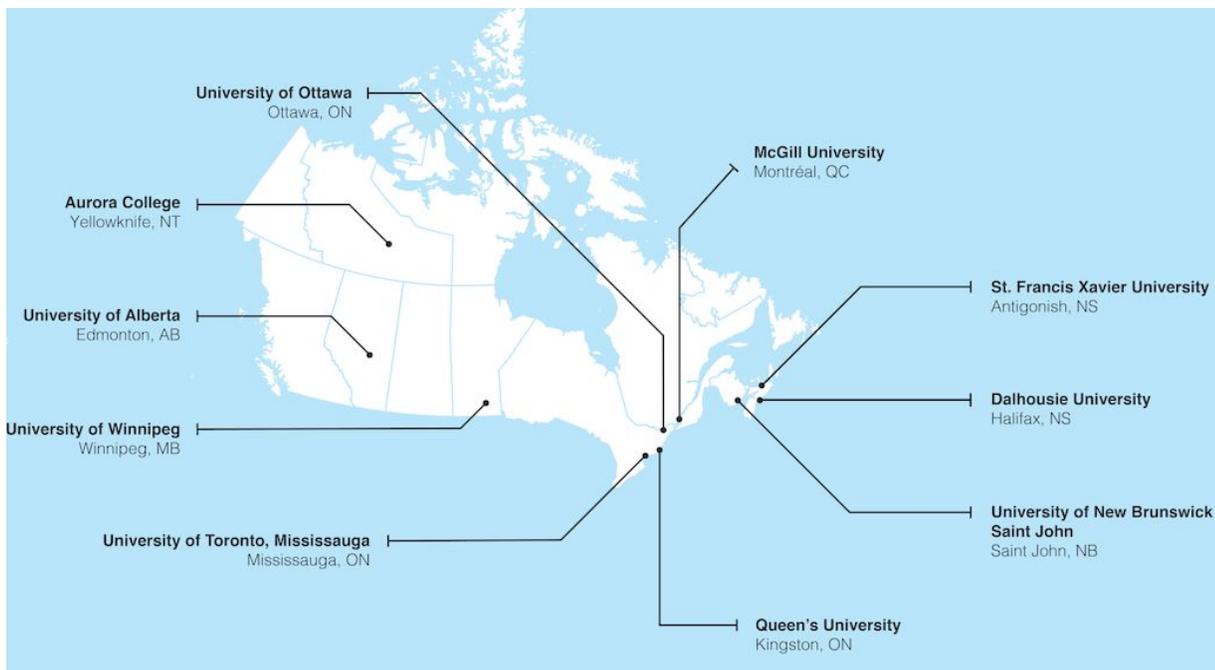


Jack.org Campus Assessment Tool

Pilot 2018-2019

Jack.org Campus Assessment Tool Pilot 2018-2019

The Campus Assessment Tool (CAT) is a five-part, youth-led participatory research project created to support the advocacy work of student-run Jack Chapters. Ten post-secondary chapters across Canada were invited to take part in this pilot project, which launched in December 2018. These ten chapters are: Aurora College (Yellowknife, NT), Dalhousie University (Halifax, NS), McGill University (Montréal, QC), Queen's University (Kingston, ON), St. Francis Xavier University (Antigonish, NS), University of Alberta (Edmonton, AB), University of New Brunswick - Saint John (Saint John, NB), University of Ottawa (Ottawa, ON), University of Toronto, Mississauga (Mississauga, ON), and the University of Winnipeg (Winnipeg, MB).



Jack.org's programs are developed and redesigned through robust evaluation processes, with a focus on building youth capacity to identify and dismantle barriers to help-seeking. Historically, Jack.org's network focused on educating their peers on important mental health concepts, introducing them to resources in their community, and encouraging help-seeking behaviour. This is important work, but there are obvious limitations to this form of peer-to-peer advocacy. This work does little to change larger systems that influence mental health. For example, this work doesn't change the reality of long wait times for mental health services or academic curriculums that cause undue mental health stress. To address these barriers, young people must engage decision makers in their community, but before doing this, they must understand what their systems are like now and what gaps need to be addressed.

To help with this, Jack.org developed the Campus Assessment Tool (CAT). The CAT guides young people through a process of understanding how their campus communities serve, protect, and promote youth mental health. The tool has since been reviewed by leading experts in the youth mental health space, revised based on recommendations, and championed by industry experts in post-secondary institutions.

The results of this CAT pilot offer a seminal national picture of mental health supports and services on post-secondary campuses across the country. The tool is made up of directives and surveys to gauge the range of services offered on campus, the accessibility of these services, and student satisfaction with what is offered. In addition to assessing the mental health supports on campus, the tool asks broader questions of how campuses support and promote positive mental health. To this end, the tool seeks to understand how specific upstream factors may prevent or enable people from accessing services, or how policies and programs create or prevent mental health struggle in the first place.

The purpose of this tool is to transfer power to multiple youth voices across Canada and determine systems-level priorities for change in individual post-secondary campuses. Importantly, these priorities will not be determined by young people alone but will be co-developed with the adult decision makers in their lives. The hope is that the results of the CAT will allow youth to identify what services are currently available on their campus, where the gaps in services lie, and allow them to engage their peers and decision makers on campus to address these gaps.

SECTION 1: CAMPUS CHECKLIST

The first section of the tool seeks to gain an objective understanding of what key resources exist on each post-secondary campus. This section serves as a foundation for the remainder of the assessment, helping to identify strengths and gaps in campus mental health systems. To complete this section, CAT pilot Chapters conducted online research and connected with administrators on campus who held key information.

Not all counselling centres are created equal

Does your campus have a counselling centre?	Yes	No
# of pilot schools:	10	0

While all schools taking part in the pilot have counselling centres, not all are staffed by registered psychologists who are employed purely for the purpose of supporting student mental health. For example, at the University of New Brunswick - Saint John, career advice counsellors also serve as mental health supports. Aurora College has a single, full-time counsellor on campus, while the University of Winnipeg has three. All ten counselling centres are open and active on weekdays during regular business hours, none are open on weekends, and six are open during academic breaks with reduced hours.

At the University of Toronto, Mississauga, in addition to six mental health counsellors, a single psychiatrist is available to students on a part-time basis. This psychiatrist provides 90-minute “intake” appointments, after which the student is referred to off-campus resources to support their mental health. In this way, the psychiatrist is used less as a true mental health resource and more in an intake and triage capacity.

Peer support programs fall in and out of favour

Does your campus have a peer support program?	Yes	No
# of pilot schools:	6	4

Four of the pilot schools do not have peer support programs, but two of the four schools plan to launch peer support programs shortly, and all schools have had peer support programs in the past. Peer support programs were disbanded as a result of funding cuts and diminishing use.

Campus mental health policies are rare

Does your campus have a mental health policy?	Yes	No
# of pilot schools:	3	7

Seven of ten schools that participated in the pilot do not have a mental health policy, defined as a clearly articulated and codified summary of campus mental health programs and protocol (to access services, receive accommodation, etc.). While CAT pilot Chapter leaders found policies that related to mental health in other policy documents (e.g. response to medical crisis policy and accessible learning policy), only the McGill, Queen's, and University of Toronto, Mississauga, chapters found a university policy on student mental health.

Suicide response plans are mainly internal and reactive

Does your campus have a suicide response/postvention plan?	Yes	Yes (But not available to students)	No
# of pilot schools:	0	3	7

No schools have suicide response plans that are available to students/student groups. Three schools have an internal suicide response plan available to staff and faculty only. Seven schools do not have a suicide response plan at all. All three schools that have some form of suicide response plan developed a plan in response to a suicide on campus.

Early alert systems are often implemented, but not utilized

Does your campus have an early alert system?	Yes	No
# of pilot schools:	6	4

Six campuses have an early alert program, whereby a student who is struggling with their mental health (e.g. if said student has missed several classes or is struggling academically) may be identified by faculty, staff, and/or peers. In some cases, an emergency contact (e.g. parent or guardian) may be notified.

St. Francis Xavier University, for instance, has a program where professors take regular class attendance, and if a student were to miss three classes, the dean is informed. Anecdotally, however, CAT pilot Chapter leaders find that the system is poorly used, with several professors opting to not take attendance.

SECTION 2: DIVERSE SERVICE AVAILABILITY

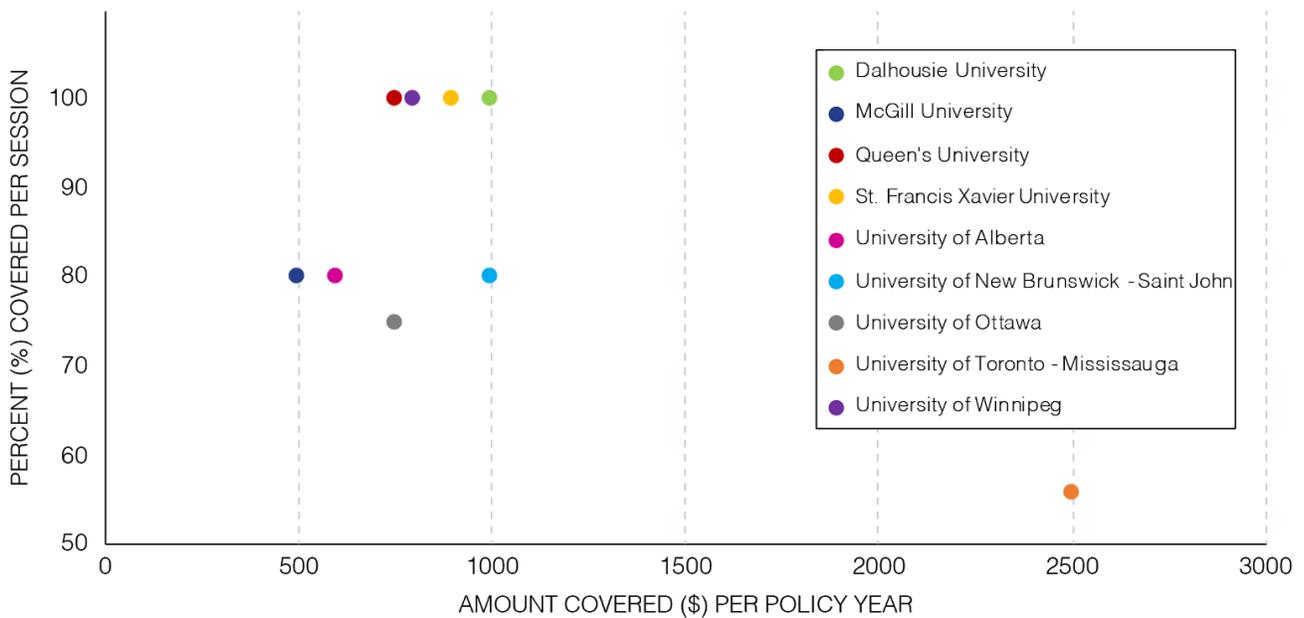
The next section of the tool assesses if the resources available on campus (discussed in section 1) cater to diverse equity-seeking groups (e.g those of various socio-economic status, students identifying as LGBTQ2S+, international students, visible minorities). This section saw individual CAT pilot Chapters conduct online research and connect with campus administration to find answers to research questions.

Mental health coverage varies across university health insurance plans

Are mental health services covered by your campus' student health care plan?	Yes	No
# of pilot schools:	9	1

All schools, except Aurora College, cover mental health services under their student health care plan. Aurora College does not offer a student health care plan at all, for both part-time and full-time undergraduate students. In comparing schools that offer a student health care plan, coverage rates range between 80% up to \$500/year and 100% up to \$1000/year for psychological and counselling services.

Undergraduate Student Health Plan Coverage for Mental Health



*Percent (%) covered per session for the University of Toronto, Mississauga was calculated using the suggested hourly rate (\$225/hour) for psychological services, determined by the Ontario Psychological Association.

The University of Toronto, Mississauga, instead of covering a portion of the session fee, offers coverage in the form of absolute amount: \$125/session (note that the suggested hourly rate for psychological services is \$225/hour, as determined by the Ontario Psychological Association). This rate is offered for up to 20 visits per policy year (totalling \$2,500 total coverage per year). Additionally, several schools surveyed have different student health care plans for graduate and international students, with different coverage rates for mental health services based on the type of student plan.

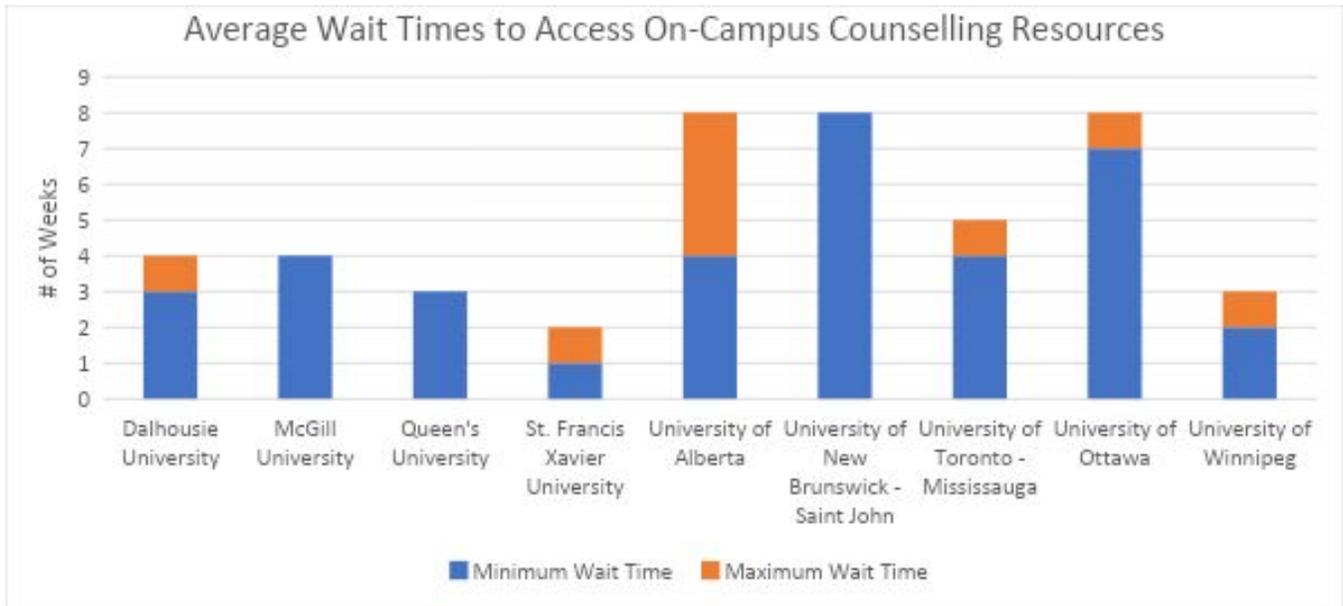
*

Long wait lists are a barrier to accessing on-campus counselling services

Is there a wait list to access counselling services on campus?	Yes	No
# of pilot schools:	9	1

*Almost all schools have wait lists to access regular counselling services. The only school without a wait list is Aurora College where the single on-campus counsellor has a drop-in, open-door policy. Any student can walk-in to see the counsellor at any time (provided the counsellor is not in a meeting or out of the office). Anecdotally, CAT pilot Chapter leaders think that this system works only because of the small campus size (Aurora College campus has an enrollment of less than 1,000 students).

Wait times vary greatly across institutions, with average wait times hovering at four to five weeks for regularly-scheduled appointments with an on-campus counsellor. To address this backlog, some schools have implemented stop-gap solutions. For example, in addition to offering on-campus counselling, Queen's University offers access to same day or next day crisis counselling so that those who are severely struggling with their mental health can receive support while on a wait list to see a regular counsellor. Still, Queen's University chapter members reported that this service is poorly advertised, and those in crisis often don't get the support they require.



Some schools use a stepped mental health care model for provision of services. One such school, Dalhousie University, offers drop-in appointments where students can come in and see a counsellor the same day. During this appointment, a counsellor assesses the student’s mental health needs and with the student co-creates a wellness plan, which outlines recommended next steps and offers a list of resources and nearby help services. Often this plan includes tips to promote healthy behaviours, suggestions for different online resources, referrals to on-campus specialists, and depending on the severity of mental health struggle, will involve a referral to be put on the wait list to see an on-campus counsellor for regular appointments.

Such an intake process has its merits. One obvious benefit is that it affords students the opportunity to begin the support process right away. Still, this system has its shortcomings. At Dalhousie for example, following intake, there is a still a three to four week wait time to access a regularly-scheduled counselling session. Further, these drop-in intake sessions are in such high demand that they are no longer truly drop-in. To see an intake counsellor, students need to arrive as the clinic opens and secure a time slot for the day.

One Dalhousie student had this to say of the process:

The resources that are currently available, while they have improved, still are very inaccessible to those who don’t have an open schedule. Not all students have time to wait for an opening at the walk-in mental health clinic, and booking an appointment with a counsellor is no longer an option making some students unable to get services when they need it.

Not all equity-seeking groups are served with resources to meet their specific needs

Does your campus have resources for specific equity-seeking groups?	Yes	No
# of pilot schools with Indigenous-specific mental health resources:	5	5
# of pilot schools with LGBTQ2S+-specific mental health resources:	3	7
# of pilot schools with women-specific mental health resources:	0	10
# of pilot schools with International student-specific mental health resources:	5	5
# of pilot schools with resources to serve students with disabilities:	10	0

Half of all pilot schools have curated mental health resources, specifically for Indigenous students. In these schools counsellors/clinicians either identify as Indigenous and/or specialize in providing counselling services to Indigenous students. The remaining five schools have resources for Indigenous students, such as Indigenous Student Centres and Elders in Residence programs. However, these resources don't serve the mental health needs of Indigenous students directly.

Three of the ten pilot schools have mental health resources tailored to LGBTQ2S+ students. McGill University, for example, has a PRIDE Counselling Team of several LGBTQ2S+-affirming clinicians who have experience in supporting students experiencing isolation, issues with family, and difficulties in coming out. This team is also equipped to support transgender individuals through any mental health challenges unique to them. When booking a counselling appointment, students can request to see a member of the PRIDE Counselling Team specifically. While the other seven pilot schools did not have specific resources to support the mental health needs of LGBTQ2S+ students, they did offer other resources. These resources are often offered through Gender and Sexual Health Centres, which house LGBTQ2S+ student advisors and LGBTQ2S+ student advocacy groups.

None of the pilot schools offer mental health resources specifically for female-identifying students. Like resources catering to LGBTQ2S+ students, many resources for female-identifying students are not for mental health specifically, but often are offered through Sexual Health and Gender Resource Centres. These centres provide support to those who identify as women and by extension, all others who are dealing with issues of gender-based oppression. Many schools highlight having female-identifying counsellors in their counselling centres. These counsellors are equipped to provide support for female-identifying students struggling with their mental health.

All schools, except Aurora College (that doesn't host many international students), offer international student services on campus to assist students on matters relating to culture and lifestyle, financial assistance, insurance, and work permits. In five of the pilot schools, these centres offer additional services specific to mental health, connecting international students with resources on campus that cater to their unique needs. This includes connecting students with interpreter services at their counselling centre, or connecting them with

specific counsellors who have undergone cross-cultural training (so they may assist them with issues that affect international students specifically, for example those related to cultural adaptation and homesickness).

Every school surveyed has resources tailored to students who identify as having a disability. These resources are not specific to mental health, but include a suite of programs and services all with the aim of improving accessibility to a post-secondary education. These efforts include implementing universal accessibility infrastructure in the classroom and in residence, offering interpreter services (if needed), and implementing procedures for exam accommodations. Of note, Queen’s University has a single on-campus counsellor who serves the mental health needs of students with physical or intellectual disabilities.

Few schools provide mental health services in French and fewer still in other languages

In what language (other than English) are services provided?	French	French and Other
# of pilot schools:	2	2

English is the primary language of the provision of mental health services at eight of the schools surveyed. Two schools offer mental health services in French and English (McGill University and St. Francis Xavier University) and two other schools (Dalhousie University and Queen’s University) offer services in English, French, and several other languages through the use of interpreters.

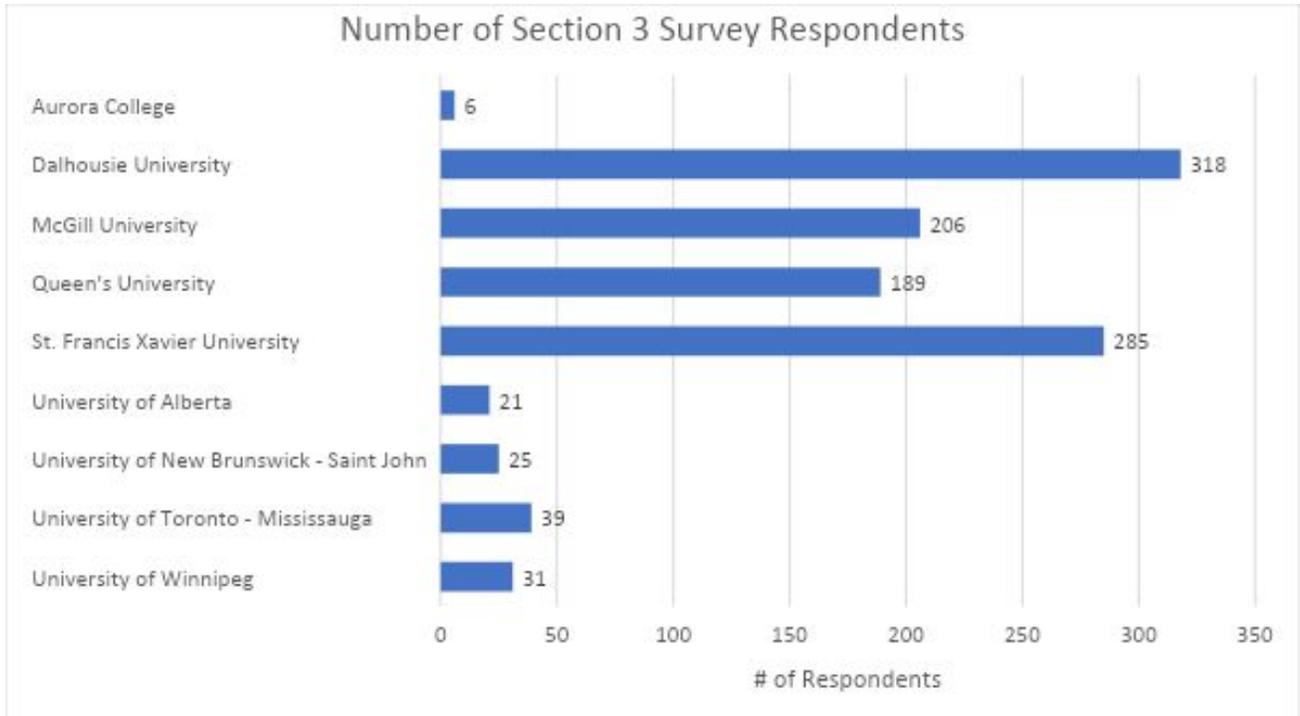
SECTION 3: QUALITY & SATISFACTION

After understanding what services exist on campus, Section 3 of the tool asked important questions of how aware, satisfied, and comfortable students are with these services. This section used a survey tool, and individual CAT chapters invited peers to complete this brief survey (Appendix, Section 3). Convenience sampling was employed over random sampling methods.

Campus Response Rates

School	Location	Student Body Size	Average Number of Section 3 Survey Responses
Aurora College	Yellowknife, NT	645	6 (0.93%)
Dalhousie University	Halifax, NS	19,210	318 (1.66%)
McGill University	Montreal, QC	39,090	206 (0.53%)
Queen's University	Kingston, ON	29,880	189 (0.63%)
St. Francis Xavier University	Antigonish, NS	5,340	285 (5.34%)
University of Alberta	Edmonton, AB	39,470	21 (0.05%)
University of New Brunswick - Saint John	Saint John, NB	1,857	25 (1.35%)
University of Ottawa	Ottawa, ON	42,256	N/A*
University of Toronto - Mississauga	Mississauga, ON	14,885	39 (0.26%)
University of Winnipeg	Winnipeg, MB	9,430	31 (0.33%)

*The University of Ottawa chapter was unable to survey students.



Pilot schools were given the option to create their own survey (on Google Forms, SurveyMonkey, etc.) or to use the survey links provided on Form Assembly. Schools that decided to use their own surveying methods were more successful in reaching their peers and received the most responses (Dalhousie University, McGill University, Queen’s University, St. Francis Xavier University). These chapters attributed their success in garnering survey responses to being able to see responses come in live, and exploring ways and means to improve response rates based on this live feedback. St. Francis Xavier University and McGill University specifically were able to leverage existing relationships with campus administration (e.g. Student Services and the Office of the Dean of Students) and use established communication channels (e.g. email listservs) to invite students to complete surveys. Other schools, such as Dalhousie University and Queen’s University, used connections with other student groups on campus to distribute survey links widely.

Despite these efforts, survey response numbers in this pilot year are modest. This means that the claims we can make based on these survey results are similarly modest. Growing response rates are a priority for future years because smaller sample sizes reduce the generalizability of results. Still, despite limited resources, some CAT Chapters collected a sizable number of responses, and pooled-together responses reveal the interesting opinions young people hold of their campus mental health systems. Further, responses to the novel survey questions posed offer key insights that contribute to the post-secondary mental health space broadly.

Statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total (N)
QUALITY & SATISFACTION						
I am aware of my school's mental health resources.	157 (18.8%)	373 (44.8%)	149 (17.9%)	126 (15.1%)	28 (3.4%)	833
I am comfortable seeking these resources.	144 (12.8%)	338 (30.1%)	299 (26.6%)	260 (23.1%)	83 (7.4%)	1124
I feel a need to seek services outside of campus.	254 (22.6%)	292 (26.0%)	266 (23.7%)	210 (18.7%)	102 (9.1%)	1124
I feel as though services are available if I or a friend should ever need them.	52 (6.2%)	269 (32.3%)	205 (24.6%)	225 (27.0%)	82 (9.8%)	833
I feel as though mental health services at my school are adequate and would meet my needs.	40 (3.6%)	228 (20.4%)	308 (27.6%)	314 (28.1%)	227 (20.3%)	1117
I feel as though there are barriers to accessing mental health services.	356 (34.2%)	281 (27.0%)	222 (21.3%)	120 (11.5%)	62 (6.0%)	1041

Students are more aware of services than they are comfortable seeking them

Across all pilot schools, the majority (63.6%) of student respondents were aware of their school's mental health resources, but fewer (42.9%) felt comfortable seeking these resources. Promotion of available mental health services by the school or through advocacy groups on campus (including Jack Chapters) has been useful in making students aware of where they can go if they are struggling with their mental health but have done little to improve comfort in seeking these resources. This suggests that there is still more work to do to improve attitudes around help seeking, reduce stigma, and clear misconceptions of, or assuage any fears around, the help-seeking process.

Students feel that services do not always meet their needs, and that there are serious barriers to accessing these services

Almost half (48.4%) of all students surveyed believed that mental health services at their school were **not** adequate and **would not** meet their needs. A concomitant number (48.6%) of students felt a need to seek services outside of campus.

Importantly, almost two thirds (61.2%) of students surveyed felt as though there were barriers to accessing mental health services on campus. Four out of nine CAT pilot Chapters cited long wait times as the greatest barrier to help seeking. Other barriers highlighted by students were limited hours of counselling centre

availability, poor availability of consistent, ongoing support, and difficulty making appointments over the phone/online.

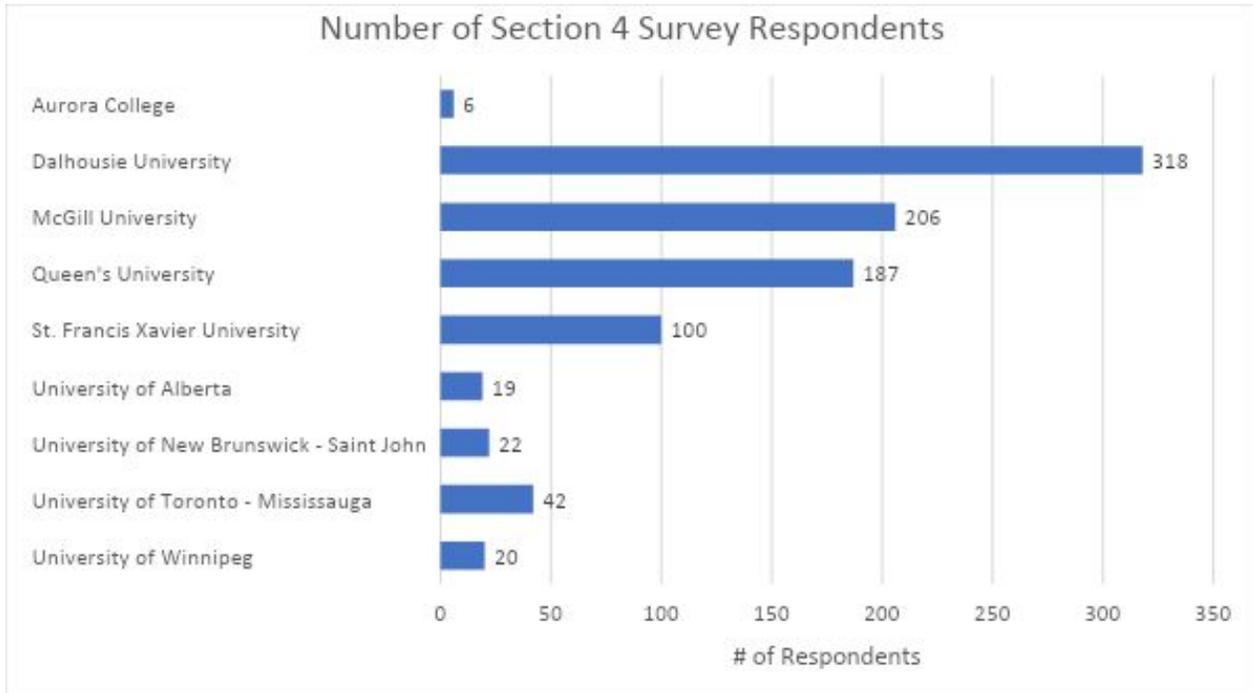
SECTION 4: BARRIERS & ACCESSIBILITY

Importantly, students interact differently with services offered on their campus. Some students may find services more accessible than others, but all students deserve access to these essential services. This section gauges how different groups of students interact with the mental health care system on their campus. Like in the previous section, this section employed a survey tool (Appendix, Section 4).

Campus Response Rates

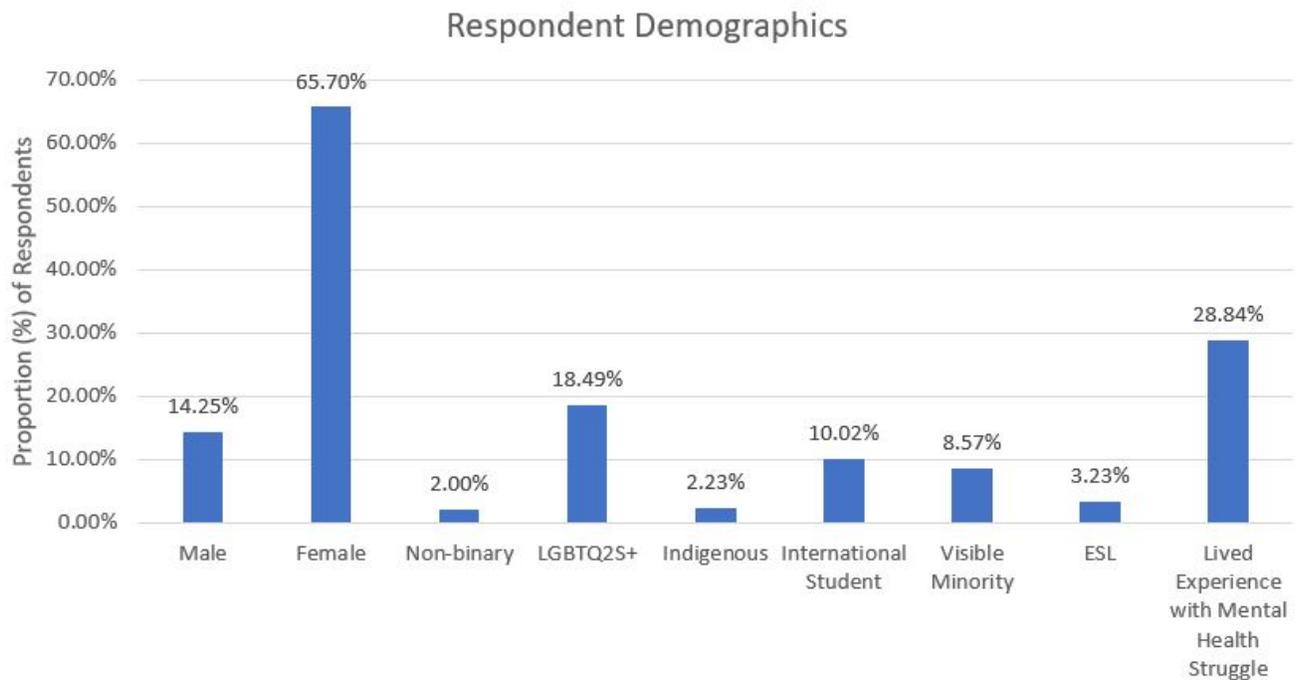
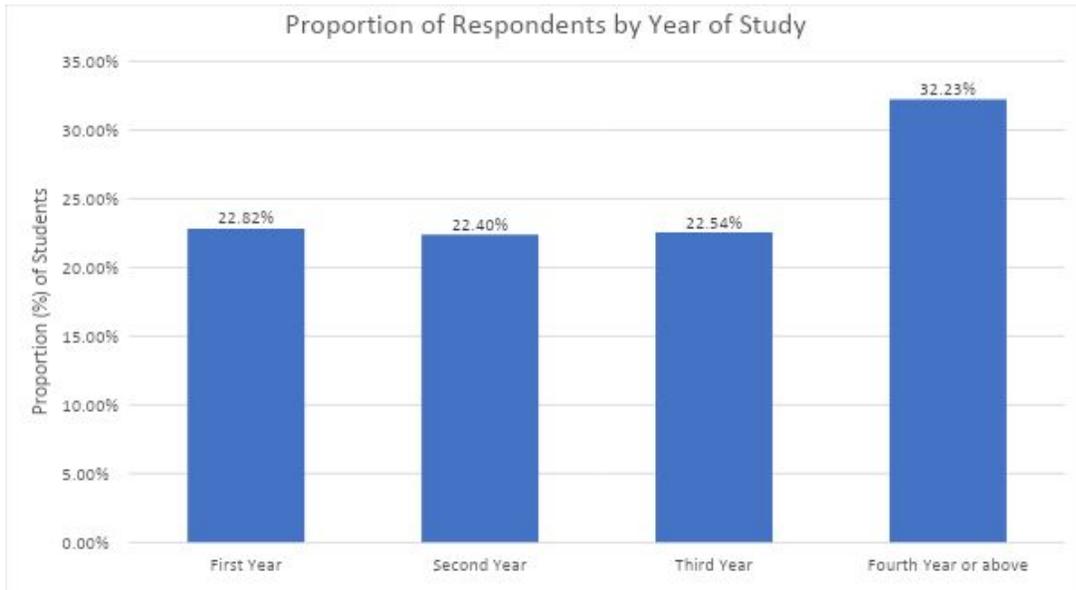
School	Location	Student Body Size	Average Number of Section 4 Survey Responses
Aurora College	Yellowknife, NT	645	6 (0.93%)
Dalhousie University	Halifax, NS	19,210	318 (1.66%)
McGill University	Montreal, QC	39,090	206 (0.53%)
Queen's University	Kingston, ON	29,880	189 (0.63%)
St. Francis Xavier University	Antigonish, NS	5,340	100 (1.87%)
University of Alberta	Edmonton, AB	39,470	19 (0.05%)
University of New Brunswick - Saint John	Saint John, NB	1,857	22 (1.18%)
University of Ottawa	Ottawa, ON	42,256	N/A*
University of Toronto - Mississauga	Mississauga, ON	14,885	42 (0.28%)
University of Winnipeg	Winnipeg, MB	9,430	20 (0.21%)

*The University of Ottawa chapter was unable to survey students.



Comments made on survey responses and the data gathering process made in the previous section still hold in this section. Section 3 and Section 4 surveys were often completed by respondents jointly, though some CAT pilot Chapters preferred to invite peers to complete surveys separately, resulting in varying response rates between the two surveys. Pooled together, response rates for this survey are lower than the previous section.

Respondent Demographics



Fourth year students contributed to the largest proportion of all responses at 32.2%. First, second, and third year students were equally represented in responses (22.8%, 22.4%, 22.5% respectively). Most respondents identified as female (65.7%), fewer as male (14.3%), and fewer still as non-binary (2.0%). A minority (18.5%) of survey respondents identified as members of the LGBTQ2S+ community and 2.2% identified as Indigenous. A

tenth (10.0%) of all survey respondents were international students, 8.6% of respondents identified as members of a visible minority, and 3.2% identified as students learning English as an additional language (ESL). Almost one third (28.8%) of all respondents identified as having lived experience with mental health struggle.

Statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total (N)
BARRIERS & ACCESSIBILITY						
If I were struggling with my mental health, I would seek out counselling resources on campus.	95 (11.7%)	263 (32.4%)	156 (19.2%)	212 (26.1%)	85 (10.5%)	811
I feel there is stigma associated with struggling with mental health or talking about mental health more broadly.	91 (10.0%)	277 (30.4%)	218 (23.9%)	271 (29.7%)	54 (5.9%)	911
I believe there are specific stigmas associated with groups/individuals (e.g. those identifying as members of the LGBTQ2S+ community) accessing resources.	111 (12.2%)	296 (32.5%)	241 (26.5%)	198 (21.8%)	64 (7.0%)	910
I feel fellow students would think differently of me if they knew I sought mental health support.	95 (10.4%)	281 (30.8%)	180 (19.8%)	266 (29.2%)	89 (9.8%)	911
I would think differently of a friend if I knew they sought mental health support.	9 (1.0%)	46 (5.1%)	66 (7.3%)	230 (25.3%)	558 (61.4%)	909
I would be comfortable dating someone if I knew they had a mental illness.	325 (35.7%)	365 (40.1%)	158 (17.4%)	49 (5.4%)	13 (1.4%)	910
I would be comfortable working in a group with someone if I knew they had a mental illness.	328 (45.5%)	326 (45.2%)	45 (6.2%)	12 (1.7%)	10 (1.4%)	721
I feel as if professors and/or staff would think differently of me if they knew I sought mental health support.	124 (13.6%)	322 (35.3%)	177 (19.4%)	204 (22.4%)	84 (9.2%)	911
My needs are recognized and met on campus.	49 (5.4%)	247 (27.1%)	310 (34.0%)	198 (21.7%)	107 (11.7%)	911

Overall, students believe that counselling services can support them through mental health struggle

Just over one third (36.6%) of students said they would not seek out counselling resources on campus if they were struggling with their mental health. When probed for reasons why, respondents cited barriers to access like wait times and limited services, broad stigma, and previous bad experiences as deterrents for help seeking. More (44.1%) students agreed that they would seek out counselling services if they were struggling with their mental health. Students cited two major reasons for why they would seek out resources: first, because they believed these resources would support them through a struggle, and second, because these resources were

free to access and did not place financial burden on them.

Stigma reduction initiatives are working but require sustained effort and novel approaches

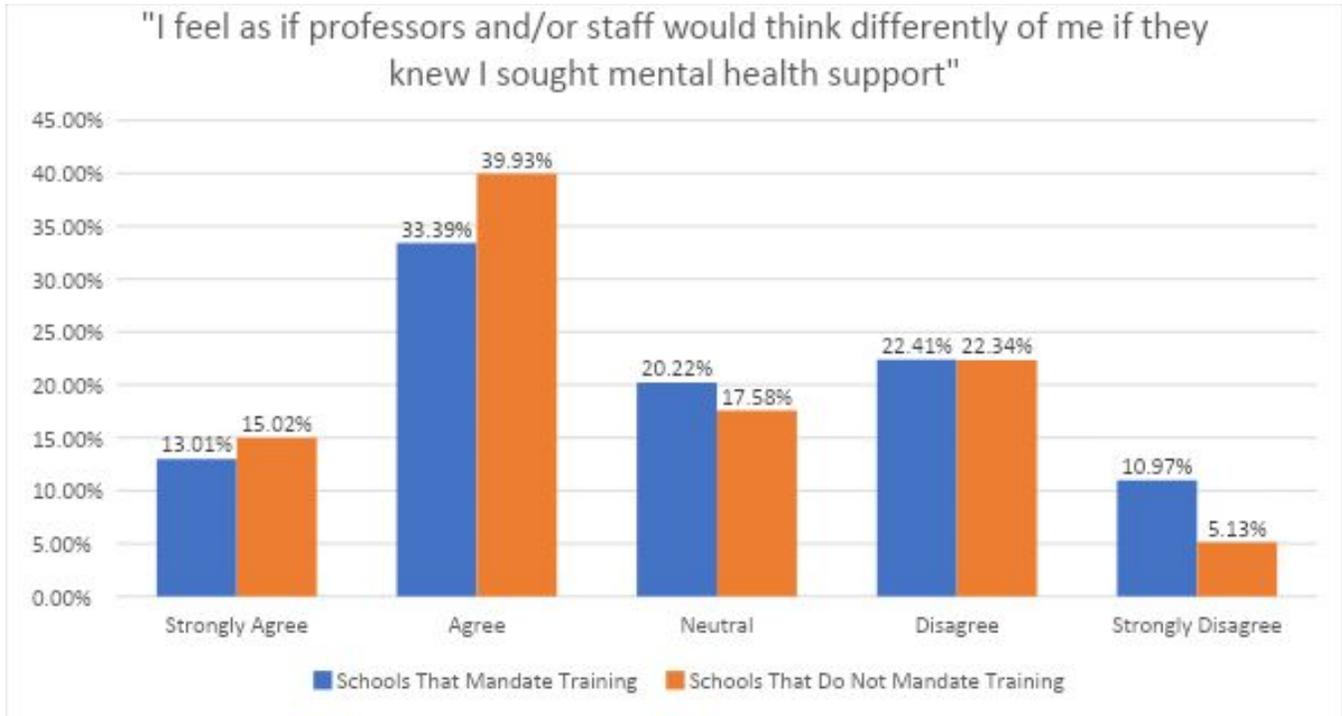
Almost half (40.4%) of students agree that there is stigma associated with struggling with mental health or talking about mental health more broadly. Even more (44.7%) students agreed that there were specific stigmas associated with different groups/individuals (e.g. those identifying as members of the LGBTQ2S+ community) accessing mental health support. When asked if they feel fellow students would think differently of them if they knew they sought mental health support, almost half (41.2%) agreed.

However, over a third (36.6%) of students didn't believe that there was stigma associated with struggling with mental health or talking about mental health more broadly, and just under a third (28.8%) of students didn't believe that certain groups faced specific forms of stigma. When asked if they personally would think differently of a friend if they knew they sought mental health support, a very small minority (6.1%) of students agreed. Consistent with this, most (75.8%) students said they were comfortable dating someone if they knew they had a mental illness, and even more (90.7%) felt comfortable working on a group project with someone with mental illness.

This suggests that while respondents think their friends hold stigmatized views around mental health, mental illness, and help seeking, respondents themselves don't hold these views. Put another way, while young people themselves may not hold stigmatized views, the perception still holds that mental health is a taboo subject among students and in the university community. So while stigma prevention initiatives are working to change individual attitudes among young people, moving forward they should target the perception of stigma among peers and in the community.

Mandated training changes student perception of stigma among faculty and staff

Overall, almost half (48.9%) of students agreed that professors and/or staff would think differently of them if they knew they sought mental health support. However, comparing responses between schools that have some form of mandated mental health related training (e.g. Mental Health First Aid, ASIST, Safe Talk) for at least some staff on campus to those that do not mandate training (but may offer optional training) reveals an important nuance.

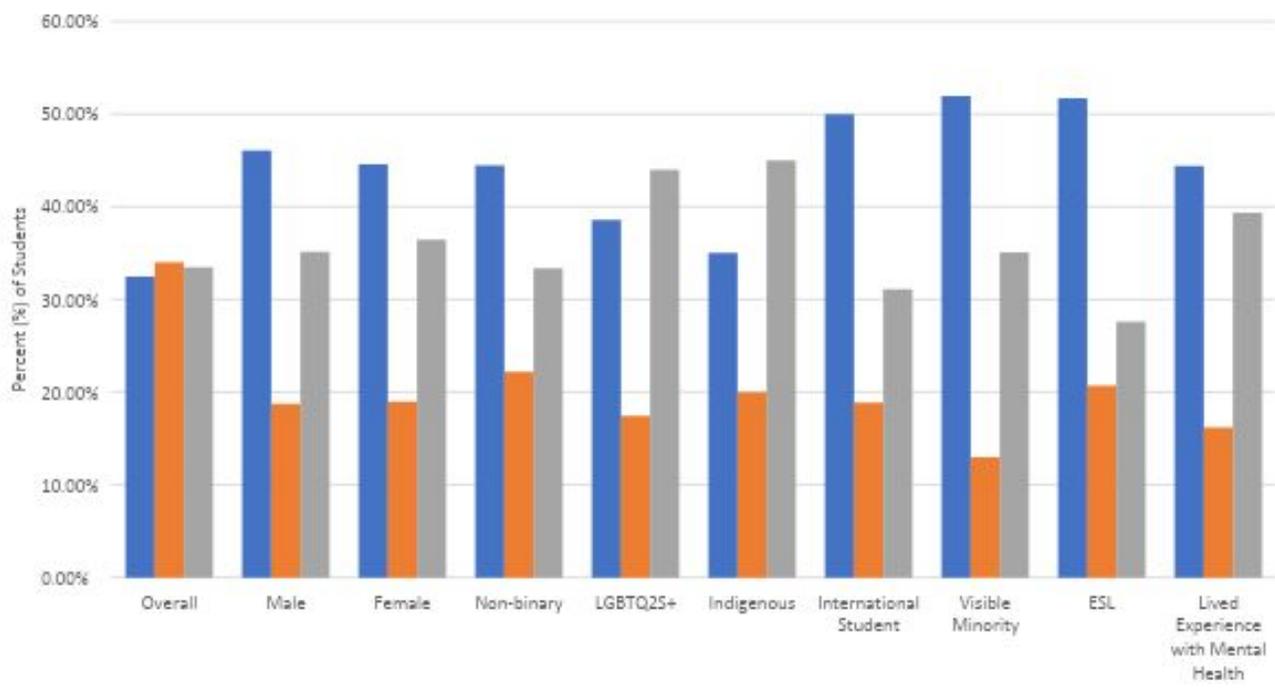


Fewer (46.9%) students felt that faculty and/or staff would think differently of them if they sought mental health support on campuses where mental health training was mandated during onboarding or through professional development. On campuses where training was not mandated in this way, more (54.95%) students felt that professors and/or staff would think differently of them if they sought mental health support. This suggests that having a mandatory mental health related training may be beneficial in promoting student perceptions of reduced mental health stigma from their professors and from staff.

Poor response rates from equity seeking groups inhibit robust recommendations

As survey responses overall were modest, there is a risk of selection bias that affects the generalizability of these results. Further, convenience sampling was employed over a truly randomized sample. As a result, there were especially poor response rates among equity-seeking groups. These groups were underrepresented in survey responses, and as a result, we are unable to make robust recommendations on how post-secondary institutions can best support the unique mental health needs of their diverse populations of students.

"If I were struggling with my mental health, I would seek out counselling resources on campus"



SECTION 5: HEALTH PROMOTING ENVIRONMENT

Section 5 of the CAT asks important questions about factors that can inhibit or promote positive youth mental health on campuses. Policies and programs highlighted in this section do not serve mental health needs directly, but can create or prevent mental health struggle in the first place. For this section, CAT pilot Chapters conducted online research and engaged a wide variety of faculty and staff on campus (beyond health services).

Health and Wellness is promoted in theory but not always in practice

Question:	Yes	No
Does your school advocate for wellness (through events, policy, etc.)?	8	2
Does your school dedicate a week for promoting mental health?	8	2
Do school staff and faculty promote taking study breaks?	3	7
Does your school provide access to exercise spaces?	9	1

Eight of ten pilot schools found that their school advocates for wellness on their campus. An example of such an initiative was dedicating a week for promoting mental health on campus in conjunction with student groups or the student union on campus. CAT pilot Chapters reported that though these events may help promote mental health conversations and reduce stigma on campus, they do little to address what is creating stress among students in the first place.

Three of ten schools promote taking study breaks on campus. For example, St. Francis Xavier University has introduced Long Night Against Procrastination on campus to provide students a space to study for exams/work on assignments, with nearby access to writing resources and tutors. However, all ten CAT pilot Chapters reported that promoting study breaks on campus is rarely done by faculty. Additionally, CAT pilot Chapters reported that even if their campus takes steps to implement and promote study breaks, professors rarely follow through and often act with antipathy against the spirit of these initiatives (e.g. by placing exams right after reading weeks).

All but one school had exercise spaces available to students. In addition to their large campus gym, McGill University made their campus library a physically active space. This included introducing standing desks, adjustable group study tables, treadmill desks, and a spin bike garden, as well as a tranquility zone that students can visit to practice mindfulness.

University campuses are partially accessible but not completely accessible

Question:	Yes	No
Is your campus physically accessible (ramps, buttons to open doors, elevators)?	10	0
Does your school have gender neutral washrooms?	9	1

Every school surveyed in the pilot had physically accessible campuses, though each one of them stated that accessibility was lacking in many buildings and that generally, newer buildings were more accessible than older ones. A similar trend continues with gender-neutral washrooms on campus. While newer buildings offered gender neutral washrooms, older buildings didn't. Still, all but one school had at least one gender neutral washroom available on campus. All CAT pilot Chapter leaders felt that their campuses lacked gender neutral washrooms overall, and that traditional binary washrooms were far more common.

Two CAT pilot Chapter schools, University of Toronto, Mississauga and Dalhousie University, have both included a full-size gender neutral changeroom in their new fitness facilities, and several schools have changed their washrooms in student residences to be only gender neutral.

International students do not receive ongoing support following orientation week

Question:	Yes	No
Are there welcome and/or inclusion services for international students?	9	1
Are there writing and language support services for students who require assistance with English?	5	5

All but one school surveyed has welcome and/or inclusion services for international students on campus. Almost all schools have a dedicated orientation for international students, usually just before general orientation week, to provide these students with specific information about health plans, student visas, and peer advising. However, fewer schools provide writing and language support services for students who require assistance with English. Schools offer language support in the way of formal English courses and access to writing centres. A lack of language support for students who require assistance with English was highlighted as a gap at several CAT pilot Chapter schools.

Though an English-instruction school, McGill University has specific resources for Francophone students to help them adjust to studying in a second language. For example, McGill introduced a policy allowing students to

submit assignments and write exams in either English or French. Such support does not extend to languages other than French.

All campuses make efforts to promote sexual health

Question:	Yes	No
Does your campus offer a health centre with STI testing/pregnancy information?	9	1
Does your campus offer free contraceptives (e.g. condoms, IUDs, others)?	9	1
Does your campus offer LGBTQ2S+ sexual health information?	9	1

All but one school has a health centre that offers STI testing, pregnancy information, and LGBTQ2S+ sexual health information. The only school that does not offer these services also does not have a health centre on campus (Aurora College). In addition to a health centre that provides STI testing on a walk-in basis, Dalhousie University also has a mobile STI clinic that provides testing at different locations on campus (e.g. the Student Union Building, the library, various residences, etc.) on a weekly basis.

Free contraceptives are offered on all but one campus. In all but one school, the contraceptives offered are condoms. Just one school, the University of Winnipeg, offers additional free contraceptives. The University of Winnipeg Jack Chapter runs an annual “Condom Bar” event that promotes sexual health and provides students with free condoms, lube, and dental dams.

All schools are working to address the upstream determinants of health

Question:	Yes	No
Does your school offer financial assistance?	9	1
Does your school have a free food program/food bank?	10	0
Does your school have covered bus fare?	6	4
Does your school offer on-campus jobs?	10	0

Financial stress, food insecurity, and precarious housing are all determinants of poor mental health. To address these determinants, institutions offer a suite of policies and programs.

For example, nine out of ten CAT pilot Chapter schools offer some form of financial assistance to their students. The only school that does not is Aurora College, though they do refer students to external sources of funding.

In addition, all of the CAT pilot Chapter schools offer food bank programs for their students. Dalhousie University and McGill University have free food programs for both students and other members of the community. McGill University's Midnight Kitchen provides free vegan lunches every Monday through Thursday, and Dalhousie's student-run Loaded Ladle provides free vegan lunches every Tuesday through Friday.

LEARNINGS AND NEXT STEPS

This year's Campus Assessment Tool pilot demonstrated an important proof of concept: that is, with the right tools and appropriate support from adult allies, young people are capable of carrying out an intensive research process whereby they assess how campus communities serve, protect, and promote positive mental health. Through this process, young people conducted an objective assessment and online research, administered surveys, analyzed survey results, and reached out to administrators, decision makers, and service providers in their campus communities for information that wasn't easily accessible. For these activities, CAT pilot Chapter members had to develop a research skill set, build or leverage existing relationships, and dedicate hours of their time towards this project.

This proof of concept has been demonstrated. Of the ten pilot Chapters that took part in the CAT, nine completed the tool in its entirety and one completed all but the survey component of the tool. Jack Chapters are ready to escalate their systems change work, and the Campus Assessment Tool is an effective resource in these efforts. So, what is next now that this pilot is completed?

Drawing on the Pilot Findings for Jack Chapter Work and Local Advocacy

The Jack Chapters that have completed the CAT pilot now have a strong, evidence-based overview of mental health needs on their campus. Starting in September, Jack.org Program Coordinators will work with these CAT pilot Chapters to develop action plans and carry out advocacy initiatives based on their findings.

Leveraging the Pilot Findings for Nationwide Advocacy

Jack.org will incorporate findings and trends uncovered by the CAT pilot into our annual Youth Voice Report, to be published in September 2019. The Youth Voice Report provides decision makers with young people's recommendations on how mental health may be promoted in communities where they live, learn, and grow. Working closely with our youth network, Jack.org will use the CAT findings and the Youth Voice Report to advocate for policy change both regionally and nationally.

Improving the CAT and Expanding its Use

Over the next couple of months, Jack.org program staff will evaluate the 2018/19 iteration of the CAT. In August, Jack.org program staff will conduct interviews with CAT pilot Chapter leaders who used the tool this year, university administrators who engaged with our students during the process, and Jack.org staff who supported the CAT implementation. Based on this feedback, we will revise the CAT content and make

improvements to the implementation process, including the roll-out to Jack Chapters, and how Jack.org staff can better support its use throughout the year.

We have also arranged for the implementation of the CAT with 10 new Jack Chapters this year. In September, the CAT will be integrated into existing Jack Chapter training, so that it's available to all Jack Chapters to opt-in upon request. This expansion will require increased Jack.org staff capacity to ensure effective implementation, so we'll look to devote more resources to these efforts this year and over the long term.

Strengthening Administrator-Student Relations on Post-Secondary Campuses

Jack.org Program Coordinators will encourage and support Jack Chapter leaders to share their findings with decision makers on campus, highlight strengths, and identify gaps in post-secondary mental health systems. Together, they'll be able to collaborate to start addressing any gaps in this system, working to promote mental health and help-seeking while reducing student mental health stress. We expect these relationships to start developing over the fall semester as part of Jack Chapters' advocacy initiatives.

Jack.org will also produce a brief report in September 2019 that will detail learnings from the CAT pilot about how post-secondary administrators and youth advocates can effectively collaborate to promote mental health.

APPENDIX

Section 1: Campus Checklist

Questions:	# of schools that responded YES	# of schools that responded NO
SERVICE PROVISION		
Does your campus have a counselling centre?	10	0
Are services available every weekday?	10	0
On weekends?	0	10
Over the summer/during academic breaks?	7	3
Does your campus have a peer support program/centre?	6	4
Are services available every weekday?	4	6
On weekends?	1	9
Over the summer/during academic breaks?	1	9
Does your campus have a health centre with nurses and/or doctors?	9	1
Are services available every weekday?	9	0
On weekends?	3	6
Over the summer/during academic breaks?	7	1
Are links to phone and/or web helplines available on health services websites?	10	0
Is resource information readily available and up to date?	8	2
POLICIES IN PLACE		
Does your school have a mental health policy?	3	7
Does your school have a policy for withdrawal from classes without penalization for mental health reasons?	7	2
Are there alternative exam writing possibilities for students with mental health and/or learning requirements?	10	0
Does your campus have a suicide response/postvention policy?	3	7
Does your campus have an emergency plan to respond to suicide on campus?	5	5
Does your campus security have policies in place with respect to mental health?	4	6
Does your school have an early identification process for students who may be struggling based on class attendance, school performance, etc.?	5	5
In the event of a mental health crisis, does your school have a policy on contacting a student's parent and/or guardian?	4	6
MENTAL HEALTH CAPACITY		
Does your school offer mental health training (Mental Health First Aid, ASIST, Safe Talk) to faculty and/or staff?	8	2
Does your school have mandatory mental health training for faculty and/or staff?	4	6
Does your school have an early alert program where professors can reach out to mental health services if students are exhibiting early warning signs for mental health issues?	4	6
Does your campus offer free suicide prevention training programs?	2	8

Does your campus offer free training for mental health first aid? Safe Talk? ASIST?	3	7
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Section 2: Diverse Service Availability

Questions:	# of schools that responded YES	# of schools that responded NO
Are mental health services covered by your student health care plan?	9	1
Are undergraduate and graduate students covered equally by your health care plan?	3	7
Is there a wait list to access counselling services on campus?	9	1
Are there specialized counsellors/nurses on your campus (i.e. sexual health nurses)?	5	3
Are counsellors trained in providing services to diverse groups of students?	5	3
Does your campus have Indigenous-specific mental health resources?	5	5
Does your campus have LGBTQ2S+-specific mental health resources?	3	7
Does your campus have women's-specific mental health resources?	0	10
Does your campus have international student-specific mental health resources?	5	5
Does your campus have resources specifically to service students with disabilities?	10	0

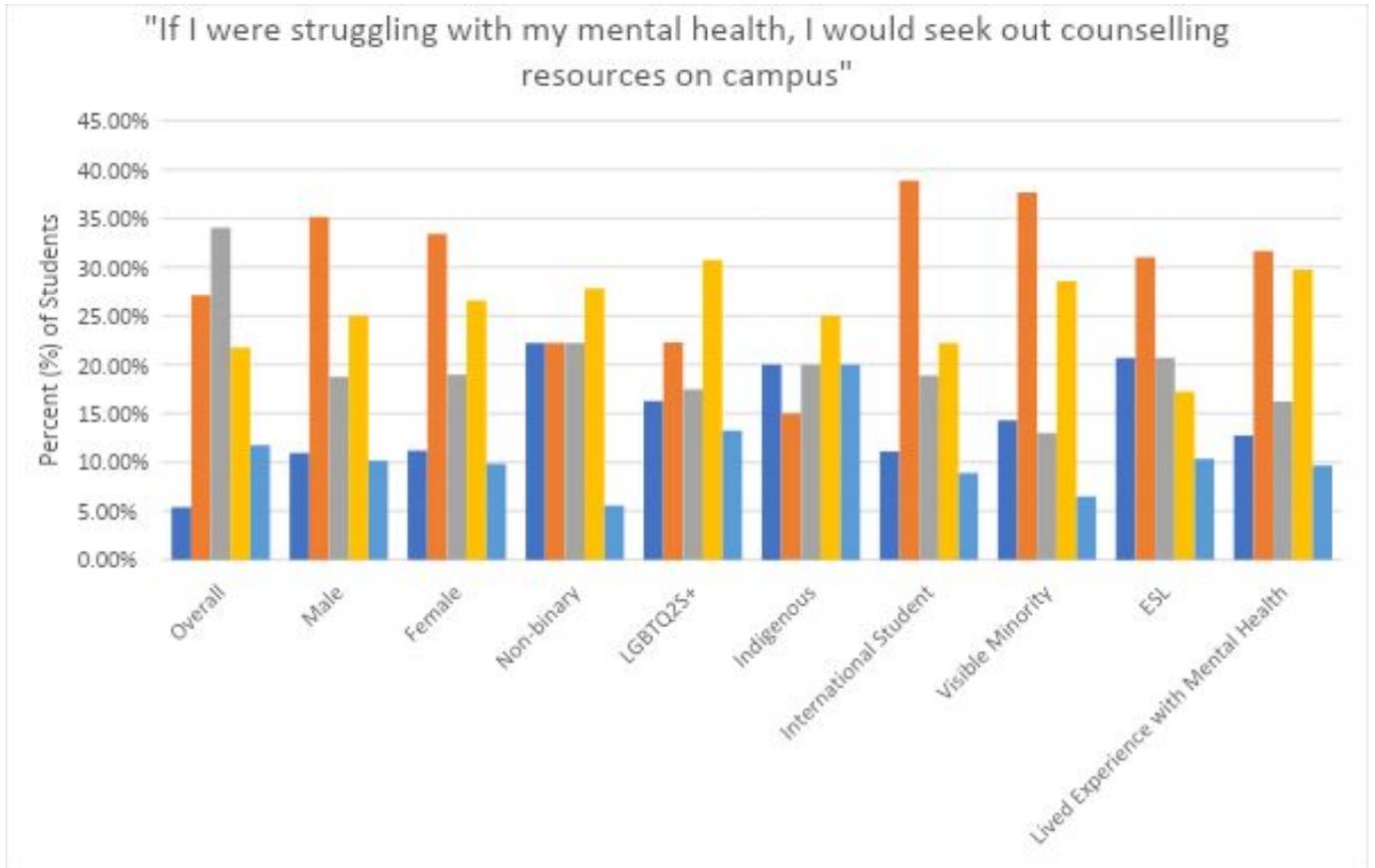
Section 3: Quality & Satisfaction

Statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total (N)
QUALITY & SATISFACTION						
I am aware of my school's mental health resources.	157 (18.8%)	373 (44.8%)	149 (17.9%)	126 (15.1%)	28 (3.4%)	833
I am comfortable seeking these resources.	144 (12.8%)	338 (30.1%)	299 (26.6%)	260 (23.1%)	83 (7.4%)	1124
I feel a need to seek services outside of campus.	254 (22.6%)	292 (26.0%)	266 (23.7%)	210 (18.7%)	102 (9.1%)	1124
I feel as though services are available if I or a friend should ever need them.	52 (6.2%)	269 (32.3%)	205 (24.6%)	225 (27.0%)	82 (9.8%)	833
I feel as though mental health services at my school are adequate and would meet my needs.	40 (3.6%)	228 (20.4%)	308 (27.6%)	314 (28.1%)	227 (20.3%)	1117
I feel as though there are barriers to accessing mental health services.	356 (34.2%)	281 (27.0%)	222 (21.3%)	120 (11.5%)	62 (6.0%)	1041

<https://www.tfaforms.com/4709828>

Section 4: Barriers & Accessibility

Statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total (N)
BARRIERS & ACCESSIBILITY						
If I were struggling with my mental health, I would seek out counselling resources on campus.	95 (11.7%)	263 (32.4%)	156 (19.2%)	212 (26.1%)	85 (10.5%)	811
I feel there is stigma associated with struggling with mental health or talking about mental health more broadly.	91 (10.0%)	277 (30.4%)	218 (23.9%)	271 (29.7%)	54 (5.9%)	911
I believe there are specific stigmas associated with groups/individuals (e.g. those identifying as members of the LGBTQ2S+ community) accessing resources.	111 (12.2%)	296 (32.5%)	241 (26.5%)	198 (21.8%)	64 (7.0%)	910
I feel fellow students would think differently of me if they knew I sought mental health support.	95 (10.4%)	281 (30.8%)	180 (19.8%)	266 (29.2%)	89 (9.8%)	911
I would think differently of a friend if I knew they sought mental health support.	9 (1.0%)	46 (5.1%)	66 (7.3%)	230 (25.3%)	558 (61.4%)	909
I would be comfortable dating someone if I knew they had a mental illness.	325 (35.7%)	365 (40.1%)	158 (17.4%)	49 (5.4%)	13 (1.4%)	910
I would be comfortable working in a group with someone if I knew they had a mental illness.	328 (45.5%)	326 (45.2%)	45 (6.2%)	12 (1.7%)	10 (1.4%)	721
I feel as if professors and/or staff would think differently of me if they knew I sought mental health support.	124 (13.6%)	322 (35.3%)	177 (19.4%)	204 (22.4%)	84 (9.2%)	911
My needs are recognized and met on campus.	49 (5.4%)	247 (27.1%)	310 (34.0%)	198 (21.7%)	107 (11.7%)	911
https://www.tfaforms.com/4709830						



Section 5: Health Promoting Environment

Questions:	# of schools that responded YES	# of schools that responded NO
BROAD HEALTH AND WELLNESS		
Does campus administration advocate for wellness (through events, policy, etc.)?	8	2
Does your school dedicate a month and/or week for promoting mental health?	8	2
Does school staff and faculty promote taking study breaks?	3	7
Does your school provide access to exercise spaces?	9	1
Are these spaces accessible for people with diverse abilities and needs?	5	4
Are there emergency/safety phones available around campus?	9	1
INCLUSIVE SPACES		
Is your campus physically accessible (ramps, buttons to open doors, elevators)?	10	0
Does your school have gender neutral washrooms?	9	1
Are there note taking services and/or video/audio recordings available for classes?	9	1
Are there welcome and/or inclusion services for international students?	9	1

Are there writing and language support services for students who require assistance with English?	5	5
SEXUAL HEALTH PROMOTION		
Does your campus offer a health centre with STI testing/pregnancy information?	9	1
Does your campus offer contraceptive information?	9	1
Does your campus offer free contraceptives (e.g. condoms, IUDs, others)?	9	1
Does your campus offer LGBTQ2S+ sexual health information?	9	1
MENTORSHIP AND SUPPORT		
Does your school offer peer mentors for students?	8	2
Does your school offer free tutoring?	5	5
Does your school offer supplemental learning programs for classes with high fail ratings?	2	8
Does your school have a Credit Standing or Appeals process regarding grades and extenuating circumstances?	10	0
Does your school offer a learning centre for those with different learning needs?	9	1
Does your campus offer support for career preparation?	9	1
Are there support services/resources for graduating students about to transition out of school?	8	2
FINANCIAL ASSISTANCE		
Does your school offer financial assistance?	9	1
Does your school have a "food bank"?	10	0
Does your school offer a free food program?	2	8
Does your school offer a mandatory food services plan for first year students?	9	1
Does your school offer accessible transportation?	6	4
Covered bus fare?	6	4
Does your school offer on-campus jobs?	10	0
Work-study programs?	10	0