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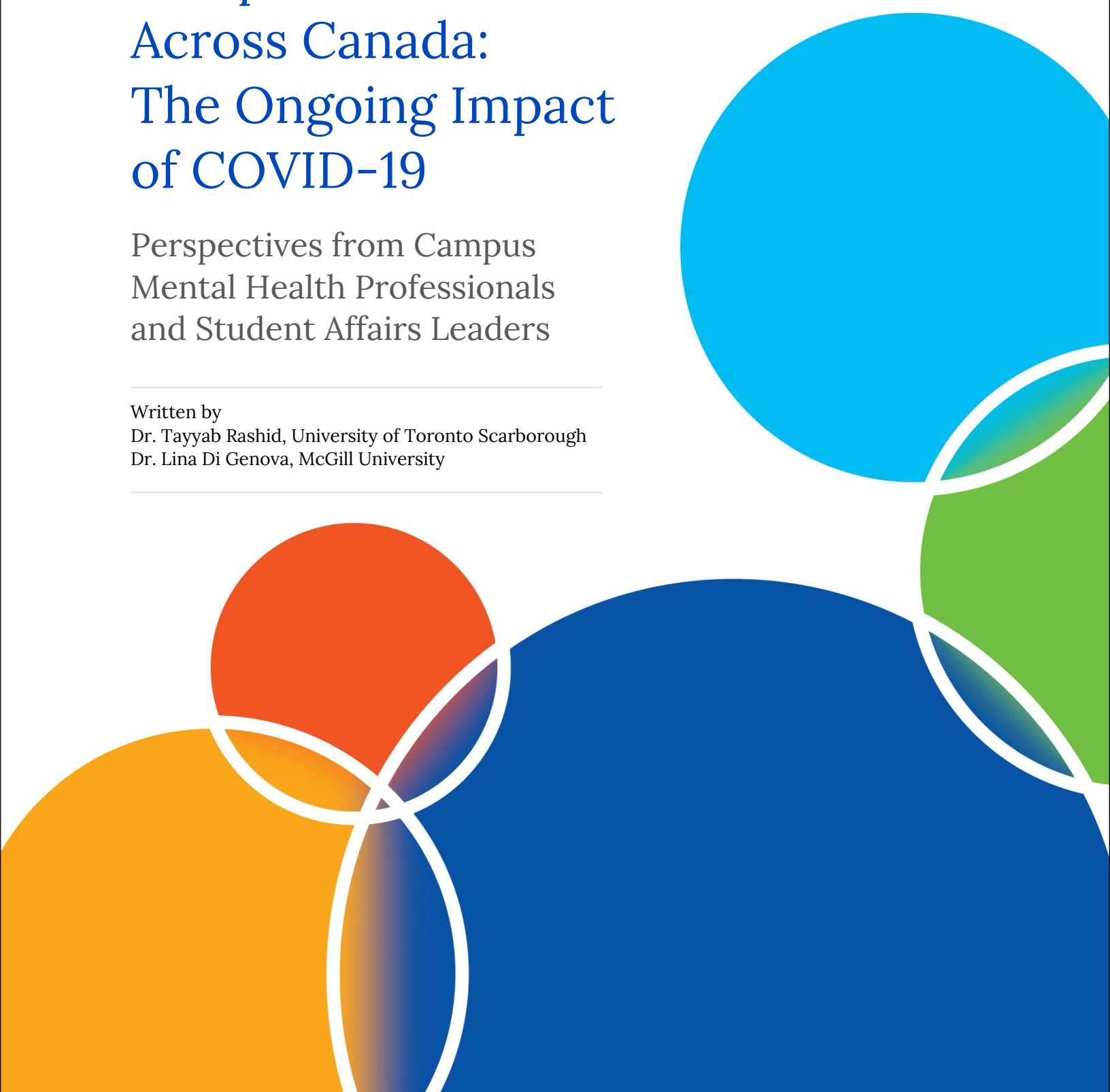
# Campus Mental Health Across Canada: The Ongoing Impact of COVID-19

Perspectives from Campus  
Mental Health Professionals  
and Student Affairs Leaders

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*Ce document est disponible en français*

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We wish to acknowledge the lands on which every phase of this report was completed. These lands are now home to many diverse Indigenous communities. We would like to thank the Elders and caretakers of the land, both past and present, and acknowledge the strength and resiliency of Indigenous Peoples across Canada.

## Special thanks to...

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All participating student affairs professionals participated in the national surveys and joined CACUSS discussions in supporting student mental health. The following colleagues from our home institutions for supporting this project and the time and effort required to create national sharing spaces:

- University of Toronto — Sheri Russell Opara (Scarborough), and Dr. Kristin Cleverley
- McGill University — Martine Gauthier, Executive Director of Student Services

With gratitude,  
Tayyab and Lina

# Navigating This Report

We have had the pleasure of serving as co-chairs of the CACUSS Campus Mental Health Community of Practice (CoP). Over the last four years, we have been working with CoP members who are in leadership roles to assess emerging campus student mental health needs. This report provides a summary of our collaborative, consultative, and iterative model, derived from actively engaging with them, along with a rich set of resources for campuses to use.

For this updated report, \* additional statistical analyses were conducted to further examine important underlying relationships toward a coherent understanding of campus mental health. Methodological notes in each section will enable readers to see how the data were transformed and statistical analyses were conducted.

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\* This report is the second in a series of reports (see Rashid & Di Genova, 2020).

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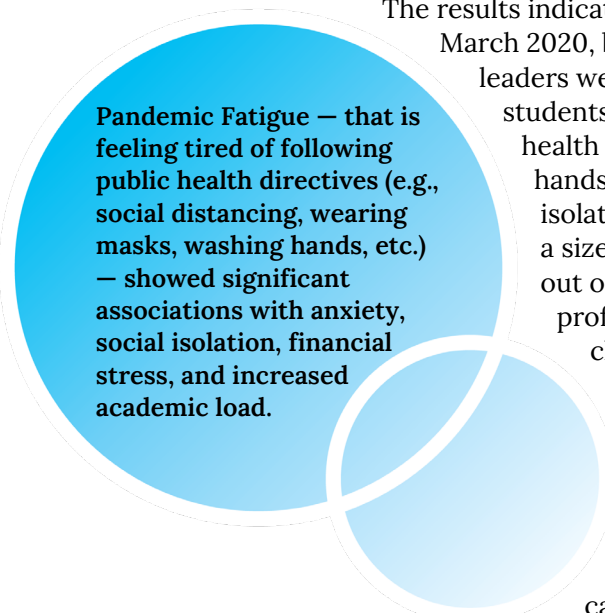
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# Executive Summary

Higher education all over the world has been facing tremendous challenges regarding student mental health. Unfortunately, the COVID-19 pandemic has further exacerbated these challenges. The following project is a collaboration between the Campus Mental Health Community of Practice (CoP) from the Canadian Association of College and University Student Services (CACUSS), and the Mental Health Commission of Canada (MHCC).

Through an online survey, student affairs professionals in leadership roles related to student mental health across Canadian post-secondary institutions (PSIs) provided insights on student mental health and well-being and academic challenges; psychological and mental health service delivery needs; and hurdles faced by counselling and other affiliated services. The report's findings are based on responses from 69 campuses from a nationally representative sample. Building on a 2020 pandemic survey, the report explores experiences in the 2020-21 academic year and in the planning period for the next academic year.



**Pandemic Fatigue – that is feeling tired of following public health directives (e.g., social distancing, wearing masks, washing hands, etc.) – showed significant associations with anxiety, social isolation, financial stress, and increased academic load.**

The results indicate that, compared to the early phase of the pandemic in March 2020, by August 2021 campus mental health and student affairs leaders were reporting a high rate of *pandemic fatigue* among students. Such fatigue – that is, feeling tired of following public health directives (e.g., social distancing, wearing masks, washing hands) – showed significant associations with anxiety, social isolation, financial stress, and increased academic load. Yet, with a sizeable number of students accessing classes remotely (i.e., out of province or territory and Canada itself), mental health professionals across the country consistently reported challenges with managing jurisdictional boundaries/provisions in providing support. These jurisdictional restrictions continue to be of concern, especially for high-risk students.

Senior leaders in student mental health identified opportunities for supporting students through a variety of online services and hybrid options they intended to carry forward, in anticipation of a potential increase in psychological distress as students transitioned back to in-person learning. The [National Standard for Mental Health and Well-Being for Post-Secondary Students](#) (the Standard) – the first of its kind in the world – offers these leaders a holistic framework for planning, designing, delivering, and evaluating accessible, evidence-based and culturally responsive services during the pandemic and beyond.

# Survey Overview

## Focus and context

Each year since 2018, the CoP from CACUSS has surveyed student affairs professionals in leadership roles and helped mental health clinicians learn about the evolving needs and trends of Canadian PSIs in supporting student mental health. With COVID-19's upending of PSIs, the 2020 survey was adapted to examine the issues impacting student mental health in the early days of the pandemic: well-being concerns and the challenges and benefits of remote mental health services, with an emphasis on equity and access.\*

The 2020-21 academic year continued to be impacted by ongoing changes in public health and safety regulations. Remote learning, social isolation, pandemic fatigue, vaccination scheduling and remote service delivery were hallmarks of efforts to support student mental health. The fall of 2020 also marked the release of the Standard by the MHCC.

In spring 2021, a revised survey was launched in collaboration with the MHCC to address the realities of the second and third waves of COVID-19. The 2021 survey modifications were designed to address the most pressing issues related to Canadian PSI student mental health, especially the connection between remote learning, and impact on overall well-being through the second and third waves of the pandemic. The survey also included questions about how PSIs planned to implement the Standard and their future plans for supporting students.

This report focuses on insights from the 2021 survey, along with relevant academic research and resources to support campuses during this challenging time. To illustrate changes in the most urgent issues in student mental health and well-being, whenever possible it uses comparisons to the prior iterations of the survey:

- pre-pandemic (2018 and 2019)
- early pandemic (2020)
- second and third waves (fall 2020 through summer 2021)



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\* The full 2020 report is available [here](#).

# Methodology

Over 110 student affairs leaders with portfolios in health and wellness from across Canada were invited to participate in the online survey hosted on the Baseline platform from Campus Labs.

The 2021 survey was launched in early May (for the first time in English and French) and concluded at the end of August. As with past CoP surveys, the 2021 edition was informed by CACUSS members' posts from discussion boards and webinars, as well as research literature, and observations of student behaviour.

## Continuity of survey participation

During the pandemic, our sample size has largely remained consistent from year to year. When respondents were asked in 2021 if they had completed the 2020 survey (Rashid & Di Genova, 2020), 59 per cent indicated they had, 39 per cent were unsure, and only two per cent said they had not. We attributed the unsure response as likely due to staffing changes at Canadian PSIs and estimated the actual percentage of participation in both the 2020 and 2021 surveys at closer to 67 per cent. We regarded having the same professionals track campus mental health throughout the surveys during COVID-19 as a significant strength of the project, adding more validity to the findings.

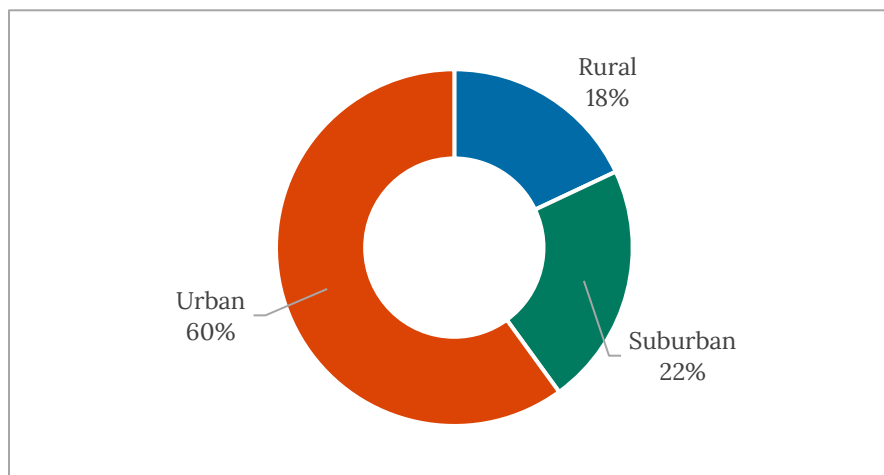
Such continuity is important for ascertaining changes in support for student mental health and its programs and services. At a time when student mental health has been a major issue, the 2021 survey also provided shared insights on how campuses planned to implement the Standard.

## A nationally representative sample

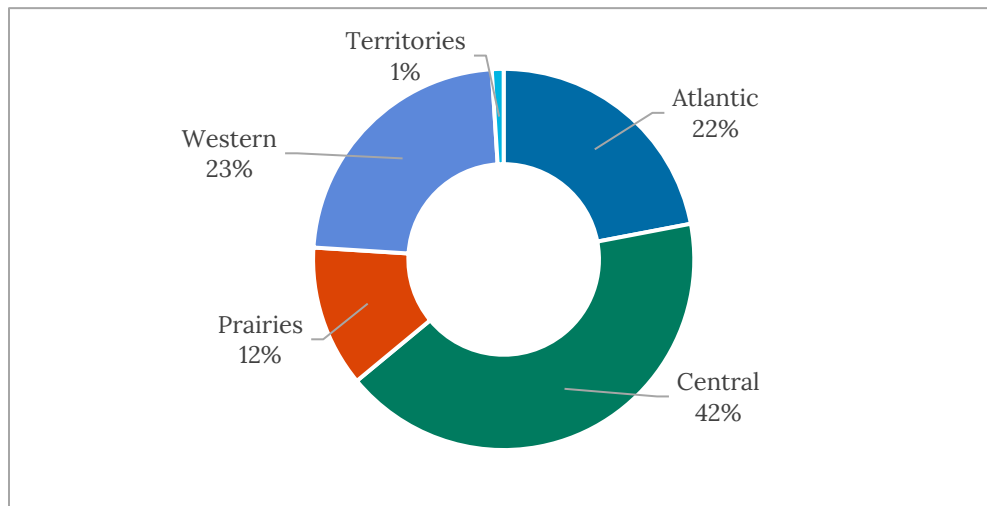
The survey findings are nationally representative, with 69 PSIs responding (a 63% response rate), including:

- at least two PSIs from each of the ten provinces and one territory
- suburban (22%), rural (18%), and urban (60%) settings
- universities (75%), colleges, and CEGEPs and polytechnics (26%).

**Figure 1. PSI Location**

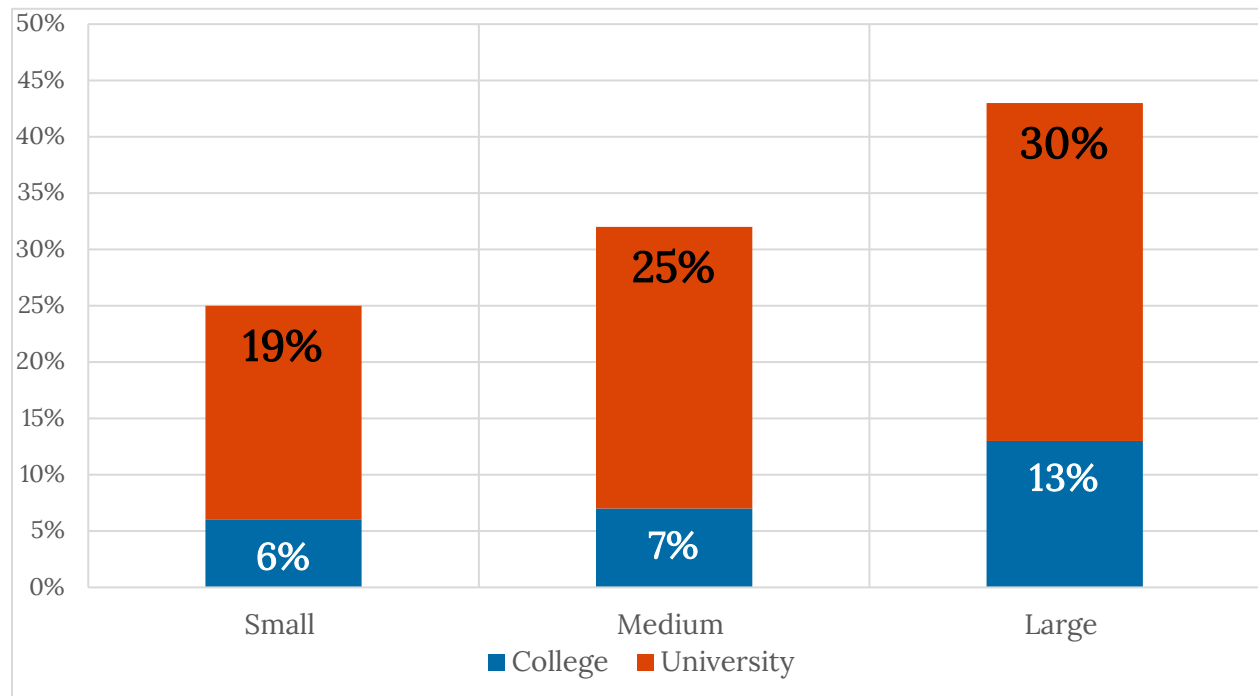


**Figure 2. Regional Representation**



Atlantic: Newfoundland and Labrador, New Brunswick, Nova Scotia, Prince Edward Island  
Central: Quebec, Ontario  
Prairies: Saskatchewan, Manitoba  
West: Alberta, British Columbia  
Territories: Northwest Territories, Nunavut, Yukon

**Figure 3. Institutional Enrolment by Type (College/University)**



Small = up to 10,000 enrolments  
Medium = up to 25,000  
Large = more than 25,000

## Professional experience

Participants completing the survey represented a wide range of professional experience in student affairs. As shown in Table 1, the types of positions they held varied considerably.

Table 1. Professional Titles of Respondents	%
Director of Counselling and Health Services	21%
Manager	17%
Counselor/Therapist	16%
Director of Counselling Services	13%
Counselling Team Lead	13%
Director of Counselling, Health, and Accessibility	6%
Senior Executive (e.g., Dean, Executive Director)	6%
Associate Director	4%
Coordinator	3%
Other	1%

Participants' years of experience ranged from 1-10 years (53%), 11-20 years (31%), and more than 20 years (16%).

## Changes to the top presenting concerns for students<sup>\*</sup> over time

Although the question on the top presenting concerns among students has been updated to address the latest issues, it is helpful to see how the responses from campus mental health professionals and student affairs leaders about presenting concerns have changed over time.

As Figure 4 shows, key changes have occurred in the top trends over the past four years (2018-21):

- Anxiety was endorsed as a top concern over time. Compared to depression, campuses report a 16% increase of anxiety as a pressing student mental health concern since 2018.
- Campuses reported a significant decline in suicidal ideation and behaviour, moving from 11 per cent in 2018 to four per cent in 2021.

When interpreting these data, it is important to keep in mind that they do not directly reflect the prevalence of mental health issues, but rather the impressions of student affairs and mental health

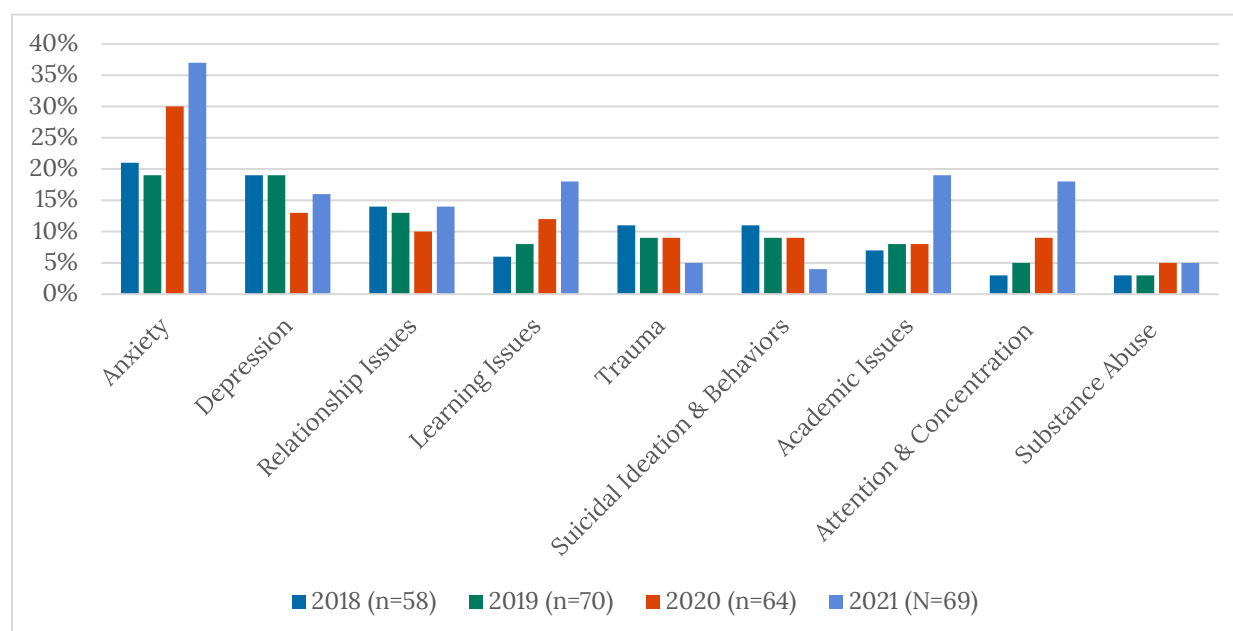
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<sup>\*</sup> A presenting concern refers to the initial reason a person seeks mental health services.

professionals' ratings of the top concerns in a particular year. For example, both trauma and suicidal ideation and behaviours seem to have decreased. In reality, more students were coming forward with academic issues and anxiety in 2020 and 2021. These remain pressing concerns with respect to student mental health, and we saw this in challenges related to supporting students remotely.

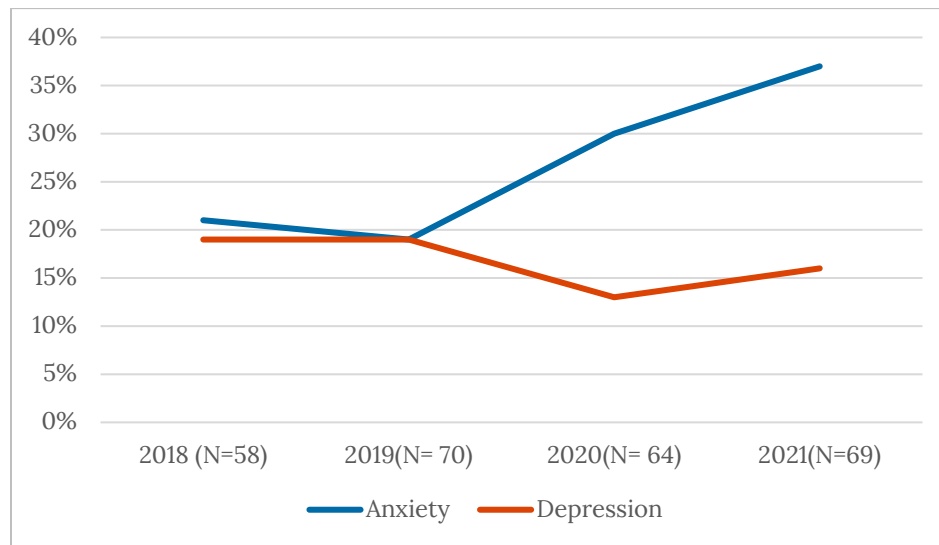
In addition, the decline in suicidal ideation and behaviour should be interpreted with caution, given what is shown in the literature (Pirkis et al., 2021). An initial decline in suicidal ideation occurs during an ongoing public health disaster, since the focus is on social cohesion to address acute crises. However, once the acute phase passes, a spike in suicidal behaviour often follows. In the context of the pandemic, studies are already showing an increase in suicidal ideation and behaviour (Xiao et al., 2021).

**Figure 4. Top Presenting Concerns of Students Over Time According to Student Affairs Professionals \***



\* Figure 4 illustrates a breakdown of student mental health presenting concerns endorsed by mental health professionals/student affairs leaders.

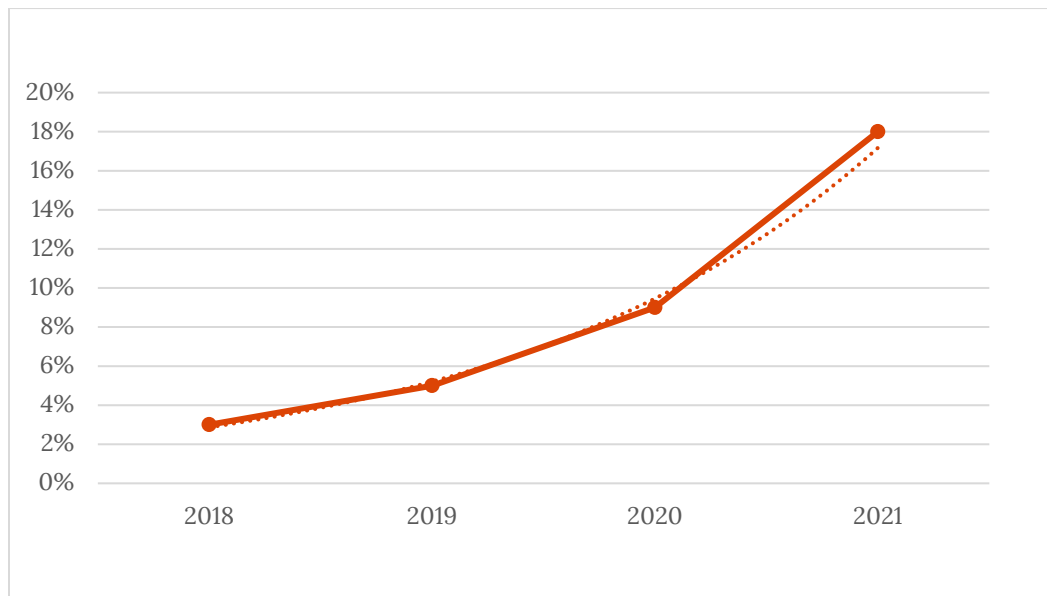
**Figure 5. Anxiety Versus Depression Over Time According to Student Affairs Professionals**



Academic issues (e.g., virtual access, communication with instructors, access to accommodations, technological issues [bandwidth, equipment], online learning fatigue, and attention and concentration difficulties) increased to 19 per cent in 2021, up from eight per cent in 2020.

Campuses reported that attention and concentration issues have increased at an average rate of 16 per cent since 2018.

**Figure 6: Attention and Concentration Issue Increases By Year**



# What did we learn?

## Student presenting concerns: 2020-21 (second and third waves)

For the 2021 survey, we divided presenting concerns into three categories — academic, mental health, and overall well-being — and asked campuses to select the five most relevant concerns in each category. The rationale for looking at these categories more closely was inspired by CoP members, who emphasized the need to examine well-being holistically and include aspects related to issues such as online learning, finances, career, and more.

Student affairs professionals were asked to select student presenting concerns in three broad categories, academic, mental health, and overall wellbeing. Table 2 illustrates a summary all the presenting concerns among students for 2020-21, as endorsed by student affairs professionals. Interestingly, pandemic fatigue — defined as feeling so tired of complying with public health directives that an individual is unable to do what is essential for their well-being — was the most frequently endorsed presenting concern (87%), followed by anxiety not directly related to COVID-19 (84%), and social isolation (83%).

**Table 2. Summary of 2020-21 Student Presenting Concerns Endorsed by Student Affairs Professionals**

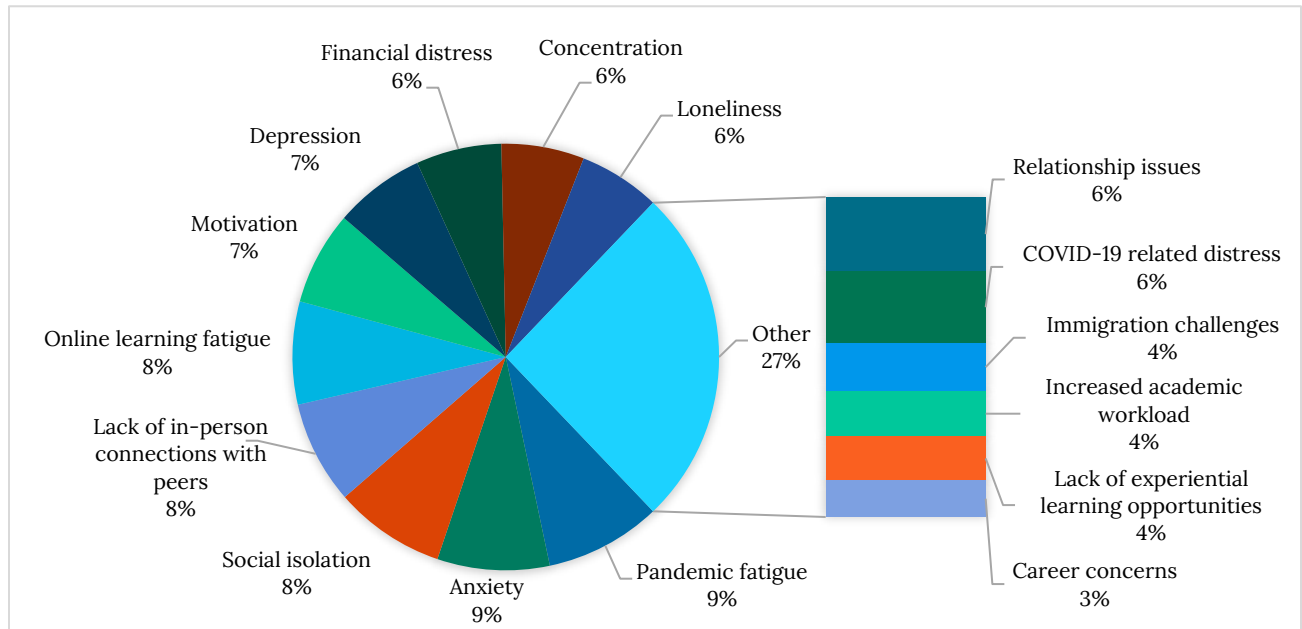
Academic	%	Mental Health	%	Overall Well-Being	%
Lack of in-person social connections with peers	77%	Anxiety not directly related to COVID-19	84%	Pandemic fatigue	87%
Online learning fatigue	77%	Social isolation	83%	Financial distress (or concerns about finances)	64%
Motivation (e.g., difficulty getting started, staying motivated, completing work)	70%	Loneliness	61%	Relationship issues with family, friends, romantic partners	59%
Attention and concentration issues	62%	COVID-19-related distress (e.g., anxiety, sadness)	56%	Immigration challenges with international students	38%
Increased academic workload due to online learning	36%	Depression	38%	Loss of internships/co-ops/ practical placements, experiential learning opportunities	35%
				Career concerns	33%

Academic	%	Mental Health	%	Overall Well-Being	%
Lack of or limited access to instructors (e.g., virtual office hours)	23%	Substance use concerns (alcohol and drugs)	19%	Boredom	28%
Lack of privacy /confidential space	19%	Trauma (recent and historical)	19%	Internet use (e.g., excessive gaming, binge-watching)	17%
Disruptions caused by unstable or weak bandwidth (internet speed)	16%	Health anxiety (e.g., fear of contracting COVID-19)	17%	Excessive social media use	15%
Academic integrity	16%	Suicidal ideation and behaviours	17%	Media content and coverage	15%
Technological issues accessing course content	16%	Self-harm	1%	Housing	9%
Accessing academic accommodations	6%			Food security	8%
Communication challenges	6%			Domestic abuse (emotional, physical, or both)	7%
Accessing academic accommodations	4%			Living with a disability	3%
				Binge-watching	1%

To achieve a more integrated and coherent perspective on these concerns, we ranked all the items. The ten most endorsed concerns are illustrated in Figure 7. Pandemic fatigue, anxiety, social isolation, lack of in-person connections with peers and online learning fatigue emerged as the top concerns as they were rated by student affairs professionals during the 2020-21 academic year.



**Figure 7. Ten Most Endorsed Concerns by Student Affairs Professionals in 2020-21 across Three Domains: Academic, Mental Health and Wellbeing**



**Methodological note:** We coded each concern as 1 = endorsed or 0 = not endorsed. Next, we computed the sum of all concerns and ranked them.

# A closer look at student mental health concerns during the 2020-21 academic year as reported by student affairs professionals

Student affairs professionals overseeing mental health services reported the following specific points:

- Eight out of 10 identified anxiety as one of the top five student mental health concerns.
- Eight in 10 PSIs reported that social isolation among students was significantly associated with symptoms of depression, anxiety, and loneliness.

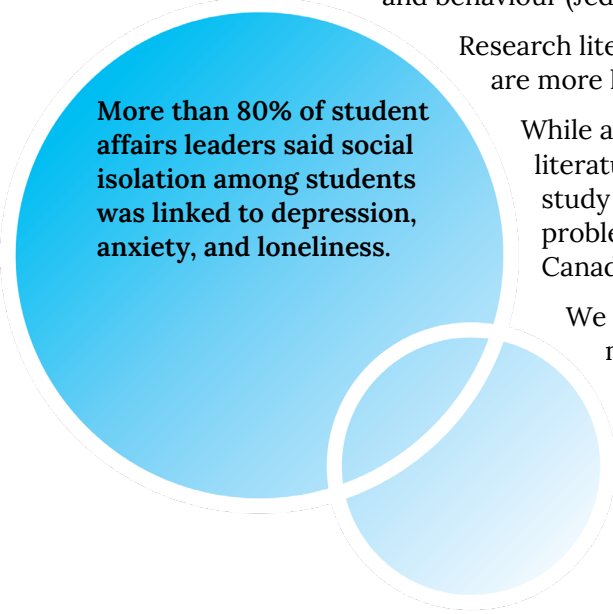
These findings are consistent with research on student mental health. For example: From the mental health literature, loneliness is significant because it is a risk factor associated with suicidal ideation and behaviour (Jed Foundation, 2019; MHCC, 2018).

Research literature also shows that students with substance use concerns are more likely to self-harm (Bresin & Mekawi, 2020)

While anxiety was the most endorsed mental health concern, as the literature also shows, these often co-occur. For example, a recent study found a close association between depression, anxiety, and problematic substance use among post-secondary students in Canada (Esmaeizadeh et al., 2018).

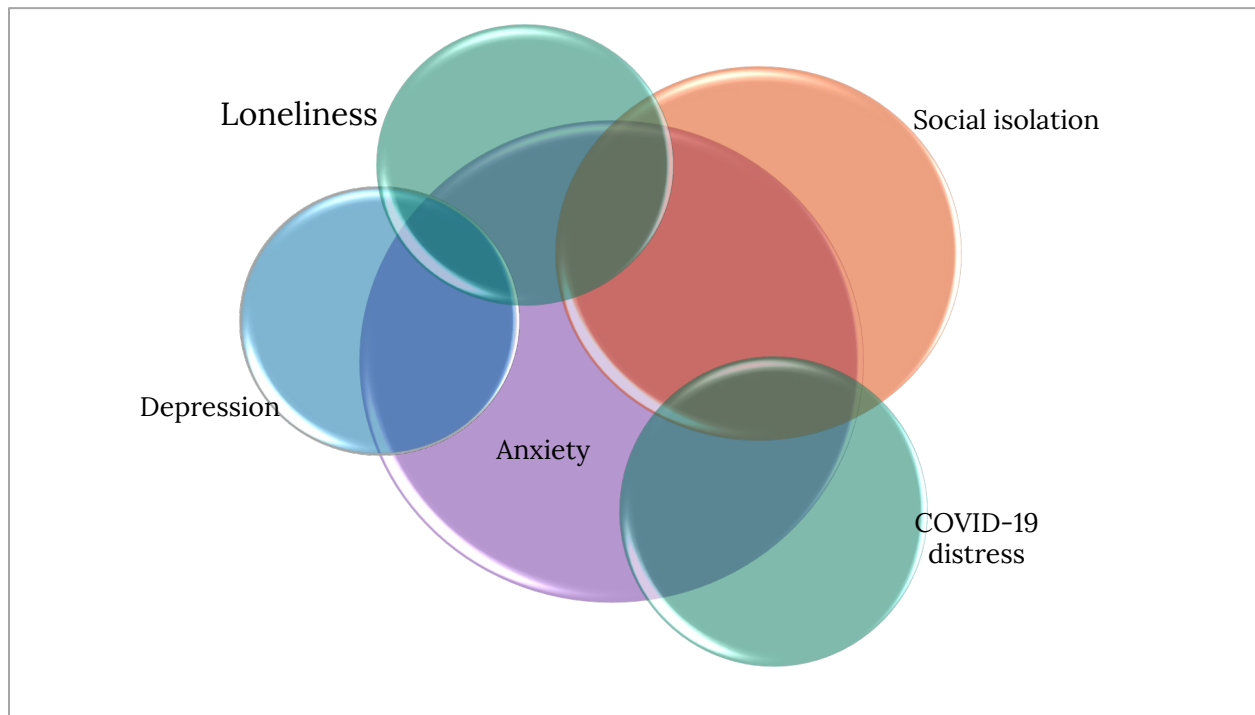
We therefore explored the association anxiety had with other mental health concerns. As Figure 8 shows, when participants endorsed anxiety, they also reported:

- social isolation (77%)
- loneliness (58%)
- COVID-19-related stress (65%)
- depression (52%).



**More than 80% of student affairs leaders said social isolation among students was linked to depression, anxiety, and loneliness.**

**Figure 8. Anxiety and Its Correlates as Endorsed by Student Affairs Professionals**



**Note:** The extent of this correlation between anxiety and other concerns is represented by the degree of overlap in the Figure 8 Venn diagram.

**Relevant comments from student affairs professionals:**

“The ongoing nature of the pandemic. Initially, students (and staff) felt we would be “back to normal” soon.”

“No one expected we would still be living with significant restrictions more than a year later.”

“Many students feel the online learning experience is not equivalent and are struggling with their courses. This, of course, is added to the regular stresses of a university student and the particular stresses related to the pandemic.”

“Another source of stress was media content and coverage (e.g., political polarization, conspiracy theories, growing skepticism about effectiveness of public health measures).”

# Pandemic fatigue - a significant factor during the 2020-21 academic year

Pandemic fatigue was the most prevalent concern reported during the second and third waves. Specifically, 98 per cent of student affairs professionals overseeing mental health services reported that students were experiencing pandemic fatigue. Such fatigue was marked by a range of other issues:

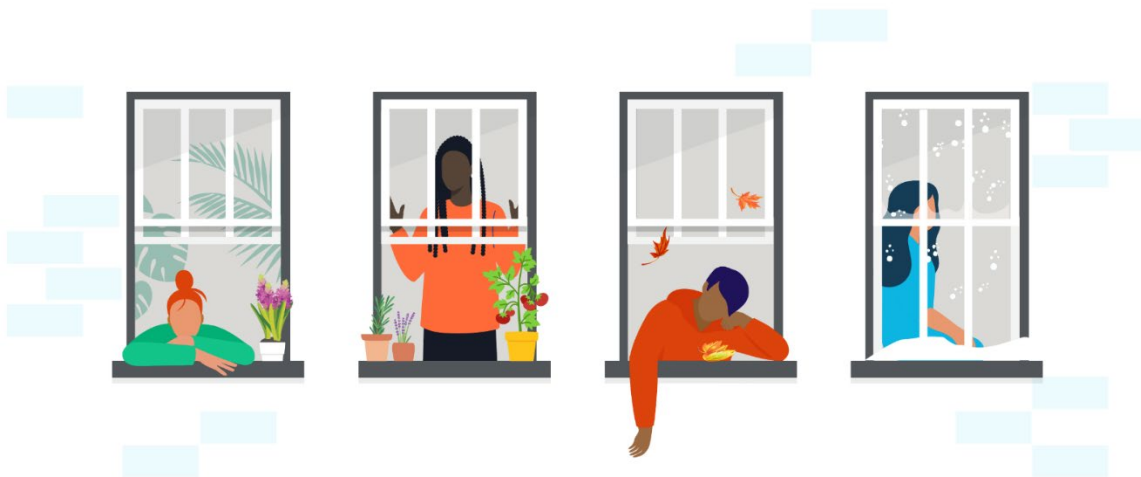
- Major disruptions in work-life balance. These primarily related to the lack of in-person connections (with peers and instructors), social isolation that came with public health restrictions, and the process of adapting to online and increased academic workloads.
- Significant challenges related to financial hardships; the loss of opportunities such as internships, co-ops, practicums, and placements; and negatively impacted employment and career goals.
- Relational difficulties due to sharing space and bandwidth in multi-generational homes, caring for younger and older family members, and being away from friends, romantic partners, and campus-based support systems.

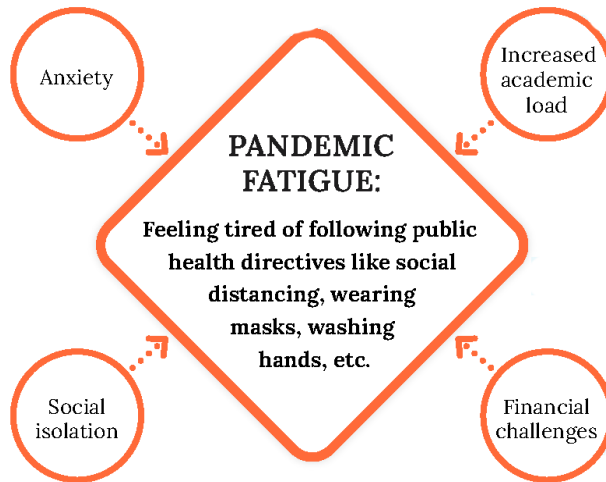
This finding is significant, as pandemic fatigue has practical implications and impacts on student mood, behavior and learning capacity.

To further explore this finding, we investigated what factors predict pandemic fatigue.

Our analysis, showed the following factors, anxiety, social isolation, financial challenges and increased academic load accounted for 57% of pandemic fatigue

**More than 90 per cent of student affairs professionals overseeing mental health services reported that students were experiencing pandemic fatigue.**





**Methodological note:** We conducted a multiple regression analysis to explore what predicts pandemic fatigue — the most prevalent concern reported by participants in the second and third waves. Consistent with best practices (one independent variable per 10 observations), the top seven concerns with highest bivariate correlations were entered as independent variables to predict pandemic fatigue (dependent variable).

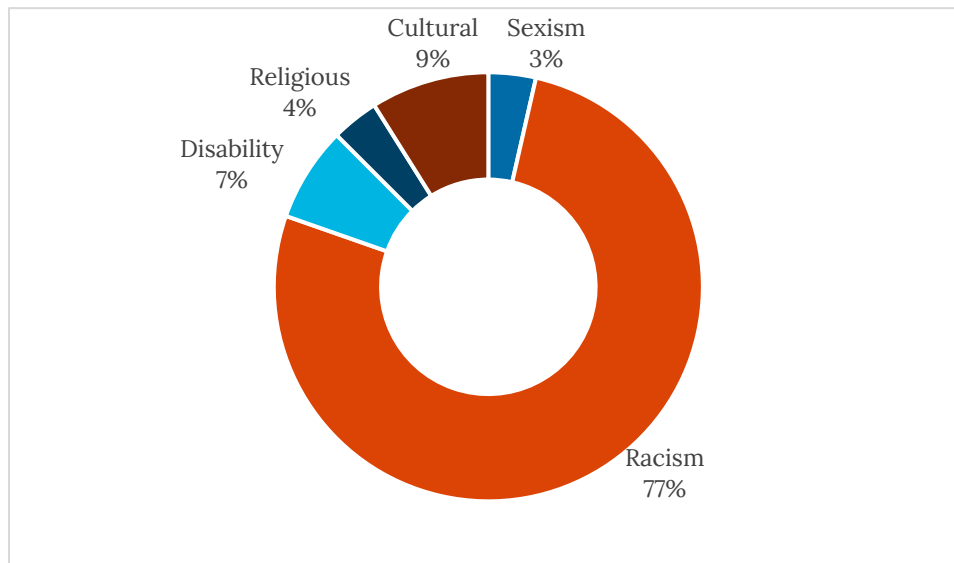
The results of the stepwise regression analysis indicated that, together, four concerns — anxiety, social isolation, financial challenges, and increased academic load — significantly predicted 57 per cent of the variance ( $R^2 = F(4, 64) = 23.84, p < .001$ ).

### Issues related to discrimination in 2020-21

Given the national challenges with discrimination, which were also reported in the media, the 2021 survey specifically asked student affairs leaders to report on which issues they perceived as the most challenging for students on their campus.

Racism emerged as the most pressing concern related to discrimination (77%). Other related concerns were culture (9%), disability (7%), religion (4%), and sexism (3%).

**Figure 9. Most Pressing Concerns Related to Discrimination**



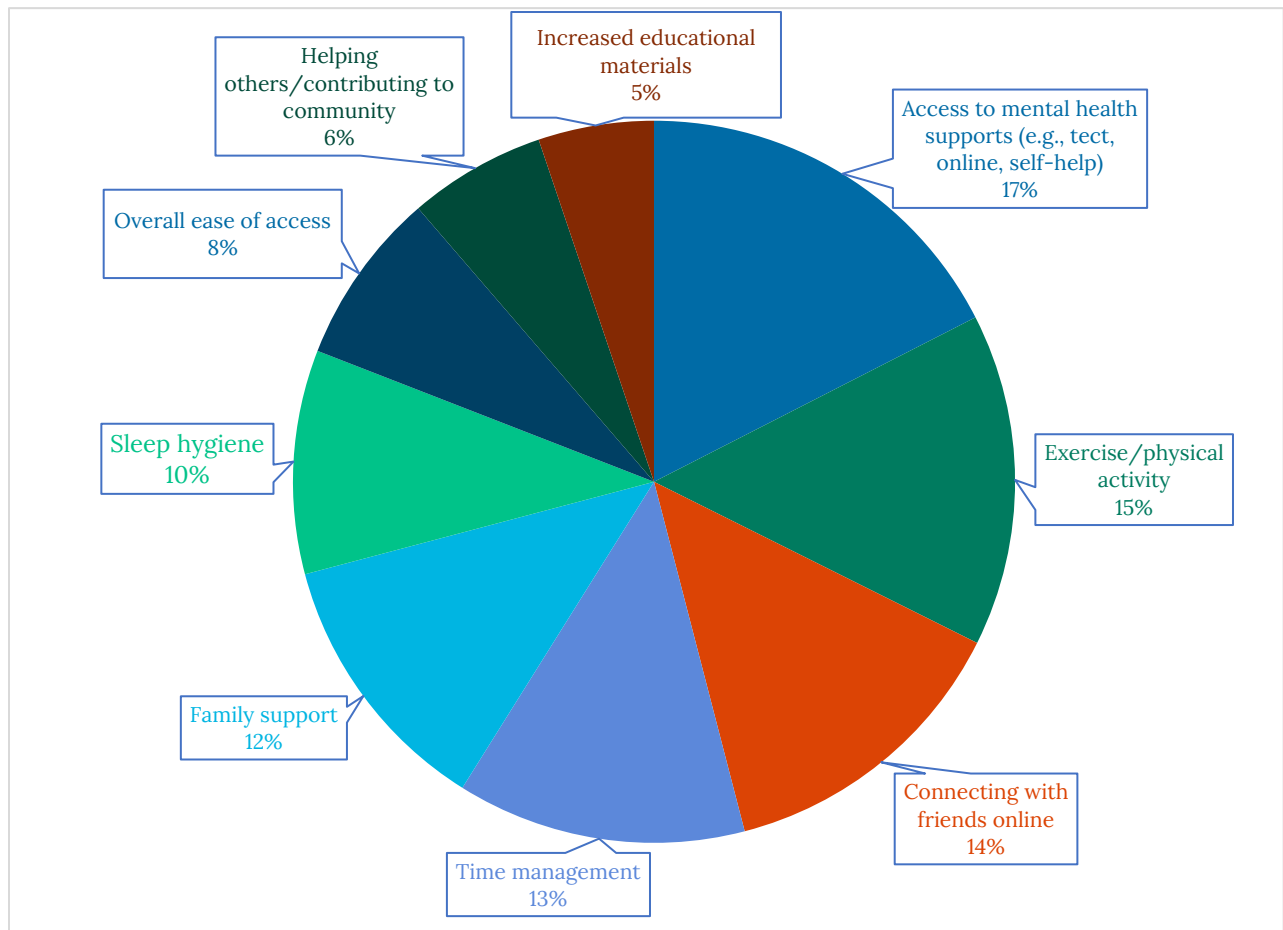
**Related comment from student affairs professionals:**

“The pandemic increased the marginalization already present. Therefore, creating safe spaces for online communities was very important for people. We specifically developed support groups for people identifying as part of BIPOC communities, [and we] increased staff competencies for anti-racist, anti-oppressive, and intersectional [perspectives] by offering staff (asynchronous and synchronous) workshops/trainings. These are students who regularly fell through the cracks of the system before COVID – now they are falling through even more – a greater and more concerted effort to engage these students in particular is necessary.”

**How students have coped: Adaptive and maladaptive coping strategies**

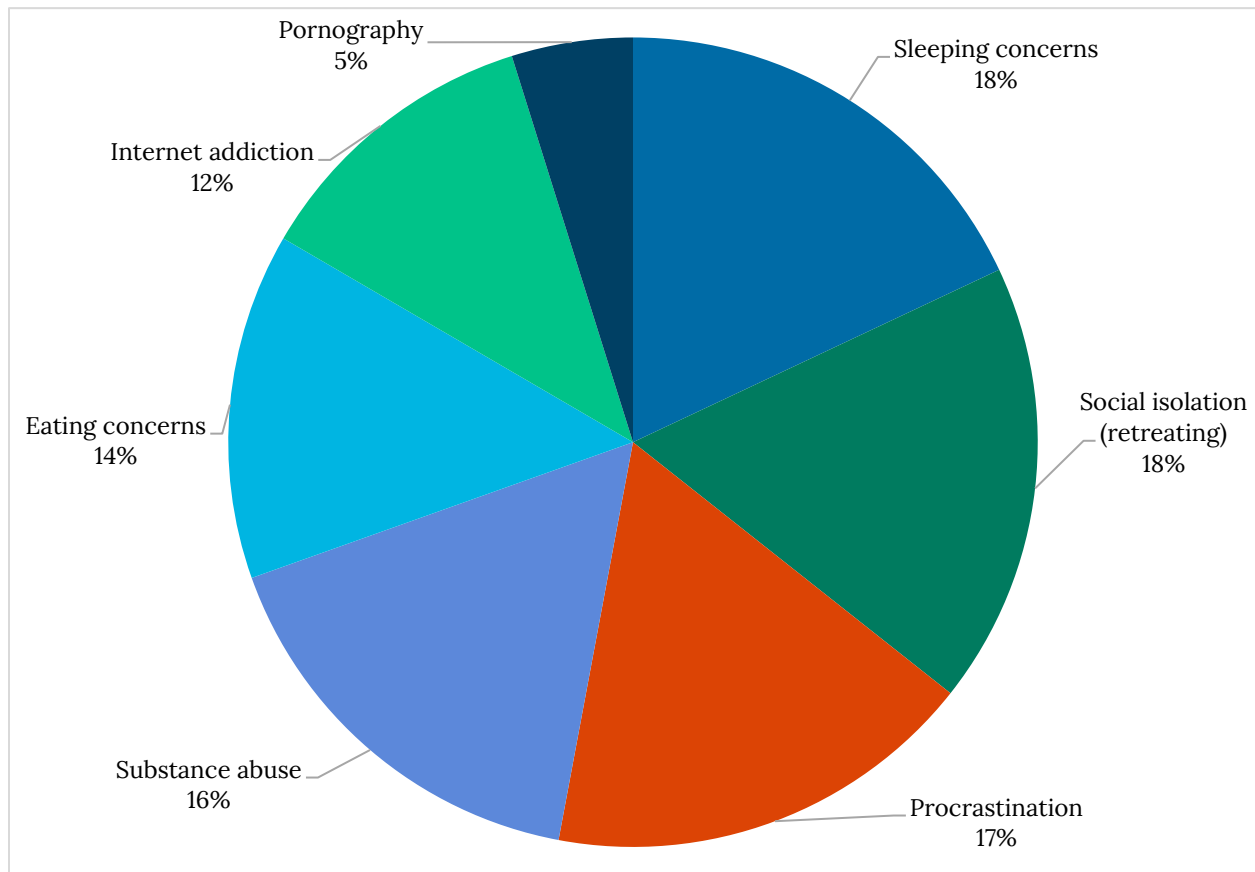
We asked student affairs professionals what specific factors, attributes, habits, routines, or resources helped students effectively cope with the challenges posed by COVID-19. Figure 10 outlines their most frequently endorsed responses: access to mental health supports (17%), exercise/physical activity (15%), connecting with friends online (14%), time management (13%), and family support (12%).

**Figure 10. Adaptive Coping Strategies by Students as Endorsed by Student Affairs Professionals**



When asked about maladaptive coping strategies, as Figure 11 shows, student affairs professionals most frequently endorsed the following responses: retreating (social isolation) and sleeping difficulties (each at 18%), procrastination (17%), substance use (16%) and eating concerns (14%), internet addiction (12%), and pornography use (5%).

**Figure 11. Maladaptive Coping Strategies as Endorsed by Student Affairs Professionals**



**Related comments from student affairs professionals:**

“In summary, while students acquired new adaptive skills such as accessing virtual mental health support, seeking support from family, and connecting with peers online, when it comes to maladaptive strategies, the “usual suspects” — the procrastination, internet, and substance addiction — become worse.”

**Impressions of student affairs professionals**

<i><b>Students who</b></i>	<i><b>Were more likely to</b></i>
<ul style="list-style-type: none"> <li>• had family support</li> <li>• had easier access to health and mental health supports</li> <li>• were able to connect with family and friends online</li> </ul>	<ul style="list-style-type: none"> <li>• get physical exercise</li> <li>• maintain good sleep hygiene</li> <li>• help others and cope well the challenges posed by the COVID-19 pandemic</li> </ul>

Students who were not able to have the same level of support as before COVID-19, were more likely to use maladaptive coping strategies. As one student affairs professional noted, during the pandemic “every maladaptive pattern that existed before now has lots more time to take hold.”

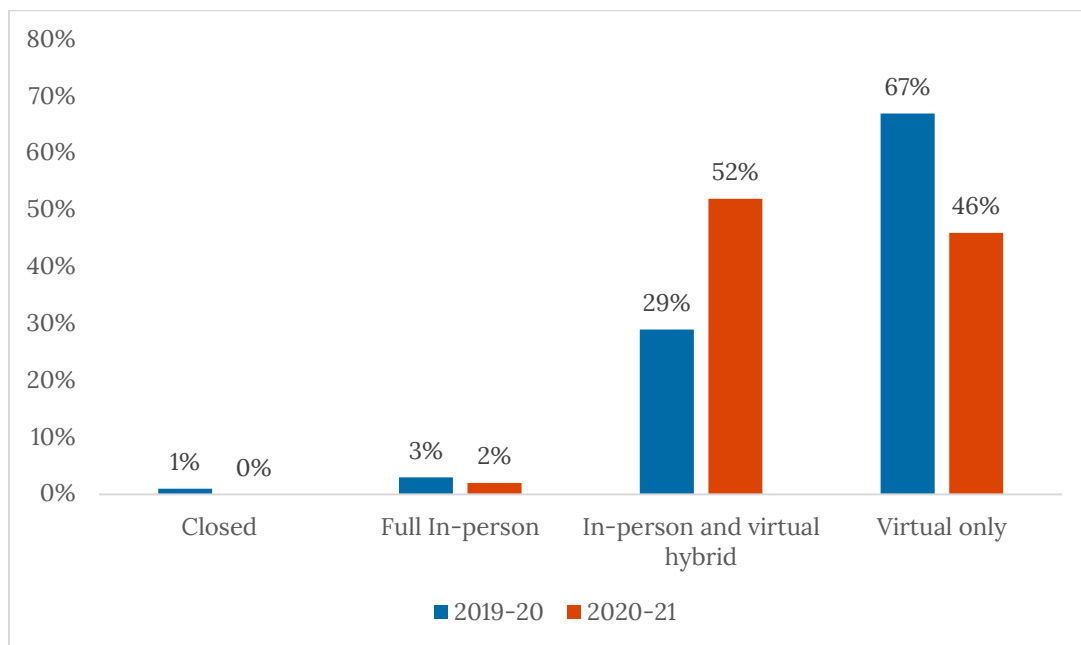
# Challenges in Delivering Mental Health Services During the Second and Third Waves

During the 2020-21 academic year, the ability to provide in-person mental health services varied according to regional public health guidelines. Respondents reported as follows on the different ways that service models were offered:

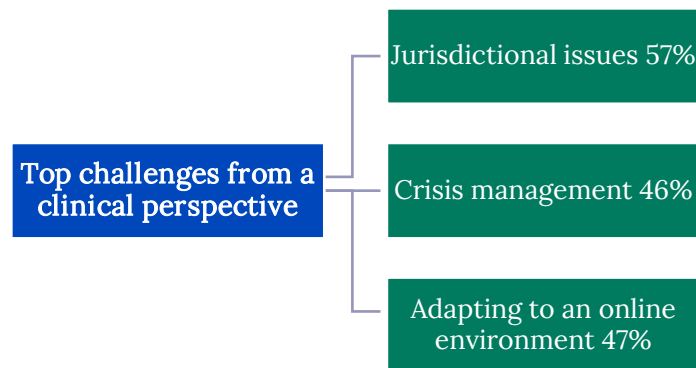
- in-person and virtual (hybrid) (52%)
- virtual only (46%)
- full in-person (2%)

Prior to the pandemic, less than 15 per cent of campuses reported offering remote mental health services. Three weeks after it began, over 90 per cent of PSIs had pivoted to remote services (Rashid & Di Genova, 2020). Compared to the first wave, the 2020-21 academic year saw a 23 per cent increase in hybrid services and a 21 per cent decrease in virtual-only offerings (see Figure 12). These shifts coincided with the easing of public health restrictions.

**Figure 12. Comparison of Service Modalities from 2019-20 to 2020-21**



When asked about the top three challenges in delivering student mental health services, professionals reported the following:



**57% of students affairs professionals reported jurisdictional issues and are working with regulatory bodies for solutions.**

To assist with the increased demand for mental health support, 68 per cent of participating campuses used external support services and vendors. Some vendors were used to help campuses that were struggling with jurisdictional issues for students outside the province/territory or country. Of those who contracted vendors, 89 per cent reported that the services were helpful or somewhat helpful.

#### **Relevant comments from student affairs professionals:**

“[We] provided mental health consultation for international students outside of [our] jurisdiction about how to use online resources, build general coping skills, access peer support groups, and find mental health services in their location. We worked with the International Student Advisors Office to assess risk and provide information about crisis resources as needed.”

“[We] developed a remote crisis intervention protocol (shared campus wide), [a] crisis flow chart (where to call and when) to assist faculty/staff in assisting students in distress, access to [external provider] (24-7), [and the] regular distribution of crisis resources through [our] active social media presence.”

# Overall Summary for 2020-21

For all the concerns (academic, mental health, and general well-being), nearly every participant reported that pandemic fatigue was taking a toll on the psychological health of their campus community. After assessing these categories of concern more specifically, anxiety, social isolation, financial concerns, and increased academic load on students arose as reliable predictors and factors driving pandemic fatigue.

## Key insights from concerns, coping strategies, and the impact on clinical services

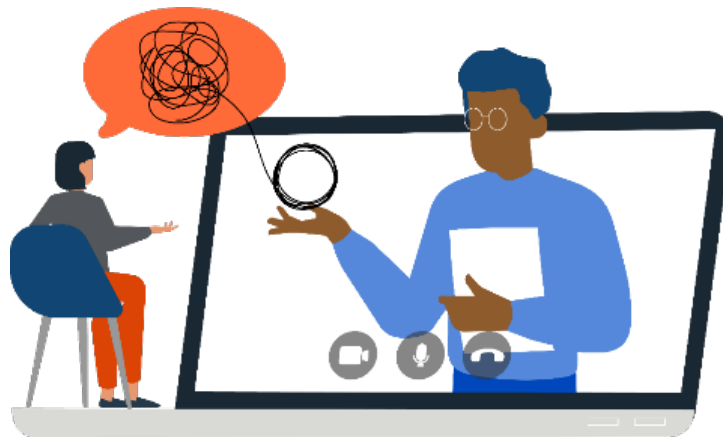
Campuses reported the following:

- No significant increase in reported depression but a significant increase (29%) in anxiety symptoms (since 2018).
- A nearly twofold increase (about 14 per cent) in academic learning and in attention and concentration issues. The key issues included online learning fatigue, lack of communication with instructors and peers, technological issues (bandwidth, equipment), privacy of space, and access to and use of accommodations.
- The greater the impact on clinical services, the lower the well-being (.43\*\*  $p < .01$ ).
- The higher the number of maladaptive coping strategies, the greater the correlation with endorsed mental health concerns (.29\*\*  $p < .01$ ).
- The greater the campus support, the greater the variety of adaptive coping strategies (.30\*\*  $p < .01$ ).

## The most helpful resources for dealing with COVID-19

Campuses identified the following resources as the most helpful:

- webinars (e.g., on managing stress and anxiety, building resilience skills)
- learning supports (e.g., on study skills, exam preparation, time management)
- virtual resources (e.g., websites, apps, online groups)



## Top five take-aways

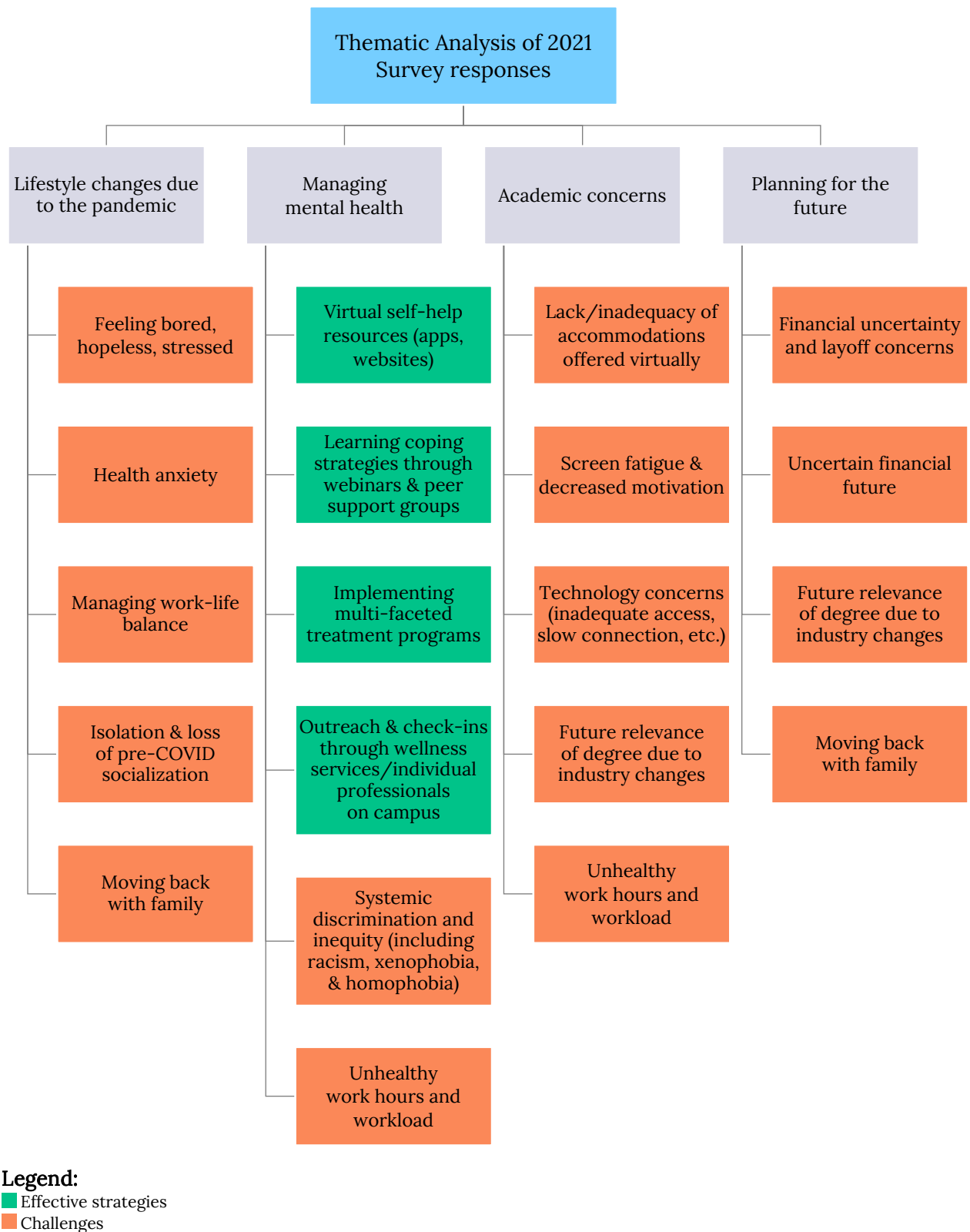
While the pandemic posed many challenges, student affairs leaders and professionals identified shifts in campus practices that served as key take-aways for supporting student mental health. Similar to the previous report's findings (Rashid & Di Genova, 2020), increased flexibility was associated with a wider range of service options, efficiencies, and improved relationships.

The top five take-aways campuses planned to continue into the 2021-22 academic year were as follows:

- improved flexibility of service delivery (63%)
- improved service delivery (53%)
- improved self-care for student affairs professionals (46%)
- improved efficiency of service delivery (33%)
- newly discovered ability to face uncertainty (33%)

Participants' qualitative responses to the various concerns were captured in major themes as illustrated in Figure 13. What preoccupied campus mental health professionals across Canada was pandemic fatigue, work-life balance, worry about the future, academic concerns, and managing one's mental well-being. (Figure 13 also outlines related sub-concerns.)

**Figure 13. Qualitative Themes for Student Mental Health During the 2020-21 Academic Year**



# Future Planning

As the survey was being completed, respondents were making plans for meeting the challenges of in-person attendance (partial to full) during the fall 2021 term. This section examines some of the key factors for addressing immediate needs, ongoing needs (beyond the 2021-22 academic year), and plans related to implementing the Standard.

## Addressing immediate needs

As expected, in preparing for the fall 2021 return to campus, planning was among staff and students' top priorities. The following challenges were prominent at that time:

- **The hybrid model:** managing partial in-person instruction or services
  - enhancing accessibility in a hybrid learning environment through social media channels and the most useful apps
  - improving technology skills (e.g., specialized, focused, intermediate-to-advanced)
  - sharing best practices to handle on- and off-campus crisis management
- **Burnout:** mitigating and preventing staff burnout, providing training and resources
- **Collaborations:** continuing with innovative approaches to foster on- and off-campus collaborations
- **Equity, diversity, and inclusion:** continuing to take concrete steps towards more equitable, accessible and culturally contextualized mental health and wellbeing supports.
- **Evaluation:** continuing to evaluate what works and what can be improved

### Relevant comments from student affairs professionals:

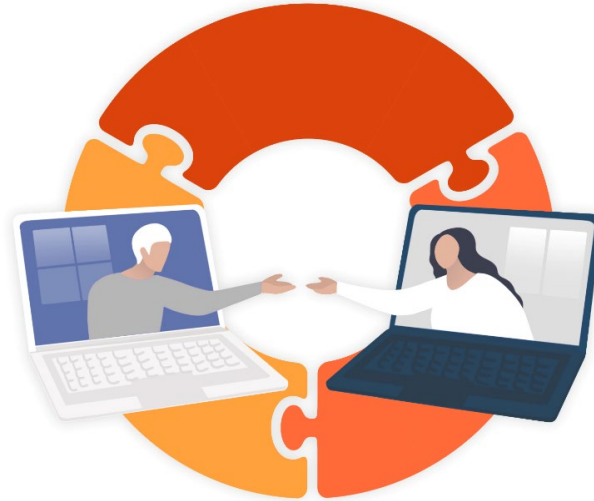
"It is important to make sure that resources are available to those who might otherwise not have access — including technology and access to reliable internet. Housing and food security were also an increased need as a by-product of COVID."

"We need to diversify our mental health supports to be more inclusive and culturally sensitive, build stronger in-person links with our marginalized communities, and provide more community-specific resources."

"Goal setting, community building through walking/art programming, sleep hygiene, procrastination, etc."

"Interview and resumé workshops"

"2SLGBTQ+ support group, group for sexualized violence, OCD skills book"



## Ongoing needs for campuses: Fall 2021 and beyond

When asked about the needs campuses were facing in terms of delivering effective, accessible, culturally responsive and evidence-based mental health services, four major factors emerged as requiring ongoing attention beyond the forthcoming academic term:

### **Infrastructure/Capacity (68%)**

- staffing
- stable funding
- new tools and technology, including the ability to communicate with clients via chat or text
- service delivery processes and procedures
- partnerships with external agencies
- partnerships with student groups

### **Skills development (50%)**

- equity, diversity, and inclusion (clinical)
- hybrid service delivery (clinical)
- peer support training
- mental health literacy

### **Communications resources (21%)**

- flexible back-to-campus resources for students and staff
- how best to connect with students
- social media

### **Continuous improvement (12%)**

- what's working and why
- using an evidence-informed approach

## Ongoing needs across institutional enrolment sizes

A pressing need that participants raised, regardless of geographic origin, location, or institutional size, was staffing – particularly the need for qualified mental health professionals for all of Canada’s PSIs.

Overall infrastructure needs were pronounced regardless of enrolment size (although access to stable funding was larger institutions’ most frequently cited element). The hiring of staff on short-term contracts meant that counselling, mental health, and wellness departments would have to offer more limited support while experiencing greater strain due to increased training and turnover. Other infrastructure needs were also similar across institutions. These included addressing ongoing staffing changes and challenges related to the pandemic, which highlighted the importance of having hybrid service delivery models with strong processes and procedures.

In addition, participants mentioned the importance of having accessible and appropriate technology – primarily, technology that respects privacy and confidentiality for clinical activities and widening the scope of offerings for students. Creating partnerships with external agencies to support students, specifically for complex needs, was a common thread across the country.

Disparities based on enrolment size related to skills development and resources for communications needs. Interestingly, skills development (both in clinical and broader student affairs competencies) was the top issue for institutions with smaller enrolments. In contrast, resources for communications needs among medium-sized PSIs were highest for developing more effective use of social media, learning how to connect with students and student groups, and acquiring proper marketing skills.

Continuous improvement needs were similar among institutions wanting to learn what’s working and why from others and how evidence-informed practices could be used when implementing changes in services and programs.

Table 3 presents a brief overview of the important differences across different institutional sizes.

**Table 3. Summary of Ongoing Needs by Institutional Enrolment Size**

Small	Medium	Large
<ul style="list-style-type: none"><li>• Skills development</li><li>• Clinical and professional competencies</li></ul>	<ul style="list-style-type: none"><li>• Communications</li><li>• Resource development</li></ul>	<ul style="list-style-type: none"><li>• Infrastructure</li><li>• Skills development</li></ul>

Table 4 provides a sampling of student affairs professionals’ ongoing needs in their own words.

**Table 4. Student Affairs Professionals Ongoing Needs**

<i>Staffing</i>	“Full-time counselling staff, consistent without frequent turnover”
<i>Stable funding</i>	“Proper support from upper management, especially when it comes to financially supporting programming options and development [and] marketing support of programming (very poor for 2020-21)”
<i>New tools and technology</i>	“A more efficient means of sharing confidential documents, e.g., ROI”

<b>Infrastructure and Capacity</b>	
<i>Service delivery: processes and procedures</i>	<p>“Programs for mental health supports for students studying remotely, especially international students due to jurisdictional issues – 24-7 access to trained counsellors through programs/apps”</p> <p>“Students residing out of province or out of country have not been able to access our services due to professional licensing and jurisdiction. This is [a] huge obstacle. While there is [chat/text service], the student satisfaction with this resource is very low.”</p>
<i>Partnerships with external agencies</i>	“We received two grants to support this work, so we have the necessary funds for this 2021-22 year.”
<i>Partnerships with student groups</i>	“Enhanced collaboration with student groups”
<b>Skills Development</b>	
<i>Equity, diversity, and inclusion (clinical)</i>	<p>“EDI training, diversification of mental health services to be more culturally inclusive”</p> <p>“More training in anti-racism and 2SLGBTQ+ care”</p>
<i>Hybrid service delivery (clinical)</i>	“Continue to offer a hybrid service delivery (in-person, virtual); currently holding various committees to review the student experience/wellness to inform recommendations for 2021-2022.”
<i>Peer support training</i>	“Peer-to-peer support training
<i>Mental health literacy</i>	“Increased mental health literacy and [the] ability to detect students in distress (by peers, faculty, and staff)”
<b>Communications Resources/Toolkits</b>	
	<p>“Marketing/communications: Financial support for programs to be developed, planned, executed, and maintained”</p> <p>“Broader skills for use of social media and platforms for promotion and meeting students where they are”</p>
<b>Continuous Improvement</b>	
<i>What’s working and why</i>	<p>“Need to know what others are doing and what is working!”</p> <p>“Ongoing education and training, up-to-date data”</p>
<i>Using an evidence-informed approach</i>	<p>“Evaluation of student needs in order to develop appropriate supports for their mental health”</p> <p>“Information management and reporting to track services and student need”</p>

# National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students

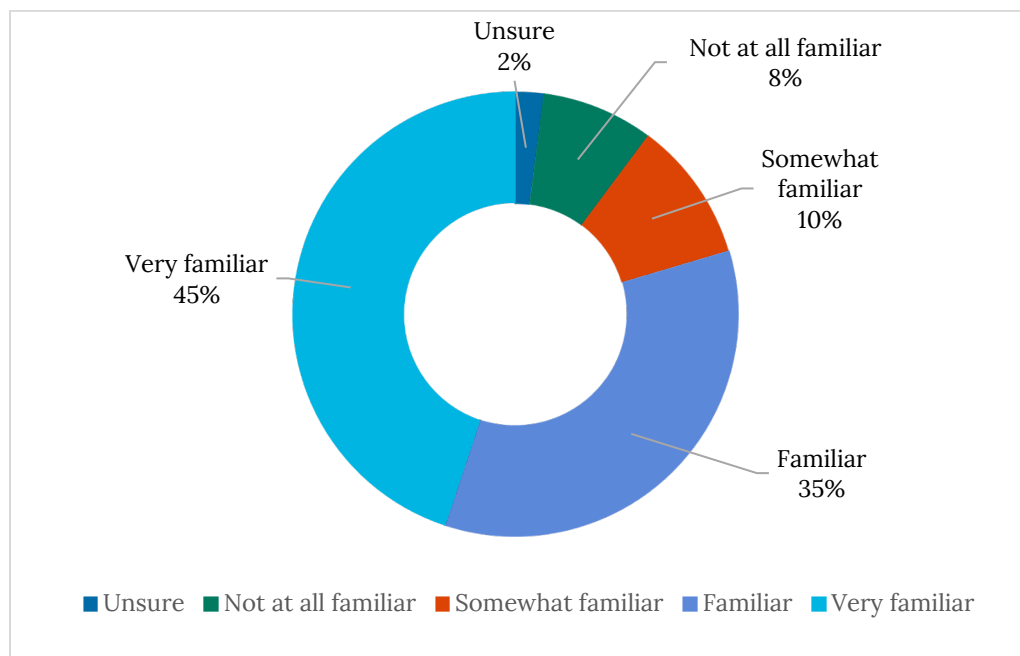
The National Standard of Canada for Mental-Health and Well-Being for Post-Secondary Students – the first of its kind in the world – is a set of flexible, voluntary guidelines to help post-secondary institutions support the mental-health and well-being of their students. The Standard – championed by the Mental Health Commission of Canada in collaboration with the CSA Group – followed two years of listening to the perspectives of students, post-secondary institutions, mental health experts and many other individuals and organizations across the country.

The Standard was released in October 2020 as the first wave of the pandemic and growing concern for student mental health were intensifying. Since its release, across Canadian campuses – whether big or small, rural or urban – post-secondary change makers have been working with the framework and reaffirming their commitment to support their students' optimal mental health and well-being.

In this survey, students affairs professionals were asked about their familiarity with the Standard, and the ways they planned to work with the Standard for the 2021-22 academic year.

As Figure 14 shows, 80 per cent of respondents reported being familiar or very familiar with the Standard.

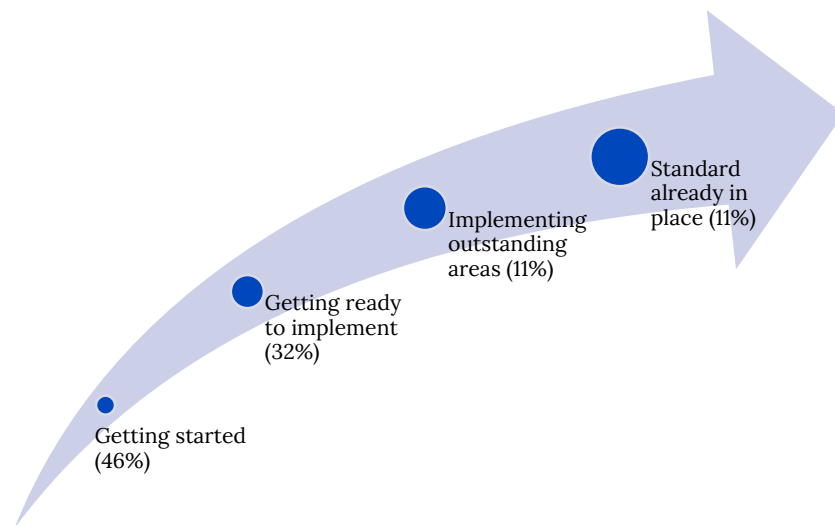
**Figure 14. Familiarity with the National Standard**



## Canadian PSI plans to use the Standard

At the time the survey was completed, most campuses were in the early phases of implementing the Standard, with 46 per cent just getting started, and 32 per cent getting ready to implement certain part(s). More than one in ten campuses with established mental health strategies were implementing still outstanding areas of the Standard (11%), and 11 per cent already had it in place.

**Figure 15. Canadian PSI Plans to Use the Standard**



### **Relevant comments from student affairs professionals:**

“We used the \$25K grant to map the Standard with our existing mental health strategy and identify what we are doing well and where there are gaps in our strategy. Identified gaps will be noted, prioritized, and then an implementation plan will be developed to address these gaps.”

“Our [mental health] strategy has recently released and published online, a 5-year Roadmap to Action – the national Standard is part of this plan.”

Post-secondary institutions across the country are embracing the importance of addressing mental health and well-being on campus in a holistic way. The National Standard of Canada for Mental Post-Secondary Students –and its voluntary, flexible guidelines – can support post-secondary to take action in support of student mental health and well-being.

## Ten key recommendations based on survey findings

1. **Assess Current Level of Distress:** As students return to campuses, use standardized measures to assess student's current level of distress to identify high risk student whose treatment should be prioritized.
2. **Pandemic Fatigue:** Pandemic fatigue, characterized by feeling tired and irritated after being asked to restrict mobility, freedom, social distancing and wearing masks appears to exerted significant adverse impact. Explore your campus specific factors which drive pandemic fatigue and involve student to co-design mitigating campaigns.
3. **Differential Efficacy of treatment:** Evaluate periodically which specific clinical concerns are more effectively handled through remote counseling and which are better for in-person counseling or when an in-person treatment can be transferred to remote service and vice-versa.
4. **Uncover barrier to treatment:** Engage marginalized students to explore which specific campus policies and processes adversely impact of health and mental health of marginalized students and provide incentive and support to students and staff to suggest concrete steps towards equitable mental health supports across the campus.
5. **Explore barriers:** Engage key stakeholders including students from marginalized background to review, revise, and where appropriate, reimagine policies and practices that perpetuate mental health inequities (e.g., barriers to accessing services, disproportionately high rates of psychiatric diagnoses and psychiatric prescriptions, pre-mature dropping out from treatment, lack of culturally responsive treatments and such).
6. **Cultural humility:** Cultural humility can be embedded in a variety of student services by being open to review policies from lens of equity, diversity, and cultural competence flexibility. Adopt a nonjudgmental stance and demonstrate genuine curiosity to explore differences respectfully. Train staff in cultural competence.
7. **Assess outcomes:** Use valid and culturally sensitive measures longitudinally to assess effectiveness of mental health services.
8. **Crisis Coordination:** Plan and train all relevant staff in well-coordinated cross-campus response to crises. Ensure that each stakeholder is well familiar with safety protocols, including crisis response team, student residence, counselling, medical, disability, systematic discrimination and its impact on mental health, equity, student services supporting Indigenous /marginalized students, international, and other at-risk student services.
9. **Resilience and Wellbeing Programming:** Embed evidence-based resilience and wellbeing programs at multiple tiers, in multiple modalities (e.g., short courses and groups which award co-curricular credits, workshops, webinars, and virtual discussion groups).
10. **Support Staff and Faculty:** Incentivize faculty and staff to take regular and sophisticated, state-of-the-art student mental health training as related to their role. Trainings can include self-care strategies to avoid compassion fatigue and burnout.

# Conclusions

The COVID-19 pandemic changed the student mental health post-secondary landscape in a matter of days; something that would have taken years, if not decades otherwise. For example, Canadian PSIs promptly pivoted to online mental health services. As our 2020 PSI survey (Rashid & Di Genova, 2020) noted, campus mental health professionals and student affairs leaders swiftly and admirably adapted to virtual platforms, and started supporting students while juggling their own work-home balance and learning how to deliver remotely what they had once provided in person. At the same time, COVID-19 also exposed deeply ingrained inequities of health and mental health, shedding light on how critically important it is to address them from a systemic perspective.

Two years later, PSIs reported expanded virtual mental health capabilities, enhanced awareness of cultural context and, in many cases, compassion-fatigued staff. As we conclude this report, the restrictions are easing, and pandemic-fatigued, socially isolated students are transitioning back to campus for in-person learning, with simultaneous trepidation and excitement. Although access seems to have improved based on several national campaigns before and during the pandemic, the effectiveness of supports at Canadian PSIs will need to be tested.

The severity, acuity, and widespread impact of psychological concerns that campus mental health professionals across the country have reported must be matched by an appropriate level of treatment and support. For example, some students seeking counselling may need only a few sessions, supplemented by accessibility or writing centre support, while others may need intermittent sessions, and still others long-term community-based care. Such measures reassure students that their mental health concerns will be addressed in a timely, relevant, and focused manner. Investments are needed to strengthen the student mental health infrastructure. In conjunction with the direction from senior campus mental health leaders, this infrastructure could help build services that are accessible, competent, strengths- and evidence-based, culturally responsive, holistic, and flexible. Strategic partnerships with hospitals and community organizations are needed to coordinate the support system for optimal efficiency and effectiveness of services.

The release of the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students in 2020 is encouraging as it holds the potential to share, promote and refine evidence and outcome-based practices through a systematic framework.

As we, the authors, conclude this report, we reflect on the tremendous resilience and adaptability of Canadian PSIs and students alike in shifting to remote learning and service delivery. We now see an emerging opportunity to reflect on how to deepen a culture of care and kindness on campuses from the lens of inclusion and diversity. We must recognize that while the pandemic upended realities, it is also a chance to reset our pace and priorities.

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# Appendix I – Suggestions from Practice and Research Literature

This work is informed by our experience in working closely with students at our respective institutions during the pandemic by offering direct clinical services (individual, group, and outreach) (Rashid) and assessing the impact of COVID-19 through a campus-wide lens (Di Genova). Conducting national surveys of student affairs professionals, facilitating follow up webinars (2) with the Campus Mental Health Community of Practice (CoP) and other colleagues, and pursuing the emerging lines of research have also helped us frame our suggestions/recommendations.

We grouped these into the following sections:

- Clinical concerns
- Equitable and inclusive mental health services
- Accessibility
- Evidence-based mental health services
- Crisis management – in the context of COVID-19
- Building clinical capacity

## Clinical concerns

**Assess a post-pandemic mental health baseline:** Results of our 2021 survey showed that students' top concerns in the second and third waves were pandemic fatigue, anxiety, social isolation, loneliness, online learning fatigue, and COVID-19-related stress. As students return, campuses could assess these concerns (using widely used standardized and accessible screening measures) to establish a baseline for the psychological health of all students. Those deemed vulnerable or high-risk (based on prior history and/or engagement with the counselling centre) should be evaluated for a more comprehensive assessment. (Be sure to calibrate clinical assessment to avoid any biases.) For example, recent research has shown that students with history of mental health concerns actually did better than those without (Hamza et al., 2021). And, as with previous mass disasters, suicidal behaviour declined under COVID, although it is likely to spike once public health restrictions are lifted (Pirkis et al., 2021).

**Assess signs and symptoms of health anxiety and adjustment concerns:** Given the pandemic's multiple waves, the return to in-person instruction brought up and is likely to continue to bring up previous levels of anxiety for some students,<sup>5</sup> faculty, and staff. This anxiety may also accompany symptoms of adjustment disorder, which include marked distress related to being on-campus (for some for the first time), in classroom settings and during out-of-class, on-campus interactions. COVID-19-related protocols such as social distancing, mask wearing, and reduced occupancy restrictions posed and will continue to create additional challenges for student.

**Pandemic-adapted psychological services:** Since mental health issues are likely to increase, invest in adapting validated treatments for pandemic-related concerns, such as how to mitigate the

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<sup>5</sup> For example, international students, who might be starting their second year of studies but be experiencing their first in-person year on campus.

negative effects of social isolation and limited outdoor activity. Our data showed that the most prevalent issue was pandemic fatigue, which may exacerbate pre-existing psychological concerns and contribute to the emergence of new ones. PSI mental health support and counselling services should therefore take a pandemic-informed perspective in adapting treatments for concerns such as health anxiety and adjustment difficulties related to new campus-life protocols. Given that, as mentioned (Hamza, et al., 2021), in some cases students with pre-existing mental health concerns fare better than those who never experienced a serious mental health concern. Therefore, mental health services should cater to all emerging psychopathology. Further, cultural context should be front and centre to ensure that students from marginalized backgrounds are not overlooked. Proactively engage students in designing, adapting, and delivering treatments, especially those provided virtually.

**Space and navigational constraints:** Due to space constraints – such as crowded classrooms and hallways, near capacity student residences, poor ventilation, and the shortage of directions on how to navigate campus areas – some post-secondary institutions (PSIs) may not be able to implement post-pandemic preventative measures. Yet, these factors can increase anxiety and, for some, even induce panic-like symptoms. Obsessive and compulsive symptoms can escalate or feelings of hopelessness and helplessness thinking can exacerbate distress. Seek regular feedback from students about space, seating, and navigational planning and make it as conducive as possible to their mental health.

**Living with family-related stressors:** Most students have spent extended periods living with their families, which could be generally be beneficial to their mental health. Results of our survey found family support the most endorsed adaptive coping mechanism. At the same time, students experienced a range of family-related concerns that affected their well-being. These included sharing physical spaces and appliances, limited access to mobile phones and internet bandwidth, changes in eating and sleeping patterns, familial duties (e.g., taking care of younger siblings or grandparents, spending time on household chores), experiencing or witnessing emotional or physical abuse, grief over losing loved ones (e.g., elderly grandparents or extended family members overseas), and parental employment. Be aware of such concerns and provide therapeutic avenues to let students share their feelings and experiences about living with their family. Paying close attention to issues such as domestic abuse or exploitation. When such instances arise, connect the student to relevant services and supports.

**Chronic and complex mental health needs:** Clinical leaders and campus administrators are faced with managing complex student mental health challenges. For some PSIs support can include, facilitating the coordination of students' chronic and complex mental health needs using effective and available community mental health supports. such as dialectical behaviour therapy (DBT); culturally informed, trauma-focused treatment for Indigenous learners and persons of colour; and mental health support services for non-binary individuals from unsupportive families. In addition, campus mental health leaders can explore embedding specialized clinical services within their programs (e.g., Recovery College; see Stevens et al., 2018).

**Coping with psychological stress:** As students return to campuses, health promotion teams can provide education on coping with psychological stress which student may like experience on their return (Horesh & Brown, 2020). These coping strategies should aim to normalize expectable emotional responses and concerns students are likely to experience as they transition back to campus, promote clear and concrete behavioural based recognition of signs and symptoms that warrant clinical evaluation, identify readily available resources which students can access easily, and

disseminate evidence-based strategies that enhance coping and adaptation to pandemic-related stressors faced by students in PSIs settings.

**Calibration of counselling supports:** PSIs should continue offering students in-person and remote counselling, along with other mental health service options. Counselling centres should also assess which clients and clinical conditions are more conducive to online versus in-person counselling. Give due consideration to each student's age, living arrangements, access to interruption-free and confidential space, and their options to connect (e.g., chat, text). When offering remote counselling services, make sure students are comfortable with it and have access to the appropriate technology and software.

**Behavioral and mental health teams:** COVID-19 represents a unique opportunity for campus administrators to adopt innovative models of care (e.g., telehealth services) and identify students' assets and strengths, along with resilience-promoting factors that will help them respond more effectively to future disruptions. To prepare for such incidents, PSIs should focus on integrating behavioural and mental health services to prepare for future contingencies. Behavioural health teams, drawn from multiple disciplines, can be critical for explaining the role of personal choice within the physical, social, and cultural influences on health and mental health. Through focused groups, discussions, lectures, and campus-based town halls, a more comprehensive understanding of health and mental health can help an entire campus community design, communicate (with all stakeholders), implement, and evaluate policies and processes that promote an inclusive notion of health and mental health.

## Equitable and inclusive mental health services

**Inclusive outreach:** Promote mental health for marginalized students (e.g., Black, Indigenous, sexual and gender diversity) by having both diversity, equity, and inclusion and student affairs offices (and others) partner with counselling centres to enhance capacity, provide personalized outreach, and strengthen equity, inclusion, and belonging.

**Co-design mental health services with marginalized students:** Engage with marginalized students to explore which campus policies and processes adversely impact their health and mental health. Give students and staff incentives and support to enable them to suggest concrete steps for establishing equitable mental health supports across campus.

**Communications:** Offer a variety of secure ways (e.g., text, flexible appointment times) for students to communicate safely with mental health professionals. Students with diverse gender and sexual identities, and those who have been living in stigmatizing environments without family support, will benefit from non-traditional communication channels such the ability to access information on mental health services at the financial aid, student union, or registrar's office.

**Equitable, culturally responsive, and inclusive mental health support:** Ensure that counselling staff has a demonstrable competence in equity, diversity, and inclusion and can provide effective and respectful clinical care to students from marginalized groups (e.g., gender, race, ethnicity, age, socio-economic status, gender expression, sexual orientation, immigrant status, religion, invisible and visible disability, language, pronunciation and/or other abilities), for both in-person and remote services.

**Combating domestic abuse:** Unfortunately, COVID-19 pandemic has also increased the incidents of domestic abuse. As student return to campus, provide them opportunities to discuss and share practical tips about reporting and intervening with domestic abuse, intimate partner violence, ways to overcome cultural stigma to seek help, diverse ways to report abuse and seek support and

contact information of agencies or centres which provide support in all mental health as well as in course content.

**Co-design anti-racism programs with students from marginalized and diverse backgrounds:**

Engage with students from marginalized and diverse backgrounds to explore specific campus policies and processes that have adversely impacted their health and mental health. Create an inclusive representation of all groups on campus, who can work together in a safe space to discuss their experiences of psychological distress due to inequities. Follow up these discussions with specific, concrete, and practical actions tied to impactful outcomes for combating, anti-Black racism, anti-Indigenous racism, anti-Asian racism, Islamophobia, anti-Semitism (or anti-religious racism), and other forms of oppression.

**Co-design with students with lived experience:** The health inequities exposed during the pandemic offer PSIs an opportunity to review, revise, and (where appropriate), dismantle policies and practices that perpetuate mental health inequities for marginalized students. These include barriers in accessing services, disproportionately high rates of psychiatric diagnoses and prescriptions, premature withdrawals from treatment, a lack of culturally responsive care, etc. To address such issues, PSIs need a systematic approach that involves sophisticated, in-depth staff training on how to recognize and treat these students' symptoms, including racialized trauma. Campus mental health professionals must understand the lived and living experience of many marginalized students and the subsequent effects of racism for them at psychological, academic, social, and economic levels. These students should be invited to co-design interventions that can address their psychological concerns. Such a proactive approach will help to establish cultural humility in PSI counselling practices.

**Cultural humility:** In the context of PSI mental health care, cultural humility should be embedded across student services to optimize interactions between students from diverse cultures who have different values, backgrounds, lifestyles, and ways of learning. Cultural humility can be incorporated across student services by adopting a nonjudgmental stance on culturally based differences, and exercising genuine curiosity to explore differences respectfully (Akerle et al., 2021; Fisher-Borne et al., 2015).

**Employ equitable systems:** Senior PSI leaders should make concerted efforts to recruit, retain, develop, and promote staff from diverse backgrounds. This diversity should go beyond tokenism: staff should have sophisticated, practical, and flexible skills to offer. Mental health professionals, for instance, should have skills that enable them to offer culturally responsive care, interpret cultural idioms of distress, and distinguish cultural influences on presenting psychological problems. Results should be measured according to the access, retention, and treatment outcome and completion rates of students from marginalized communities. Another important measure could be the number of culturally focused resources and their frequency of use.

## Accessibility

**First contact:** Ensure process for first counselling appointments, especially during peak periods of the semester when students encounter academic stress. Ensure that ways to access services are described and readily available online and in high-traffic areas on campus. Also be sure to clearly explain booking and cancellation processes, and no show charges, if any.

**Flexible Application of Policies:** Share with students, flexible application of policies and processes which can pre-emptively decrease student stress as they transition back to campus such as ability to take classes in-person and/or online, flexible options to complete and submit assignments and

projects especially for courses which historically elevate stress, individualized accommodations for students with documented mental illness issues). Reach out specifically to students from marginalized and racialized backgrounds, who may have accessibility barriers, be working in essential service sectors, or not have ready access to the latest information.

**Offer accessible, flexible models of mental health care:** Design, re-design, or improve your services through the lens of accessibility and flexibility. Offer same-day, drop-in hours (in-person, where appropriate, and/or virtual) and brief consults. Invite regular, anonymous feedback and suggestions from vulnerable and marginalized students on the best ways to overcome specific cultural, economic, logistical, and administrative barriers. Such solutions could include offering students who work during the day remote-based or evening counselling services and students with specific problems culturally responsive, short-term skills- and strengths-based interventions.

## Evidence-based mental health services

**Seek timely and anonymous feedback:** Elicit ongoing feedback from students with minority backgrounds on the effectiveness and relevance of the treatments you offer. Modify existing and Eurocentric counselling practices in light of suggestions provided by representative student voices. Develop an index of cultural idioms of distress and an index of risk that takes existing vulnerabilities into account.

**Collect a wide range of data:** Senior administrators and clinical leaders need to collect data using standardized, valid and reliable measures that assess the impact of COVID-19 on mental health. They also need to conduct case studies and administer regular surveys on student satisfaction and needs assessment to stay abreast of evolving pandemic trends (and respond accordingly). Data should be collected longitudinally to analyze the long-term impact of COVID-19 and devise specific interventions for its various phases.

**Ongoing feedback system:** Put a thoughtful and ongoing feedback system in place that can track the effectiveness of online counselling and mental health services while responding to pandemic-related societal and campus issues. Use standardized outcome measures as well as COVID-19-specific and culturally sensitive measures to inform research, education, and training.

**Preventive COVID-19-related PTSD:** Campuses collaboration with other PSIs on clinical research to prevent post-traumatic stress disorder (PTSD) among students who (1) test positive COVID-19, (2) have recovered from COVID, (3) are experiencing long-haul symptoms, (4) have pre-existing mental health concerns, or (5) have been impacted considerably by it (e.g., loss of a significant other). Include baseline measures for assessing specific symptoms of post-traumatic exposure, and short- and long-term effects of COVID-19. Offer timely preventative interventions which include multiple outcomes measures, and long-term followups. If randomized control trials are not feasible, consider quasi-experimental and time-series designs.

**Community partnerships for specialized treatment:** Many students with chronic and complex clinical problems have been unable to access specialized treatment due to COVID-19 restrictions. Others might have avoided treatment because of lack of motivation –often part and parcel of the condition. Clinical PSI leaders should consider liaising with community-based specialized treatment programs as a way to offer those that are the most relevant and needed. These include DBT, trauma-informed therapy, culturally informed, trauma-focused treatment for persons of colour, and mental health support services for non-binary individuals from unsupportive families. These specialized treatments and interventions should be supplemented by consulting with experts with specific expertise (e.g., sleep hygiene, exercise, mindfulness, art and nature therapy).

# Crisis management

**Well-coordinated crisis response:** Plan and train all relevant staff (using specific, appropriate case studies and scenarios about how a well-coordinated cross-campus response has worked) to deal with emergency situations during COVID-19, especially when services are being offered virtually or on-site to students in residence. Train all relevant staff and key stakeholders in responding to crises. Ensure that each stakeholder is familiar with safety protocols, confidentiality provisions and important exceptions, communication flow and decision-making practices. Include counselling, medical, disability services, campus and community safety personnel and student residence staff in this training. Ensure that each stakeholder is skilled in cultural competence and responsiveness, especially when dealing with Indigenous, marginalized and international students.

**Outreach for at-risk students:** Put in place an effective, strategic, culturally informed, early outreach program for at-risk student populations, including those who are Indigenous, first generation, racialized/marginalized, living with disabilities, 2SLGBTQ+, first-year (in residence), and non-traditional (e.g., older, part-time). These students are the most likely to experience elevated stress levels due to COVID-19. To help outreach programs adapt and make necessary changes, collect data (with permission), conduct evaluations, and elicit anonymous feedback about their impact.

**Crisis management:** Ensure that counselling staff is well trained in assessing (quantitatively or qualitatively) suicidal ideation, is able to identify culturally informed behaviours, and has the skills to engage with students in safety planning online. Train staff regularly in the (culturally informed) risks and vulnerabilities of suicidal behaviour.

**Safety planning:** As students transition back to campus, ensure that clinical and other relevant support staff are well trained in all components of safety planning (Stanley et al., 2018). These include the:

- capacity to identify and assess suicide risk
- culturally responsive therapeutic skills required to obtain a crisis narrative
- psycho-educational skills needed to introduce safety planning in accessible and respectful language to students at risk and relevant individuals
- ability to identify warning signs for those at risk, within cultural or socio-economic contexts
- necessary skills to collaborate with students and relevant individuals to complete safety plans
- proficiency needed to implement safety plans through concrete, implementable actions and to revise them according to the evolving situation
- interpersonal skills required for follow up.

**Integrated care:** Put in place effective, integrated interdisciplinary mental health services (e.g., counsellor/therapist, family physician, psychiatrist, nurse, social worker, and case coordinator with health promotion and crisis management) to support students with complex and chronic needs who require such care (or additional care in the context of COVID-19).

# Building capacity to support student mental health

**Training for online mental health support:** Offering ongoing training can enable clinicians and staff to support students who have mental health concerns with online interventions and programs. These include workshops, forums, and webinars on current issues such as virtual therapy, gender-based violence, and COVID-19 fatigue.

**Collaborate with academic and student services:** Make psycho-educational workshops and interactive discussions available (in collaboration with academic other student services) using multiple mediums (e.g., online, synchronous and asynchronous, hybrid options [when and where appropriate], in-person, group). Integrate mental health and academic challenges and offer high-impact, resource-rich problem-solving programs.

**Accurate and timely dissemination of information:** To meet the needs of students and other campus community members as they transition back to campus in the midst of a pandemic, put a practical information system in place that is consistent, responsive to inquiries, and accessible through a wide range of media. Inaccurate, incomplete, and decontextualized information (in particular, when filtered through social media) can worsen student mental health, especially among those already experiencing concerns.

**Multidisciplinary behavioural health teams:** The pandemic has highlighted the need to take a campus approach to student mental health and leverage their own expertise (and that of other campuses), learn from public health agencies, and hire external experts. Many campuses have deployed multidisciplinary behavioural health teams to advise senior emergency leadership committees and/or assist with the coordination of care. To enhance organizational effectiveness, researchers recommend implementing such expertise at various levels to coordinate crises, mitigate risk, optimize communications, build resilience, and foster collaborative teamwork (Kisely et al., 2020; Pfefferbaum & North, 2020; Van Bavel et al., 2020). These committees or teams are positioned to address emerging concerns with evolving phases of the pandemic, such as cross-jurisdictional virtual mental health services, anonymous safety reporting mechanisms (Dzau et al., 2020), and coordinating care with hospitals and public health agencies.

**Resilience and well-being programming:** Embed evidence-based resilience and well-being programs with multiple tiers (e.g., short courses, workshops, webinars, virtual discussion groups, and groups that award co-curricular credits) as prevention and treatment options. Be sure they explicitly address scientifically based notions of well-being and resilience.

**Expanding mental health service across jurisdictions:** Given the substantial number of interprovincial and international students, PSIs should discuss with provincial and territorial regulators how to offer mental health services when students are physically outside the jurisdiction and the clinician is authorized to offer clinical services. It might be beneficial to expand licensure agreements across jurisdictions, allowing PSIs to offer tele-mental health or remote mental health services across and outside Canada.

**Train faculty:** Faculty are quintessential part of campus life. Faculty work on the frontlines of the academic with regular contact with students. This makes them positioned to recognize when students are in student in distress. Faculty would greatly benefit in how to respond to students in distress by maintaining appropriate boundaries, that includes not becoming overwhelmed themselves.

# Overall well-being

**Screen fatigue:** While Zoom and other video-conferencing platforms have made online communication possible and are likely to remain part of delivering instruction and services, they are not without limitations. For example, humans use a range of precisely timed vocalizations, gestures, and movements to communicate, and they rely on precise responses from others to determine if they are being understood. Though it looks that things are happening in real time when using such platforms, there is a slight (milliseconds) delay between when an action is performed and when it is received. Therefore, more mental exertion is needed in such an environment to keep up with synchronous communication (McConnon, 2020).

To avoid the negative outcomes of video conferencing, published literature has offered following suggestions (Baker & Murphy, 2021; Kershaw et al., 2021; McConnon, 2020)

- When organizing, keeping meeting less than two hour
- Ensuring participants' proficiency in videoconferencing

## During the meeting:

- looking at the camera, instead of other participants, to establish direct eye contact and an authoritative response
- keeping your background simple and clean to signal professionalism
- staying on mute when you are not speaking to avoid interruptions
- using a slightly louder voice when speaking, as if presenting to a larger audience
- avoiding side activities to stay fully engaged in the meeting
- asking to keep the camera off while not speaking to eliminate distraction and overstimulation.

**Recommendations to mitigate pandemic challenges:** Post-secondary students are now facing increased financial hardships; housing and food insecurity; and a lack of social connectedness, sense of belonging, and certainty about the future. These issues are impeding their academic performance and well-being. Lederer and colleagues (2021) offer following recommendations:

1. **Use data to guide decision making:** Collect relevant data, especially about the prevalence of specific psychological concerns, to determine treatment priorities. Include COVID-19-related pressures to assess additive stress, particularly when making comparisons with normative data (if available).
2. **Communicate clearly:** PSIs can be a trusted source of information and support when they provide frequent, consistent, clear, reliable, and compassionate communication – primarily through the most readily used channels – to students and the rest of the campus community.
3. **Prioritize student support services:** Many institutions already have campus-based resources, such as health and counselling centres, health promotion and student affairs offices, and other support services, including offices dedicated to LGBT students, multicultural affairs, students with disabilities, international students, and other underrepresented student populations. As institutions endure budget cuts due to COVID-19, these resources should be seen as critical investments in student success, although it is important that they identify innovative approaches for adapting their services during the pandemic.

# Appendix II. Campus Mental Health and COVID-19: Key Insights from Published Research

We grouped the key research insights into five sections:

- Clinical concerns
- Overall well-being
- Academics
- Crisis management
- Capacity building

## Clinical concerns (anxiety, depression, stress)

**The second wave of COVID-19: decline in overall mental health, community belonging, and life satisfaction:** This study, based on representative adults in Canada (N = 11,324), found that high self-reported mental health declined across demographics to 59.5 per cent in 2020 from 66.7 per cent in 2019. Similarly, high community belonging declined from 68.4 to 63.6 per cent while average life satisfaction decreased from 8.08 to 7.19 (on a scale of 1-10). Immigrant and racialized males reported significantly less prevalent high community belonging over the same period.

**Key insight:** Within-person changes in mental health should be studied over time. Focused and targeted interventions that aim to expand social bonding among racialized and immigrant males should also be prioritized.

**Reference:** Capaldi, C. A., Liu, L., & Dopko, R. L. (2021). Positive mental health and perceived change in mental health among adults in Canada during the second wave of the COVID-19 pandemic. *Health Promotion and Chronic Disease Prevention in Canada*, 41(11).  
<https://doi.org/10.24095/hpcdp.41.11.05>

**Psychological distress and separation from classmates and social groups during COVID-19:** The separation from classmates or social groups during COVID-19 increased the stress and anxiety levels among college students. Students' perceived stress impacted academic workload, whereas fears of contagion may lead to negative consequences for their physical and mental health.

**Key insight:** A multi-dimensional approach, which includes the engagement of parents, peers, mental health professionals (via social media platforms), and school-based student services, can mitigate the effects of separation from classmates and social groups.

**Reference:** Yang, C., Chen, A., & Chen, Y. (2021). College students' stress and health in the COVID-19 pandemic: The role of academic workload, separation from school, and fears of contagion. *PloS ONE*, 16(2), Article e0246676. <https://doi.org/10.1371/journal.pone.0246676>

**COVID-19 fear and anxiety among Chinese university students:** Chinese female students tend to experience higher levels of anxiety, worries, and fear; this may be explained by women's higher anxiety sensitivity and physiological reactivity, and greater difficulty with emotional adjustment than men. Overseas international students experienced significantly higher anxiety than mainland

Chinese students due to being far away in an unfamiliar place. Fear of instability was also higher in students who were away from family.

**Key insight:** Educational institutions should provide services that include online support groups and social media groups for mutual support to alleviate fear and anxiety among international students.

**Reference:** Feng, S., Zhang, Q., & Ho, S. M. Y. (2021). Fear and anxiety about COVID-19 among local and overseas Chinese university students. *Health and Social Care in the Community*, 29(6), e249–e258. <https://doi.org/10.1111/hsc.13347>

**Alcohol and substance use among college students:** Most students reported a decrease in quality of life (71.7%), an increase in levels of anxiety (63.7%), and problems with basic resource needs (53.8%). Reports of alcohol consumption increased for 26.9% of students, while 15.1 per cent reported an increase in cannabis use.

**Key insight:** The pandemic provides a unique opportunity for campus administrators to leverage innovative models of care, such as the widespread adoption of telehealth services, and to identify students' assets, strengths, and resilience-promoting factors that will allow them to respond more effectively to future massive disruptions.

**Reference:** Firkey, M. K., Sheinfil, A. Z., & Woolf-King, S. E. (2021). Substance use, sexual behavior, and general well-being of U.S. college students during the COVID-19 pandemic: A brief report. *Journal of American College Health*, 1–7. <https://doi.org/10.1080/07448481.2020.1869750>

## Equity, diversity, and inclusion

**Social isolation contributed to depression and anxiety among first-year sexual/gender minority students:** Depression and anxiety levels were assessed in 419 first-year students (ages 18–20) at a large public university in North Carolina, both before (October 2019–February 2020) and after (June/July 2020). Results indicated that anxiety increased to 25 per cent from 18 per cent, and depression increased to 32 per cent from 22 per cent. White, female, and sexual/gender minority (SGM) students had the highest risk of increased anxiety symptoms; non-Hispanic, Black, female, and SGM students had the highest risk of increased depression symptoms.

**Key insight:** Additional support, using creative ways of thoughtfully engaging Black and SGM students to reduce feelings of social isolation, is vital, as is addressing sources of structural inequity.

**Reference:** Fruehwirth, J. C., Biswas, S., & Perreira, K. M. (2021) The COVID-19 pandemic and mental health of first-year college students: Examining the effect of COVID-19 stressors using longitudinal data. *PLoS ONE*, 16(3), Article e0247999. <https://doi.org/10.1371/journal.pone.0247999>

**Anti-Asian racism and collective psychosocial resilience:** The pandemic has produced a surge in anti-Asian racism, which has had a harmful psychological impact among Asian Americans. This article highlights the individual and collective resilience found in a commonly held critical consciousness of discrimination, a critical consciousness-informed racial/ethnic identity, and advocacy as avenues for combating the pernicious effects of COVID-19 anti-Asian racism.

**Key insight:** The identification of collective psychosocial resilience for empowering and protecting Asian Americans against the harmful effects of COVID-19 anti-Asian racism is proposed, during and beyond the pandemic.

**Reference:** Cheng, H.-L., Kim, H. Y., Reynolds (Taewon Choi), J. D., Tsong, Y., & Joel Wong, Y. (2021). COVID-19 anti-Asian racism: A tripartite model of collective psychosocial resilience. *American Psychologist*, 76(4), 627–642. <https://doi.org/10.1037/amp0000808>

**Sleeper effects and sensitizing effects:** This mixed-method study assessed perceived stress and anxiety in a diverse sample of young adult college students across the U.S. at two time points during the COVID-19 pandemic. It identified inequalities in students' well-being, particularly in relation to gender identity and sexual orientation. Women reported poorer well-being compared to men; transgender and gender diverse and sexual minority youth reported worse outcomes than their cisgender, heterosexual peers.

**Key insight:** It is important to assess longitudinal financial and mental health outcomes to uncover “sleeper effects” (i.e., pandemic-related stress that is not immediately observed until a later period of development) and “sensitizing effects” (i.e., pandemic experiences that lower the threshold for tolerating later stress), which may trigger psychopathology among vulnerable youth in the future.

**Reference:** Hoyt, L. T., Cohen, A. K., Dull, B., Maker Castro, E., & Yazdani, N. (2021). “Constant stress has become the new normal”: Stress and anxiety inequalities among U.S. college students in the time of COVID-19. *Journal of Adolescent Health*, 68(2), 270-276.

<https://doi.org/10.1016/j.jadohealth.2020.10.030>

**Food and housing insecurity as predictors of anxiety and depression:** In this study, a majority (81.1%) of college age students (N = 2,282) reported loss of household income, half (49.8%) reported worries about income, and half (49.8%) reported worries about losing housing. High levels of food and housing insecurity were the strongest predictors of anxiety and depression.

**Key insight:** The impact of food and housing insecurity due to the pandemic could produce symptoms of anxiety and depression among students.

**Reference:** Jones, H. E., Manze, M., Ngo, V., Lamberson, P., & Freudenberg, N. (2021). The impact of the COVID-19 pandemic on college students' health and financial stability in New York City: Findings from a population-based sample of City University of New York (CUNY) students. *Journal of Urban Health*, 98(2), 187-196. <https://doi.org/10.1007/s11524-020-00506-x>

**The influence of socio-demographic factors on COVID-19 preparedness:** A U.S.-based study conducted in the wake of reports that socio-demographic factors such as age, race, education, family income, and sex influence COVID-related perceptions, as reflected by knowledge, stress, and preventive behaviour. It used a survey to estimate the difference in COVID-related perceptions among diverse socio-demographic groups and the influence of a heterogeneity of such characteristics on these perceptions.

**Key insight:** Socio-demographic heterogeneity significantly influences COVID-related perceptions, with race, family income, and sex being the strongest determinants.

**Reference:** Mondal, P., Sinharoy, A., Sankoorikal, B.-J., Siddaiah, R., Mazur, L., & Graff, G. (2021). The influence of sociodemographic heterogeneity on the perceptions of COVID-19: A countrywide survey study in the USA. *International Journal of Environmental Research and Public Health*, 18(17), Article 8922. <https://doi.org/10.3390/ijerph18178922>

## Overall well-being (loneliness, lockdowns, social, media, well-being, and resilience)

**The impact of isolation, loneliness, and worries on student mental health:** Isolation, loneliness, and worries about contagion were found to be major sources of stress that contribute to poorer psychological health. Students in particular, due to the emergency transition from in-person to online learning, had higher stress levels, especially when increased coursework and technological

difficulties were present. High levels of pre-existing self-efficacy and physical exercise were found to be positive determinants of personal resilience and mental health.

**Key insight:** Financial assistance should be included as source of mental health support for students experiencing COVID-19-related traumas who also face economic instability due to the pandemic.

**Reference:** Ihm, L., Zhang, H., van Vijfeijken, A., & Waugh, M. G. (2021). Impacts of the COVID-19 pandemic on the health of university students. *International Journal of Health Planning and Management*, 36(3), 618–627. <https://doi.org/10.1002/hpm.3145>

**Loneliness: risk and protective factors during COVID-19:** This study, which surveyed nearly 2,000 adults (18–87) in the U.K. between March 23 and April 24, 2020, found that the prevalence of loneliness was 27 per cent. Being younger, separated, or divorced; meeting the clinical threshold for major depressive disorder; having poor quality sleep; and difficulties regulating emotions were significant risk factors during the initial stage of the lockdown. Protective factors were being married or co-habiting, living with a greater number of adults, and having higher levels of perceived social support factors.

**Key insight:** Interventions aimed at improving emotional regulation, sleep quality, and social support may be the most effective in mitigating adverse impacts on loneliness.

**Reference:** Groarke, J. M., Berry, E., Graham-Wisener, L., McKenna-Plumley, P. E., McGlinchey, E., & Armour, C. (2020). Loneliness in the UK during the COVID-19 pandemic: Cross-sectional results from the COVID-19 psychological wellbeing study. *PLoS ONE*, 15(9), Article e0239698. <https://doi.org/10.1371/journal.pone.0239698>

**It's not (household) size that matters, it's who you're with:** Exploring the conditions under which people felt more connected, this study of undergraduates in Canada ( $n = 548$ ) and adults in the U.S. and the U.K. ( $n = 336$ ) explored whether changes in overall feelings of social connection varied by household size and composition. Results revealed that living with a partner – but not how many people or who else one lives with – appeared to grant unique benefits during these uncertain times.

**Key insight:** Policy makers might consider developing social and physical distancing guidelines that protect people's physical health while ensuring that they maintain a sense of closeness and connection by spending time in proximity with partners, even outside their households.

**Reference:** Okabe-Miyamoto, K., Folk, D., Lyubomirsky, S., & Dunn, E. W. (2021). Changes in social connection during COVID-19 social distancing: It's not (household) size that matters, it's who you're with. *PLoS ONE*, 16(1), Article 0245009. <https://doi.org/10.1371/journal.pone.0245009>

**Resilience and loneliness in young adults during COVID-19:** During the pandemic lockdown period, behaviour related to mental health care needs, such as professional help seeking, the use of psychotropic drugs, and psychiatric department admissions, was found to have increased in nearly five per cent of 825 young adults (18–25) from Belgium and Italy. Those who experienced an increase in their help-seeking attitude and behaviour exhibited fewer resilience competencies than those who did not seek mental health help.

**Key insight:** Evidence-based resilience skills can be taught to all young adults on a large scale. Online large-scale surveys should be used to detect at-risk young adults.

**Reference:** Marchini, S., Zaurino, E., Bouziotis, J., Brondino, N., Delvenne, V., & Delhay, M. (2021). Study of resilience and loneliness in youth (18–25 years old) during the COVID-19 pandemic lockdown measures. *Journal of Community Psychology*, 49(2), 468–480. <https://doi.org/10.1002/jcop.22473>

**Loneliness among college students during the COVID-19 pandemic:** The prevalence of emotional (rather than social) loneliness during the mandatory lockdown period was higher in students (than before lockdown), with 56.7 per cent experiencing moderate levels of loneliness and 23.6 per cent feeling severely lonely. This higher level of emotional loneliness was associated with lower scores of personal resilience, while a higher level of social loneliness was connected to lower scores of coping and social supports. Individuals with higher scores on resilience and coping skills reported lower levels of anxiety, stress, and depression.

**Key insight:** Interventions aimed at increasing resilience, social support, and coping behaviours may help decrease emotional and social loneliness caused by mandatory lockdowns during COVID-19.

**Reference:** Labrague, L. J., De los Santos, J. A. A., & Falguera, C. C. (2021). Social and emotional loneliness among college students during the COVID-19 pandemic: The predictive role of coping behaviors, social support, and personal resilience. *Perspectives in Psychiatric Care*, 57(4), 1578-1584. <https://doi.org/10.1111/ppc.12721>

**The differential impact of lockdown fatigue: early versus final year college students:** The most prominent symptoms of lockdown fatigue reported by students include tiredness or physical exhaustion, headaches and body pain, decreased motivation, and excessive worry. Students in graduating years reported lower levels of fatigue compared to incoming students or those in early years. Stronger coping skills and personal resilience were associated with significantly lower levels of lockdown fatigue.

**Key insight:** To cope with future lockdown fatigue, interventions should be customized, should be aimed at enhancing resilience, and should consider the differential impact of fatigue on early versus final year students.

**Reference:** Labrague, L. J., & Ballad, C. A. (2021). Lockdown fatigue among college students during the COVID-19 pandemic: Predictive role of personal resilience, coping behaviors, and health. *Perspectives in Psychiatric Care*. <https://doi.org/10.1101/2020.10.18.20213942>

**Levels of loneliness differ by age, and people adapt to it:** This study found that during first two waves of the pandemic, the experience of loneliness differed across various age groups. Older adults (65+) reported the lowest prevalence of loneliness, middle-aged adults (40-64) were in the mid-range, and young adults reported the highest prevalence. Despite some detrimental impact on vulnerable individuals (those living alone and with chronic health conditions), there was no large increase in loneliness during the pandemic but remarkable resilience in response to COVID-19.

**Key insight:** Interventions to mitigate loneliness should be data driven, avoiding assumptions that specific groups may be more vulnerable than others. How people adapted to loneliness invites further exploration on the specific protective factors that mediated this resilience.

**Reference:** Luchetti, M., Lee, J. H., Aschwanden, D., Sesker, A., Strickhouser, J. E., Terracciano, A., & Sutin, A. R. (2020). The trajectory of loneliness in response to COVID-19. *American Psychologist*, 75(7), 897-908. <https://doi.org/10.1037/amp0000690>

**Food insecurity and eating disorder symptoms before and during COVID-19:** Students with food insecurity were found to have had a higher prevalence of a probable eating disorder diagnosis than those without food insecurity. Students with food insecurity also engaged in more frequent compensatory fasting and objective binge eating than those without. No association was found between food insecurity and frequency of purging or excessive exercising.

**Key insight:** Implementing eating disorder screenings is crucial for university students, so that they can be appropriately referred for treatment.

**Reference:** Christensen, K. A., Forbush, K. T., Richson, B. N., Thomeczek, M. L., Perko, V. L., Bjorlie, K., Christian, K., Ayres, J., Wildes, J. E., & Mildrum Chana, S. (2021). Food insecurity associated with elevated eating disorder symptoms, impairment, and eating disorder diagnoses in American university student sample before and during the beginning of the COVID-19 pandemic. *International Journal of Eating Disorders*, 54(7), 1213-1223. <https://doi.org/10.1002/eat.23517>

## Coping/societal

**Physical activity during COVID-19:** Examining the impact of COVID-19 on the physical activity of students, this study found that a significant decline in physical activity was associated in with an increase in stress and in depressive symptoms among college students.

**Key insight:** Post-secondary institutions (PSIs) must be proactive in exploring and instilling innovative policies, programs, and practices to facilitate the promotion of college students' physical activity and mental health.

**Reference:** Wilson, O. W. A., Holland, K. E., Elliott, L. D., Duffey, M., & Bopp, M. (2021). The impact of the COVID-19 pandemic on US college students' physical activity and mental health, *Journal of Physical Activity and Health*, 18(3), 272-278. <https://doi.org/10.1123/jpah.2020-0325>

**Self-regulation can improve coping skills for stress:** Individual and contextual characteristics moderated the increase in study-related stress after a campus closure and shift to virtual classes. Students' own capacity for self-regulation contributed to a decrease in stress that was linked to procrastination.

**Key insight:** Campus mental health leaders should focus on teaching students about specific self-regulation strategies as a means to decrease stress linked to procrastination.

**Reference:** von Keyserlingk, L., Yamaguchi-Pedroza, K., Arum, R., & Eccles, J. S. (2022). Stress of university students before and after campus closure in response to COVID-19. *Journal of Community Psychology*, 50(1), 285-301. <https://doi.org/10.1002/jcop.22561>

**The pandemic's psychological effects on trust, government-citizen relations, and well-being:** This study from New Zealand found that people in the pandemic/lockdown group reported higher trust in science, politicians, and police; higher levels of patriotism; and higher rates of mental distress compared to people in the pre-lockdown pre-pandemic group.

**Key insight:** A strong national response to COVID-19 may bolster national attachment and increase trust in the bodies determining and enforcing lockdown guidelines. Against a backdrop of general resilience, small increases in psychological distress serve as warnings about the potential psychological consequences of lockdown and isolation.

**Reference:** Sibley, C. G., Greaves, L. M., Satherley, N., Wilson, M. S., Overall, N. C., Lee, C. H. J., Milojev, P., Bulbulia, J., Osborne, D., Milfont, T. L., Houkamau, C. A., Duck, I. M., Vickers-Jones, R., & Barlow, F. K. (2020). Effects of the COVID-19 pandemic and nationwide lockdown on trust, attitudes toward government, and well-being. *American Psychologist*, 75(5), 618-630. <https://doi.org/10.1037/amp0000662>

## Academic (online learning, policy, student success, and post-secondary trends)

**The impact of e-learning on students' psychological distress:** studying e-learning: This empirical study of 386 participants provides an understanding of how “e-Learning crack-up” and “fear of academic year loss” influence college students' mental health.

**Key insight:** PSIs can provide attractive learning materials, secure internet access, and develop efficient e-course modules, all of which can support the positive perception of students toward e-learning and ultimately improve student mental health.

**Reference:** Hasan, N., & Bao, Y. (2020). Impact of “e-Learning crack-up” perception on psychological distress among college students during the COVID-19 pandemic: A mediating role of “fear of academic year loss.” *Children and Youth Services Review*, 118, Article 105355.

<https://doi.org/10.1016/j.childyouth.2020.105355>

**Students' academic and mental health experiences during the pandemic:** In this study on the well-being of 787 Australian university students, 87 per cent reported that COVID-19 significantly impacted their academics. Some students also reported low (34%) and very low (32%) well-being. Well-being was significantly lower in females and undergraduates who had a low (self-reported) socio-economic status.

**Key insight:** Supporting the well-being, health, and learning experiences of all students should be high priorities, now and in the post-pandemic period. Strategies specifically targeting female students and those with low self-reported social status are urgently needed to avoid exacerbating existing disparities.

**Reference:** Dodd, R. H., Dadaczynski, K., Okan, O., McCaffery, K. J., & Pickles, K. (2021). Psychological well-being and academic experience of university students in Australia during COVID-19.

*International Journal of Environmental Research and Public Health*, 18, Article 866, 1-12.

<https://doi.org/10.3390/ijerph18030866>

**The correlation between digital learning and medical students' mental health:** Final year medical students experienced the greatest emotional exhaustion during lockdowns and lacked important practical training due to COVID-19 restrictions.

**Key insight:** Decreasing the clinical hours of medical students can potentially decrease their stress. Further, it is crucial to augment the effective coping strategies customized for medical studies.

**Reference:** Zis, P., Artemiadis, A., Bargiotas, P., Nteveros, A., & Hadjigeorgiou, G. M. (2021). Medical studies during the COVID-19 pandemic: The impact of digital learning on medical students' burnout and mental health. *International Journal of Environmental Research and Public Health*, 18, Article 349, 1-8. <https://doi.org/10.3390/ijerph18010349>

**International graduate students:** International students, who comprise a large demographic of graduate students in Canada, have been especially vulnerable during COVID-19. They do not meet the requirements for federal benefits such as the Canada Emergency Student Benefit (CESB). In response, the government removed work hour restrictions for international students, and those who have lost work can apply for the Canada Emergency Response Benefit (CERB). Still, since they were studying full time, many international students were not working prior to the pandemic (Corbera et al., 2020), so COVID-19 increased their existing financial strains (Study International, 2020).

**Key insight:** Immigration and work permit situations should be considered when offering international graduate students financial support or subsidies from home campuses.

**References:** Corbera, E., Anguelovski, I., Honey-Rosés, J., & Ruiz-Mallén, I. (2020). *Academia in the time of COVID-19: Our chance to develop an ethics of care*. University of British Columbia Faculty of Applied Science. <https://www.wpl.scarp.ubc.ca/academia-in-the-time-of-covid-19-our-chance-to-develop-an-ethics-of-care/>

Study International. (2020, April 24). CESB vs CERB: What's the difference and are international students in Canada eligible for both? <https://www.studyinternational.com/news/cesb-cerb-international-students-canada/>

**Student-teacher relationships in generation Z:** Generation Z is expected to have a greater affinity with technology-based learning than generation X or Y, which presents tech companies with an opportunity to partner with universities. In the COVID-19 era, new ways to teach and assess students could provide the innovation needed to improve the public education system. That said, the pandemic will likely create additional mental health needs for generation Z students.

**Key insight:** Institutions should provide free or low-cost access to mental health clinicians to assist with stress management.

**Reference:** Marshall, A. M., & Wolanskyj-Spinner, A. (2020). COVID-19: Challenges and opportunities for educators and generation Z learners. *Perspectives and Controversies*, 95(6), 1135-1137. <https://doi.org/10.1016/j.jmayocp.2020.04.015>

**Data driven policies, strong communication networks, and the use of an equity lens in decision making:** Student issues such as housing insecurity, uncertainty about the future, and having a sense of belonging have been exacerbated by the COVID-19 pandemic. Inequality for students of colour and those with low-income status are also of particular concern.

**Key insight:** The recommendations from this study include using data to drive policies, forming strong communication networks with students, investing in student spaces and supports, and using an equity lens to make decisions.

**Reference:** Lederer, A. M., Hoban, M. T., Lipson, S. K., Zhou, S., & Eisenberg, D. (2021). More than inconvenienced: The unique needs of U.S. college students during the COVID-19 pandemic. *Health Education and Behavior*, 48(1), 14-19. <https://doi.org/10.1177/1090198120969372>

## Crisis (suicidal behaviour and safety planning)

**How suicide attempts correlate to COVID-19 hospitalizations in college students:** Students who experienced hospitalization for COVID-19 infections showed much higher rates of suicidal ideation and suicide attempts than those not hospitalized. The authors attribute this data to a potential increased capacity for suicide due to the perception that lives were being threatened by illness.

**Key insight:** Students hospitalized for coronavirus infection should undergo mental health screenings before discharge, and their treatment plans should include more frequent and closer followup through counselling and other student services.

**Reference:** DeVlyder, J., Zhou, S., & Oh, H. (2021). Suicide attempts among college students hospitalized for COVID-19. *Journal of Affective Disorders*, 294, 241-244. <https://doi.org/10.1016/j.jad.2021.07.058>

**Suicide prevention methods during the pandemic:** Young adults (18-24) reported experiencing suicidal ideation more than twice as often as the general population during the pandemic.

**Key insight:** Culturally specific suicide prevention techniques can be implemented to combat the negative effects of minority stress and systemic discrimination. This can be achieved by culturally informed screening for high-risk students.

**Reference:** Xiao, Y., Hinrichs, R., Johnson, N., McKinley, A., Carlson, J., Agley, J., & Yip, P. S. F. (2021). Suicide prevention among college students before and during the COVID-19 pandemic: Protocol for a systematic review and meta-analysis. *JMIR Research Protocols*, 10(5), Article e26948. <https://doi.org/10.2196/26948>

**At-risk students for suicidal ideation during COVID-19:** This study found little change in the rates of suicidal ideation before the pandemic compared to the fall of 2020. However, there was a significantly higher rate for 2SLGBTQ+ students compared to the majority.

**Key insight:** There is a need for strategic suicide prevention for 2SLGBTQ+ students due to a higher risk of mental health difficulties during the pandemic.

**Reference:** Gratz, K. L., Mann, A. J. D., & Tull, M. T. (2021). Suicidal ideation among university students during the COVID-19 pandemic: Identifying at-risk subgroups. *Psychiatry Research*, 302, Article 114034. <https://doi.org/10.1016/j.psychres.2021.114034>

**Suicide prevention:** Leveraging data were from a nationally representative cohort based on electronic health records from January 2013 to February 2021 (N = 852,233), this study used an interrupted time series design to test an effect on the rate of severe attempted suicides. Accounting for diverse socio-demographic groups and methodological artifacts, it found a statistically significant drop in suicide incidents during COVID-19. However, forecasting indicated that, following the end of pandemic-related social restrictions, the rate of severe suicide attempts will likely increase over a 10-month period.

**Key insight:** Campus mental health leaders should be vigilant that suicidal ideation may increase, as students transition back to campus after a prolonged period of social restrictions and remote learning. Enhanced implementation of suicide prevention measures should be considered.

**Reference:** Travis-Lumer, Y., Kodesh, A., Goldberg, Y., Frangou, S., & Levine, S. (2021). Attempted suicide rates before and during the COVID-19 pandemic: Interrupted time series analysis of a nationally representative sample. *Psychological Medicine*, 1-7. <https://doi.org/10.1017/S0033291721004384>

## Capacity building (website communication)

**Website messaging by counselling centres:** This study analyzed 138 websites, exploring to what extent New York City metropolitan area school websites communicated to students about their updated mental health service offerings and psychoeducational information related to COVID-19. Overall, only half provided information about remote counselling, and 58 per cent included directions for students experiencing a mental health emergency. Compared to large or small PSIs, medium-sized PSIs were most likely to have created updated and relevant information on their websites

**Key insight:** Counselling centres should include robust and current information that lets students know how to access regular and emergency mental health services. Websites should also include relevant resources about student services and community supports.

**Reference:** Seidel, E. J., Mohlman, J., Basch, C. H., Fera, J., Cosgrove, A., & Ethan, D. (2020). Communicating mental health support to college students during COVID-19: An exploration of website messaging. *Journal of Community Health*, 45, 1259-1262. <https://doi.org/10.1007/s10900-020-00905-w>

**Online therapy: lesson learned from COVID-19:** Based on data from 114 professional, school, and addiction counsellors; clinical social workers; and marriage and family therapists in the U.S., this study suggested that counsellors, decidedly rated face-to-face therapy as more effective than virtual therapy. School counsellors found their student clients less able to connect with them online and more disengaged, distracted, and uncomfortable with the online technology than counsellors with other credentials did. Respondents also appeared to struggle with a lack of control over the functionality of the video applications and the reliability of the internet connections with their clients.

**Key insight:** Clients' ages, computer literacy, and living situations — including space and privacy at home to engage in the counselling process without distractions and interruptions, especially with spouses being off work and children being out of school — should be considered carefully.

**Reference:** Barker, G. G., & Barker, E. E. (2021). Online therapy: Lessons learned from the COVID-19 health crisis. Advance online publication. *British Journal of Guidance and Counselling*, 1-16. <https://doi.org/10.1080/03069885.2021.1889462>

**Evidence-based communication tools:** This study found that anxiety and distress, often attributed to isolation, were the most prominent mental health complaints during previous pandemics and with COVID-19. Further, post-traumatic stress was surprisingly common and possibly more enduring than depression, insomnia, and alcohol misuse. Predictions regarding COVID-19's economic impact suggest that depression and suicide rates may increase over time.

**Key insight:** Mental health outcomes related to COVID-19 will likely mirror those of previous pandemics. Clinicians and mental health leaders should focus planning efforts on the negative effects of isolation, particularly anxiety and distress, and post-traumatic stress symptoms.

**Reference:** Han, R. H., Schmidt, M. N., Waits, W. M., Bell, A. K. C., & Miller, T. L. (2020). Planning for mental health needs during COVID-19. *Current Psychiatry Reports*, 22, Article 66, 1-10. <https://doi.org/10.1007/s11920-020-01189-6>

**Tele-mental health for college students:** Prior to COVID-19, a myriad of barriers prevented the successful implementation of tele-mental health for post-secondary students, including interprovincial or interstate licensure, controlled substance prescribing, compliance with health regulation, and reimbursement through student insurance plans.

**Key insight:** To work through these barriers, which could create confusion and be an onerous task, a state-of-the-art clearinghouse of federal and provincial-territorial regulations must be established to support student mental health. It would be beneficial to expand licensure, so that mental health providers could easily obtain permission to practise tele-mental health across Canada.

**Reference:** Huilgol, Y. S., Torous, J., Gold, J. A., & Goldman, M. L. (2021). Telemental health policies for college students during COVID-19 [Commentary]. *Journal of American College Health*, 1-5. <https://doi.org/10.1080/07448481.2021.1909040>



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