

Benchmarking Student Mental Health Supports in Canada

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Association des services aux étudiants des collèges et universités de l'Atlantique

Celebrating 50 Years | Célébration de 50 Ans

SSHRC CRSH

Canada

CACUSS / ASEUCC

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Purpose of the survey

Overview

- Demand for student mental health, counselling services is high
- Most institutions in Canada are standalone
- Little information on what actual standards are for services

Approach

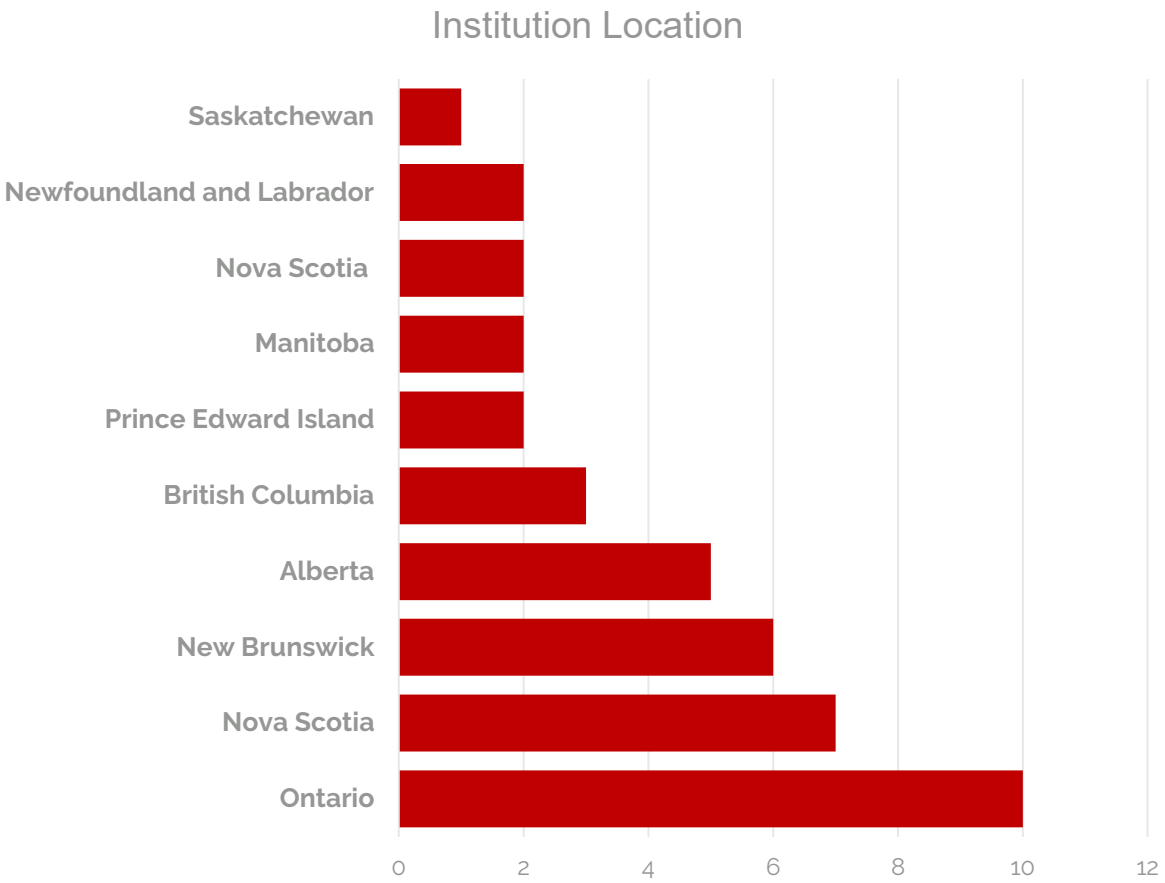
- Sought SSHRC funding through Partnership Engage Program (PEG)
- Partnered with AACUSS and CACUSS
- Developed surveys to send to all colleges and Universities in the Canada

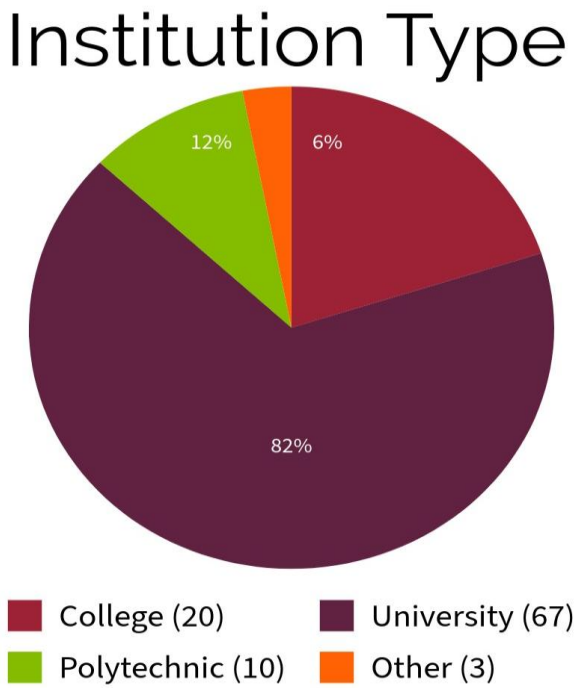
Survey

- Atlantic Region Survey in Fall 2023-Winter 2024
- National Survey completed in Fall 2025 – Winter 2026
- Institutional demographics
- Staffing levels and type of staff
  - Internal vs. External
  - Types of roles
- Centre Operations
  - Budgets
  - Schedules
  - Software
  - Tools
  - Policies
- Services
  - Stepped Care Approach
  - Other Services
  - Staff and Faculty Engagement
- Clinicians and Caseload
  - Online Services
- Opinions

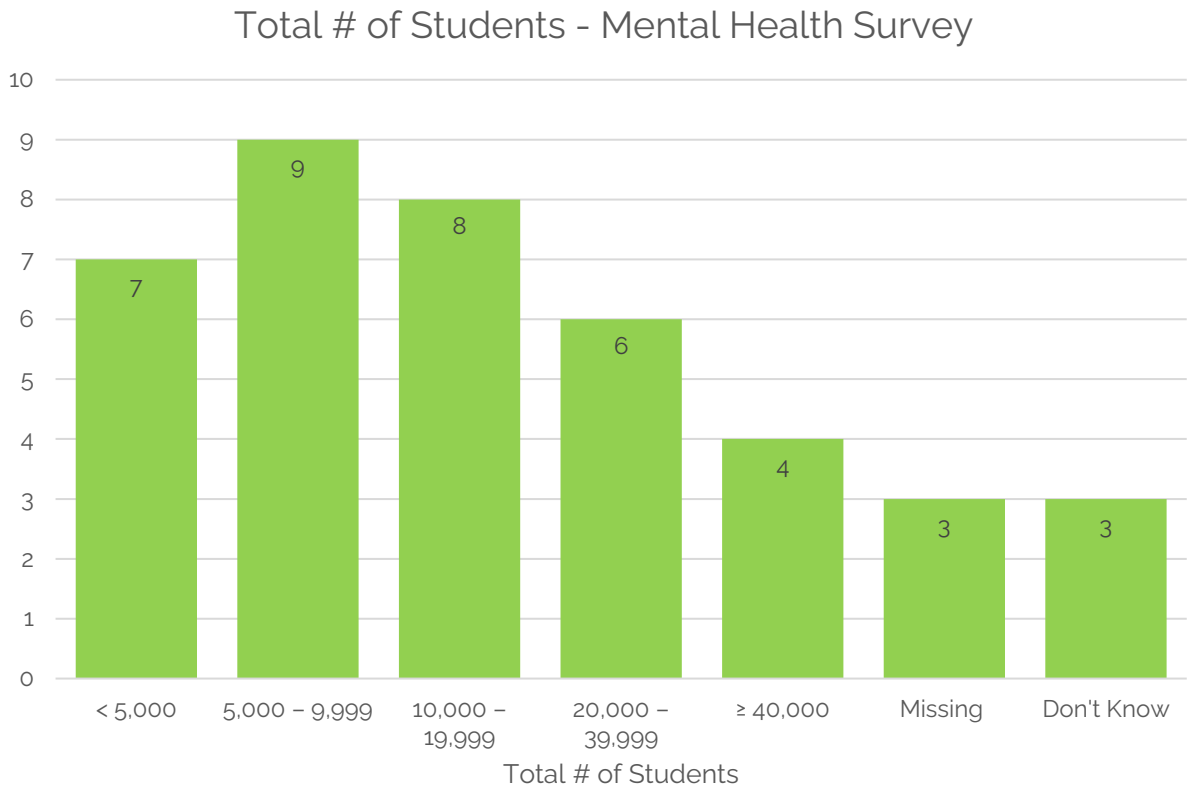
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Participant Demographics





Number of Students at Each Campus



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Staff to Student Ratios - Counselling

Institution Type	Average Mental Health Student-to-Staff Ratio	Approximate Range
Universities	1:2181	1:389 - 1:8500
Polytechnics	1:3693	1:1293 - 1:7286
Colleges	1:1135	1:100 - 1:4167

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Job Titles – Mental Health



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Mental Health Clinician Salary Breakdown

Staff Salaries were presented for overall clinical staff, rather than focusing on a single salary ranges per role:

Salary Range	Frequency
<$70,000	17.5%
$70,000 - $89,999	35%
$90,000 - $109,999	27.5%
$110,000 +	20%

Mental Health Clinicians Registration & Insurance Requirements

Do your staff have registration or licensing requirements?

Requirement	Frequency
Registration/licensure required	24 (80%)
Not required / none specified	6 (20%)

Does your department cover the fees associated with licensing/registration?

Coverage of Fees	Frequency
Yes (full or partial coverage)	20 (66.7%)
No coverage	10 (33.3%)

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Additional Clinical and other Staff

- Administrative staff present in 65% of institutions, typically 1–2 staff, sometimes shared across units
- Administrative roles commonly include 5–7 core functions (e.g., intake, scheduling, triage, records management)
- 50% of institutions use external/contract clinicians to supplement services (2026 survey) which has increased from 20% (2024)
- Around 35% of institutions report partnerships with community organizations or agencies for service delivery
- Some institutions report multiple contracted clinicians (e.g., 2–5 additional staff) supporting service delivery
- Student staff involvement is low (<20%), typically limited to practicum or peer-based roles

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Intake and Follow-up Times

- During the academic year (Sept 1 – End of April):
  - Intake:
    - 17% - 3 to 7 days
    - 50% - Same day to 2 days
    - 23% - 1 – 2 weeks
    - 10% 2+ weeks
    - **Average wait is ~Same - 2 days**
  - Follow-up
    - 42% - <1 week
    - 42% - 1 – 2 Weeks
    - 16% - 3+ weeks
    - **Average wait is ~1 week**
- Summer
  - Follow-ups were quicker

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Appointment types

Walk-in / Same-Day Access

- **Counselling:** 60% offer walk-in/same-day; 55% crisis appointments

Session Limits

- Most do not enforce strict limits
- Some use ~8–10 session caps
- Exceptions common based on need

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No-Show policies

- 55% have formal policies
- Standard practices:
  - 24-hour cancellation requirement
  - After 2–3 no-shows:
    - Loss of booking privileges / must meet with staff prior to being allowed to book again
  - Some schools indicated cancellation fees ($10–$50) reported (often inconsistently enforced)

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Top Reasons for Seeking Support

- Anxiety / stress (86%)
- Depression (80%)
- Academic stress (~50%)
- Relationships (~50%)
- Crisis/Trauma (~20–30%)

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Stepped Care

Purpose:

- ~70% of institutions use stepped care or elements of stepped care

Includes:

- Triage-based intake assessments
- Same-day / one-time appointments
- Workshops and group-based supports
- Online and self-help resources
- Referrals to external/community services

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Most Common Data tracked

- Year of study
- Gender
- Faculty / program
- Age
- Citizenship (domestic/international)
- First-year student status
- Identified Disability
- Service use / client caseloads
- Wait times (intake + follow-up)
- No-show behaviour
- Session limits / usage patterns
- Clinical service delivery (e.g., stepped care, triage

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Workload

- 50% no fixed direct service targets
- With targets:
  - ~48% deliver 16–25 hrs/week
  - ~26% deliver 26+ hrs/week
- 100% offer virtual support
- 57.5% allow staff to work remotely
- 47% work 1–2 days remotely

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Future Needs

- Increased governmental and media scrutiny around mental health
- Service usage and outcome data are critical for justifying resources amid financial pressures.
- Mental health services may face increased scrutiny during future budget reductions.
- Areas with overlapping staff roles may be more vulnerable to staffing cuts.
- Institutions should demonstrate how campus services reduce strain on provincial mental health systems.
- Catastrophes and geo-political situations


Thank you!
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