Survey on the National Standard for Mental Health and Well-Being for Post-Secondary Students

July 2025

Best Practices Network
Advancing Post-Secondary Student Mental Health

Acknowledgments

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Ce document est disponible en français

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The National Standard for Mental Health and Well-Being for Post-Secondary Students

Developed by the Canadian Standards Association (CSA) Group Technical Committee in 2020, with support from the Mental Health Commission of Canada (MHCC), The National Standard for Mental Health and Well-Being for Post-Secondary Students ("The Standard") provides flexible guidelines for institutions to promote and strengthen student mental health, well-being, and success. The Standard aims to enhance understanding and reduce stigma surrounding mental health; expand the availability of student resources both on and off campus; encourage well-being and resiliency skills for students to apply in academics, careers, and everyday life; foster safer and more supportive institutional settings; and strengthen pathways for student achievement[1].

Survey Background

The Best Practices Network ("The Network"), in collaboration with the MHCC, was interested to learn how and if post-secondary institutions have implemented and utilized The Standard within the past five years since its release. An online survey was conducted between December 2024 to February 2025 through The Network's listserv and website. The Canadian Association of College and University Student Services (CACUSS), Healthy Minds | Healthy Campuses, and Healthy Campus Alberta supported the dissemination of the survey through digital promotions.

Methods

The survey consisted of 26 quantitative and qualitative questions and was available in both English and French. Participation in the survey was voluntary and anonymous and respondents provided consent for The Network to communicate aggregated findings through a brief report and an infographic. The survey required approximately eight minutes to complete.

Participating Post-Secondary Institutions and Organizations

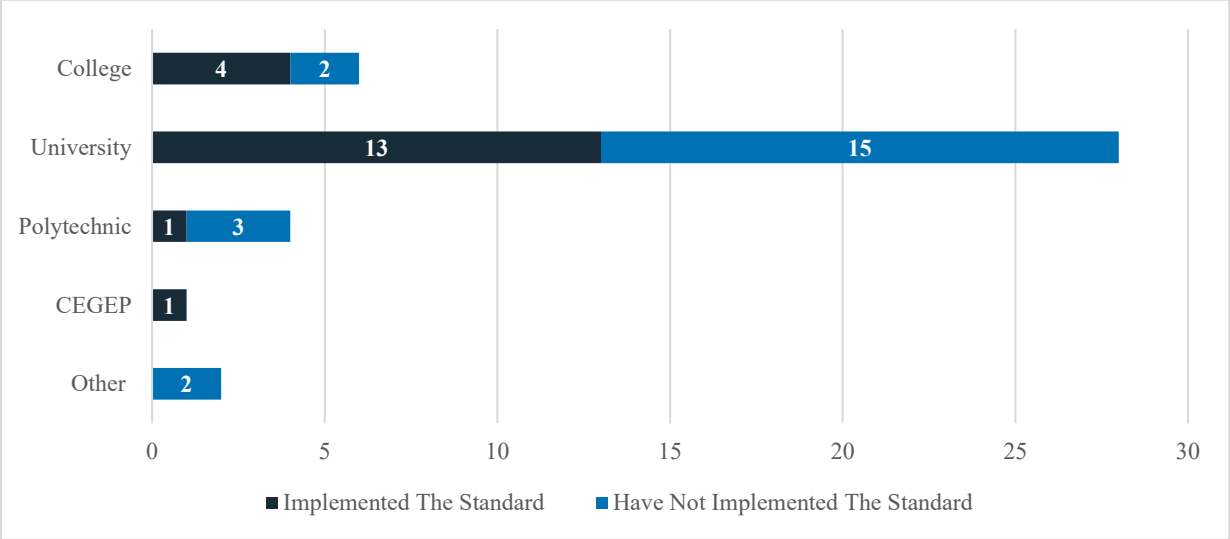
Fifty-seven completed surveys were received, with individual respondents representing a variety of post-secondary roles, including directors, managers, social workers, advisors, and health promotion personnel. Fifteen respondents were affiliated with the same institution; multiple respondents from one institution were treated as one institutional response. Eight respondents did not identify their institution and were excluded from the demographic analysis to eliminate duplication of responses from one institution.

Survey respondents represented 41 institutions, including 28 universities (68%), 6 colleges (15%), 4 polytechnics (10%), 2 "other" (5%; one post-secondary institution and one teaching hospital), and 1 CEGEP (2%). Figure 1

[1] *Supporting mental health and well-being for Post Secondary Institutions*. Mental Health Commission of Canada. (2020, October 14). https://mentalhealthcommission.ca/resource/supporting-mental-health-and-well-being-for-post-secondary-institutions/

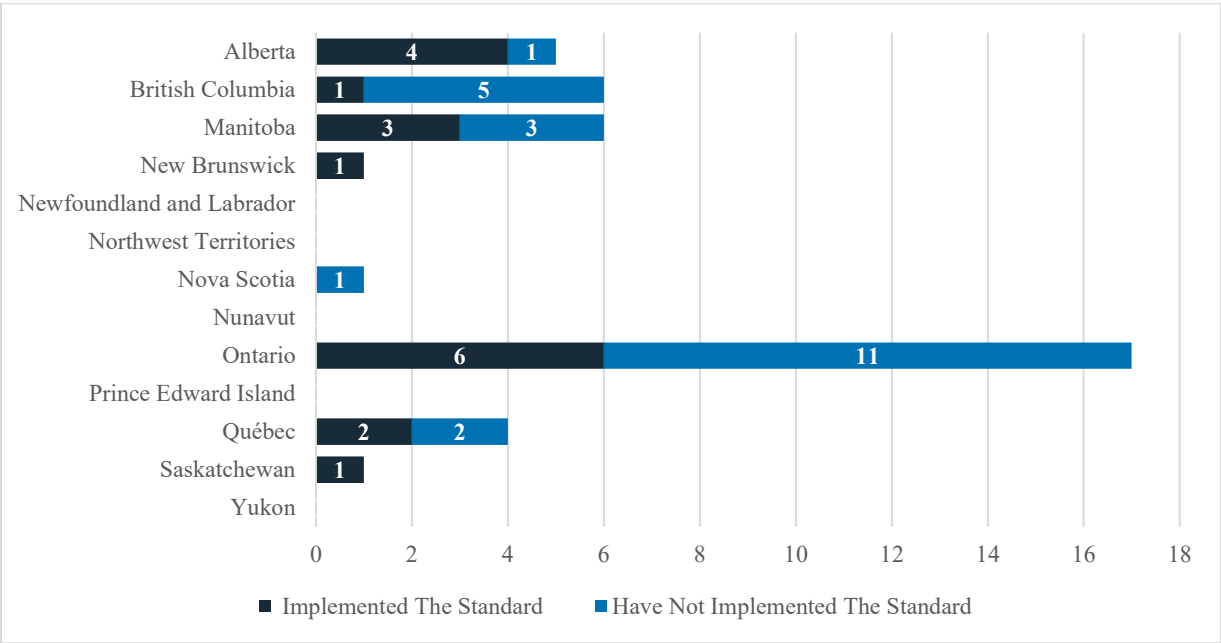
displays institution type by those who have and have not implemented The Standard. Nine universities are part of the U15 research-focused institutions (https://u15.ca/), with five institutions actively implementing The Standard.

Figure 1. Type of Post-Secondary Institution (N=41).



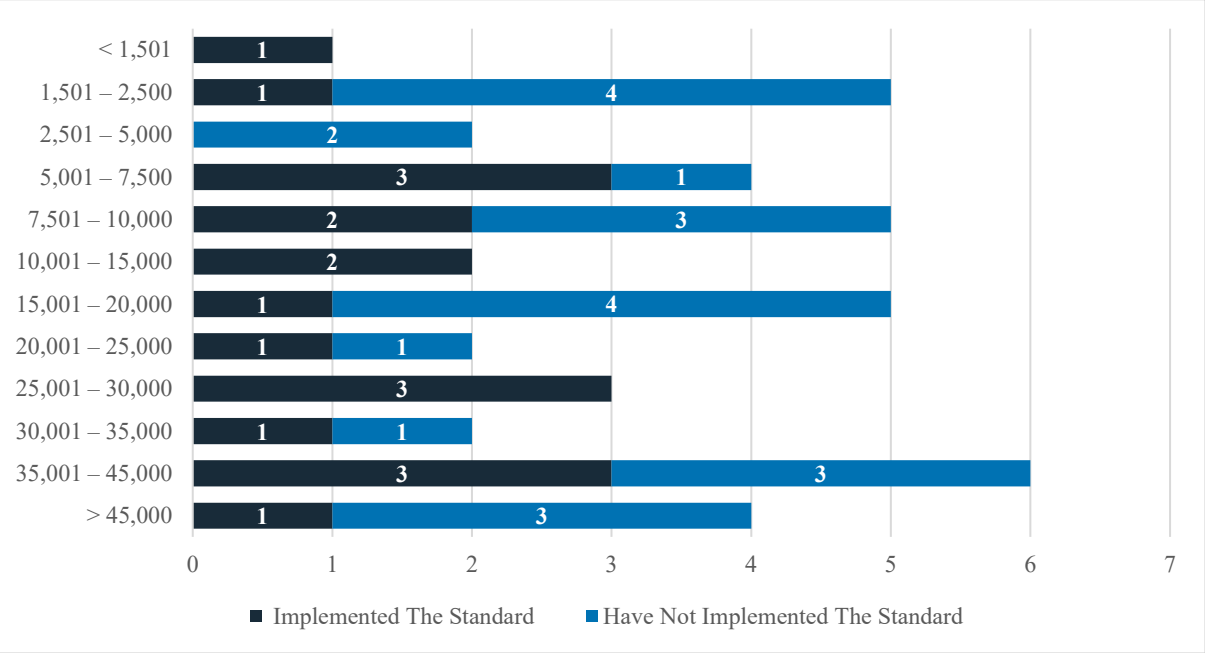
Regionally, 8 provinces were represented, with the majority from Ontario (17; 42%), followed by British Columbia (6; 15%) and Manitoba (6; 15%). The Territories and Atlantic provinces were not represented, with the exception of one respondent from Nova Scotia. Figure 2 displays the breakdown of institutions' provincial and territorial location.

Figure 2. Regional Representation of Respondents (N=41).



As Figure 3 shows, 17 (41%) institutions had an enrollment size of at least 20,001 students. Twenty-eight (68%) institutions were situated within large urban population areas (≥ 100,000), 12 (29%) institutions were situated within a medium population centre (30,000 to 99,999), and 1 (2%) institution was situated in a rural area (all areas outside population centres).

Figure 3. Institutional Enrollment Size (N=41).

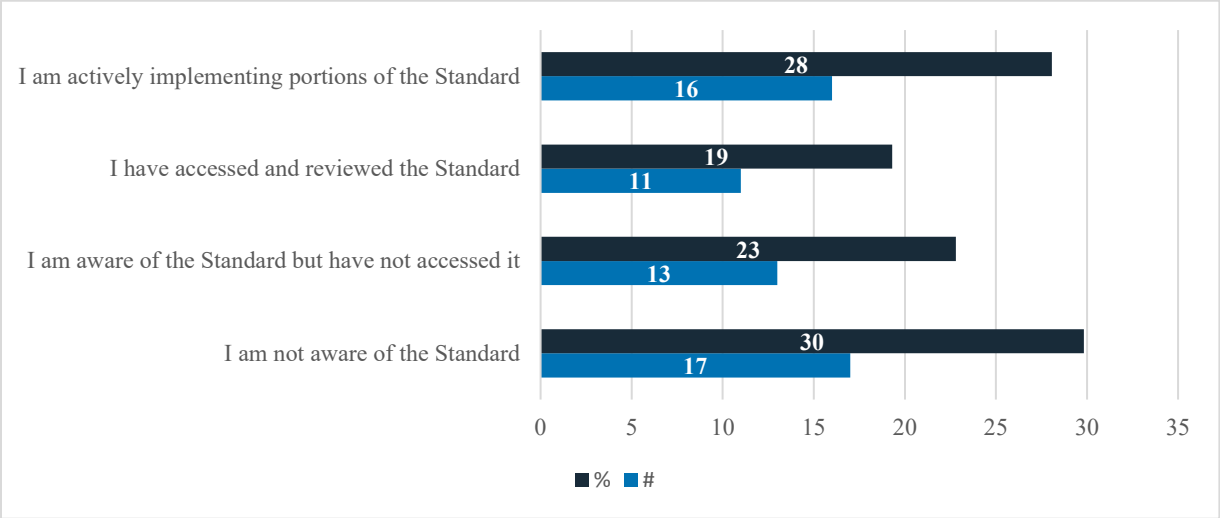


Results

Awareness of The Standard

Forty (70%) survey respondents reported being aware of The Standard, with varying levels of engagement, including being aware but not accessing The Standard (13; 23%), having accessed and reviewed The Standard (11; 19%), or actively implementing portions of The Standard (16; 28%) (See Figure 4).

Figure 4. Level of Awareness of The Standard (N=57).



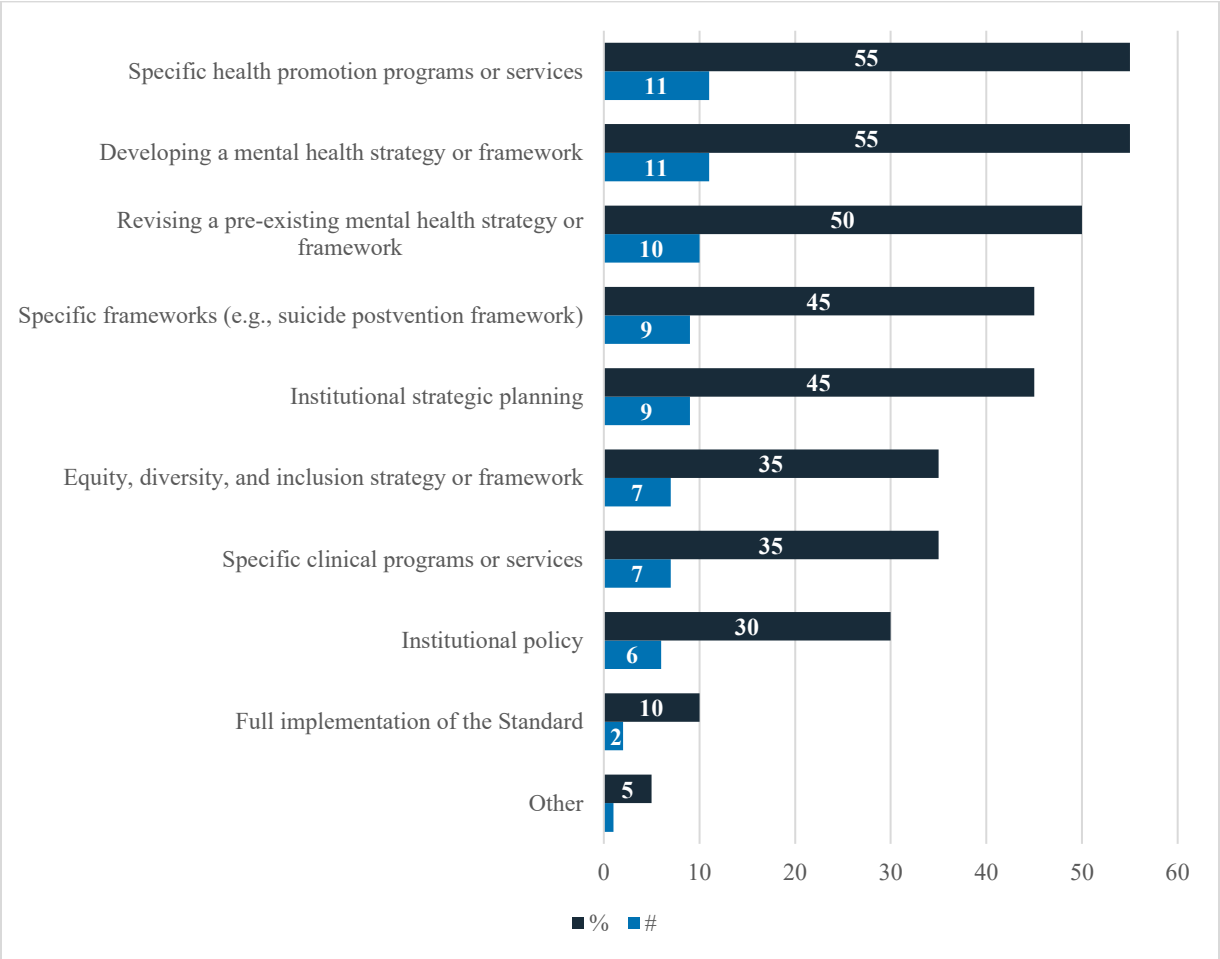
Use of the Standard

Twenty (35%) respondents reported that their institutions previously used or currently use The Standard, with 15 actively using The Standard and 5 having accessed and reviewed The Standard. Notably, almost half of the respondents (27; 47%) were unsure if their institution was using The Standard and ten (18%) respondents reported that their institution was not using The Standard.

Responses from the 20 institutions who have used or are using The Standard are reported below.

Respondents were asked to identify the ways The Standard informed practices, including institutional strategic planning, institutional policies, mental health strategies, equity, diversity and inclusion strategies, specific frameworks, health promotion or clinical programs and services, and/or full implementation of The Standard. Based on these options, institutions endorsed from one to seven practices (average of three to four practices), with 17 (85%) institutions identifying at least 2 practices. As Figure 5 shows, only two institutions reported full implementation of The Standard. The majority of institutions use The Standard to inform their mental health strategies, with 15 (75%) institutions using The Standard to either develop or revise their mental health strategy and 6 (30%) informing both the development and revision of their strategy. Eleven (55%) institutions used The Standard to (only) develop their strategy and 10 (50%) to revise their strategy. Over half of the institutions used The Standard to inform institutional-level practices (11; 55%), with 9 (45%) using it for institutional strategic planning, 6 (30%) for institutional policy, and 4 (20%) for both. The Standard also informed other types of strategies or frameworks, including “specific frameworks” (9; 45%; with most identifying a suicide prevention framework) or an equity, diversity and inclusion strategy (7; 35%). Eleven (55%) and seven (35%) institutions used The Standard to inform health promotion and clinical programs and services, respectively.

Figure 5. Campus Practices Informed by The Standard (N=20).



Qualitative feedback highlighted a variety of ways that institutions used The Standard to inform their practices, ranging from institutional level initiatives such as developing mental health policies and training staff in Equity, Diversity and Inclusion (EDI), and to inform specific wellness programming such as peer-led student mental health workshops and in-class mental health presentations (See Appendix A).

Relevant comments from institutions:

"[It] guides the review of institutional policies and procedures from a student-centred, trauma-informed lens."

"[It supported] creating a mental health policy for students [and] motivated the diversification of mental health supports and staff training in EDI."

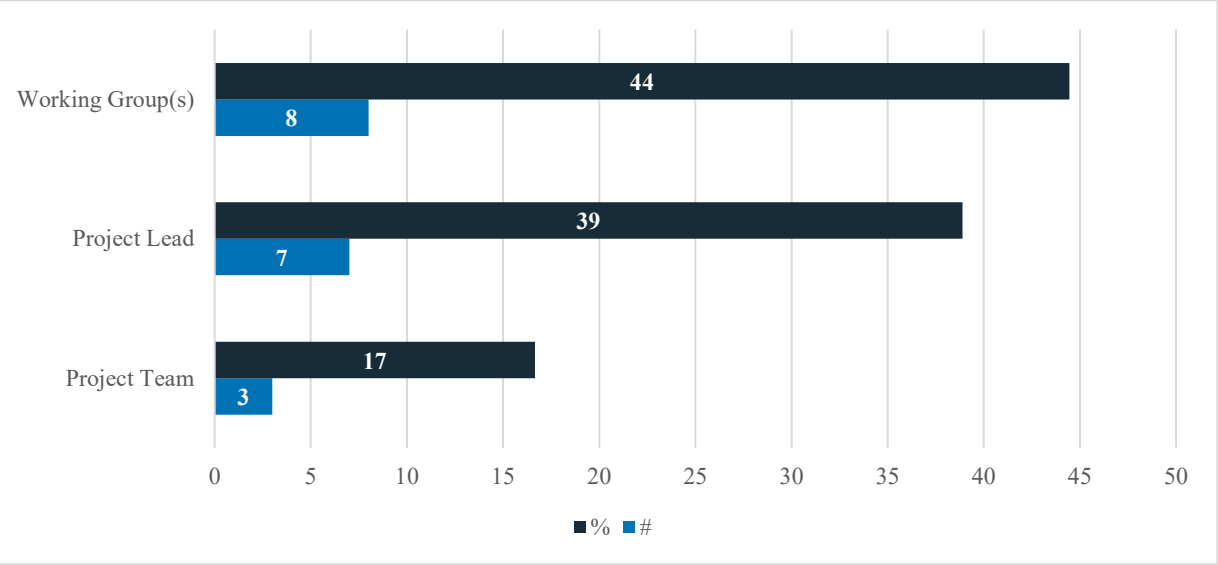
"[It informs] the improvement of clinical services regarding drop-in/one-at-a-time therapy, booking practices, and EDI priorities."

With respect to evaluating The Standard, only two (11%) institutions evaluated their implementation of The Standard, with eight (42%) institutions planning to evaluate their implementation.

Resources and Tools

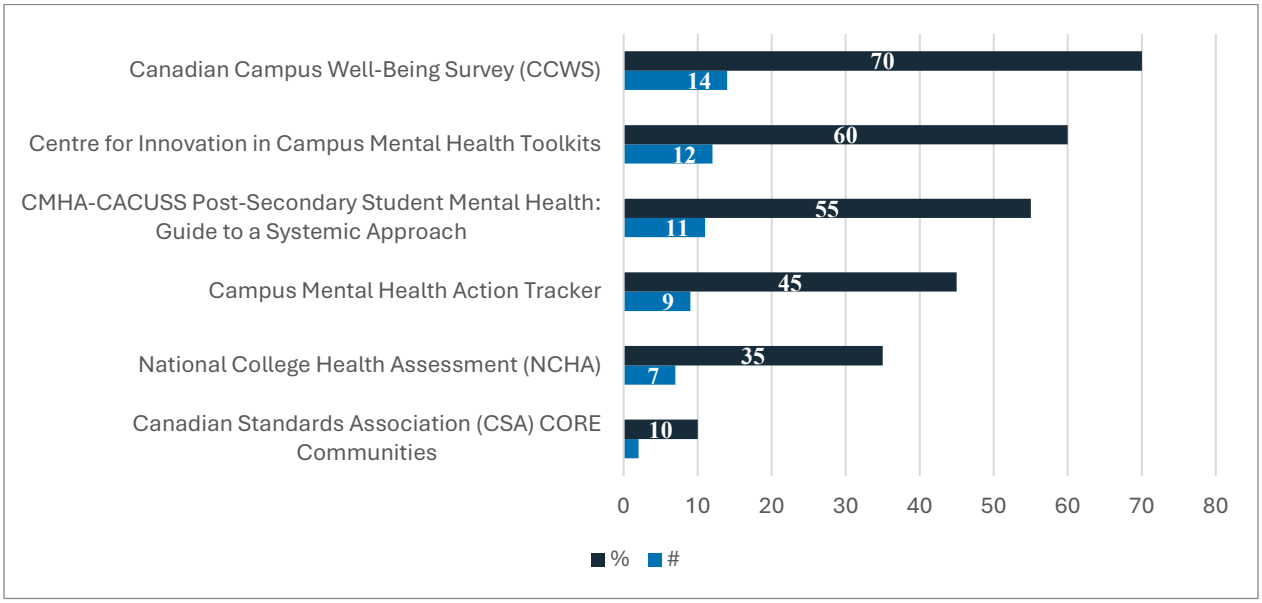
Human Resources. Thirteen institutions (72%) had a designated lead, committee, and/or working group responsible for implementing The Standard. Specifically, seven (39%) institutions had a project lead, eight (44%) had a working group, and three (17%) institutions had a project team (See Figure 6). Five (28%) respondents had both a designated lead and a working group or committee. The most common designated leads were a director (3), a student life/affairs professional (2), or a clinician (2).

Figure 6. Campuses with a Designated Lead Responsible for Implementing The Standard (N = 18).



Tools. Respondents were asked to identify tools used to support their work with The Standard, including institutional surveys (Canadian Campus Well-Being Survey, CCWS; National College Health Assessment, NCHA), the CMHA-CACUSS Guide to Post-Secondary Student Mental Health Guide, the Centre for Innovation in Campus Mental Health (CICMH) Toolkits, or the Canadian Standards Association (CSA) CORE Communities. Fifteen (75%) institutions used two or more of the above-mentioned resources and tools, demonstrating that institutions are utilizing multiple resources to support their work with The Standard. Almost half (9; 45%) of the institutions used three resources, most commonly using the CMHA-CACUSS Guide, the CICMH Toolkits, and at least one institutional survey. Overall, as shown in Figure 7, the most utilized tools included the CCWS Survey (14; 70%), CICMH Toolkits (12; 60%), and the CMHA-CACUSS Guide (11; 55%).

Figure 7. Tools used by Campuses to Support their Work with The Standard (N = 20).



Respondents were asked if they were using the Campus Mental Health Action Tracker ("Action Tracker"). Nine (45%) institutions reported using the Action Tracker to track their progress with The Standard, with 4 (20%) institutions using the tracker to develop or revise a mental health strategy. Through qualitative feedback, one institution reported that the tracker was burdensome to use, while another institution noted the tracker was not useful for monitoring components of their institutional mental health strategy due to a lack of customization. Two institutions commented that the Action Tracker was useful in monitoring progress and providing a quick glance of the various parts of The Standard, along with setting goals for implementation.

Facilitators and Barriers

Respondents were asked to identify facilitators and barriers to the use of The Standard, including human resources, funding, dedicated time, institutional support/culture, cross-departmental collaboration, and leadership support.

In general, institutions identified multiple facilitators, with an average of three facilitators per institution (range from one to six). As Figure 8 shows, leadership support, institutional culture, and collaboration across institutional departments were the top three facilitators. Qualitative feedback highlighted the importance of leadership as champions for The Standard, collaborations across departments, including working with key faculty to help enable buy-in, and having a pre-existing mental health strategy or framework, which contributed to a pre-existing culture of support (see Appendix A).

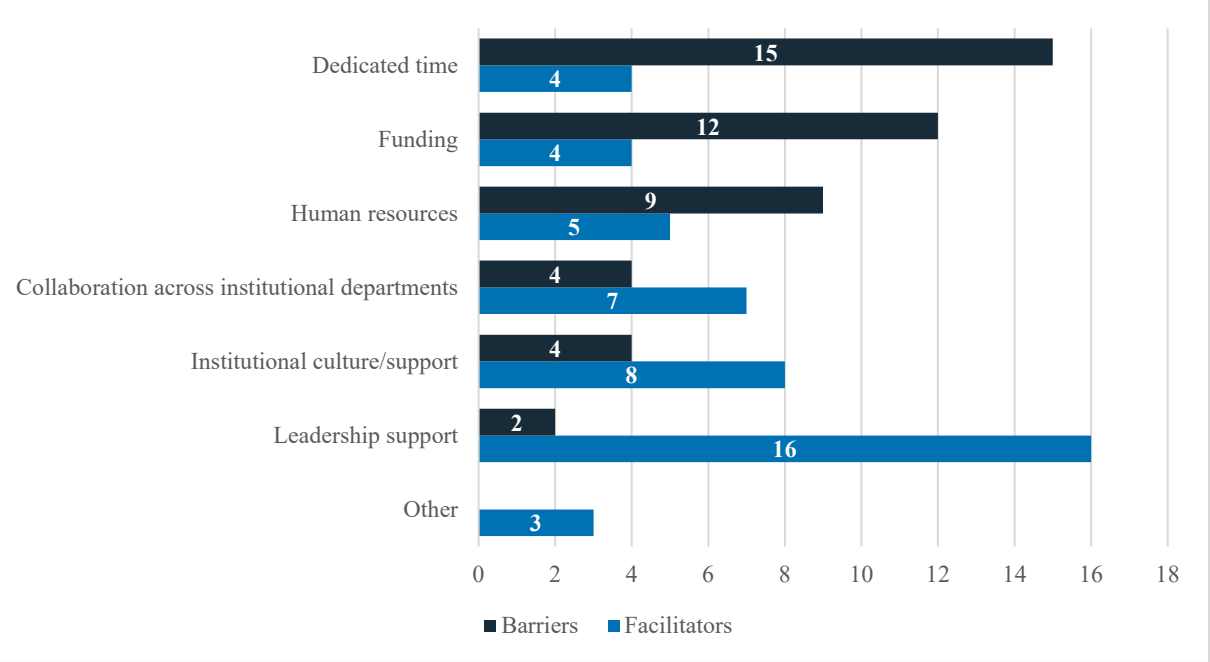
Relevant comments from institutions:

"Ongoing student emergencies, staff issues, and other pressing priorities often take up time that is planned to be dedicated to working on implementation of The Standard."

"It is difficult to get buy-in from faculty and staff who feel that this is a "student health and wellness job" only."

"Funding shortages and budget cuts from government hinder improvement of programs."

Figure 8. Main Barriers (N=17) and Facilitators (N=19) to Implementing The Standard.



Overall, institutions identified multiple barriers, with an average of three barriers per institution (range from one to six). As Figure 8 shows, the top three barriers were a lack of dedicated time, funding, and human resources. Qualitative feedback highlighted themes relating to the difficulty managing competing demands, including staffing and student priorities that interfered with the implementation of The Standard, limited support and buy-in (from leadership, staff, faculty), limited resources and reduced funding leading to shifts in services, and the complexity of the Standard in that it requires additional interpretation and development work (see Appendix A).

Limitations

A primary limitation of this survey is the small sample size. There are 436 post-secondary institutions in Canada[2], and we received responses from 41 institutions, representing just 9 per cent of all institutions. In addition, we did not have representation from all provinces and territories across Canada, particularly the Atlantic and northern provinces/territories. Additionally, the majority of institutions were represented by universities. As such, our findings may not be generalizable.

Conclusion and Next Steps

Despite survey limitations, these findings provide preliminary insights into how post-secondary institutions are using The Standard. Results captured information on national awareness of The Standard, specific practices that The Standard is informing, and the barriers and facilitators to working with The Standard. Although the majority of respondents were aware of The Standard, almost half were unaware if their institution had used or were using The Standard. These findings suggest there may be a need to enhance streams of communication within institutions to advance awareness of The Standard.

These preliminary findings also highlight opportunities for future learning to support institutions in working with The Standard. Qualitative feedback identified limitations with the Action Tracker and The Standard itself, which suggests there may be a need for training modules and learning opportunities with case study examples. Twenty-six respondents (45%) provided feedback on topics that would be of benefit to their work with The Standard. Thematic analysis highlighted how to get started with implementation (38%, n=10), how to evaluate (15%, n=4), and how to gain institutional support or "buy-in" (12%, n=3) as topics to help institutions work with The Standard. Qualitative feedback included learning from real world examples of how institutions use The Standard, guidance around implementing more than one framework (e.g., The Standard and the Okanagan Charter), and ways to overcome the barriers and challenges that institutions experience. Feedback on evaluation included how to evaluate institutional effort and use the audit tool. These findings suggest a need for further resource creation, such as an implementation roadmap and key recommendations on obtaining institutional support and buy-in from the campus community (staff, faculty).

Next steps include administering the survey on an annual basis and soliciting additional feedback from the National Standard Technical Committee, the MHCC, and campus colleagues who use The Standard to improve on survey questions with the goal of enhancing our understanding of the ways campuses are using The Standard and to assist in the development of tools and resources for its implementation.

[2] *Education in Canada An Overview*. Council of Ministers of Education Canada (CMEC). (n.d.). https://www.cmec.ca/299/education-in-canada-an-overview/index.html#:~:text=Canada%20has%20223%20public%20and,a%20complete%20list%20of%20institutions.

Appendix A: Qualitative Feedback

Institutions shared open-ended comments on how The Standard influenced their campus practices. The selected quotes below reflect key themes:

- "Informs how we think about the work we do on campus."
- "Creating a mental health policy for students, motivated the diversification of mental health supports and training of staff in EDI."
- "Guides the review of institutional policies and procedures from a student-centred, trauma-informed lens."
- "Created a framework…that follows students from [suicide] prevention to postvention/recovery"
- "Integration with teaching and learning, consideration of holistic approach to well-being inclusive of physical spaces."
- "Launching pilots of new mental health literacy services including peer-lead student mental health workshops and peer-lead in-class mental health presentations."
- "Informing the improvement of clinical services regarding drop-in/one-at-a-time therapy, booking practices, and EDI priorities."

Institutions shared open-ended comments on the barriers to implementing The Standard on their campus. The selected quotes below reflect key themes:

Dedicated Time

- "Institutional 'strategic vision' is the priority and there is not enough support and dedicated resources to fully implement The Standard."
- "Difficult to dedicate the time [that the] implementation of The Standard deserves. Ongoing student emergencies, staff issues, and other pressing priorities often take up time that is planned to be dedicated to working on implementation of The Standard."

Competing Demands

- "Juggling clinical tasks and the day-to-day large-scale planning is a challenge."
- "Complexity of mental health challenges and demands of students leads to less capacity."

Limited Support

- "Within student health and wellness we are able to implement the standard with the things we have direct control over. It is more difficult to get buy-in from faculty and staff who feel that this is a "student health and wellness job" only."

Limited Resources and Funding

- "Difficult time at PSIs with funding and resource issues. Many of them are shifting their services so Standard work will need to occur once shifting settles."
- "Funding shortages and budget cuts from government hinder improvement of programs."

Complexity of The Standard:

- "The Standard is not easy to work with. It provides a set of items that should be addressed but many of these require interpretation or additional development work. For example: all policies should be reviewed with a mental health lens, but the campus must develop that protocol and metrics."

Institutions shared open-ended box comments on the facilitators to implementing The Standard on their campus. The selected quotes below reflect key themes:

Leadership Support:

- "Senior leadership champions implementation of the standard. Mental Health and well-being for both students and staff are high priorities."
- "We have had many iterations of working groups and committees over the years regarding the development of a campus/student well-being strategy, however, there has been many leadership changes which resulted in the delay of developing and adopting a framework/guide. When there was support, it was a campus wide effort."

Collaboration Across Departments:

- "There has been strong collaboration and working towards creating institutional buy-in."
- "Collaborations across units are necessary for full implementation of the Standard."
- "Lots of institutional support (which is a huge factor), and key collaborations with select faculty."

Pre-existing mental health strategy or framework:

- "Our mental health strategy [was pre-established] so there is generally a supportive culture for it…there are specific leaders that are champions and want to incorporate the strategy (and standard) in what they do."
- "Institutional culture pieces include past/existing plans and frameworks that intersect with student mental health (e.g., suicide prevention, student experience), and many departments which have been passionate advocates for mental health."