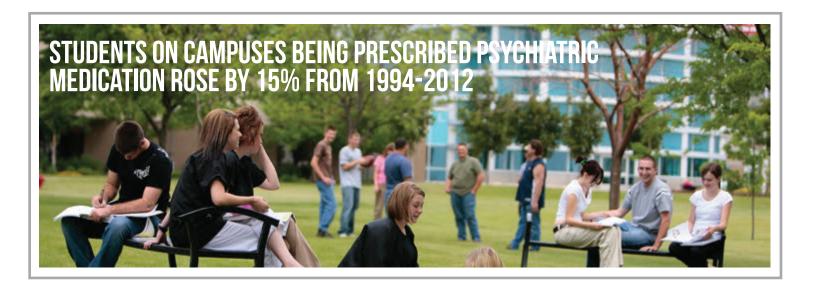
CANADIAN CALLIANCE OF STUDENT ASSOCIATIONS ADVOCACY WEEK 2013



INTRODUCTION

Mental illness is a growing concern for Canadians. To date, it is estimated that approximately 20% of Canadians will experience mental illness in their lifetime. In 2011, roughly 24.1% of the working population was suffering from mental health problems. However, mental health issues do not generally begin in adulthood or when people enter the workforce. Rather, symptoms tend to appear earlier in life. 70% of adults living with a mental illness in Canada reported having developed symptoms before the age of 18. More specifically, Canadians aged 15-24 are most likely to suffer from mood disorders, substance abuse, and suicide. This is precisely the time of life when many youth are attending or entering post-secondary education.

The mental health of students is a pressing issue at Canadian universities and colleges. A recent Canada-US report shows that an increasing amount of students on campus are being prescribed psychiatric medication for pre-existing conditions. As of 2012, that percentage had increased to 24.4%, up from 9% in 1994. In addition, 88% of student health services directors, when surveyed, have reported greater amounts of students with severe psychological problems accessing their services. David Turpin, President at the University of Victoria, predicts that mental health issues are going to be the leading cause of disability at Canadian universities by 2020. While it is evident that the need for campus mental health services is increasing, service providers on campus are having difficulty meeting the demand. North American data shows there is currently a ratio of one counsellor for every 1,600 students resulting in at least 7.6% of students that do not, or cannot, seek treatment on campus. Worse yet, studies predict that this troubling trend will continue in the years to come.



Mental illness follows students throughout their studies and beyond. For instance, studies show that depression is a significant predictor of a lower GPA and a higher probability of dropping out."

Poor mental health could also reduce the perceived marginal return to continuing school and increase the likelihood a student will drop out. If gone untreated, mental illness will follow youth into the labour market. Among 20-29 year-olds, including those just entering the workforce, mental illness is prevalent and problematic. This is a concern for all Canadians. In the workplace, mental illness inhibits productivity by affecting absenteeism or leaving the workforce all together. Without a doubt, this has a negative impact on the Canadian economy. The Mental Health Commission of Canada estimated that the annual impact of mental illness on productivity was over \$6.4 billion in 2011 alone, rising to \$16 billion by 2041. The current cumulative 30-year productivity impact is estimated at \$198 billion. Some studies have measured the overall cost of mental illness to the Canadian economy to be over \$50 billion per year.

A PAN CANADIAN HEALTH STRATEGY THAT TARGETS POST-SECONDARY INSTITUTIONS

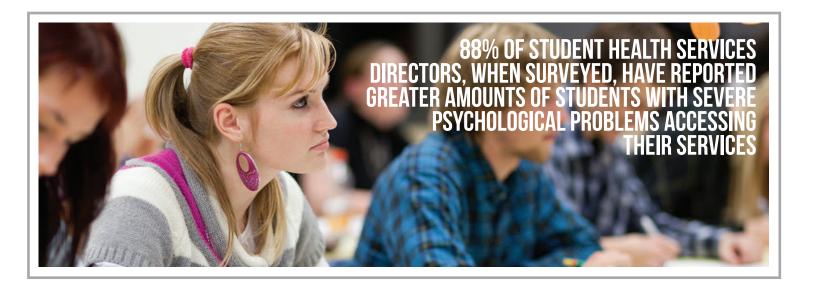
There is an imminent need to take action to improve mental health in Canada. The federal and provincial governments are beginning to work toward the implementation of policies and programs, as are various organizations in the private sector. Post-secondary institutions are also moving in the same direction. However, while the issues are starting to be addressed, mental health efforts at the post-secondary level are still largely one-dimensional and disconnected from government initiatives. Individual programs that seek to improve waiting times, service delivery mechanisms, or intervention measures are a step in the right direction, but the lack of cohesion nationwide is limiting the potential for prevention, detection, and intervention on campuses.

Health experts explain that initiatives are too often undertaken in isolation, or focus on one aspect of the "Healthy Living" issue: It is believed that intersectoral cooperation is critical because addressing health issues goes far beyond the mandate of one sector alone. Some institutions have already identified the need to create partnerships with private organizations and build on resources in the public health care system, medical authorities, community health providers, and institutions. In their detailed mental health strategy, *Changing Directions/Changing Lives*, the Mental Health Commission of Canada made a series of recommendations to be implemented by various stakeholders, including the federal and provincial governments, regional actors, private entities, health care providers, as well as the general public.



They also specifically call for collaborative work among governments and various agencies across all sectors to ensure the successful implementation of the strategy." "Committed leadership at many levels is required. People with lived experience and their families must work together with governments and leaders from many sectors, both public and private, to achieve the common priorities presented in this Strategy." ***

The Canadian Alliance of Student Associations believes that a pan-Canadian approach to mental health detection, prevention, and intervention for Canadian students can effectively tackle the issue. A potential mechanism for implementation is the *Pan-Canadian Healthy Living Strategy*, which was formed by Federal, Provincial, and Territorial Ministers of Health in 2002.** Under the umbrella of the Public Health Agency of Canada, many governmental and non-governmental partners have helped the long-term project. The purpose of the Strategy is for various agencies to work together across all sectors in an integrated and coordinated fashion. The objective has been to improve overall health for Canadians and to reduce disparities in health across the country, with a particular emphasis on vulnerable groups. This has been done through public education, policy, legislation and regulations, fiscal measures, advocacy, social marketing, and community action.**



Government could positively influence mental health outcomes for post-secondary students by further integrating mental health into the Strategy's framework. In 2003, the Strategy implemented the Integrated *Pan-Canadian Healthy Living Strategy Framework*. Mental health was identified as a future area of emphasis, and in 2010, the *Strengthened Integrated Pan-Canadian Healthy Living Strategy Framework* prioritized addressing opportunities for mental health promotion. A Mental Health Issue Group was also created in 2008 in order to contribute to efforts in mental health promotion and illness prevention, but there has been very little movement on that file, and efforts to address mental health issues for youth at the post-secondary level have been minimal.

CASA believes that the Public Health Agency of Canada can play a greater role in addressing mental health issues for youth by making the detection, prevention, and intervention of mental health issues a priority within the *Strengthened Integrated Pan-Canadian Healthy Living Strategy* Framework. Various experts – government agencies, non-governmental and private-sector organizations, local health care providers, as well as post-secondary institutions themselves – could work collaboratively to effect change with respect to mental health on campus by conducting further research, collecting data, sharing best practices, developing networks, implementing programs that have worked for others, and maximizing resources. By doing this, we are not only thinking of our youth and our student population, but we are also enabling a process by which we can improve the health of Canada's future labour market.

RECOMMENDATION

CASA recommends that the Public Health Agency of Canada review the current *Strength-ened Integrated Pan-Canadian Healthy Living Strategy Framework* to make mental illness detection, prevention, and intervention for youth in post-secondary an imminent priority. This includes, but is not limited to, taking the following steps:

- ▶ The creation of databases and other resources at the national level that will enable information-sharing with respect to existing programs, new and ongoing research, best practices, and other initiatives.
- The mobilisation of experts, health care providers, scholars, and other actors in the field at various levels: campus, community, provincial, and federal.
- Greater funding for research and mental health initiatives or programs at the campus level
- Education and training programs for students and staff that work directly with students on campuses.
- Data collection and research initiatives.

TACKLING STIGMA ASSOCIATED WITH MENTAL ILLNESS

Improving mental health services on campus is a necessary step, but we must also ensure that students will seek help when they need it. The stigma surrounding mental health often prevents individuals from pursuing help, even when resources are at their disposal.**

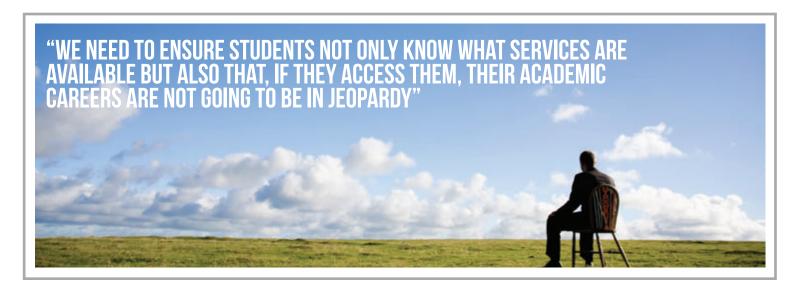
Typically, stigma is a form of stereotyping, distrust, fear, or avoidance of mental illness, and can prevent someone from pursuing treatment and work, or from feeling self-worth. Individuals suffering from mental illness are labelled based on the way they look, their behaviour, the treatment they may pursue, their socio-economic status, and often because of the negative portrayal of mental illness that is prevalent in the media. Individuals with mental illness are stereotyped as dangerous, unpredictable, and as weak-willed. Along with the stigma faced by the individual, associative stigma can impact the family and friends of that person, explains the Canadian Mental Health Association. Canadians still greatly fear the idea of mental illness, and discrimination persists to this day. For students, the fear of carrying a label on campus can prevent them from seeking help in the first place. Heather Stuart, a Mental Health Commission of Canada consultant on issues surrounding stigma and a professor at Queen's University, states: "We need to ensure students not only know what services are available but also that, if they access them, their academic careers are not going to be in jeopardy. That message has to be consistent at every level."

Experts have widely accepted that stigma reduction efforts through education, especially targeted at youth, can decidedly increase understanding among the public and decrease discrimination against people suffering from mental illness. More specifically, the Canadian Mental Health Association and the Mental Health Commission of Canada have found that educational materials that engage the audience on a personal, emotional, and intellectual level have proven to be effective stigma reduction tools, as they increase favourable attitudes and decreases perceived dangerousness.**

The Mental Health Commission of Canada has been mandated by the federal government to tackle the issue of stigma associated with mental health, and change the way Canadians see mental illness. Through the *Opening Minds Program*, the Commission has implemented an important anti-stigma initiative, involving large-scale public education campaigns, among other targeted measures. The initiative has focused their efforts and campaigns on four key groups in the population: health care providers, youth 12-18, the workplace, and the news media.



CASA believes that youth in post-secondary institutions should also be included as a target population for anti-stigma campaigns. As previously mentioned, the majority of Canada's post-secondary student population is in the age group most likely to be affected by mood disorders, depression, suicide, and mental illness in general. Post-secondary institutions are also ideal locations for this kind of initiative, as they regroup massive amounts of youth – nearly two million today in specific locations across the entire country, and in an environment that is conducive to learning and creating awareness. Post-secondary students also make crucial life decisions that will impact them for the rest of their lives. Mental health is an incredibly important element for youth to succeed throughout their studies, and in the labour force shortly after. Students are the very next generation to drive the Canadian economy.



The Mental Health Commission of Canada has already made considerable progress in this matter by creating and facilitating partnerships with post-secondary institutions, aimed at developing large networks of researchers to work with target programs on the topic of stigma. Nonetheless, we know that stigma still greatly affects students' ability and willingness to seek help from their institutions. Contact-based campaigns have shown to yield results, and they could potentially play a key role in reducing stigma associated with mental illness for an entire generation of Canadians. In order to assist the Mental Health Commission of Canada's efforts to set up anti-stigma campaigns on campuses across the country, CASA is requesting further federal funding. The Mental Health Commission of Canada already operates on a strict budget to fund all of their initiatives. In order to effectively and efficiently deliver anti-stigma campaigns on campuses across the country, CASA recommends that the federal government provide the necessary dedicated funding. This should allow the MHCC to run campaigns on university and college campuses across the country, covering anti-stigma advertising and contact-based education.

For Canada to support mental health, our population needs to be made more aware of mental illness and its effects on our communities. This is an excellent opportunity for the government to take action and to ensure that all post-secondary students in need of mental health services feel comfortable accessing the resources available to them.

RECOMMENDATION

CASA recommends that the federal government, through the Mental Health Commission of Canada, actively pursue campaigns on university and college campuses across the country aimed at decreasing the stigma associated with individuals suffering from mental health issues, by allotting the MHCC a dedicated funding stream in the amount of no less than \$4.5 million per year for the remainder of their mandate.



FOOTNOTES

i. Mental Health Commission of Canada, Making the Case for Investing in Mental Health. March 2013, p.2

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iii. Manion, Ian, & Short, Kathy. Child and youth mental health in Canada: The role of school boards in promoting well-being. Presentation to the Canadian School Boards Association, Ottawa, 2011. Accessed Online:

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http://www.iacsinc.org/NSCCD%202012.pdf, p.12

vi. Ibid

vii. NAMI. College Students Speak. A Survey Results on Mental Health. Accessed Online:

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ix. Ibid, p.5

x. Mental Health Commission of Canada, Making the Case for Investing in Mental Health. March 2013, p. 15

xi. Ibid

xii. Ibid

xiii. Ibid

xiv. Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S. & Khan, M. The life and economic impact of major mental illnesses in Canada: 2011 to 2041. RiskAnalytica, on behalf of the Mental Health Commission of Canada. 2011,

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http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs/strat-eng.php.

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xviii. Mental Health Commission of Canada. Changing Directions, Changing Lives: The Mental Health Strategy of Canada. 2012. Accessed Online: http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf, p.130 xix. lbid, p.131

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http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs/strat-eng.php.

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xxiii. Whalen, David. The Stigma Associated with Mental Illness. Canadian Mental Health Association. Accessed Online:

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xxiv. Scheffer, R. Addressing Stigma: Increasing public understanding of mental illness. Centre for Addiction and Mental Health. 2003.

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state-of-mind-university-manager-article-summer-2012.pdf, p.2

xxvii. Whalen, David. The Stigma Associated with Mental Illness. Canadian Mental Health Association. Accessed Online:

http://www.cmhanl.ca/pdf/Stigma.pdf

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xxix. In 2012, the MHCC conducted a study at the high school level through their Opening Minds Program, and found that students responded very well to hearing stories and interacting on a personal level with people affected with mental illness. For the official report detailing the results of the extensive study, see: Mental Health Commission of Canada. Opening Minds in High Schools: Durham and York Region. March 2013.

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xxxi. In the 2010-2011 academic year, 1,955,300 students were enrolled at the postsecondary level. See: Statistics Canada. Postsecondary Enrolments and Graduates, 2010/2011. January 23, 2013. Accessed Online: http://www.statcan.gc.ca/daily-quotidien/130123/dq130123a-eng.htm xxxii. Mental Health Commission of Canada. Opening Minds Program Overview. Opening Minds Initiative, May 2012.

OUR MEMBERS

















































THE CANADIAN ALLIANCE OF STUDENT ASSOCIATIONS



Through its member-driven structure and grassroots approach, CASA's mission is to advocate for students using policy development and research, awareness campaigns, government relations, and partnerships with other stakeholders.



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