and body-positive is essential to setting our students up for success in their future sexual relationships.

The current sexual health education curriculum in Ontario was designed to ensure that K-12 students are able to make informed and sound decisions regarding both the physical and mental aspects of their sexual health.[111] In fact, studies have shown that increasing the availability and quality of sexual health education for K-12 students has led, in many cases, to the delayed initiation and participation of sexual activity, reduced sexual risk-taking, an increase in condom and contraceptive usage, an improved understanding of safer-sex behaviors, and a more positive view regarding the importance of maintaining one's sexual and

[110] Action Canada, "What Young People Want and Need for their Sex-Ed," Action Canada for Sexual Health and Rights, Action Canada, June 23, 2019, https://www.actioncanadashr.org/resources/sexual-health-hub/sex-ed/what-young-people-want-and-need-their-sex-ed
[111] Government of Ontario. "The Ontario Curriculum, Grades 1-8: Health and Physical Education." (Queen's Printer for Ontario, 2019), 43.

reproductive health.[112] Further research also suggests that sexual health education has also led to societal improvements; such as, the prevention and reduction of instances of gender-based and intimate partner violence, increased gender equity, the creation of healthier physical and mental sexual relationships, and an increased understanding of the importance of consent.[113]

The benefits listed above highlight the importance of the continued inclusion of sexual health education within the K-12 curriculum for one's personal health and for Ontario society as a whole. However, there are many parents and guardians of K-12 students who, for a variety of reasons, choose to opt these students out of sexual health education classes; a process which is allowed under Policy/Program Memorandum 162. Providing parents and guardians with the option to opt their children out of sexual health education classes without any information regarding the content that is being taught in these classes does not set these students up for success in their future sexual relationships. In fact, these students are more vulnerable to having unhealthy and non-consensual sexual relationships in their future. It is therefore important that the Government of Ontario amend the current version of Policy/Program Memorandum 162 to mandate that parents or guardians who choose to opt out their children from sexual health education courses must first read through and sign a standardized document in order to complete the opt-out process so that they are informed about the content of the curriculum that is being taught within K-12 sexual health education classes.

Additionally, the assimilation of young people's cultural norms alongside the exploration of their sexual identity plays a crucial role in adolescent development and can significantly shape sexual behavior. Incorporating culture into interventions aimed at adolescent sexual health can enhance their relevance for the recipients. Thus, comprehending the impact of cultural values on youths' health beliefs is vital for crafting effective interventions, particularly in culturally diverse communities. Cultural values influence attitudes and practices related to sex and sexuality, potentially influencing adolescents' perceptions of sexual health decisions and their engagement in protective behaviors.[114] However, culturally diverse norms and values are not discussed in relation to sexual health education in Ontario. Therefore, the Ministry of Education should include discussions about various cultural values surrounding sexual health in the K-12 sex education curriculum.

EDUCATION AND AWARENESS IN POST-SECONDARY

Principle: All post-secondary students must be able to easily access informative, accurate, and timely information related to their sexual health and wellbeing that is reflective of their lived identities.

Principle: On-campus sexual health workers must have access to relevant and timely resources to best address the sexual health questions and needs of post-secondary students.

Principle: All students, including international students, should be fully informed of the sexual health resources available to them and their rights and responsibilities when partaking in safe and healthy sexual relationships.

[112] Action Canada. "Why Does Sex-Ed Matter? Because Science Says so!" Action Canada for Sexual Health and Rights, Action Canada, June 23, 2019, https://www.actioncanadashr.org/resources/sexual-health-hub/sex-ed/why-does-sex-ed-matter-because-science-says-so
[113] Ibid.
[114] Bhalerao Singh, Leena. "Assessing Culturally Responsive Sexuality Education: Implications for Program Development and Practice." PhD diss., University of California, Berkeley , 2016. https://escholarship.org/content/qt6809787z/qt6809787z_noSplash_1faea9423430e94f3cd91da1d096c6d6.pdf?t=otc1h4.

Principle: All post-secondary students should feel comfortable seeking help or guidance from sexual health supports both on and off their campuses.

Concern: Stigma and lack of education around sexual health before entering post-secondary education may discourage students from knowing about and utilizing the sexual health resources and supports available to them.

Concern: Due to the lack of comprehensive information regarding the experiences of 2SLGBTQIA+ students, students with disabilities, culturally sensitive practices, trauma-informed information, and sex-positive approaches, many students in post-secondary may not have knowledge relating to the maintenance of the sexual health of themselves and others.

Concern: Some frontline staff or on-campus sexual health workers may not have relevant or updated information to adequately support students in ways that are trauma-informed, sex-positive, gender, 2SLGBTQIA+-, culturally-, and disability-sensitive and inclusive.

Concern: International students may not have the same sexual education as their domestic peers, which may lead to gaps in knowledge of Canadian, Ontarian and local resources, and rights and responsibilities in regard to sexual health.

Recommendation: The provincial government should provide envelope funding to post-secondary institutions for comprehensive resources, and promotion of said resources, focused on safer sex practices that are trauma-informed, sex-positive, 2SLGBTQIA+-, gender, culturally-, and disability-sensitive and inclusive.

Recommendation: The provincial government, in consultation with sexual health experts, should develop and provide mandatory sexual health training that is trauma-informed, sex-positive, 2SLGBTQIA+-, gender-, culturally-, and disability-sensitive and inclusive for all student facing sexual health workers and front-line staff.

Recommendation: The provincial government should, in consultation with sexual health experts, develop sexual health education resources for incoming international students focused their rights and responsibilities that are provided through the Ontario Universities Info website and the websites of post-secondary institutions.

For many youth, the beginning of their post-secondary journey is a period of drastic change. Post-secondary students find themselves treading unprecedented waters, as they may be living away from home for the first time, expected to navigate life as fully independent adults while also being away from their friends and families. It is during this period of change that many students also begin to explore their sexual identities and preferences for the first time.

As with any new experience, students want, need, and deserve to have access to information related to their sexual health and well-being that is accurate, timely, informative, and easily accessible. However, although the majority of post-secondary institutions have some form of sexual health support or resource center on campus available for student use, many students feel uncertain about the services that these centers provide, and due to societal stigma surrounding conversations about sex, many students feel uncomfortable asking for help or information in the first place. This is a concerning phenomenon as it increases the vulnerability of students during a time when they are trying to figure out what a healthy and

consensual sexual relationship is. All students should be fully informed about the sexual health resources available to them both on and off campus, as well as the rights and responsibilities that come with participating in healthy sexual relationships.

In order for students to be fully informed participants in a healthy and consensual sexual relationship, they need to have access to supports, services, and information that are reflective of their lived identities, trauma-informed, and sex-positive. However, many on-campus sexual health support centers are unequipped and therefore unable to provide students with this type of information. Further, the information and resources that are available are typically cisheteronormative, ableist, and only reflective of Western cultural and religious values. This means that there is a large proportion of post-secondary students who feel that their identities and experiences are not reflected within these resources, discouraging these students from seeking help and information in the future.

Health care professionals often lack knowledge of LGBTQ+ and Two Spirit issues, which leads to LGBTQ+ and Two Spirit health concerns being misunderstood or not addressed. For example, in a report on Nova Scotia health care professionals and LGBTQ+ patients, only 13.2 percent of health care professionals viewed cisgender/heterosexual and LGBTQ+ patients as having the "the same" health concerns; and the majority of healthcare professionals felt uncomfortable when having to address LGBTQ+-specific concerns.[115] Research has also shown that there are significant links between health care providers' culture sensitivity (and how it is perceived by patients) and patient adherence to medical regimens.[116]In other words, if a patient feels a practitioner is not aware of their unique needs, they are less likely to follow that practitioner's medical advice. Finally, sex positivity in health care education has been shown to improve health care professionals' understanding of sex and sexual health as well as their efficacy skills in terms of treating and discussing patient's sexual health.[117] Not only does this highlight the lack of information available to healthcare professionals regarding LGBTQ+-informed, culturally-sensitive and sex-positive approaches, it also highlights the benefits that information about these approaches would have for both patients and providers.

To ensure that sexual health resources and support centers located on post-secondary campuses are meeting the needs of the students accessing them, the provincial government should provide envelope funding to post-secondary institutions for comprehensive resources that are trauma-informed, sex-positive, 2SLGBTQIA+-, gender, culturally-, and disability-sensitive and inclusive. Further, to ensure that post-secondary students are getting a well-rounded experience within sexual health support centers, the provincial government should also develop mandatory training for staff working within these centers that recognizes the importance of providing care and information to students that are trauma-informed, sex-positive, 2SLGBTQIA+-, gender-, culturally-, and disability-sensitive and inclusive.

It is also important to recognize during the creation of sexual health supports and services offered on post-secondary campuses that all students are entering these spaces with a different understanding of what constitutes a healthy sexual relationship. Not all post-secondary students were taught the same information, nor do they have the same experiences, which contributes to these differing levels of understanding and comfort when seeking sexual health supports, information, and resources. Depending

[115] Jacqueline Gahagan and Montse Subirana-Malaret, "Improving Pathways to Primary Health Care among LGBTQ Populations and Health Care Providers: Key Findings from Nova Scotia, Canada," *International Journal for Equity in* Health 7 (June 2018): 76, doi: 10.1186/s12939-018-0786-0.
[116] Carolyn M. Tucker, Michael Marsiske, Kenneth G. Rice, Jessica D. Jones, and Keith C. Herman, "Patient-Centred Culturally Sensitive Health Care: Model Testing and Refinement," *Health Psychology* 30, no. 3 (May 2011): 342-350, doi: 10.1037/a0022967.
[117] Su-Ching Sung and Yen-Chin Lin, "Effectiveness of the Sexual Healthcare Education in Nursing Students' Knowledge Attitude, and Self-efficacy on Sexual Healthcare," *Nursing Education Today* 3 (2013): 5, doi: 10.1016/j.edt.2012.06.019.

on their country of origin, international students may not have received the same sexual health education as their domestic peers. This has the potential to lead to gaps in one's knowledge of Canadian, Ontarian, and local sexual health supports and resources, and the rights and responsibilities that an individual has when participating in a sexual relationship and in maintaining their sexual health. Therefore, to ensure that international students are able to participate in healthy and consensual sexual relationships to the same extent as their domestic peers, the provincial government should create resources directed at incoming international students to provide these students with information about the sexual health resources and supports available to them.

SUPPORT RESOURCES

Principle: Students should not face barriers in accessing sexual health resources or care in sexual health clinics located both on and off their campuses.

Principle: The ability of post-secondary students to fulfill their reproductive needs should be supported by their post-secondary institution; this may include, but is not limited to, ensuring access to diverse contraceptive options and a variety of safe sex materials.

Principle: Access to menstrual products is a human right.

Principle: Students should be supported when accessing sexual health and/or sexual violence resources.

Principle: If an instance of sexual violence occurs, students should have access to all emergency services required without having to be transferred to a different location or platform.

Principle: Processing sexual violence kits should be completed within a timely manner to ensure there is little to no backlog.

Principle: All post-secondary students must be able to access sexual health resources that are timely, effective, flexible, and reflective of their lived experiences and identities.

Concern: Service, resource, and communication gaps between post-secondary institutions and community sexual health supports can be a barrier to students accessing sexual health resources; potentially deterring students from seeking necessary supports and services in the first place.

Concern: OHIP, OHIP+, and UHIP do not cover all student sexual health needs, including, but not limited to, menstrual products.

Concern: Students who seek resources after an instance of sexual violence may be under supported by existing systems as they may also need support that sexual health clinics are not equipped or able to provide.

Concern: Students from at-risk populations, such as 2SLGBTQIA+ students, culturally and racially diverse students, and students with disabilities, are often overlooked in the development of sexual health services.

Recommendation: The provincial government should provide grant funding to community sexual health clinics to work with post-secondary institutions to provide students with resources and information about local supports, as well as enhancing infrastructure and referral systems.

Recommendation: The Ministry of Health should extend OHIP+ to provide full coverage of diverse contraceptive methods.

Recommendation: The Ministry of Health should expand OHIP+ to cover the cost of Post-Exposure Prophylaxis (PEP).

Recommendation: The Ministry of Health should extend OHIP to provide coverage of menstrual products, up to $200 per year.

Recommendation: The provincial government should provide grant funding that existing sexual violence centres can use to meet their growing demand, and to create and/or improve programs that support survivors during and after visits to sexual assault centres.

Recommendation: The provincial government should mandate that all urgent and emergency care facilities have sexual assault kits that can be properly administered on-site.

Recommendation: The provincial government should develop funding for on-campus sexual health centres providing comprehensive and specific supports for 2SLGBTQIA+ students, students from culturally and racially diverse backgrounds, and students with disabilities.

Recommendation: The provincial government should provide grant funding that existing public health centres can use to provide on-campus STI testing and STI testing drives.

As post-secondary students typically find themselves going to attend an institution that is located outside of their home community, they are often unsure of the sexual health supports and services that are available to them in the community where their institution is housed. Because of this, many students look to the supports located on their campuses before venturing out into the community. Regardless of where students are seeking and getting support, it is essential that they are receiving barrier free access that is timely, effective, flexible, and reflective of one's identities and experiences when using the supports and services necessary to maintain their sexual health and wellbeing.

An important and essential part of sexual health care, is care that is available for persons who have experienced sexual violence. The unfortunate reality is that post-secondary students, particularly 2SLGBTQIA+ students, racialized students, students with a disability, and international students, are disproportionately vulnerable to experiencing sexual violence during the completion of their education.[118] Not only are post-secondary students disproportionately impacted by sexual violence, on campus sexual health centers are often unequipped to adequately support students who have been impacted by sexual violence. This means that many students must seek support elsewhere in order to access emergency resources such as sexual violence kits, a process that is often time consuming and is inaccessible for many students due to the costs associated with traveling to these centers. Therefore, it is important that the provincial government should provide grant funding to community sexual health clinics to work with post-secondary institutions to provide students with resources and information about local supports, as

[118] "Student Voices on Sexual Violence," Government of Ontario, updated October 21, 2019, https://www.ontario.ca/page/studentvoices-sexual-violence.

well as enhancing infrastructure and referral systems. Further, it is essential that the provincial government begin to provide grant funding that existing sexual violence centres can use to meet their growing demand, and to create and/or improve programs that support survivors during and after visits to sexual assault centres. Additionally since marginalized student groups are more vulnerable to sexual violence, the provincial government should develop funding for on-campus sexual health centres providing comprehensive and specific supports for 2SLGBTQIA+ students, students from culturally and racially diverse backgrounds, and students with disabilities.

Access to sexual assault kits is another important resource for survivors. Though all public hospitals should have access to sexual assault kits, 40 percent of hospitals in Ontario do not have these kits on site.131 Some hospitals refer survivors to sexual assault centres or other hospitals where there are trained staff who can administer the kit and support the survivor through the process.[119] While the intent of having experts administering these kits is understandable – and sexual assault centres should continue to have the resources available to do this work – being referred to a secondary point of contact can create barriers to accessing sexual assault kits, particularly for those that live in rural areas, do not have access to a car, or experience any hesitancy to accessing care from multiple points of contact.[120]Both of these barriers contribute to the fact that only two-thirds of survivors will choose to go through the sexual assault kit process.[121]To address this issue and ensure that any survivor who chooses to go through the sexual assault kit process is able to access it, the provincial government should mandate that all urgent and emergency care facilities have sexual assault kits that can be properly administered on-site.

While all students require access to sexual health support and care, particular groups of students are more at risk of experiencing sexual health concerns. For example, in African, Caribbean, and Black populations, the rates and prevalence of HIV is increasing much faster than in the overall population.[122] First Nations, Métis and Inuit people make up only 3.4 percent of the overall population, yet they make up over 12 percent of new HIV diagnoses in Canada.[123] Youth with disabilities are often at high risk for further complications or negative outcomes in regards to sexual health as well.[124] Finally, LGBTQ+ communities, particularly men who have sex with men (MSM), have been, and continue to be, one of the most at risk populations for HIV contraction – in 2018 it was estimated that "51.7 percent of all people with HIV in Canada" were MSM.[125] Recognizing the additional barriers and risks that these communities face regarding their sexual health, the provincial government should provide funding for on-campus sexual health centres to develop comprehensive and targeted supports for at-risk populations. This funding should be comprehensive enough to cover the costs of offering these supports, including the hiring of additional staff to ensure stability and consistency of access.

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[119] Hamovitch, "'Untested Evidence'"; "Rape kits not available at all hospitals, sexual assault survivor warns," *CBC News*, May 25, 2018, https://www.cbc.ca/news/canada/toronto/barrie-rape-kit-1.4679014.
[120] "Rape kits not available at all hospitals".
[121] Sheryl Ubelacker, "Sexual Assault Victims Often Decide Against Giving Rape Kits to Police, Study Finds," *Toronto Star*, August 7, 2018, https://www.thestar.com/news/canada/2018/08/07/sexual-assault-victims-often-decide-against-giving-rape-kits-to-police-study-finds.html.
[122] Roger Antabe et al., ""I Went in There, Had a Bit of an Issue With Those Folks": Everyday Challenges of Heterosexual African, Caribbean and Black (ACB) Men in Accessing HIV/AIDS Services in London, Ontario," *BMC Public Health* 21, (2021): 315, doi: 10.1186/s12889-021-10321-x.
[123] Candice Lys, "Arts-based HIV and STI Prevention Intervention with Northern and Indigenous Youth in the Northwest Territories: Study Protocol for a Non-Randomised Cohort Pilot Study," *BMJ Open* 6, no. 10 (2016), https://bmjopen.bmj.com/content/6/10/e012399.
[124] Alex McClelland et al., "Seeking Safer Sexual Spaces: Queer and Trans Young People Labeled with Intellectual Disabilities and the Paradoxical Risks of Restriction," *Journal of Homosexuality* 59, no. 6 (2012): 808-819, https://doi.org/10.1080/00918369.2012.694760.
[125] L. Challacombe, *The Epidemiology of HIV in Canada* (factsheet) (CATIE, 2021), https://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hiv-canada.

Students face barriers to accessing important resources, medications, and other tools to support their sexual health. For example, through OHIP+ covers many birth control methods, existing limitations within OHIP+, such as a lack of options or access, can create barriers for students accessing contraceptives that suit their needs. While many versions of oral contraceptives (e.g., "the pill") are covered, newer drugs or non-pill methods, such as intrauterine devices (IUDs), often are not.[126] IUDs are commonly considered the most effective form of birth control,and for people who cannot or choose not to take a daily pill, these contraceptives provide access to necessary health care. Another example is the lack of coverage for Post-Exposure Prophylaxis (PEP), a combination of three HIV medications taken after an HIV-negative person has been exposed to HIV. While it is not advised that this method replace other protective strategies, PEP remains a highly effective emergency prevention method.116 While PEP is available at most emergency rooms, the current cost of PEP ($900+) often makes it inaccessible to those most at-risk of HIV.[127] To ensure that students' sexual health care needs are met, the Ministry of Health should extend OHIP+ to provide full coverage of diverse contraceptives and PEP.

There are also significant financial burdens for students who require access to menstrual products. According to the Canadian Centre for Economic Analysis, the average annual cost of menstrual products per person is $87.[128] The exact cost depends on the products used, as well as the frequency, duration, and amount of someone's menstrual cycle, which varies for each individual. OUSA believes that access to menstrual products is a human right, something that is advocated for globally by many human rights organizations and activists, but the consistent compounding costs of menstrual products poses financial barriers to post-secondary students, many of whom have limited access to financial resources and support. This can have significant health impacts on students who may choose to forgo other essential needs, such as food, in order to access menstrual products, or who put themselves at risk of infections or toxic shock syndrome if they have to reuse or engage in prolonged use of menstrual products. The Ministry of Health should therefore expand OHIP to cover the cost of menstrual products, up to $200 per year, for all people who need them.

The Public Health Agency of Canada recognizes sexually transmitted infections (STIs) as a significant public health concern, with reported cases steadily increasing over the past two decades.[129] This is a particular concern for post-secondary students as rates of STIs, specifically chlamydia and gonorrhea, are highest in young Canadians, 20 to 24 years of age;140 and "[y]oung adults (aged 20–24 years) including post-secondary students are more likely to engage in risky behaviors such as substance use and unsafe sexual practices, which can lead to an increased risk of STIs."[130] However, according to a survey of thirteen universities in the country, students' concern about STIs has decreased, which has reduced the number of STI tests done for this population. [131]T o combat this, multiple universities have put on STI-testing events and have shown that providing these services on-campus decreases stigma and increases testing numbers. One notable example of this is at Western University, where they collaborated with the Middlesex-London Health Unit for the "Get Tested Western" event that got 1,300 people tested in

[126] Kevin Nielsen, "Changes to OHIP+ Could Impact Young People Seeking Birth Control," *Global News*, April 2, 2019, https://globalnews.ca/news/5121522/changes-to-ohip-could-impact-young-people-seeking-birth-control/.
[127] Ibid.
[128] Canadian Centre for Economic Analysis, *Access to Menstrual Hygiene Products for the Vulnerable: Canadian Results* (Canadian Centre for Economic Analysis, May 28, 2018), https://www.cancea.ca/sites/economic-analysis.ca/files/Summary%20results%20All%20May%2028.pdf.
[129] Public Health Agency of Canada, *Report on Sexually Transmitted Infections in Canada, 2017* (Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, 2019).
[130] Nway Mon Kyaw Soe, Yelena Bird, Michael Schwandt, and John Moraros, "Substance Use Preferences and Sexually Transmitted Infections Among Canadian Post-Secondary Students," *Patient Preference and Adherence* 12, (2018): 2575-2582, doi: 10.2147/PPA.S188078.
[131] Noah Callaghan, "Canada's STI Rates Rising But Survey Suggests Students Are Unaware of Risk," *The Sheaf*, February 18, 2020, https://thesheaf.com/2020/02/18/canadas-sti-rates-rising-but-survey-suggests-students-are-unaware-of-risk/.

2020.[132] Using these examples as evidence of the effectiveness of these programs, the provincial government should provide grant funding that existing public health centres can use to provide on-campus STI testing.

An often forgotten aspect of sexual health is the importance of ensuring menstrual equity for persons who menstruate. Being able to access menstrual products is a human right. However, due to the high costs associated with accessing necessary menstrual products, many post-secondary students are unable to access the products needed to meet their menstrual health needs. Therefore, the provincial government should extend OHIP to provide coverage of menstrual products, up to $200 per year, as persons who menstruate spend on average $200 a year on menstrual products.

HARM REDUCTIONS FOR SUBSTANCE USE

HARM REDUCTIONS FOR SUBSTANCE USE

Principle: Post-secondary institutions should take a harm reduction approach when responding to student addiction and substance use issues, being especially mindful of addiction stigma, and the relationship between the consumption of these substances and experiences of trauma.

Principle: Students who engage in recreational drug use or illegal substance use should have access to harm reduction resources and methods.

Principle: Students should have access to Consumption and Treatment Services which provide numerous benefits to students and community members, foster safer communities, and provide cost-savings.

Concern: A significant number of students use opioids and overdosing on these substances is the third leading cause of accidental deaths in Ontario.

Concern: The increase of cross-contamination and lacing of fentanyl in opioid and non-opioid drugs along with a lack of resources to test the purity of substances creates an increased risk of overdose among students.

Concern: In most cases, students do not have access to the resources required to safely dispose of needles and other materials on campus.

Concern: Students are often unaware of harm reduction methods, how they work, and the resources at post-secondary institutions that facilitate this approach.

Concern: Rhetoric regarding community fear of perceived undesired populations can lead to stigmatization and over-policing of Consumption and Treatment Services that students use. This can deter communities from funding new consumption and treatment services, which can further prevent students from using currently established supervised consumption sites.

[132] Justin Zadorsky, "Health Unit, Western Team Up for STI Testing; London Rates Among Highest in Ontario," *CTV News*, February 13, 2020, https://london.ctvnews.ca/health-unit-western-team-up-for-sti-testing-london-rates-among-highest-in-ontario-1.4809891.

Concern: Evidence shows that opioid-related deaths have increased since before the COVID-19 pandemic.

Concern: A cap on the number of Consumption and Treatment services that can receive funding from the provincial government forces some communities to rely more heavily on donation and private funding.

Recommendation: The Ministry of Health should develop and facilitate education campaigns on harm reduction and alternative options for safe substance use, targeted towards post-secondary students.

Recommendation: The provincial government should expand the Ontario Naloxone Program for Pharmacies to on-campus clinics and pharmacies, as well as community health organizations to work with post-secondary institutions to administer naloxone kits to on-campus clinics and pharmacies and nearby off-campus sites.

Recommendation: The provincial government should provide funding to community health organizations to work with post-secondary institutions to install medical hazard waste bins in residence and campus buildings.

Recommendation: The provincial government should lift the cap of funding a maximum of 21 Consumption and Treatment Services to meet the needs for Consumption and Treatment Services in Ontario communities.

Recommendation: The provincial government should work with individual institutions to innovate options that use pre-existing campus spaces as drug consumption sites for students.

Recommendation: The provincial government should work in consultation with community members, including student representatives, to address the impact of policing on supervised-consumption site implementation, in order to improve user experience with, and access to, harm reduction programs.

Addiction to substances can interfere with an individual's ability to maintain a healthy lifestyle, and it is associated with severe health consequences and an increased risk of death.[133] It is also often accompanied by high rates of co-occurring mental illness, infectious disease, and chronic conditions.[134] A harm reduction approach is particularly beneficial because it is an evidence-based strategy that emphasizes creating a non-judgmental environment for individuals to make choices and take actions that minimize harm, while also encouraging them to participate in treatment. [135] The provincial government's adoption of the Substance Use Prevention and Harm Reduction Guideline provides a framework for developing policies, programs, and initiatives that use harm reduction methods to protect the safety of individuals.[136] However, more action is needed to safeguard vulnerable student populations from the growing epidemic

[133] "Substance Use and Addiction," *Canadian Mental Health Association*, accessed April 20, 2021, https://ontario.cmha.ca/addiction-and-substance-use-and-addiction/.
[134] Ibid.
[135] "Harm Reduction," *Canadian Mental Health Association*, accessed April 19, 2021, https://ontario.cmha.ca/harm-reduction/.
[136] Population and Public Health Division, "Substance Use Prevention and Harm Reduction Guideline, 2018," *Ministry of Health and Long-Term Care*, January 2018, http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Substance_Use_Prevention_and_Harm_Reduction_Guideline_2018_en.pdf.

of overdose and drug poisoning.

The third-leading cause of accidental deaths in Ontario is the ongoing opioid crisis, which has worsened during the COVID-19 pandemic. In the first 15 weeks of the pandemic, opioid-related deaths increased by 38 percent compared to the 15 weeks prior to it. This underscores the necessity of implementing interventions, such as harm reduction services and awareness campaigns, during and after the pandemic. Fentanyl, a highly toxic opioid, one hundred times more potent than morphine, is a key contributor to the crisis. This drug is often mixed with other substances, such as heroin and cocaine, leading to a higher rate of opioid overdoses. Research by the Canadian Centre on Substance Use and Addiction in 2020 found that fentanyl or its analogues were present in 62 percent of opioid-containing and 3 percent of stimulant-containing drug samples across the country.[137] Additionally, a majority of users were unaware that their drugs were laced with fentanyl. From January to June of 2020, 75 percent of accidental opioid toxicity deaths were due to fentanyl. [138]

The government of Ontario demonstrated leadership in 2018 by modifying the Ontario Naloxone Program to allow pharmacies to distribute intranasal naloxone kits and remove the requirement for individuals to present a valid government health card in order to receive a naloxone kit. This change resulted in a drastic increase in the rate of pharmacy naloxone dispensing from 2 to 112 kits per 100,000 people, ultimately reducing overdose deaths.[139] While this was a positive step, further action is necessary to ensure that students are aware of, understand, and have access to harm reduction methods, including naloxone kits and resources to safely dispose of needles and other materials on campus. Therefore, the Ministry of Health, through the Mental Health and Addictions portfolio, should develop and facilitate education campaigns on harm reduction and alternative options for safe substance use, targeted towards post-secondary students. Moreover, the Ministry of Health should develop and facilitate education campaigns on harm reduction and alternative options for safe substance use, targeted towards post-secondary students. These campaigns should be designed to reflect the diversity of student populations in Ontario, including culturally-relevant materials and targeted information for international students to ensure equitable access to harm reduction resources. OUSA recommends that these campaigns focus on informing students about where they can access naloxone kits, how to administer naloxone, the danger of fentanyl in opioids and non-opioid drugs, and the prevention of opioid overdoses. Additionally, these campaigns should educate students on other appropriate harm reduction options, such as sterile equipment and the distribution of ascorbic acid, safer equipment and substance disposal, and where students can access addictions counsellors. The focus of these campaigns should be on effective and evidence-based strategies, rather than less effective or limited interventions such as fentanyl test strips.

It is also important that community-based harm reduction services are able to support post-secondary students, in addition to non-student service users, as on-campus resources may not be sufficient to meet student needs. However, the provincial government currently has an arbitrary cap on the number of Consumption and Treatment Services (CTS) sites in Ontario that limits CTS sites to 21.[140] Federal, provincial, and municipal governments all have a role to play in the approval and the funding of CTS in Canada. At the federal-level, a CTS can be granted an exception from Health Canada under section 56.1 of

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[137] The Canadian Community Epidemiology Network on Drug Use et al., *Adulterants, Contaminants and Co-Occurring Substances in Drugs on the Illegal Market in Canada: An Analysis of Data from Drug Seizures, Drug Checking and Urine Toxicology* (Canadian Centre on Substance Use and Addiction, 2020), https://www.ccsa.ca/sites/default/files/2020-04/CCSA-CCENDU-Adulterants-Contaminants-Co-occurring-Substances-in-Drugs-Canada-Report-2020-en.pdf.
[138] Ibid.
[139] Tony Antoniou et al., "Impact of Policy Changes on the Provision of Naloxone by Pharmacies in Ontario, Canada: A Population-Based Time Series Analysis," *Addiction*, November 2020, https://doi.org/https://doi.org/10.1111/add.15324.

[140] Lauren Pelley, "Unacceptable: Toronto board of health chair slams province for supervised injection site cuts," *CBC News*, March 29, 2019, https://www.cbc.ca/news/canada/toronto/ontario-overdose-prevention-strategy-2019-1.5076869.

the *Controlled Drugs and Substances Act* that allows them to be in possession of controlled substances for medical purposes. However, at the provincial-level, the cap on the number of CTS receiving funding effectively limits the amount of CTS that are allowed in the province. Harm reduction advocates have criticized this cap for being arbitrary a harmful decision that "will undoubtedly mean more preventable overdose deaths and new HIV, hepatitis C and other infections," especially given how serious the opioid crisis is in Ontario.[141] To properly address the opioid crisis impacting many communities, including students and the communities where they live, the provincial government should remove the arbitrary cap on the number of Consumption and Treatment Services allowed in Ontario. Finally, in order to ensure that CTS sites are accessible and effective, service users need to feel safe. A large barrier to feelings of safety and ultimately access to CTS sites is police presence which raises fears of harassment and arrests; "studies have shown how police encounters act as barriers to accessing health services, including methadone maintenance treatment, adherence to highly active antiretroviral therapy, and needle and syringe programs.[142] To address this, the provincial government should work in consultation with community members, including student representatives, to address the impact of policing on supervised-consumption site implementation, in order to improve user experience with, and access to, harm reduction programs. As well, the provincial government should work with individual institutions to innovate options that use pre-existing campus spaces as drug consumption sites for students.

Moreover, the provincial government should expand the Ontario Naloxone Program for Pharmacies to on-campus clinics and pharmacies, as well as community health organizations to work with post-secondary institutions to administer naloxone kits to on-campus clinics and pharmacies and nearby off-campus sites. Having organizations with expertise in harm reduction guide post-secondary administration through the process of writing policies, strategies and plans to administer naloxone kits and implement medical hazard waste bins will ensure that this is done in a tested, proven, and effective manner. It will also relieve post-secondary institutions of the financial and time costs of implementing strategies without guidance, which would otherwise prolong the wait for access to these resources.

Additionally, in most cases, students do not have access to the resources required to safely dispose of needles and other materials on campus. Used needles are often found in trash bins, washroom floors, in drains etc. A lack of proper disposal methods runs the risk of further accidental contamination to oneself as well as others. To address this, OUSA recommends that the provincial government provide funding to community health organizations to work with post-secondary institutions to install medical hazard waste bins in residence and campus buildings.

TREATMENT

Principle: Institutions' wellness centers should make an effort to help students from regions with different health care systems navigate the healthcare system local to the university.

Principle: All students should have access to high-quality support services and information on substance use and addictions.

[141] Richard Elliot, Ryan Peck, F. Gigi Osler, Michael Villeneuve, Ian Culbert, and Sarah Ovens, *Open letter to Ontario Minister of Health about the newly proposed "Consumption and Treatment Services" model* (Canadian HIV/AIDS Legal Network, HIV & AIDS Legal Clinic Ontario, Canadian Medical Association, Canadian Nurses Association, Canadian Public Health Association, Toronto Overdose Prevention Society, October 31, 2018), https://www.halco.org/wp-content/uploads/2018/11/Ont-CTS-2018Oct.pdf; Pelley, "Unacceptable: Toronto board of health chair slams province for supervised injection site cuts."
[142] Geoff Bardwell, Carol Strike, Jason Altenberg, Lorraine Barnaby, and Thomas Kerr, "Implementation Contexts and the Impact of Policing on Access to Supervised Consumption Services in Toronto, Canada: A Qualitative Comparative Analysis," *Harm Reduction Journal* 16, no. 30 (2019), https://doi.org/10.1186/s12954-019-0302-x.

Principle: Between on-campus services and hospitals, all students should have the ability to access a wide range of rehabilitation and recovery programs for substance use, as well as proper supports for their transition back to school after treatment.

Concern: Students with addictions have limited support to manage their own care.

Concern: University campuses often lack the resources required to provide adequate addiction counselling to students.

Concern: Long wait times for on- and off-campus addictions and treatment prevent students from receiving the specialized care that they need.

Recommendation: The Ministry of Health should provide envelope funding to community health organizations to provide substance use counselling on campus and at their off-campus locations.

Recommendation: The provincial government should dedicate more funding to on- and off-campus addiction services to improve students' access to specialized care.

Recommendation: The provincial government should create and facilitate an information campaign of rehabilitation services available to students, including amnesty from suffering drug-related criminal charges and punishments from universities when seeking immediate medical attention and treatment services.

Recommendation: The Ministry of Colleges and Universities should mandate that all universities implement medical amnesty policies that restrict punishments for students seeking immediate medical attention and treatment services.

Several campus clinics collaborate with community organizations to offer addiction treatment services. For instance, Brock University has a part-time addictions counselor from the Community Addiction Services of Niagara who works with students for two and a half days each week. However, such services are over utilized on campus, and as such they often support more students than their allocated hours allow. As the cases of substance use rises,[143] it is integral that there are more supports in place on and off campus. Substance use counselors can help individuals consume substances safely using a harm-reduction approach and create treatment plans for students who want to overcome their dependency, as well as address any mental health issues that may contribute to their substance use.

Community services play a crucial role in providing specialized care that is beyond the scope of on-campus clinics. Despite being referred to these off-campus services for treatment, students often face lengthy wait times that prevent them from receiving proper care. In Ontario, for instance, wait times for community-level mental health and addictions services can be upto a year, while inpatient treatment for substance dependence had an average wait time of nine weeks.[144] There is a strong correlation between mental health and substance use. According to the Canadian Centre on Substance Use and Addiction, approximately 21 percent of Canadians aged 18 to 34 – the demographic most likely to be diagnosed with

[143] Tony Antoniou et al., "Impact of Policy Changes on the Provision of Naloxone by Pharmacies in Ontario, Canada: A Population-Based Time Series Analysis," *Addiction*, November 2020, https://doi.org/https://doi.org/10.1111/add.15324.
[144] Ibid.

anxiety and/or depression – have increased their alcohol consumption since Spring 2020.[145][146] Lengthy wait times for treatment can lead to a return to or increased substance use, which puts students who are unable to access community treatment options at increased risk of continued or increased substance use. Moreover, many students are unaware of the treatment services available to them.

The provincial government has demonstrated leadership in mental health improvements by appointing an Associate Minister of Mental Health and Addictions and investing in mental health support for postsecondary students. To continue this important work, OUSA recommends that the Ministry of Health should provide envelope funding to community health organizations to provide substance use counselling on campus and at their off-campus locations. Further, to ensure that students have supports, the provincial government should dedicate more funding to on- and off-campus addiction services to improve students' access to specialized care.

Finally, it is important that students are not prevented from seeking support or treatment due to lack of knowledge or fear that they will be punished for using substances that contravene the law or institutional policies. It was found that approximately 14% of people seek treatment due to stigma. [147] Additionally, it was found that the fear of legal consequences of substance use may cause individuals to avoid much-needed prenatal care, treatment, and other services.[148]To this end, the provincial government should create and facilitate an information campaign of rehabilitation services available to students, including amnesty from suffering drug-related criminal charges and punishments from universities when seeking immediate medical attention and treatment services. The information campaign should clarify that there are limited instances when a student would face a legal repercussion for accessing emergency medical care related to substance use, in line with the Good Samaritan Drug Overdose Act which "provides some legal protection for people who experience or witness an overdose and call 911 or their local emergency number for help."[149] Similarly, the Ministry of Colleges and Universities should mandate that all universities implement medical amnesty policies that restrict punishments for students seeking immediate medical attention and treatment services to ensure that institutional policies are not a barrier to seeking help.

ALCOHOL AWARENESS AND SUPPORT SERVICES

Principle: Alcohol awareness and education campaigns should provide individuals with the knowledge they need in order to consume alcohol responsibly.

Principle: Post-secondary students should be made aware of the risks associated with alcohol consumption prior to consuming alcohol and should be aware of the actions they can take to reduce these risks.

[145] Pollara Strategic Insights, *Mental Health During COVID-19 Outbreak: Poll #4 of 13 in a Series (Mid-December Data Collection)* (Mental Health Research Canada, December 2020), 12.
[146] 162 NANOS Research, COVID-19 and Increased Alcohol Consumption: NANOS Poll Summary Report (Canadian Centre on Substance Use and Addiction, 2020), https://www.ccsa.ca/covid-19-and-increased-alcohol-consumption-nanos-poll-summary-report.
[147] Volkow, Nora D. "Punishing Drug Use Heightens the Stigma of Addiction." STAT. Last modified February 2, 2023. https://www.statnews.com/2021/08/03/punishing-drug-use-heightens-the-stigma-of-addiction/.
[148] "Punishing Drug Use Heightens the Stigma of Addiction."
[149] Government of Canada, "About the Good Samaritan Drug Overdose Act," *Government of Canada*, modified April 23, 2019, https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html.

Concern: Post-secondary students are entering university with differing experiences and levels of knowledge relating to alcohol consumption.

Concern: Abstinence-only approaches have been shown to be insufficient in addressing alcohol use.

Concern: Stigmatized attitudes often affect an individual's choice to access alcohol use support resources.

Concern: Excessive binge drinking is common among young adults, including post-secondary students who may lack the ability to recognize the threshold of alcohol abuse

Concern: Punitive responses to alcohol use discourages post-secondary students from seeking the help they need and are often ineffective in addressing the root causes of alcohol use.

Recommendation: The Ministry of Colleges and Universities should collaborate with the Canadian Centre on Substance Use and Addiction to develop alcohol awareness and education campaigns. These campaigns should use an inclusive approach to educate post-secondary students on the consequences of consuming alcohol and promotes responsible alcohol consumption.

Recommendation: To move away from punitive responses to alcohol use, the Council of Ontario Universities should develop best practice guidelines regarding compassionate responses to alcohol use; these guidelines should be used to create early intervention programs and to provide compassion training for campus police, special constables, and mental health support providers.

Recommendation: The provincial government should provide envelope funding for post-secondary institutions to develop and promote alcohol awareness campaigns and compassion training, based on the two recommendations immediately above.

Consumption of alcohol irresponsibly and in large quantities can have significant health and social consequences. Alcohol consumption is a leading risk factor of disease, disability, and premature death in Canada. Short-term health risks of consuming alcohol include lack of sound judgment, injury, violence, alcohol poisoning, "blacking out," and hangovers.[150] Long-term health risks of regular alcohol consumption include cancer, liver disease, heart disease, stroke, mental illness and mental health concerns, as well as alcohol dependence, among others.[151]

In 2019, three-quarters (76% or 23.7 million) of Canadians reported consuming an alcoholic beverage in the past year.[152] However, the prevalence of past-year alcohol use was higher among young adults aged 20 to 24 (84%).[153] According to the 2019 National College Health Assessment, 62.8 percent of post-secondary students reported consuming alcohol in the past 30 days, whereas only 20 percent reported never consuming alcohol.[154] Hence it is clear that there is a wide prevalence of alcohol consumption among post-secondary students. Even if students are not themselves involved in alcohol consumption, it is highly

[150] Public Health Ontario, "Alcohol," *Public Health Ontario*, accessed April 13, 2021, https://www.publichealthontario.ca/en/health-topics/health-promotion/alcohol#:~:text=Short%2Dterm%20health%20risks%20associated,mental%20illness%20and%20alcohol%20dependence.
[151] Ibid.
[152] Health Canada. "Canadian Alcohol and Drugs Survey (CADS): Summary of Results for 2019." Canada.ca. Last modified June 28, 2023. https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html.
[153] Ibid.
[154] Ibid.

likely that they have witnessed their friends or colleagues consuming alcohol. Often viewed as part of the "college experience," postsecondary students may explore their newfound freedom and independence by drinking at sporting events, social activities, or in their free time.[155] For many, consuming alcohol is seen as a way to fit in with their peers.

While casual or recreational alcohol consumption may not pose significant health concerns, binge drinking is a phenomenon which is increasingly prevalent on post-secondary campuses. Binge drinking can be defined as consuming an excessive amount of alcohol in a short amount of time. For males, binge drinking involves five or more drinks, while for females this involves four or more drinks.[156]According to the 2019 National College Health Assessment, the average male (who engaged in alcohol consumption) consumed 5.67 drinks at their last social gathering, while the average female consumed 4.56 drinks.[157] This shows that among post-secondary students who choose to drink, many engage in binge drinking. Binge drinking increases an individual's likelihood of experiencing negative short- and long-term health consequences associated with consuming alcohol. Therefore, it is crucial that post-secondary students be informed of harm reduction strategies for consuming alcohol. Several interventions are shown to be effective in promoting moderate alcohol use, raising awareness of and reducing alcohol-related harms, and supporting healthier communities. Therefore OUSA recommends that the Ministry of Colleges and Universities should collaborate with the Canadian Centre on Substance Use and Addiction to develop alcohol awareness and education campaigns. These campaigns should use an inclusive approach to educate post-secondary students on the consequences of consuming alcohol and promotes responsible alcohol consumption.

Moreover, research suggests that abstinence-only approaches are insufficient to address alcohol consumption on post-secondary campuses.[158] Abstinence significantly decreases with age; while many elementary and secondary school students may engage in abstinence, the likelihood of consuming alcohol significantly increases when applied in the post-secondary context. Such approaches often employ punitive measures, such as dismissal or other sanctions and are not successful int addressing the root causes of alcohol use or binge drinking amongst post-secondary student populations. Abstinence-only approaches fail to educate students on how to consume alcohol responsibly and significantly underestimate the likelihood that post-secondary students will consume alcohol at some point throughout their education. Most importantly, due to their punitive nature, abstinence-only approaches often discourage students from seeking necessary help, which may pose severe health consequences for the individual. Therefore, compassionate responses to substance use, rather than abstinence-only approaches, should be employed on post-secondary campuses. To move away from punitive responses to alcohol use, the Council of Ontario Universities should develop best practice guidelines regarding compassionate responses to alcohol use; these guidelines should be used to create early intervention programs and to provide compassion training for campus police, special constables, and mental health support providers.

For students struggling with alcohol use, stigma is a significant barrier to accessing the support they need.[159] Stigma refers to any attitude, belief, or behavior that discriminates against people. One study found that stigmatizing language and disrespectful behavior affect the way people see themselves and how

[155] Carol Galbicsek, "College Alcoholism," *Alcohol Rehab Guide*, April 1, 2020, https://www.alcoholrehabguide.org/resources/college-alcohol-abuse/.
[156] CAMH, "Partying and Getting Drunk," *CAMH*, accessed April 13, 2021, https://www.camh.ca/en/health-info/guides-and-publications/partying-and-getting-drunk.
[157] *National College Health Assessment: Canadian Consortium Executive Summary Spring 2019*, 8.
[158] Boak et al., *Drug Use Among Ontario Students*, ii.
[159] *Reducing cannabis harms: A guide for Ontario campuses*. Centre for Innovation in Campus Mental Health, n.d. https://campusmentalhealth.ca/wp-content/uploads/2018/06/CICMH-Reducing-Cannabis-Harms-Guide.pdf.

they are treated by society as a whole.[160] Shifting language to more accurately reflect the nature of health conditions such as addiction or other health conditions that may be linked to alcohol use can ensure students are supported by a wider lineup of interventions. In order to better support post-secondary students who consume alcohol, awareness and education campaigns should be free from stigmatizing language and should include an inclusive approach to care. The provincial government should provide envelope funding for post-secondary institutions to develop and promote alcohol awareness campaigns and compassion training, based on the two recommendations immediately above.

CANNABIS

Principle: With the recent legalization of cannabis, post-secondary students should be provided with the tools to responsibly use cannabis and avoid abuse.

Principle: Students should be educated on the various methods of cannabis consumption, including, but not limited to, smoking, vaping, dabbing, ingestion, or through topical application the differing effects they have

Principle: Post-secondary institutions must be equipped with evidence-based practices to educate students on the short and long-term health consequences of cannabis use.

Principle: The use of cannabis for medical purposes related to disability and addiction is a human right protected by the Ontario Human Rights Code.

Principle: Post-secondary institutions should inform students about community and on-campus resources that support student needs and educate students about cannabis use and abuse.

Concern: The Lower-Risk Cannabis Use Guidelines are not effectively utilized by post-secondary institutions to inform cannabis policies, cannabis education campaigns, and cannabis prevention campaigns directed towards post-secondary students.

Concern: Many post-secondary institutions lack a detailed policy describing the process students should take if they require academic accommodations related to medically prescribed cannabis.

Concern: Post-secondary students are often ill-informed of the potential health consequences of consuming cannabis in each of its possible methods of consumption.

Recommendation: The provincial government should work with the Council of Ontario Universities to create a guide, based on the best practices identified in the Lower-Risk Cannabis Use Guidelines, to be used by Ontario post-secondary institutions to inform cannabis policies, education campaigns, and cannabis addiction prevention campaigns directed towards post-secondary students.

Recommendation: The Ministry of Colleges and Universities should mandate that all post-secondary institutions include, in the same location as their relevant cannabis policies, relevant information about on- and off-campus support services pertaining to cannabis use.

[160] Canadian Centre on Substance Use and Addiction, *Overcoming Stigma Through Language: A Primer* (Canadian Centre on Substance Use and Addiction, 2019).

Recommendation: The Ministry of Colleges and Universities should work with the Ontario Human Rights Commission to identify best practices relating to accommodations for post-secondary students who use medical cannabis.

Cannabis is the most commonly used substance in Ontario, aside from alcohol and tobacco. In June 2018, the government passed Bill C-45 (the Cannabis Act), which legalized the recreational and medicinal use of cannabis – adults aged 19 and older may now legally possess a maximum of 30 grams (about one ounce) of dried cannabis in public at any time.[161] Since then, cannabis consumption has been on the rise, with Canada having one of the highest rates of youth cannabis consumption in the world. Among 15 to 19 year olds, about 23% use cannabis daily. According to the 2016 National College Health Assessment, 19% of Ontario's post-secondary students that were surveyed used cannabis in the previous 30 days.[162] Additionally a study fund that 43% of students had used cannabis with 8% of them consuming cannabis on a daily or almost daily basis.[163] Among students who had used cannabis in the past 12 months, 23% reported that they had driven within 2 hours of smoking or vaporizing cannabis Almost a third (29%) of all students reported being a passenger in a vehicle driven by someone who recently used cannabis.[164]

Cannabis is used for non-medical, medical, and cultural purposes. There is a growing body of evidence on the therapeutic and adverse health effects of cannabis. For example, cannabis may affect an individual's thinking, physical coordination, and control, in addition to increasing the risk of accidents, injuries, reproductive issues, and mental health problems; and medical cannabis has been proven effective in treating nausea and vomiting, including that associated with chemotherapy, as well as poor appetite and weight loss associated with illnesses such as HIV/AIDS, muscle spasms associated with MS, epilepsy in children, and chronic pain.[165] However, education about the short- and long-term consequences of cannabis, as well as the benefits of medical cannabis, are often not promoted on post-secondary campuses. When students were asked if they had seen or heard education campaigns or public health or safety messages about cannabis in various locations since the Cannabis Act came into force, 21% reported that they had not noticed any such campaigns or messages.[166]

The Ontario Human Rights Commission (OHRC) has been clear that the Human Rights Code (the Code) and OHRC policies "apply to cannabis in the same way they do for other drugs" and therefore protect people who use cannabis for a medical purpose related to a disability from discriminatory treatment in employment, housing, services, and other areas.[167] The Code also protects people addicted to cannabis to the right to disability-related accommodation to the point of undue hardship. According to this, Ontario post-secondary students who use cannabis for medical or addictions-related reasons are protected under the Code and should be accommodated on their campuses.

According to the OHRC, post-secondary institutions have been directed to adapt their smoke-free policies to address cannabis legalization. There is still significant room for improvement in this area. For example,

[161] *Cannabis Act*, SC 2018, c 16.
[162] *National College Health Assessment: Canadian Consortium Executive Summary Spring 2019*, 7.
[163] "Canadian Postsecondary Education Alcohol and Drug Use Survey, 2019/2020." Health Infobase - Health Data in Canada - Canada.ca. Accessed April 24, 2024. https://health-infobase.canada.ca/alcohol/cpads/.
[164] Ibid.
[165] Centre for Addiction and Mental Health, *10 Ways to Reduce Risk to your Health when using Cannabis* (Centre for Addiction and Mental Health, revised 2018), https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf; B. Fischer et al., "Lower-Risk Cannabis Use Guidelines (LRCUG): An Evidence-Based Update," *American Journal of Public Health* 107, no. 8 (2017), doi: 10.2105/AJPH.2017.303818.
[166] "Canadian Postsecondary Education Alcohol and Drug Use Survey, 2019/2020.
[167] Ontario Human Rights Commission, *Policy Statement on Cannabis and the Human Rights Code* (Ontario Human Rights Commission, July 2018).

Laurier's smoke-free policy, established on July 1, 2019, prohibits the smoking of tobacco and cannabis by all methods on all buildings and grounds owned, leased or operated by the university, including outdoor play areas, athletic and recreational fields, and university residences and housing. While Laurier's smoke-free policy permits the medical use of cannabis on campus, it is quite vague in regards to the medical documentation needed to support an accommodation, and the support resources available to students who would like to seek an accommodation. This is one example highlighting gaps in post-secondary policies on the process and guidelines for medical accommodations for students who use medical cannabis, as well as services in place to support students who use cannabis.

When excessive consumption can have drastic negative affects on students, the other non-drastic effects can be detrimental to students as well. While post-secondary institutes have "The Lower-Risk Cannabis Use Guidelines", they are not effectively utilized by post-secondary institutions to inform cannabis policies, cannabis education campaigns, and cannabis prevention campaigns directed towards post-secondary students. To address this, the provincial government should work with the Council of Ontario Universities to create a guide, based on the best practices identified in the Lower-Risk Cannabis Use Guidelines, to be used by Ontario post-secondary institutions to inform cannabis policies, education campaigns, and cannabis addiction prevention campaigns directed towards post-secondary students. Some students are medically prescribed to use cannabis; however, when it comes to academic accommodation, many post-secondary institutions lack a detailed policy describing the process students should take if they require academic accommodations related to medically prescribed cannabis. Therefore, the Ministry of Colleges and Universities should mandate that all post-secondary institutions include, in the same location as their relevant cannabis policies, relevant information about on- and off-campus support services pertaining to cannabis use. Moreover, The Ministry of Colleges and Universities should work with the Ontario Human Rights Commission to identify best practices relating to accommodations for post-secondary students who use medical cannabis.

VAPING

Principle: Post-secondary students who use vaping products should be informed on the potential health consequences of these products.

Principle: Post-secondary students who use vaping products should be able to do so in an environment that is safe and accessible.

Concern: Vaping can increase post-secondary students' exposure to harmful chemicals.

Concern: Vaping products produce second-hand vapour, which poses harm to all post-secondary students exposed, even if they choose not to use these products.

Concern: Vaping can lead to nicotine addiction, which has been shown to cause long-term, negative health effects.

Concern: There is a lack of information on the long-term health consequences of vaping and the effects of being exposed to second-hand vapour.

Concern: The number of post-secondary students who use vaping products continues to increase, and the majority of these products contain nicotine.

Concern: Post-secondary students are at an increased risk of having vaping directly promoted to them, through traditional advertising, social media, and mainstream media.

Recommendation: The provincial government should work with the federal government to conduct a national longitudinal study to identify the long-term health consequences of vaping and second-hand vapour.

Recommendation: The provincial government should work with the Council of Ontario Universities' Committee on Space Standards and Reporting to designate vaping areas in central outdoor areas.

Recommendation: The provincial government should work with the federal government to develop best practices regarding harm reduction and the selling and distribution of vaping products.

Recommendation: Based on the data gathered in the above-mentioned recommendation, the provincial government should develop a vaping awareness campaign which highlights the long-term health consequences of first- and second-hand vaping, as well as develop resources that support students who wish to quit.

The federal legislative changes in 2018 made vapes with nicotine legally available in Canada, and it was found that 1 in 4 high school students and 1 in 3 post-secondary students use vapes.[168] Despite its high prevalence rate, minimal research has been conducted on the design, function, ingredients, and short- and long-term health consequences of vaping products. However, there is concern that the chemicals created from heating the substances in vaping products are not safe for inhalation, and there is "accumulating evidence that e-cigarettes cause serious lung disease."[169] For the 8 in 10 Canadians who use vaping, these products contain nicotine where there is the added concern of addiction or nicotine dependence. According to the Canadian Lung Association, "1 Juul Pod (Juul is one brand name of a vaping product) has the same amount of nicotine as 20 cigarettes (approximately one pack). This means people may develop dependence quickly and it may even increase your chances of smoking traditional cigarettes."[170] Moreover, vaping can lead to nicotine addiction, which has been shown to cause long-term, negative health concerns affecting not only those to use the product, but others as well due to second hand vapor.

Given that e-cigarettes are among the most likely substance to be tried by elementary and secondary students which can create habits that are continued into post-secondary, along with the potentially harmful effects of vaping on health, OUSA recommends that the provincial government should work with the federal government to conduct a national longitudinal study to identify the long-term health consequences of vaping and second-hand vapor. Additionally, the provincial government should work with the Council of Ontario Universities' Committee on Space Standards and Reporting to designate vaping areas in central outdoor areas. To promote awareness, he provincial government should develop a vaping awareness campaign which highlights the long-term health consequences of first- and second-hand vaping, as well as develop resources that support students who wish to quit, Lastly, the provincial government should work with the federal government to develop best practices regarding harm reduction and the selling and distribution of vaping products.

[168] Stong, Colby. "A Third of College Students Vape, With Vaping More Frequent During Pandemic." Pulmonology Advisor. Last modified July 6, 2023. https://www.pulmonologyadvisor.com/home/topics/smoking/a-third-of-college-students-vape-and-many-vaped-more-often-during-pandemic/
[169] "Vaping – What You Need to Know," *The Canadian Lung Association*, last updated January 8, 2021, https://www.lung.ca/lung-health/vaping-what-you-need-know.
[170] Ibid.

DATA COLLECTION

Principle: Comprehensive data on substance use, including but not limited to alcohol, cannabis, and vaping products, should be used at universities to inform interventions and campaigns, leading to improved health outcomes for students.

Principle: Post-secondary students should be informed about how data collection surveys will be using information collected, prior to answering questions related to their lived experience(s) with substance use.

Concern: Not all Ontario universities participate in the National College Health Assessment, limiting the reliability of the Ontario reference group.

Concern: There is limited data on illegal substance consumption on university campuses.

Concern: Current data collection processes often lack transparency as to how this data will be used and by whom, deterring post-secondary students from participating in data collection surveys.

Concern: There is a lack of data and research around the non-medical usage of anabolic-androgenic steroids in post-secondary students.

Recommendation: The provincial government should cover the cost of universities participating in the National College Health Assessment and mandate their participation in order to gather data to inform programming on campus related to reducing harmful substance use.

Recommendation: The provincial government should mandate that all data collection surveys relating to substance use must provide survey respondents with transparent and accessible information about how collected data will be used and by whom.

Recommendation: The provincial government should partner with the Centre for Addictions and Mental Health and the Council of Ontario Universities to expand and promote the Ontario Student Drug Use and Health Survey in an effort to collect data on university student consumption of illegal substances.

Recommendation: The provincial government should establish an advisory committee of persons with lived experience relating to substance use and abuse to review the Ontario Student Drug Use and Health Survey.

Recommendation: The provincial government should fund a comprehensive study into the non-medical usage of anabolic-androgenic steroids in post-secondary students, including recommendations for both provincial and institutional responses to the findings.

Data collection is necessary for the effective development, evaluation, and monitoring of evidence-based interventions and campaigns addressing substance use and addiction among post-secondary students. In Ontario, the National College Health Assessment (NCHA), facilitated by the American College Health Association collects data on students “health habits, behaviors, and perceptions across various domains,

including "alcohol, tobacco, and other drug use."[171] However this survey is not standardized or mandated and as a result only 16 of Ontario's publicly assisted post-secondary institutes participated in 2022,[172] a drop from 20 institutes in 2016.[173] It is necessary that all publicly-assisted post-secondary institutions participate in uniform data collection to provide a complete and accurate depiction of the health and wellbeing of students in the province, and therefore The provincial government should cover the cost of universities participating in the National College Health Assessment and mandate their participation in order to gather data to inform programming on campus related to reducing harmful substance use.

OUSA also recognizes that the NCHA, while a valuable tool to assess student health and wellness, has significant gaps. Specifically, the NCHA in its current form does not collect data on illicit substance use. Illicit substance use is common for young people, and it is therefore an important factor in understanding student health and wellbeing. According to the 2019 Ontario Student Drug Use and Health Survey (OSDUHS) administered by the Centre and Addictions and Mental Health (CAMH), approximately 20 percent of secondary students reported using at least one illegal or un-prescribed drug in 2019.[174] To address this gap the provincial government should partner with the Centre for Addictions and Mental Health and the Council of Ontario Universities to expand and promote the Ontario Student Drug Use and Health Survey in an effort to collect data on university student consumption of illegal substances. In line with this, the provincial government should establish an advisory committee of persons with lived experience relating to substance use and abuse to review the Ontario Student Drug Use and Health Survey.

Similarly there is a lack of data and research around the non-medical usage of anabolic-androgenic steroids in post-secondary students. Therefore, the provincial government should fund a comprehensive study into the non-medical usage of anabolic-androgenic steroids in post-secondary students , including recommendations for both provincial and institutional responses to the findings. Moreover the current data collection processes often lack transparency as to how this data will be used and by whom, deterring post-secondary students from participating in data collection surveys. Research shows that when students have a clear idea about how the data will be used, they are more likely to feel at ease, hence increasing completion rates. Therefore, the provincial government should mandate that all data collection surveys relating to substance use must provide survey respondents with transparent and accessible information about how collected data will be used and by whom.

PHYSICAL HEALTH

FITNESS AND RECREATION

Principle: Even moderate levels of physical activity among the student population yield substantial benefits for individuals, universities, and the public health system.

[171] American College Health Association, "About ACHA-NCHA," *American College Health Association – National College Health Assessment*, accessed March 29, 2021, https://www.acha.org/NCHA/About_ACHA_NCHA/Overview/NCHA/About/About_NCHA.aspx.
[172] American College Health Assessment, *Ontario Canada Reference Group Executive Summary Spring 2016* (American College Health Assessment, 2016), http://oucha.ca/pdf/2022_NCHA- https://www.acha.org/documents/ncha/NCHA-III_SPRING_2022_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf
[173] American College Health Assessment, *Ontario Canada Reference Group Executive Summary Spring 2016* (American College Health Assessment, 2016), http://oucha.ca/pdf/2016_NCHA-II_WEB_SPRING_2016_ONTARIO_CANADA_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf.
[174] Boak et al., *Drug Use Among Ontario Students*.

Principle: The primary goal of athletics and recreation on university campuses should be to promote student wellness through physical activity with accessible spaces and a holistic approach to physical health.

Principle: All athletics and recreation spaces must be inclusive and promote the equitable participation of all students, regardless of identities and abilities.

Principle: The development of athletics and recreation facilities and athletic programming should involve active student consultation.

Concern: The majority of post-secondary students struggle to meet weekly recommendations for physical activity as many universities fail to accommodate students with opportunities for physical activity.

Concern: Some student populations experience access barriers when attempting to use athletic and recreation facilities, and there are not always adequate adaptive sports options, deterring them from engaging in physical activity.

Concern: Some fitness and sport activity has historically and continues to foster an environment where some may not feel welcomed or safe participating due to issues such as gendered stereotypes, racism, homophobia, transphobia, and body-shaming.

Concern: Women identifying individuals may feel unsafe or unwelcome in certain fitness and recreational spaces and there is not always adequate time or spaces dedicated to these individuals' specific involvement in fitness and recreation.

Concern: The development of athletic and recreation facilities and athletic programming does not involve sufficient student consultation.

Recommendation: The provincial government should task the Higher Education Quality Council of Ontario with researching the rationale for dividing physical education classes, intramural sports, and fitness programming based on gender, and recommend a framework for post-secondary institutions to follow based on their findings.

Recommendation: The provincial government should provide envelope funding to assist universities in creating inclusive, accessible, size-sufficient and diverse recreational spaces facilities not limited to varsity and in expanding programming into suitable community spaces.

Recommendation: The provincial government should provide funding to assist post-secondary institutions in creating subsidized athletic and recreation programs to allow more people to start out in such activities and thus for it to become more widely accessible.

Recommendation: The Ministry of College and Universities should mandate that universities complete an institutional assessment of all recreational and athletic spaces on university campuses to identify under-resourced areas to allocate as a requirement to qualify for government funding for recreational spaces.

Recommendation: The Ministry of Colleges and Universities should encourage post-secondary institutions to involve students in the development of athletic and recreation facilities and athletic programming.

Physical activity is fundamental to an individual's overall health, playing an active role in shaping one's physical and mental well being. Numerous studies have looked at the effects of integrating even moderate levels of physical activity into one's day and found it reaps substantial benefits for both the individual and the community at large by fostering healthy habits, creating a sense of purpose and achievement in one's day, and building a sense of community. The World Health Organization (WHO) has focused on fostering health enhancing physical activity in workplaces where major corporate structures do not promote the time for such activity.[175] Amongst a rise in noncommunicable diseases that a lack of physical activity increases the likelihood of developing, thus WHO is aiming to take preventative measures and proactive promotion of more healthy lifestyles through increased implementation into one's daily life.

Studies show that the traditional learning environment makes it challenging for university students to meet daily physical activity recommendations.[176] The time commitment from academic work and other student involvement opportunities that involve sedentary participation often make it difficult for students to seek out the recommended 150 minutes of moderate to intense cardio physical activity per week. The ideological analysis of this issue is consistent with recent study findings stating in 2021, only 9.9% of students currently achieved all four components of Canada's 24 hour movement guidelines, including the 150 minutes per week of physical activity levels and no more than 8 hours a day of sedentary time. [177]

Considering the vital role researchers know activeness plays in creating positive mental and physical health, and understanding that opportunities to partake in physical activity can be swayed by commitments to sedimentary activities such as work and academics, it is of the utmost importance that students' health is prioritized by post-secondary institutions, including the promotion and ensuring of accessible opportunities for physical activity. Especially in considering that university is often the first experience young adults have living independently and thus the habits they develop during that time, will form the habits they follow later in life. It has been found that a lack of proactive and preventative health measures lead to later strain on systemic resources and a similar notion can be found within academic settings, whereby the threat that lack of activity poses to students' mental well being could potentially strain institutional support services.[178] The benefit student communities gain by the promotion and access to regular physical activity also benefits the community and broader health system at large through contributing to less strain and wait times due to preventable illness and issues.

Athletic and recreation departments play an essential role in facilitating the physical and mental wellbeing of students by providing the necessary facilities and offering a range of physical activities for students to engage in. Athletic and recreational facilities are typically funded by institution-wide student levies and therefore should meet the needs of, and benefit, the entire student population. Facilities, programming, and other resources provided through athletic and recreation departments must account for and meet the

[175] "New WHO Guide for Small and Medium-sized Enterprises Highlights Benefits of Physical Activity for Workplaces." World Health Organization (WHO). Last modified October 30, 2023. https://www.who.int/europe/news/item/30-10-2023-physical-activity-benefits-workplaces-highlights-new-who-guide-for-small-and-medium-businesses.
[176] Weatherson, Katie A., Himabindu Joopally, Kelly Wunderlich, Matthew Y. Kwan, Jennifer R. Tomasone, and Guy Faulkner. "Post-secondary students' adherence to the Canadian 24-Hour Movement Guidelines for Adults: Results from the first deployment of the Canadian Campus Wellbeing Survey (CCWS)." *Health Promotion and Chronic Disease Prevention in Canada* 41, no. 6 (2021), 173-181. doi:10.24095/hpcdp.41.6.01.
[177] Post-secondary students' adherence to the Canadian 24-Hour Movement Guidelines for Adults: Results from the first deployment of the Canadian Campus Wellbeing Survey (CCWS)
[178] "Physical Activity." World Health Organization (WHO). Last modified October 5, 2022. https://www.who.int/news-room/fact-sheets/detail/physical-activity.

range of student needs. They must also address the inequities present in these spaces that create barriers to participation for students from marginalized communities. To do this, it is paramount that student communities are involved and consulted in the development and modification of physical activity spaces and programs on campus.

University athletic and recreation departments have a responsibility to provide activities for students of all physical needs. For example, recreational programming on campus should include adaptive sports that reduce barriers to accessibility and are shown to yield positive benefits for participants. Individuals with disabilities who participate in these sports report improved body image, positive changes in confidence, and redefined physical barriers. Providing programming and facilities that reduce barriers to participation in athletics has contributed to feelings of freedom, and competence, in addition to providing opportunities to build social networks among a wider group of students of similar lived experience. Adaptive sports play an important role in combating stigma, creating an inclusive campus environment, and allowing all students to engage in the broader community. Equally important is ensuring the spaces itself on campus where such takes place is fully accessible to allow students to participate in the sense of community that physical activity and sport recreation fosters, including proper building components to make viewing sporting events accessible to all. Within the thought of access, one must consider geographical access to fitness and recreation spaces, especially keeping in mind that some student communities participate on satellite campuses, meaning although they pay the fees to be involved, physically getting to the location of the institution's fitness site is not feasible.

University athletic and recreation departments also have a responsibility to reduce barriers to participation based on gender. Gender norms and structural barriers can limit access and participation by women, trans, non-binary, and gender fluid students. These students experience violence, discomfort, and exclusion in athletics and recreation programs and facilities, resulting in being forced to choose between experiencing harm or not participating at all. This is compounded for trans, non-binary, and gender fluid students who may feel uncomfortable participating in programs or using facilities that are organized around gender binaries. Women identifying individuals specifically may feel unsafe or unwelcome in fitness spaces, especially where there is not always adequate space or time dedicated to their specific involvement in activity and recreation. Research has found that women often leave sports earlier than men because of gendered ideology questioning their belonging in such spaces and a lack of institutional support.

Other identity-based factors also played a major factor in why some students do not feel comfortable using or do not have access to physical activity and sporting programs on campus and in the community. A lack of culturally relevant and diverse fitness options may bar some students from participating in fitness and sporting options on campus, thus also halting opportunities for them to build community and connection through such activity. The addition of diverse classes and programming could help remedy this issue, including specific Zumba, yoga, or BollyX class offerings; as well as some identity-based classes to give safe fitness spaces for certain communities such as specific classes for queer student communities. Harmful stereotypes about certain body types' physical ability or whose body type belongs in fitness spaces may cause certain students to feel unsafe or unwelcome in such activities.

To promote inclusion and accessibility, OUSA recommends that the Higher Education Quality Council of Ontario should be tasked with researching the reasoning behind the gendered divide of physical activity spaces, classes and sporting to create a framework for post-secondary institutions to modify existing and create new fully accessible and considerate programming that prioritizes the inclusion of all identities. Related to the ideological expansion of accessibility and inclusion, it is recommended that post-secondary institutions receive envelope funding from the provincial government to create sufficiently sized and accessible spaces on campus as well as expanding community partnerships to use spaces and venues in

the broader community to meet the diverse needs of holistic student populations.

In addressing the importance of the proactive promotion of well-being and health through increased physical activity, OUSA recommends that assistive funding is provided to post-secondary institutions to create subsidized and more affordable fitness and recreation programs and spaces to allow the involvement of a broader number of students and community members. In the development and research that would result from the implementation of these recommendations, OUSA calls that the Ministry of College and Universities should encourage the involvement and emphasis of student voices and mandate that institutional assessments are required so that under-resourced areas are identified prior to receiving funding.

NUTRITION

Principle: Healthy nutrition and eating habits across the student population yield benefits for individuals, post-secondary institutions, and Ontario's public health system.

Principle: Nutritious and culturally relevant food options are necessary for success in post-secondary.

Principle: Campus food service providers have a responsibility to engage with students as partners in an equitable, mutually beneficial relationship focusing on the accessibility of nutritious food.

Principle: Campus wellness strategies should include healthy nutrition habits and physical activity, both of which reap significant physical and mental health benefits for students.

Principle: There should be an increasing focus on health literacy for students, giving them access to relevant resources with information regarding nutritious food options and how to foster healthy lifestyles.

Principle: Eating disorders among student populations are a concern that must be addressed.

Principle: Provincial and institutional healthcare services have a responsibility to engage in best practices to combat the prevalence of disordered eating and eating disorders among post-secondary students.

Principle: People of all body shapes and sizes deserve access to healthy nutrition without fear of discrimination and/or fatphobia.

Concern: Body size and shape are often wrongly conflated with nutrition, reinforcing harmful ideology and fatphobia within health and nutrition.

Concern: Many institutions lack sufficient and diverse healthy food options to facilitate nutritious eating amongst students, while meeting cultural and dietary restrictions

Concern: Not every student may be equipped with the resources or information necessary to build healthy habits while in post-secondary education.

Concern: Certain aspects of post-secondary life, including athletic organizations and academic workload, can promote a culture whereby disordered eating is normalized and thus harmful notions about nutrition and health are perpetuated.

Recommendation: The provincial government should provide envelope funding to campuses in order to allow for the hiring of and cultural competency training of full-time campus dieticians, in support of broader nutrition campaigns and pilot programs.

Recommendation: The provincial government should mandate that all on-campus eateries provide nutrition facts accompanying items sold, including ingredient lists, appropriate serving sizes of nutrients, and potential allergens.

Recommendation: The Ministry of Health should create a standard for post-secondary institutions to offer healthy foods and alternatives for students with dietary restrictions on campus, in accordance with the Canada Food Guide.

Recommendation: The Ministry of Health should create a mandate for post-secondary education institutions to provide educational material for students on what constitutes nutritious and healthy food options.

Recommendation: The provincial government should create a standard for post-secondary institutions to provide a diverse array of food options meeting a variety of cultural needs on campus as well as provide information on where such options are available in the community.

Recommendation: The provincial government should provide funding to support and create eating disorder educational resources and programs on post-secondary campuses.

Recommendation: The provincial government should mandate that post-secondary institutions must consult with student groups yearly to discuss what food and dietary options are available on campus and what needs to change for future years.

Recommendation: The provincial government should provide funding to support and create resources and programs for post-secondary campuses on nutrition through a body-positive lens.

Nutrition is a pillar in ensuring the mental and physical well-being of individuals. It should thus be a principle matter to center on for institutions and governing bodies who work towards improving the health and quality of lives of student populations. A poor diet impacts sleep quality, emotional regulation, and stress levels, reducing performance on academic evaluations.[179] Thus a systemic lack of access to nutritious options could lead to a negative campus and community climate contributed to by the resulting poor physical and mental health.

Student populations often face precarious food and nutrition situations. Access to nutritious food itself contributes to this as students living off residence often have long and time consuming commute times

[179] Mickey T. Trockel, Michael D. Barnes, and Dennis L. Egget, "Health-Related Variables and Academic Performance Among First-Year College Students: Implications for Sleep and Other Behaviors," Journal of American College Health 49, no. 3 (2000): pp. 125-131, https://doi.org/10.1080/07448480009596294

that take time away from opportunities to grocery shop and cook healthy balanced meals at home.[180] Students living in institutionally supported residence buildings are often forced to purchase meal plans with limited off campus options, meaning on campus options are often the only choice for them.[181] This becomes especially problematic when one considers the restricted hours of operation and limited choices the on campus dining halls have. In addition to hosting fast-food franchises which offer fast, affordable food options, many campuses have limited infrastructure in place to promote and support healthy eating on campuses. For students with dietary restrictions, needs, or allergies, these barriers to health eating are exacerbated. Research has found students with unique dietary needs, due to allergies, specific food restrictions, or specific cultural and religious dietary practices often do not have the necessary food options on campus or in the community. Either it is not available at all, or its availability is restricted by its distance from campus or price.

For many, it is their first time living away from the family home setting, and thus it is their time navigating health literacy skills on their own. While this means they might not be equipped with the necessary knowledge or information to build nutritious meal options for themselves, as the realities of student life make cost and convenience easy priorities, it also means this is for most a point in their life where they are building the foundational habits and choices around health and wellness that will follow them into later adulthood.[182] Thus, it is of the utmost importance that post-secondary institutions are providing the necessary informational resources and materials to equip students with health literacy skills. The absence of accessible dieticians, guides for healthy eating with differing dietary needs, or general assistance in overcoming personal knowledge gaps in nutrition and healthy food preparation leaves students with limited options. Considering the aforementioned health concerns and risks a lack of nutritious food options poses, post-secondary institutions have a responsibility in fostering a community promoting health and wellness to build equity promoting food programs on campus and through partnering with the broader community. A key component of this is engaging the student population as equal partners through listening to and creating reform based on their input and concerns.

The prevalence of eating disorders among post-secondary student populations is a persistent concern and something that research has found the typical university lifestyle can promote and contribute to.[183] Belonging to certain groups or organization can create an in-group mentality whereby harmful practices around nutrition and food intake are normalized or promoted as necessary to be a part of the collective. Studies have found such problems can occur in on campus athletic organizations where achieving certain physical results or body modifications is normalized through practices of restricting food intake. The normalized post-secondary student lifestyles also valorizes disordered eating practices to some extent through the notion that not having time to eat enough or eat nutritiously is a right of passage in academic pursuit and serves as a badge of hard work or commitment. Considering this, putting support systems in place and informational resources within institutions must be a priority to remedy the harmful ideologically supported practices of disordered eating in post-secondary.

To support students, allow for equitable post-secondary experiences, and set them up for long-term success, OUSA calls on the provincial government to take action to promote healthy eating on Ontario's

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[180] Brito-Silva, Francilia D., Wanyi Wang, Carolyn E. Moore, Cynthia Warren, Derek C. Miketinas, Wesley J. Tucker, and Kathleen E. Davis. "College Campus Food Pantry Program Evaluation: What Barriers Do Students Face to Access On-Campus Food Pantries?" *Nutrients* 14, no. 14 (2022), 2807. doi:10.3390/nu14142807.

[181] Ibid.

[182] Yolcuoğlu, İrem Zeynep, and Gül Kızıltan. "Effect of Nutrition Education on Diet Quality, Sustainable Nutrition and Eating Behaviors among University Students." *Journal of the American Nutrition Association* 41, no. 7 (October 3, 2022): 713–19. doi:10.1080/07315724.2021.1955420.

[183] Harrer, Mathias, Sophia H. Adam, Eva-Maria Messner, Harald Baumeister, Pim Cuijpers, Ronny Bruffaerts, Randy P. Auerbach, et al. "Prevention of eating disorders at universities: A systematic review and meta-analysis." *International Journal of Eating Disorders* 53, no. 6 (2020), 813-833. doi:10.1002/eat.23224.

post-secondary campuses. One important step is to ensure all students have a basic knowledge of nutrition, empowering them to make informed decisions about their food consumption and prioritize healthier eating. This should be done by putting in place a mandate from the Ministry of Health towards post-secondary institutions to provide educational material for students on nutritious food options and how to craft health literacy skills throughout their education. Such a step could look like implementing information into applicable credited courses, creating extra curricular workshops, or having printed and digital materials available at the students' discretion to access. To accompany this information, it is recommended that the provincial government mandate that post-secondary institutions make easily available full nutrition information for the food served on campus, including but not limited to whether it meets certain cultural dietary restrictions, whether it is free of particular allergens, and the full ingredient list. To combat the harmful normalization of disordered eating in post-secondary climates, OUSA recommends that the provincial government provides funding to create and sustain resources on nutrition through a specifically body positive lens. Along with this, it is proposed that the provincial government provide support for the remedying of the prevalence of disordered eating through providing funding to create and support resources available on campus pertaining to eating disorders.

As a part of ensuring student populations have the information and knowledge around health literacy and nutrition that they need, OUSA recommends that the provincial government provide envelope funding to institutions for the purpose of hiring and provide cultural competency training for full-time certified campus dieticians. With this step, it is equally important that students are able to take the information and skills they have in building nutritious meal plans for themselves and use it through accessing affordable and easily accessible nutritious and culturally relevant food on campus. Thus, it is recommended that the Ministry of Health create a standard for post-secondary institutions to offer healthy foods along with the proposal that the provincial government create a standard for post-secondary institutions to provide a diverse array of food options meeting the cultural and dietary needs on campus as well as provide information on where such options are available in the community. Within the principle that a student centered approach should be taken, it is recommended that the provincial government mandate that institutions must consult with student groups yearly to get insight into what is currently working and meeting needs from what is available and subsequently what needs to change for future years.

FOOD INSECURITY

Principle: Students should not have to face the barriers caused by food insecurity while attending post-secondary education.

Principle: All students should have access to culturally relevant food and food that fits into specific dietary restrictions.

Principle: Students should not have to choose between purchasing food and academic materials or other necessities.

Principle: No student should be subjected to any harmful normalization of disordered eating habits in post-secondary stemming from food insecurity.

Concern: Students are often unable to access affordable and nutritious meal options on campus.

Concern: There is little or no external support for the facilitation or funding of food banks, and food insecurity supports, so student unions often must fund them through student fees.

Concern: Students in need may be unaware of or feel embarrassed using food access resources, which prevents them from receiving the assistance they need.

Concern: Inflation of food prices leaves more students vulnerable to food insecurity and can act as a barrier to access nutritious food and food that meets various dietary restrictions.

Concern: Some post-secondary institutions do not have cafeterias, dining halls, or food provision services, which may be another potential loss for students looking to purchase affordable food options.

Concern: Post-secondary institutions that do have food that can be purchased on-campus are typically not offering options that are affordable or healthy or that meets certain restrictions, which poses a barrier for students who struggle with food insecurity.

Concern: A lack of access to culturally relevant food in community and campus spaces year round can hinder students' sense of belonging and cause unnecessary stress and hardship in finding feasible food options.

Concern: Students residing in rural areas may be affected by 'food deserts', presenting exacerbated barriers to getting affordable and nutritious food in a timely manner.

Recommendation: The provincial government should amend the Living Allowance under OSAP to allocate more funding for food expenses to account for inflation of prices and give students the resources to acquire the food options they want.

Recommendation: The provincial government should create a food sustainability certificate for student-led food banks to highlight resources and cost-effective strategies.

Recommendation: The provincial government should establish a grant that student-run food banks can use to maintain the infrastructure required to provide nutritious and culturally relevant food options and food options that meet the requirements of various dietary restrictions (e.g., fridges and freezers).

Recommendation: The Ministry of Colleges and Universities should partner with the Council of Ontario Universities to complete a system analysis of food insecurity and systems on university campuses that centers the voices and experiences of affected students.

Food insecurity is the "inability to acquire or consume an adequate quality of diet or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so."[184] With the challenging Canadian economic climate that the aftermath of the COVID-19 pandemic brought, a higher rate of the overall population is facing food insecurity.[185] However, research prior to such events has shown that student populations still face greater rates of food insecurity compared to the general population. Studies

[184] Nayantara Hattangadi, Ellen Vogel, Linda J. Carroll, and Pierre Côté, ""Everybody I know Is Always Hungry…But Nobody Asks Why": University Students, Food Insecurity and Mental Health," Sustainability 11, no. 6 (2019): 1571, doi:10.3390/su11061571
[185] Sing, Nathan. "The Fight to End Hunger on Canadian University Campuses." Maclean's Education. Last modified 2022. https://education.macleans.ca/feature/the-fight-to-end-hunger-on-canadian-university-campuses/.

have found that approximately food insecurity impacts 16% of households across Ontario[186], while 40% of students at post-secondary institutions across Canada are food insecure.[187] As a result, the dependency on food banks in Ontario has increased by 42% in the past three years, increasing by a staggering 220% for students in some areas such as Waterloo in 2023.[188]

The prevalence of food insecurity amongst post-secondary students is particularly concerning as an inability to access an adequate diet has significant physical and mental health impacts. Food insecurity not only impacts the physical health of students but also leads to dietary compromises, poor mental health, overall health decline, and reduced academic achievement.[189] Constant access to sufficient and relevant food options is a pillar of building overall health and wellbeing, thus not having access to such can create a ripple of negative effects for students and overall campus communities. It is therefore important to ensure students have access to, and can afford, food to support a healthy and sufficient diet in order to support their physical and mental health, and ultimately their academic performance and social relations.

One of the biggest factors contributing to food insecurity is a lack of adequate financial support. A trope of post-secondary student life that has become normalized, if not valorized to some extent, is students choosing to cover their other expenses over food because of their precarious financial situation. The results from OUSA's survey showed that 20.5% of students reduced their spending on food in order to pay for rent.[190] This is alarming because it suggests that the price of being a student can limit access to food, a basic necessity of life. Considering the rise in financial insecurity, the overall population has faced and the inflation of food and grocery prices specifically, it can be expected that this factor has been exacerbated.[191]Much of the support for this type of situation lies at the community level, or at least this is the support students may be most aware of and students may feel shame, embarrassment or do have transportation barring access to these supports. Post-secondary on campus services that attempt to come into fruition often receive little support for its facilitation so student fees are often left to fund these ventures or they cease to be operated, leaving under resourced or non-existent school food banks or food insecurity supports.

Another reason for food insecurity is the fact that students often do not have enough time to prepare and eat healthy food. Students are often forced to prioritize their tightly packed schedules, extra-curricular activities, and sleeping over preparing and eating food. This fits into the previously mentioned normalization of student life with food insecurity or inadequate access to healthy and nutritious meals. Post-secondary institutions that do have on campus food options often consist of expensive or non-nutritious food options, or dining halls with options that are not always nutritious, compliant with a variety of dietary needs, and affordable. On the other hand, there are post-secondary schools that largely lack these types of food offering all together. Within this thought, rural and northern based students and institutions residing in these areas may be caught in areas known as 'food deserts' whereby stress and difficulty in accessing adequate food options is exacerbated through a lack of grocery stores and providers

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[186] Public Health Ontario. "Household Food Insecurity in Ontario." Public Health Ontario. Last modified 2023. https://www.publichealthontario.ca/en/About/News/2023/04/Household-Food-Insecurity-Ontario
[187] Ibid.
[188] Robert Williams Record Reporter. "Students Accessing Food Banks Increase by 220% in October." The Record. Last modified November 13, 202, https://www.therecord.com/news/waterloo-region/students-accessing-food-banks-increase-by-220-in-october/article_ec59e31c-e9b8-5d00-922c-f9753a261a32.html

[189] Nayantara Hattangadi, Ellen Vogel, Linda J. Carroll, and Pierre Côté, ""Everybody I know Is Always Hungry…But Nobody Asks Why": University Students, Food Insecurity
and Mental Health," Sustainability 11, no. 6 (2019): 1571, doi:10.3390/su11061571.
[190] Ibid.
[191] "Eating in the Age of COVID-19: Food Security in Canada During and After the Pandemic." University College - The Founding College of the University of Toronto | University College U of T. Accessed April 23, 2024. https://www.uc.utoronto.ca/eating-age-covid-19-food-security-canada-during-and-after-pandemic.

within a certain distance of the geographical location.[192] In any case, food and sharing meals together are a centeral aspect of community building, and the lack of culturally relevant food options that studies have found students deal across post-secondary institutions hinder some students' sense of belonging.

Considering the multifaceted nature of the problem of food insecurity in post-secondary communities, OUSA has multiple recommendations that address the various factors contributing to the high occurrence of food insecurity with student populations. To address institutionally based supports, it is recommended that the provincial government establish a grant for student run food banks to use to sustain specific infrastructure for the inclusion of nutritious and culturally relevant food options. Additionally, it is proposed that the provincial government establish a food sustainability certificate for these campus food bank services to promote their resources and specific strategies for cost effective food planning.

To address the financial insecurity, worsened by the current economic situation in Canada, that students are experiencing, OUSA recommends that the provincial government amend OSAP's Living Allowance to allocate more funding for food related expenses. Not only would this proportionately increase necessary financial resources for students, but it gives the freedom for them to purchase the food that is relevant and meaningful to them, rather than solely relying on food provided to them by other support systems. Lastly, it is of the utmost importance that meaningful and current research is being done on this issue and how it pertains to the post-secondary sector, thus OUSA recommends that the Ministry of Colleges and Universities partner with the Council of Ontario Universities to systemically analysis the issue while centering the student voice through this work.

[192] Dhillon, Jaapna, L. K. Diaz Rios, Kaitlyn Aldaz, Natalie De La Cruz, Emily Vu, Syed Asad Asghar, Quintin Kuse, and Rudy Ortiz. "We Don't Have a Lot of Healthy Options: Food Environment Perceptions of First-Year, Minority College Students Attending a Food Desert Campus." *Nutrients* 11, no. 4 (2019), 816. doi:10.3390/nu11040816.

POLICY STATEMENT

Whereas: Student mental health is an interdisciplinary and cross-sectoral issue that requires a comprehensive approach with clearly defined roles of multiple areas of government, post-secondary institutions, and local health care providers.

Whereas: Coordination between government ministries, post-secondary institutions, and local health care providers should be strong, continuous, and without gaps to ensure that all student mental health needs are met with accessible, consistent, and high-quality care.

Whereas: All students should have equitable access to adequate and culturally appropriate mental health care services that are reflective of their lived experiences and identities, in a timely manner.

Whereas: Students should not face unnecessary financial barriers for diagnosis or re-diagnosis while accessing mental health care.

Whereas: Students should be able to access telehealth and virtual care as options for accessible medical services.

Whereas: Students will be best served by effective and robust public and non-profit in-person and virtual healthcare services.

Whereas: Post-secondary students are a distinct population cohort with individual mental health needs.

Whereas: All students should have access to high-quality mental health care services that are effective, trustworthy, accessible, culturally-aware, inclusive, and trauma-informed.

Whereas: Students from equity-deserving groups should have access to mental health care services that are culturally relevant and sensitive to their diverse identities and where counsellors are well-equipped to provide care that is grounded in lived experience.

Whereas: Peer support services can add unique value to a students' mental health care in addition to, or separate from, professional mental health care providers.

Whereas: All post-secondary students, regardless of geographic location or online/in-person designation, should be able to access gender-affirming, trauma informed, and culturally sensitive peer support services and supports that are validating, high-quality, comfortable, and provided in a timely, effective, accessible, and flexible manner.

Whereas: Access to resources that offer comprehensive, intersectional, holistic and trauma-informed information about mental health and wellness is essential to post-secondary students.

Whereas: Adaptive coping strategies provide students with the tools necessary to address the stigma associated with mental health and wellness and to respond to the challenges ,stress, and setbacks that may occur during post-secondary education.

Whereas: A preventative and harm reducing approach to mental health care ensures that mental health concerns are addressed before they develop to a crisis-level of severity.

Whereas: Mental health education should begin in primary education and continue into secondary education, since mental health issues often begin to manifest in childhood and adolescence.

Whereas: Proactive measures that equip students with the tools they need to care for their mental health should be in place during the K-12 period in order to lay the foundation for coping strategies that will mitigate the impacts of various post-secondary-related stressors.

Whereas: Primary and secondary school teachers should be trained to educate students on adaptive coping strategies and how to seek additional resources and support.

Whereas: Institutions are responsible for ensuring their student populations are made aware of accommodation and accessibility supports available, and how to access them.

Whereas: Students with disabilities should not face undue hardship in accessing academic accommodations during the completion of their post-secondary education.

Whereas: Students should receive appropriate academic considerations without having to provide unnecessary evidence.

Whereas: All students, including mature and international students, should have adequate health care coverage.

Whereas: OHIP+ should cover any and all necessary medical care, including medical prescriptions, necessary or preventative dental procedures, and optical/auditory procedures including vision and hearing tests that students require to maintain their health and wellbeing.

Whereas: Post-secondary students must be able to access medical assistance during their education that is easy to navigate and accessible.

Whereas: International students should have access to affordable health services and coverage during their post-secondary studies.

Whereas: The Ontario Drug Benefits program should accurately reflect the needs of those accessing it.

Whereas: Students will be best served by effective and robust public and non-profit healthcare services paid for by public health insurance.

Whereas: All students, including 2SLGBTQIA+ students, students with disabilities, and students from culturally diverse backgrounds, should see themselves, their identities, and their experiences meaningfully reflected and included within the sexual health education curriculum.

Whereas: All K-12 students studying in Ontario should receive comprehensive sexual health education that is sex-positive, trauma-informed, consent focused, body positive and is gender-, 2SLGBTQIA+-, culturally-, and disability representative and inclusive.

Whereas : K-12 students should feel comfortable learning about and asking questions related to their sexual health without fear of stigmatization.

Whereas: The success of sexual health education initiatives should not be determined solely by academic markers, given the inherently non-academic nature of sexual health and awareness.

Whereas: Students who do not participate in sexual health education courses during their K-12 studies should not face stigmatization from their teachers or peers because of their absence.

Whereas: All post-secondary students must be able to easily access informative, accurate, and timely information related to their sexual health and wellbeing that is reflective of their lived identities.

Whereas: On-campus sexual health workers must have access to relevant and timely resources to best address the sexual health questions and needs of post-secondary students.

Whereas: All students, including international students, should be fully informed of the sexual health resources available to them and their rights and responsibilities when partaking in safe and healthy sexual relationships.

Whereas: All post-secondary students should feel comfortable seeking help or guidance from sexual health supports both on and off their campuses.

Whereas: Students should not face barriers in accessing sexual health resources or care in sexual health clinics located both on and off their campuses.

Whereas: The ability of post-secondary students to fulfill their reproductive needs should be supported by their post-secondary institution; this may include, but is not limited to, ensuring access to diverse contraceptive options and a variety of safe sex materials.

Whereas: Access to menstrual products is a human right.

Whereas: Students should be supported when accessing sexual health and/or sexual violence resources.

Whereas: If an instance of sexual violence occurs, students should have access to all emergency services required without having to be transferred to a different location or platform.

Whereas: Processing sexual violence kits should be completed within a timely manner to ensure there is little to no backlog.

Whereas: All post-secondary students must be able to access sexual health resources that are timely, effective, flexible, and reflective of their lived experiences and identities.

Whereas: Post-secondary institutions should take a harm reduction approach when responding to student addiction and substance use issues, being especially mindful of addiction stigma, and the relationship between the consumption of these substances and experiences of trauma.

Whereas: Students who engage in recreational drug use or illegal substance use should have access to harm reduction resources and methods.

Whereas: Students should have access to Consumption and Treatment Services which provide numerous benefits to students and community members, foster safer communities, and provide cost-savings.

Whereas: Institutions' wellness centers should make an effort to help students from regions with different health care systems navigate the healthcare system local to the university.

Whereas: All students should have access to high-quality support services and information on substance use and addictions.

Whereas: Between on-campus services and hospitals, all students should have the ability to access a wide range of rehabilitation and recovery programs for substance use, as well as proper supports for their transition back to school after treatment.

Whereas: Alcohol awareness and education campaigns should provide individuals with the knowledge they need in order to consume alcohol responsibly.

Whereas: Post-secondary students should be made aware of the risks associated with alcohol consumption prior to consuming alcohol and should be aware of the actions they can take to reduce these risks.

Whereas: With the recent legalization of cannabis, post-secondary students should be provided with the tools to responsibly use cannabis and avoid abuse.

Whereas: Students should be educated on the various methods of cannabis consumption, including, but not limited to, smoking, vaping, dabbing, ingestion, or through topical application the differing effects they have

Whereas: Post-secondary institutions must be equipped with evidence-based practices to educate students on the short and long-term health consequences of cannabis use.

Whereas: The use of cannabis for medical purposes related to disability and addiction is a human right protected by the Ontario Human Rights Code.

Whereas: Post-secondary institutions should inform students about community and on-campus resources that support student needs and educate students about cannabis use and abuse.

Whereas: Post-secondary students who use vaping products should be informed on the potential health consequences of these products.

Whereas: Post-secondary students who use vaping products should be able to do so in an environment that is safe and accessible.

Whereas: Comprehensive data on substance use, including but not limited to alcohol, cannabis, and vaping products, should be used at universities to inform interventions and campaigns, leading to improved health outcomes for students.

Whereas: Post-secondary students should be informed about how data collection surveys will be using information collected, prior to answering questions related to their lived experience(s) with substance use.

Whereas: Even moderate levels of physical activity among the student population yield substantial benefits for individuals, universities, and the public health system,

Whereas: The primary goal of athletics and recreation on university campuses should be to promote student wellness through physical activity with accessible spaces and a holistic approach to physical health.

Whereas: All athletics and recreation spaces must be inclusive and promote the equitable participation of all students, regardless of identities and abilities.

Whereas: The development of athletics and recreation facilities and athletic programming should involve active student consultation.

Whereas: Healthy nutrition and eating habits across the student population yield benefits for individuals, post-secondary institutions, and Ontario's public health system.

Whereas: Nutritious and culturally relevant food options are necessary for success in post-secondary.

Whereas: Campus food service providers have a responsibility to engage with students as partners in an equitable, mutually beneficial relationship focusing on the accessibility of nutritious food.

Whereas: Campus wellness strategies should include healthy nutrition habits and physical activity, both of which reap significant physical and mental health benefits for students.

Whereas: There should be an increasing focus on health literacy for students, giving them access to relevant resources with information regarding nutritious food options and how to foster healthy lifestyles.

Whereas: Eating disorders among student populations are a concern that must be addressed.

Whereas: Provincial and institutional healthcare services have a responsibility to engage in best practices to combat the prevalence of disordered eating and eating disorders among post-secondary students.

Whereas: People of all body shapes and sizes deserve access to healthy nutrition without fear of discrimination and/or fatphobia.

Whereas: Students should not have to face the barriers caused by food insecurity while attending post-secondary education.

Whereas: All students should have access to culturally relevant food and food that fits into specific dietary restrictions.

Whereas: Students should not have to choose between purchasing food and academic materials or other necessities.

Whereas: No student should be subjected to any harmful normalization of disordered eating habits in post-secondary stemming from food insecurity.

Be it resolved that : The provincial government should use a multi-ministerial approach to develop a framework addressing how campus care providers can work together to avoid fragmented care.

Be it further resolved that (BIFRT): The provincial government, through the Mental Health and Addictions Centre of Excellence (once fully operational) and the Higher Education Quality Council of Ontario should communicate and specify the respective roles of post-secondary institutions and local healthcare providers when addressing student mental health needs.'

BIFRT: The provincial government should develop a series of best practices that support post-secondary institutions in partnering with local healthcare providers to provide acute and long-term treatment, psychiatric treatment, counselling, health promotion, and preventative action on Campus; and provide directives to triage students appropriately.

BIFRT: The provincial government should provide directives and funding to develop and implement cross-sector integration between post-secondary institutions, local health care providers, and Ontario Health Teams (or equivalent).

BIFRT: The Ministry of Health should include on-campus care providers in regional health care systems and corresponding Ontario Health Teams to ensure they are eligible for additional funding and are integrated with local, off-campus care providers.

BIFRT: The provincial government should provide mental health care at accessible costs to postsecondary students by increasing funding into mental health services.

BIFRT: The provincial government should improve the integration between providers of healthcare services and student healthcare plans by directly paying for services rather than reimbursement.

BIFRT: The provincial government should allocate funding to increase access to no-fee medical assessments required for mental health diagnoses for students entering or continuing in post-secondary institutions.

BIFRT: The provincial government should establish long-term funding for on-campus wellness centres and create a plan for sustainable service provision, which will provide these centres the proper funding and support to have shorter wait times.

BIFRT: The provincial government should create and fund an online directory system, updated by each Ontario Health Team (or equivalent), containing a comprehensive and updated list of community mental health care providers, their specializations, and associated costs, and make this list publicly available and accessible.

BIFRT: The provincial government should provide funding to post-secondary institutions to support the transition of making mental health resources, counselling, assessments, and treatment options available to all students virtually, as well as in-person.

BIFRT: The Ministry of Colleges and Universities and the Ministry of Mental Health and Addictions should work in collaboration to develop a strategy to increase support for students with emerging mental health disabilities, particularly in communities with a large young adult population (such as communities near post-secondary institutions).

BIFRT: The provincial government should direct the Ministry of Health and Long-term Care to create or fund the creation of a public or non-profit virtual care platform commensurate with existing private health care providers.

BIFRT: The provincial government, in recognition of the unique mental health needs of post-secondary students, should evaluate and develop best practices for local health care providers to follow when providing mental health care services.

BIFRT: The Ministry of Colleges and Universities should provide continuous funding to the Centre for Innovation in Campus Mental Health to conduct tri-annual evaluations on the efficacy of existing on-campus programs and online mental health resources and wellness apps targeting post-secondary students.

BIFRT: The Ministry of Colleges and Universities should provide assistance and continuous funding, under the Mental Health Worker Grant, to post-secondary institutions to recruit and hire diverse front-line campus-based mental health workers such as staff who identifies as BIPOC and/or 2SLGBTQIA+.

BIFRT: The provincial government, in consultation with equity-deserving student groups and experts on alternative health care practices, should develop wellness models and treatment approaches that meet the needs of diverse population groups.

BIFRT: The Ministry of Colleges and Universities should mandate that all institution-based mental health care providers receive training on providing providing accessible, trauma informed and culturally relevant counselling and referrals to diverse populations.

BIFRT: The provincial government should fund the creation of culturally relevant resources that peer support staff can use to ensure they are able to effectively support students' mental wellbeing in order to adequately bridge the gap between peer support and professional services.

BIFRT: The provincial government should provide funding specifically dedicated to ensuring the sustainability of peer support programs and implementation of proper training and support for staff and volunteers on campuses to recognize signs of mental illness and properly direct students to the correct services.

BIFRT: The provincial government should provide envelope funding to address the lack of financial support for student support centres who are operating peer support services on campuses in order to sufficiently fund their resources, compensate personnel for their time, and increase access to students.

BIFRT: The Council of Ontario Universities should partner with the Mental Health and Addictions Centre of Excellence to develop best practice guidelines for creating mental health programming for post-secondary institutions focusing on adaptive coping skills , and reducing stigma associated with mental health.

BIFRT: The provincial government should allocate additional funds within the Mental Health and Services Grant for adaptive mental health programming and resources that focus on building adaptive coping skills.

BIFRT: The Ministry of Health should collaborate with the Ministry of Colleges and Universities to create an educational awareness campaign, aimed at post-secondary students, that promotes the importance of mental health, adaptive coping skills training, and skills in dealing with mental health challenges.

BIFRT: The educational awareness campaign aimed at post-secondary students should be funded by the provincial government through set-aside funds within the Mental Health and Services Grant.

BIFRT: The Ministry of Education should incorporate a curriculum on mental wellness, mental illnesses, resilience, coping skills, and stress management into primary and secondary school core courses at all grade levels.

BIFRT: The Ministry of Education should expand the collection of data under policy/program Memorandum 169 to include parents and guardians.

BIFRT: The Ontario College of Teachers should develop an Additional Qualifications Course that incorporates lessons on student mental health, coping, resilience, and seeking out resources, as well as strategies for enhanced emotional intelligence and stress management, in order to equip teachers with the skills to discuss issues related to mental health with students and to support mental wellbeing among students.

BIFRT: The provincial government should invest money towards the creation of mental health counsellors for elementary and high school students to enhance the mental health care and supports available to these students.

BIFRT: The Ministry of Colleges and Universities should provide post-secondary institutions with grant funding to develop programs that educate students about disabilities and accessibility supports.

BIFRT: The Ministry of Seniors and Accessibility and the Ministry of Colleges and Universities should, in consultation with experts and students with disabilities, develop best practice guidelines for providing academic accommodations for students with disabilities.

BIFRT: The provincial government should mandate that post-secondary institutions should not require a student to be re-diagnosed with a disability to qualify for accessibility support.

BIFRT: The provincial government should task the Higher Education Quality Council of Ontario with creating best-practice guidelines for providing accessibility considerations to post-secondary students.

BIFRT: The provincial government should mandate that post-secondary institutions develop academic consideration policies based on the best-practice guidelines outlined by the Higher Education Quality Council of Ontario for short-term disabilities, illnesses, and extenuating circumstances.

BIFRT: The provincial government should cover the cost of medical documentation required to receive support from accessibility offices through OHIP.

BIFRT: The Ministry of Health should create a student status within OHIP and OHIP+ for all people enrolled in a recognized Ontario post-secondary institution, regardless of age or citizenship.

BIFRT: The Ministry of Health should amend the OHIP+: Children and Youth Pharmacare program to cover all drug costs, including dispensing fees, for people with the student status, regardless of their enrollment in a private insurance plan.

BIFRT: The Ministry of Health should expand the Assistive Devices Program to cover the cost of medical supplies such as syringes, regardless of age or specified long-term disability.

BIFRT: The Ministry of Health should make changes to the OHIP doctors' billing process to allow students to have more than one general practitioner to increase accessibility and convenience to students.

BIFRT: The Ministry of Health should expand OHIP to cover basic dental costs, including regular check-ups.

BIFRT: The Ministry of Health should expand OHIP to cover yearly eye exams and any follow-up assessments required for students.

BIFRT: The Ministry of Health should expand OHIP to cover the purchase of necessary vision correction for people with student status.

BIFRT: The Ministry of Health should complete an audit of the Ontario Drug Benefit Program to investigate and address existing limitations.

BIFRT: The Ministry of Health should expand the Assistive Devices Program to include the purchase of additional devices and services not currently covered under eligibility criteria, for the treatment of mental health concerns.

BIFRT: The Ministry of Education should, in consultation with sexual health professionals and teaching experts, create and monitor markers beyond academic success to ensure K-12 sexual health education is comprehensive, relevant and gender-, 2SLGBTQIA+, culturally and disability-sensitive and inclusive.

BIFRT: The provincial government should amend Policy/Program Memorandum 162, mandating that parents or guardians who choose to opt out their children from taking sexual health education courses must first read through and sign a standardized document they are provided with information about the curriculum being taught to students, allowing them to make an informed and transparent decision.

BIFRT: The Ministry of Education should amend the K-12 sex education curriculum to include age appropriate discussions of gender and sexuality that directly and intentionally includes information about healthy sexual relationships for 2SLGBTQIA+ students, students with disabilities, and students from a culturally diverse background.

BIFRT: The Ministry of Education should amend the K-12 curriculum to include discussions focused on the direct inclusion of people with disabilities, including (but not limited to) dispelling myths about disabilities and sexualities and providing age appropriate resources and discussions.

BIFRT: The Ministry of Education should amend the K-12 sex education curriculum to include age-appropriate, culturally-informed discussions of consent.

BIFRT: The Ministry of Education should include discussions about various cultural values surrounding sexual health in the K-12 sex education curriculum.

BIFRT: The provincial government should provide envelope funding to post-secondary institutions for comprehensive resources, and promotion of said resources, focused on safer sex practices that are trauma-informed, sex-positive, 2SLGBTQIA+-, gender, culturally-, and disability-sensitive and inclusive.

BIFRT: The provincial government, in consultation with sexual health experts, should develop and provide mandatory sexual health training that is trauma-informed, sex-positive, 2SLGBTQIA+-, gender-, culturally-, and disability-sensitive and inclusive for all student facing sexual health workers and front-line staff.

BIFRT: The provincial government should, in consultation with sexual health experts, develop sexual health education resources for incoming international students focused their rights and responsibilities that are provided through the Ontario Universities Info website and the websites of post-secondary institutions.

BIFRT: The provincial government should provide grant funding to community sexual health clinics to work with post-secondary institutions to provide students with resources and information about local supports, as well as enhancing infrastructure and referral systems.

BIFRT: The Ministry of Health should extend OHIP+ to provide full coverage of diverse contraceptive methods.

BIFRT: The Ministry of Health should expand OHIP+ to cover the cost of Post-Exposure Prophylaxis (PEP).

BIFRT: The Ministry of Health should extend OHIP to provide coverage of menstrual products, up to $200 per year.

BIFRT: The provincial government should provide grant funding that existing sexual violence centres can use to meet their growing demand, and to create and/or improve programs that support survivors during and after visits to sexual assault centres.

BIFRT: The provincial government should mandate that all urgent and emergency care facilities have sexual assault kits that can be properly administered on-site.

BIFRT: The provincial government should develop funding for on-campus sexual health centres providing comprehensive and specific supports for 2SLGBTQIA+ students, students from culturally and racially diverse backgrounds, and students with disabilities.

BIFRT: The provincial government should provide grant funding that existing public health centres can use to provide on-campus STI testing and STI testing drives.

BIFRT: The Ministry of Health should develop and facilitate education campaigns on harm reduction and alternative options for safe substance use, targeted towards post-secondary students.

BIFRT: The provincial government should expand the Ontario Naloxone Program for Pharmacies to on-campus clinics and pharmacies, as well as community health organizations to work with post-secondary institutions to administer naloxone kits to on-campus clinics and pharmacies and nearby off-campus sites.

BIFRT: The provincial government should provide funding to community health organizations to work with post-secondary institutions to install medical hazard waste bins in residence and campus buildings.

BIFRT: The provincial government should lift the cap of funding a maximum of 21 Consumption and Treatment Services to meet the needs for Consumption and Treatment Services in Ontario communities.

BIFRT: The provincial government should work with individual institutions to innovate options that use pre-existing campus spaces as drug consumption sites for students.

BIFRT: The provincial government should work in consultation with community members, including student representatives, to address the impact of policing on supervised-consumption site implementation, in order to improve user experience with, and access to, harm reduction programs.

BIFRT: The Ministry of Health should provide envelope funding to community health organizations to provide substance use counselling on campus and at their off-campus locations.

BIFRT: The provincial government should dedicate more funding to on- and off-campus addiction services to improve students' access to specialized care.

BIFRT: The provincial government should create and facilitate an information campaign of rehabilitation services available to students, including amnesty from suffering drug-related criminal charges and punishments from universities when seeking immediate medical attention and treatment services.

BIFRT: The Ministry of Colleges and Universities should mandate that all universities implement medical amnesty policies that restrict punishments for students seeking immediate medical attention and treatment services.

BIFRT: The Ministry of Colleges and Universities should collaborate with the Canadian Centre on Substance Use and Addiction to develop alcohol awareness and education campaigns. These campaigns should use an inclusive approach to educate post-secondary students on the consequences of consuming alcohol and promotes responsible alcohol consumption.

BIFRT: To move away from punitive responses to alcohol use, the Council of Ontario Universities should develop best practice guidelines regarding compassionate responses to alcohol use; these guidelines should be used to create early intervention programs and to provide compassion training for campus police, special constables, and mental health support providers.

BIFRT: The provincial government should provide envelope funding for post-secondary institutions to develop and promote alcohol awareness campaigns and compassion training, based on the two BIFRTs immediately above.

BIFRT: The provincial government should work with the Council of Ontario Universities to create a guide, based on the best practices identified in the Lower-Risk Cannabis Use Guidelines, to be used by Ontario post-secondary institutions to inform cannabis policies, education campaigns, and cannabis addiction prevention campaigns directed towards post-secondary students.

BIFRT: The Ministry of Colleges and Universities should mandate that all post-secondary institutions include, in the same location as their relevant cannabis policies, relevant information about on- and off-campus support services pertaining to cannabis use.

BIFRT: The Ministry of Colleges and Universities should work with the Ontario Human Rights Commission to identify best practices relating to accommodations for post-secondary students who use medical cannabis.

BIFRT: The provincial government should work with the federal government to conduct a national longitudinal study to identify the long-term health consequences of vaping and second-hand vapour.

BIFRT: The provincial government should work with the Council of Ontario Universities' Committee on Space Standards and Reporting to designate vaping areas in central outdoor areas.

BIFRT: The provincial government should work with the federal government to develop best practices regarding harm reduction and the selling and distribution of vaping products.

BIFRT: Based on the data gathered in the above-mentioned recommendation, the provincial government should develop a vaping awareness campaign which highlights the long-term health consequences of first- and second-hand vaping, as well as develop resources that support students who wish to quit .

BIFRT: The provincial government should cover the cost of universities participating in the National College Health Assessment and mandate their participation in order to gather data to inform programming on campus related to reducing harmful substance use.

BIFRT: The provincial government should mandate that all data collection surveys relating to substance use must provide survey respondents with transparent and accessible information about how collected data will be used and by whom.

BIFRT: The provincial government should partner with the Centre for Addictions and Mental Health and the Council of Ontario Universities to expand and promote the Ontario Student Drug Use and Health Survey in an effort to collect data on university student consumption of illegal substances.

BIFRT: The provincial government should establish an advisory committee of persons with lived experience relating to substance use and abuse to review the Ontario Student Drug Use and Health Survey.

BIFRT: The provincial government should fund a comprehensive study into the non-medical usage of anabolic-androgenic steroids in post-secondary students, including recommendations for both provincial and institutional responses to the findings.

BIFRT: The provincial government should task the Higher Education Quality Council of Ontario with researching the rationale for dividing physical education classes, intramural sports, and fitness programming based on gender, and recommend a framework for post-secondary institutions to follow based on their findings.

BIFRT: The provincial government should provide envelope funding to assist universities in creating inclusive, accessible, size-sufficient and diverse recreational spaces facilities not limited to varsity and in expanding programming into suitable community spaces.

BIFRT: The provincial government should provide funding to assist post-secondary institutions in creating subsidized athletic and recreation programs to allow more people to start out in such activities and thus for it to become more widely accessible.

BIFRT: The Ministry of College and Universities should mandate that universities complete an institutional assessment of all recreational and athletic spaces on university campuses to identify under-resourced areas to allocate as a requirement to qualify for government funding for recreational spaces.

BIFRT: The Ministry of Colleges and Universities should encourage post-secondary institutions to involve students in the development of athletic and recreation facilities and athletic programming.

BIFRT: The provincial government should provide envelope funding to campuses in order to allow for the hiring of and cultural competency training of full-time campus dieticians, in support of broader nutrition campaigns and pilot programs.

BIFRT: The provincial government should mandate that all on-campus eateries provide nutrition facts accompanying items sold, including ingredient lists, appropriate serving sizes of nutrients, and potential allergens.

BIFRT: The Ministry of Health should create a standard for post-secondary institutions to offer healthy foods and alternatives for students with dietary restrictions on campus, in accordance with the Canada Food Guide.

BIFRT: The Ministry of Health should create a mandate for post-secondary education institutions to provide educational material for students on what constitutes nutritious and healthy food options.

BIFRT: The provincial government should create a standard for post-secondary institutions to provide a diverse array of food options meeting a variety of cultural needs on campus as well as provide information on where such options are available in the community.

BIFRT: The provincial government should provide funding to support and create eating disorder educational resources and programs on post-secondary campuses.

BIFRT: The provincial government should mandate that post-secondary institutions must consult with student groups yearly to discuss what food and dietary options are available on campus and what needs to change for future years.

BIFRT: The provincial government should provide funding to support and create resources and programs for post-secondary campuses on nutrition through a body-positive lens.

BIFRT: The provincial government should amend the Living Allowance under OSAP to allocate more funding for food expenses to account for inflation of prices and give students the resources to acquire the food options they want.

BIFRT: The provincial government should create a food sustainability certificate for student-led food banks to highlight resources and cost-effective strategies.

BIFRT: The provincial government should establish a grant that student-run food banks can use to maintain the infrastructure required to provide nutritious and culturally relevant food options and food options that meet the requirements of various dietary restrictions (e.g., fridges and freezers).

BIFRT: The Ministry of Colleges and Universities should partner with the Council of Ontario Universities to complete a system analysis of food insecurity and systems on university campuses that centers the voices and experiences of affected students.