



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



CACUSS / ASEUCC

# Emerging Evidence on Post-Secondary Student Mental Health During the COVID-19 Pandemic

Guiding Your Work With the  
National Standard

---

*Ce document est disponible en français*

**Citation information**

Suggested citation: Mental Health Commission of Canada. (2022). *Emerging evidence on post-secondary student mental health during the COVID-19 pandemic: Guiding your work with the National Standard* <https://mentalhealthcommission.ca/>

© 2022 Mental Health Commission of Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada.

ISBN : 978-1-77318-296-4

Legal deposit National Library of Canada



The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

## Purpose

This document is designed to help all members of Canada's post-secondary community build and improve their student mental health strategies. It is based on emerging evidence from the COVID-19 pandemic and guided by the [National Standard for Mental Health and Well-Being for Post-Secondary Students](#) (the Standard).

Whether you are a senior leader, student affairs professional, mental health clinician, faculty or staff member, or student leader, adapting to today's ever-evolving context remains critical. As you continue to plan, design, deliver, and evaluate your programs and services, this document can be used to support your efforts to strengthen student mental health and well-being during and beyond the pandemic.

## Background

While the pandemic propelled post-secondary institutions into online learning and service delivery, doing so has created challenges and opportunities for student mental health and well-being.

To better understand the ongoing impact of COVID-19, the Mental Health Commission of Canada supported a national survey by the Campus Mental Health Community of Practice from the [Canadian Association of College and University Student Services](#). The survey assessed the challenges, needs, and resources for 69 campuses between 2020 and 2021<sup>1</sup> and allowed campus mental health professionals and student affairs leaders to share their experiences. The results are available in a comprehensive report, called [Campus Mental Health Across Canada: The Ongoing Impact of COVID-19](#).

In the following pages, we connect its findings and recommendations with the Standard under four main themes:

1. Learning environments
2. Individual and interpersonal factors
3. Mental health supports
4. Equity, diversity, and inclusion

---

<sup>1</sup> The report also includes the planning period for the 2021-22 academic year.

# 1. Learning Environments

*Learning environment: “the diverse spaces (virtual or physical), approaches, contexts, and cultures in which teaching and learning take place; inclusive of the academic environment” (Standard, p. 14).*

## Key report findings and recommendations

- Top academic presenting concerns for students<sup>2</sup>:
  - the lack of in-person social connections with peers (77%)
  - online learning fatigue (77%)
  - motivation (70%)
  - attention and concentration issues (62%)
  - increased academic workload due to online learning (32%)
- Remote learning issues (e.g., virtual access, communication with instructors, access to accommodation, technological issues, online learning fatigue, attention and concentration difficulties) were reported by 19 per cent of leaders in 2021, up from eight per cent in 2020.
- Appendix I suggestions:
  - Consider factors that can influence the safety and overall well-being of students and their learning environments, such as crowded classrooms and hallways, near capacity student residences, ventilation, directions for navigating campus areas, etc.
  - Apply proactive and flexible academic policies to decrease student stress.
  - Collect feedback from students on what campus-related factors increase or decrease their stress, both in student life and academics.

## What the Standard highlights...

- Building supportive, safe, and inclusive post-secondary environments that contribute to an institutional culture that is conducive to student mental health and well-being (p. 28).
- Integrating mental health and well-being into the whole post-secondary environment, including academic structures, policies, and practices (p. 19).

---

<sup>2</sup> As reported by campus mental health and student affairs leaders.

- Looking at physical spaces and learning environments and how to direct efforts at key transition times for students (e.g., admission, orientation, transfers, graduation) (pp. 28-29). Examples include:
  - comfortable and inviting physical and social spaces with opportunities for students to connect meaningfully and create community in institutional activities
  - an accessible and inclusive design approach that incorporates effective access and control for people of diverse backgrounds, realities, and needs
  - mentorship and student-life programs, and supports for broader social determinants of health
  - the inclusion of accessible learning principles throughout the curriculum
  - academic programs that integrate opportunities for meaningful engagement and learning
  - safeguards from all forms of violence (e.g., racism, transphobia, bullying, sexual assault)
- Training the entire post-secondary community on mental health and well-being (e.g., social determinants of health and their impact on student learning and mental health) (p. 30), and early warning signs of mental health concerns (p. 47).<sup>3</sup>

**The Learning Environment Strategies compendium** (CSA Plus 2003.6:20), accessible through [CORE Communities](#), focuses on developing a supportive, safe, and inclusive environment that is conducive to mental health.<sup>4</sup> Examples include:

- promising practices for supporting student-faculty interaction (e.g., inclusive teaching strategies, collaboration between grad students and supervisors)
- considering the whole student (e.g., intersectionality in the classroom, recognition of power disparities)
- enhancing mental health and well-being through pedagogy (e.g., motivation, flexible learning, engagement)

---

<sup>3</sup> This point aligns with Recommendation 10 from the *Campus Mental Health Across Canada* report on training.

<sup>4</sup> CSA Group offers a series of complementary compendiums to the Standard with practical guidance and advice on its key topics. Create a free account for access at CSA's [Centre for Outreach, Resources, and Engagement \(CORE\)](#).

## 2. Individual and Interpersonal Factors

COVID-19 highlighted the importance of taking a holistic approach to student mental health and well-being, since these can be influenced by diverse factors at individual, interpersonal, and societal levels, with impacts both on and off campus. Post-secondary institutions would therefore benefit from gaining a better understanding of which factors support or pose a risk to students.

### Key report findings and recommendations

- Effective COVID-19 coping mechanisms:<sup>5</sup>
  - access to mental health supports (17%)
  - exercise/physical activity (15%)
  - connecting with friends online (14%)
  - time management (13%)
  - family support (12%)
- Maladaptive COVID-19 coping strategies:
  - retreating (social isolation) (18%)
  - sleeping difficulties (18%)
  - procrastination (17%)
  - substance use (16%)
  - eating concerns (14%)
  - internet addiction (12%)
  - pornography use (5%)
- A higher number of varied adaptive coping strategies corresponded to more campus support, whereas a higher number of maladaptive coping strategies correlated to more mental health concerns.<sup>6</sup>
- Appendix I suggestions:
  - Provide psychoeducation to the campus community on healthy coping strategies. Doing so can help students, faculty, and staff normalize expected emotional responses as they transition back from spending years in isolation, working remotely, avoiding large gatherings, and to some extent, unlearning remote learning and working-from-home protocols.
  - Offer evidence-based resilience and well-being programs, which can also mitigate maladaptive coping strategies and transitional stress.

---

<sup>5</sup> As reported by campus mental health and student affairs leaders.

<sup>6</sup> Presenting concerns endorsed by student affairs professionals.

## What the Standard highlights...

- Taking a socio-ecological approach and assessing and considering psychosocial factors at various levels within different systems (individual, interpersonal, institutional, communal, and societal) (p.24).
- Considering other elements (pp. 25-26) when assessing psychosocial factors, such as family support, financial stability, health promotion (healthy eating, sleep, exercise), interpersonal interactions, and social support.<sup>7</sup>

**Psychosocial Factors compendium** (CSA Plus 2003.4:20), accessible through [CORE Communities](#), lists a number of psychosocial factors to assess, along with definitions, explanations, and sources or references for measures (e.g., the Canadian Campus Wellbeing Survey, the National Survey of Student Engagement, Perceptions of Stigmatization by Others for Seeking Help, the Canadian Postsecondary Education Alcohol and Drug Use Survey, and the National College Health Assessment).

---

<sup>7</sup> This point aligns with Recommendation 2 from the *Campus Mental Health Across Canada* report on the need to explore campus-specific factors that might drive pandemic fatigue.

# 3. Mental Health Supports

In response to the pandemic's many challenges, campus mental health and student affairs leaders identified shifts in practices that served as key take-aways for supporting student mental health. For example, flexibility and adaptability were key during the 2020-21 academic year with the transition to hybrid and virtual programs and services. New opportunities to consider how mental health services and supports were being designed, delivered, and experienced also emerged.

## Key report findings and recommendations

- Top take-aways campuses wanted to improve in the 2021-22 academic year:
  - flexibility of service delivery (63%)
  - service delivery (53%)
  - self-care for student affairs professionals (46%)
  - efficiency of service delivery (33%)
  - ability to face uncertainty (33%)
- Top clinical challenges:<sup>8</sup>
  - jurisdictional issues (57%)
  - adapting to an online environment (47%)
  - crisis management (46%)
- More than two-thirds (68 per cent) of campuses reported that they enhanced their collaboration with external mental health services to support students.
- Appendix I suggestions:
  - Invest in financial and scientific resources to adapt empirically validated treatments from a pandemic-informed perspective.
  - Form interdisciplinary teams to support strategies for preventing and minimizing the impact of clinical challenges.
  - Explore (with provincial and territorial regulators) how to offer mental health services when students are physically outside the jurisdiction.
  - Approach student mental health by re-designing services through the lens of accessibility and flexibility.

## What the Standard highlights...

- Ensuring that mental health support services – which may include institutional services, external providers, and community-based services – are timely, coordinated, and accessible (p. 32).

---

<sup>8</sup> As identified by campus mental health and student affairs professionals.

- Communicating widely to students about the supports and resources that are available (p. 32).
- Providing access to a broad range of mental health supports, including those related to early intervention and culturally responsive well-being (p. 31).
- Supporting key approaches to the development and maintenance of services. For instance:
  - student-centred design, responding to diverse and changing needs of students (e.g., tuition and financial aid, food security, affordable housing) (p. 32)
  - collaboration with community partners (e.g., mental health and addiction services, local hospitals, spiritual leaders, and Elders) (p. 32)
  - access to a broad range of services, such as peer support, e-mental health, harm reduction, mindfulness, and sweat lodges (p. 32)
- Developing strategies for crisis management and suicide postvention (p. 33).

**Crisis Management compendium** (CSA Plus 2003.7:20), accessible through [CORE Communities](#), offers examples from Canada's post-secondary institutions, along with other resources that reflect the approaches and challenges around crisis management planning and response.

## 4. Equity, Diversity, and Inclusion

Students without equitable access to opportunities and services in post-secondary environments, due to historical and ongoing marginalization, discrimination, and oppression, will encounter barriers as they seek to improve their well-being and flourish. The pandemic has highlighted existing inequities and how important it is that all post-secondary services and programs be inclusive and anti-oppressive.

### Key report findings and recommendations

- Most pressing concern related to discrimination: racism (77%).
- Other related concerns:<sup>9</sup>
  - culture (9%)
  - disability (7%)
  - religion (4%)
  - sexism (3%)<sup>10</sup>
- Appendix I suggestions:
  - Embed culturally contextualized services that give students from marginalized backgrounds a safe space to discuss specific, concrete, and practical actions to combat anti-Black racism, anti-Indigenous racism, anti-Asian racism, Islamophobia, anti-Semitism (or anti-religious racism), and other forms of oppression.
  - Ensure that counselling staff have demonstrable competence in equity, diversity, and inclusion.
  - Offer the flexible application of policies and processes to support marginalized students.

### What the Standard highlights...

- Respecting, celebrating, and promoting diversity in the post-secondary environment while applying an intersectional lens (p. 16).
- Reviewing policies, processes, and resources through the lens of autonomy, equity, and inclusion (p. 31).<sup>11</sup>

---

<sup>9</sup> As reported by campus mental health and student affairs leaders.

<sup>10</sup> Appendix II in the *Campus Mental Health Across Canada* report summarizes key findings from the scientific literature on equity, diversity, and inclusion in campus mental health.

<sup>11</sup> This point aligns with Recommendations 4, 5, and 6 from the *Campus Mental Health Across Canada* report on reviewing policies, processes, and resources that adversely impact the mental health of marginalized students and/or perpetuate mental health inequities.

- Ensuring active and meaningful participation from all groups representing and reflecting student diversity across post-secondary institutions, including students with lived experience and those from equity-deserving groups, such as Indigenous students, students with disabilities, and international students (p. 31).
- Establishing relationships with the broader community to facilitate and sustain equitable access to the provision of (or connection to) financially accessible, culturally inclusive, and safe trauma- and violence-informed mental health and well-being supports, and affirmative care (p. 32).

**Cultural Safety in Sight: Indigenous Perspectives compendium** (CSA Plus 2003.8:20), accessible through [CORE Communities](#), presents models and resources to support the development and implementation of a framework that includes Indigenous cultural safety.

## Conclusion

With the emerging evidence from the COVID-19 pandemic outlined in this document, post-secondary institutions can use the Standard to further advance their commitment to student mental health and well-being.



Mental Health Commission of Canada    Commission de la santé mentale du Canada

**Mental Health Commission of Canada, 2022**

Suite 1210, 350 Albert Street

Ottawa, ON, K1R 1A4

**Tel:** 613.683.3755

**Fax:** 613.798.2989

 @CSMC\_MHCC     /theMHCC

 /1MHCC     @theMHCC

 /Mental Health Commission of Canada

 /theMHCC