

Sample Program Structure: Collaborative, Wrap Around Supports

For Consideration and Discussion

1 Purpose

The need to provide coordinated, wrap around supports is a key part of the continuum of mental health services and supports for students at StFX. Research has shown that successful wrap around support models contribute to positive health outcomes, reinforcing the importance of services that help link students to available resources.

The purpose of this discussion paper is to:

- Illustrate the post-secondary student mental health challenge and rationale for providing collaborative, wrap around supports.
- Summarize the feedback and recommendations for supporting wholistic student success and well-being gathered through campus-wide consultations to date.
- Explore various approaches to developmental mentorship as part of a whole campus approach to providing collaborative, wrap around support for wholistic student success and well-being.

2 Post-Secondary Student Mental Health Challenge

Post-secondary students' mental health has become a critical topic of discussion at campuses across Canada and internationally:

- Nationally, both the Association of Universities and Colleges of Canada (AUCC) and Association of Canadian Community Colleges (ACCC) have provided guidance to their members on approaches to address mental health issues.
- The National Association of Student Personnel Administrators (NASPA) and Canadian Council of Learning (CCL) have developed models to address campus mental health issues.
- The Mental Health Commission of Canada released the [National Standard for Mental Health and Well-being for Post-Secondary Students](#) in October 2020.

There are two key reasons for this interest in addressing the mental health issues of post-secondary students:

1. Post-secondary students have high rates of mental health challenges, and the rates are increasing.

According to the National College Health Assessment (2019):

- 51% of students reported feeling so depressed that it was difficult to function (increased from 46% in 2016).
- 68% of students reported experiencing overwhelming anxiety in the previous year (up from 65% in 2016).
- 16% had seriously considered suicide in the previous year (up from 14% in 2013).

2. There is a strong connection between mental health issues and academic outcomes

In the [2019 National College Health Assessment \(NCHA\) survey](#), concerns related to mental health are reported by students to have the greatest negative impact on their academic performance, ranging from lower exam or course grades to dropping out or having a significant disruption to their thesis, dissertation, research or practicum work. Four of the top seven issues affecting academic performance were mental health related (see Table 1).

These high rates are driven primarily by two factors:

- The 15-24 age cohort is more likely to experience mental health issues than other age groups, which significantly impacts their social connections, educational goals and workforce participation. This population is also the most likely to report mood disorders and substance dependence programs.ⁱ
- The post-secondary environment has particular stressors related to perceived competition and substantial life stressors such as leaving home and transitioning into university life.ⁱⁱ

Factors	% of Respondents who Reported Academic Impact Due to Factor
Stress	41.9%
Anxiety	34.6%
Sleep Difficulties	29.0%
Depression	24.2%
Cold/Flu/Sore Throat	19.6%
Work	17.7%

Table 1: Academic Impacts (Source: NCHA, 2019).

Equity and Student Mental Health

Mental health challenges are felt in all areas of university campuses: all demographic groups (e.g., domestic/international, graduate/undergraduate, etc.); however, they are not felt *equally* across university campuses. Some groups report greater challenges than others.

The COVID-19 pandemic has intensified pre-existing inequities in Canadian society, with many of these challenges highlighting pre-existing structural inequities and vulnerabilities faced by Black, Indigenous, minoritized, 2SLGBTQ+, international students, first-generation students, and students with disabilities. As a result of COVID-19, these inequities have been further exposed to show the gaps in services and supports for these historically excluded groups.

- [A report](#) produced by Active Minds published in April 2020 and found that 75% of post-secondary students reported that their mental health worsened since the beginning of the pandemic. This includes increased stress (84%), anxiety (82%), sadness (73%) and depression (60%).

- Research demonstrates that Black and racialized students are more vulnerable to mental health difficulties and face systemic barriers to resource access.ⁱⁱⁱ
- Indigenous students at post-secondary institutions across Canada experience higher prevalence of mental health and related issues compared to the non-Indigenous student population.^{iv}
- The number of post-secondary students registered with offices for students with disabilities on campuses has been steadily increasing; including an increase in students registering with mental health issues as their primary disability.^v
- Members of the 2SLGBTQ+ community face higher rates of depression and anxiety, and 2SLGBTQ+ youth are more likely than their heterosexual peers to die by suicide.^{vi}

As part of providing collaborative, wrap around supports we must address identified gaps in our mental health care by building equitable, reciprocal relationships characterized by respect, shared responsibility, culturally responsive and trauma-informed care. Our approach to providing collaborative, wrap around supports must recognize the social determinants of health and disparities in mental health and wellbeing challenges that may have been pre-existing, or exacerbated because of the pandemic.

3 What We Have Heard

Student Experience and Opportunity Plan

In Fall 2021, the StFX Senate Quality of Life Committee hosted a series of campus-wide consultation sessions to inform the StFX Student Experience and Opportunity Plan. To nurture wholistic student success and well-being, the need to provide coordinated, wrap around supports for students emerged as a priority. Recommendations included:

- Provide culturally-relevant, anti-oppressive and trauma-informed support services for Indigenous, Black, minoritized, 2SLGBTQ+, first-generation students, international students and students with disabilities – recognizing the social determinants of health and the intersectionality of diverse student identities.
- Review policies, practices and procedures through an equity, trauma-informed lens, and with regard to their impacts on student mental health and well-being.
- Provide flexible and responsive mental health supports, including expanded and varied hours of operation, after hours counselling, and crisis support.
- Expand prevention education programming and early identification processes, including proactive mental health and suicide prevention programs.
- Establish dedicated case manager positions within Student Services to support students of concern or students with more complex care needs. This may include students with mental illnesses or students who may be experiencing mental distress, who are in academic difficulty or managing complex factors.
- Ensure that faculty and staff at all levels have appropriate and timely information to support students, through training, capacity building, and providing faculty and staff with clear guidelines regarding who they can contact when they have concerns about a student, even if they do not yet require interventions.

3 What is Developmental Mentorship?

To address these recommendations, a developmental mentorship approach to providing coordinated, wrap around supports for student mental health has emerged as a strategic area of focus.

Sample Definitions

- Developmental mentorship is a systematic process intended to aid students in achieving educational, career and personal goals through the utilization of the full range of institutional and community resources.
- Developmental mentorship recognizes the importance of interactions between student and the campus environment, it focuses on the whole person, and it works with the student at the person's own life stage of development (King, 2005).
- Systematic process based on close student-staff relationships intended to aid students in achieving educational, career, and personal goals through the utilization of the full range of institutional and community resources. It both stimulates and supports students in their quest for an enriched quality of life. It reflects the institution's mission of total student development and is most likely to be realized when the academic affairs and student affairs divisions collaborate in its implementation (Winston, Ender and Miller, 1982).

Common Elements

- Structured process – intentional, prescribed, articulated outcomes, measurable
- Shared responsibility – student and staff/faculty
- Supports wholistic student development – including learning, personal, social, and career growth
- Intended impact beyond the academic experience

Recommended Definition for StFX

Developmental mentorship uses a curriculum, pedagogy, and student learning outcomes to plan and guide a series of interactions with students that inform:

- Our relationships with students
- Questions we ask
- Perspectives we share
- Resources we suggest
- Goals and decisions we help them make

to increase their capacity to maximize their university experience and become life-long agents in their own success and well-being. By caring for students who are in distress, or experiencing difficulty, in a wholistic way, we recognize that students' well-being is a function of their diverse identities and experiences in relation to their social environment and situation.

4 Approaches to Developmental Mentorship

He & Hutson (2016) have categorized approaches to developmental mentorship into four major types. Most institutions use a combination of these approaches, and individual staff members may alternate the use of these approaches based on students' needs. The four major types are contrasted in the following table (He and Hutson, 2016):

Approach	Focus	Process	Outcome
Information-Based – Referral	Deliver knowledge regarding supports, services, finances, etc.	Professional staff refer students to other service providers and provides service coordination	Students become informed of processes, policies and regulations
Wholistic Development – Developmental	Both academic and non-academic aspects in students' development	Staff engage students in shared activities through advising and support students' academic, moral and personal growth	Students develop wholistically not only in terms of academic achievements, but also non-cognitive skills to negotiate future personal and professional lives.
Intervention-Based – Proactive	Early intervention advisor-student relationship building	Staff build a strong relationship with the student to identify potential problems and offer immediate support	Students receive proactive support. Identified under threat student populations receive targeted information and support
Strengths and Asset Building – Strengths-based, Appreciative	Students strengths and assets are the key to their individual successes	Staff engage students in recognizing and leveraging their strengths to achieve their potentials	Students recognize alternative ways to leverage their strengths for success, and establish positive perspective to become resilient in their personal and professional lives.

A. Information-based (Referral)

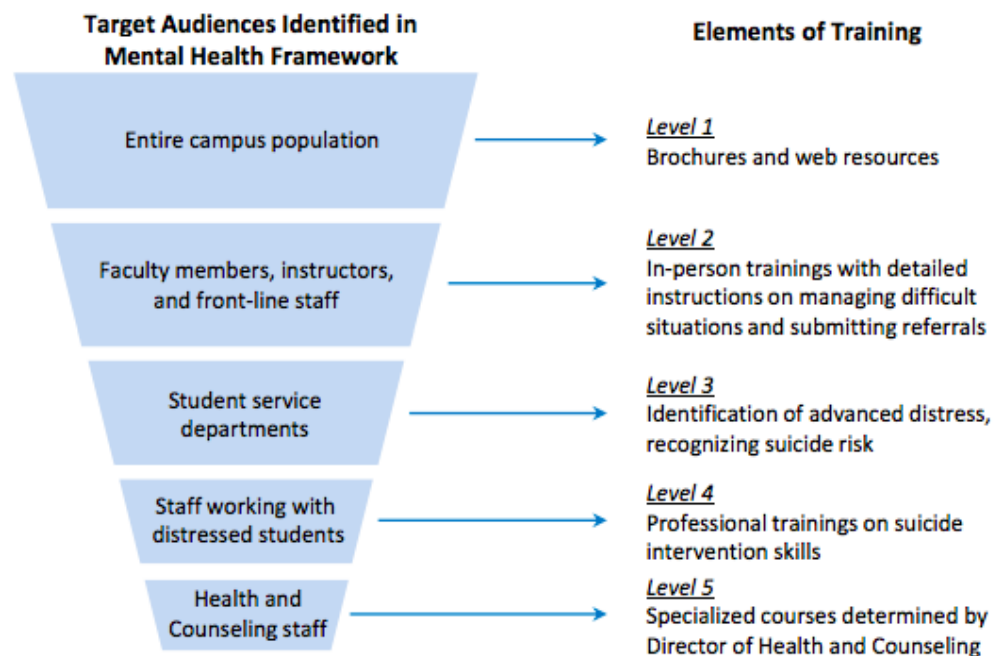
This model recognizes that effectively addressing mental health challenges at StFX requires going beyond the traditional, reactive clinical health and counselling services model. The model proposes a proactive, systemic approach that has broad ownership and responsibilities across the campus. As part of this approach, one of the goals is to ensure that faculty and staff receive appropriate training to support all students' flourishing, relative to their role within the institution.

Research and best practice stress the importance of a robust campus referral network as being a key factor in early identification. If a student is found early, there is a greater range of options and resources available to support them.

Case Example: Carleton University

Carleton University has developed a multi-level training program as part of the student mental health framework. Designed to be rolled out across several years, each level as a suggested audience, objectives, and dedicated content. Each level builds upon the previous one, providing greater detail and more targeted skill building for responding to students of concern.

A critical element in the framework's launch and implementation at Carleton has been the dedicated clinical psychologist who works in close collaboration with the Director, Health and Counselling. As part of their role, the clinical psychologist conducts training sessions, leads data collection and assessment, and works with senior leaders to engage the campus community.



For Discussion: What is the role of faculty and staff in providing developmental mentorship? What areas of awareness and capacity building should StFX prioritize to empower faculty, staff and students with the knowledge they need to provide appropriate mental health support and referral?

B. Intervention-based (Proactive)

Proactive Developmental Mentorship involves seeking out students in order to provide them with resources before they may realize they need them. It is often used with students under threat of failure or probation, as carefully planned interventions during the academic term have been shown to increase the rate of student success and retention.

Belmont College (2010) and Richardson (2008) emphasize the important of proactive mentorship in a case management approach, especially in the form of reaching out to students at crucial points to ensure they are making steady process towards their goals and addressing challenges before they become problems.

Proactive Developmental Mentorship is an approach to professional mentorship that combines three factors:

1. An assigned student caseload: The structure must allow for reasonably sized assigned caseloads, ideally fewer than 300 students.
2. A proactive approach: The approach subscribes to a philosophy that is wholistic or developmental in nature, with an emphasis on supporting students' long-term goals and solving problems before they escalate.
3. Access to a centralized technology: Advisors, faculty, and support staff across departments use a shared system, like Navigate, to view data and collaborate.



Figure 1: Five Step Framework of Proactive Developmental Mentorship

There are several key aspects of Proactive Developmental Mentorship that make it unique. One is differentiated care: Staff might meet seven times with one student in their caseload and zero times with another. Staff are also given trust and latitude to manage their caseloads as they see fit, utilizing different tools and tactics to ensure student progress. The approach is inspired by programs like athletics advising

where staff have small caseloads, monitor student performance metrics on an ongoing basis, and don't shy away from intrusive approaches to reach struggling or unresponsive students.

Key Features:

- Upon admission, staff (ex. Navigators, Guided Pathway Advisors, Residence Life Coordinators, Diversity Engagement Advisors) proactively identifies key factors that may indicate a student requires extra support, such as: first-generation, financial risk, students with a disability, etc. A staff member guides the student through university from intake to graduation, monitors their progress, and coordinates the seamless provision of support services with a team of faculty and staff that stretches across traditional departmental lines.
- Once assigned, a staff member guides their respective students through an intake process that involves an initial conversation about their goals. Based on this conversation, staff work with students to develop action steps towards these goals in the form of a Personalized Plan, that also identifies financial needs, opportunities for employment and transfer, and resources and services relevant to their personal success and well-being.
- A staff member and students continually assess and revise plans based on academic performance and clarification of a students' interests, goals and life circumstances. The continuous monitoring of student progress allows staff, faculty, and other academic and student affairs staff to identify emerging barriers to student success and proactively intervene before problems worsen. Real-time student information also helps staff triage cases, target resources to students who need them most, and tailor interventions to the specific, wholistic needs of each student.
- Students' plans are maintained on a student success technology platform, which allows staff and faculty to continually track students' progress on their personalized plans through academic performance indicators, risk factors, and metrics. It also facilitates communication between the stakeholders, enabling them to share feedback, through report and early alerts regarding student performance and progress.
- Staff are able to provide deeper, more personalized services to students as a result of reduced caseloads and regular contact with their advisees.

A combination of these factors can create the conditions for students to develop more meaningful relationships with an advisor and to receive the wholistic supports necessary for completion. Furthermore, a proactive developmental mentorship model better meets the varying needs of diverse student bodies, and thus moves colleges closer to providing equitable educational opportunity for historically underserved groups (Achieving the Dream, 2018; Bettinger and Baker, 2011; Karp and Stacey, 2013; Miller and Murray, 2005; Pierce, 2016).

Many institutions favor a **strengths-based approach** to inform their practice, especially when serving students from historically-excluded groups (Chakrabarti, 2013; Miller & Murray, 2005; Peters, Hyun, Taylor, & Varney, 2010). This approach encourages staff to let students' strengths, skills, and passions, rather than their limitations and mistakes, guide their mentoring interactions.

Applying a strengths-based approach to practice through mentorship can include a variety of tactics. The use of an intake questionnaire asking students about their goals, interests, strengths, and challenges can

lead to more meaningful and uplifting conversations and plans of action, as opposed to the more punitive conversations that tend to result from reactionary advising.

For discussion: What could the application of proactive developmental mentorship look like within StFX Student Services? Could it be adapted to be reflected in the roles of Residence Life Coordinators (RLCs), Diversity Engagement Centre, Tramble Centre for Accessible Learning, etc.? If so, how?

Could the application of proactive developmental mentorship be adapted and applied to other areas of student-facing service provision on campus? If so, where?

Case Example: StFX University New Student Services Early Supports Project in Response to COVID-19

StFX Student Services is contributing new interventions to the suite of University-wide efforts to minimize 2020 summer melt. Staff will use data obtained from two new surveys, the Summer Incoming Student Survey (SISS) and the Fall Student Survey (FSS) and other available data to assess student engagement and guide and prioritize student interventions. These interventions include:

- Communications to support student engagement and understanding of the supports available to them
- Webinars concerning a variety of topics such as student health, wellness and safety, supports available and how we will respond if a student gets sick
- Virtual community building events by residence floor, community, etc. to promote community engagement and excitement
- One on one outreach and virtual (or in person depending on the time of year) meetings with students targeted for early supports to assess their needs and connect them with resources

These targeted and collaborative strategies promote:

For students:

- Sense of belonging with their residence and/or cultural community
- Early understanding of, and connection with, the supports available to enhance their satisfaction and success
- Opportunity to meet the students' Residence Life Coordinator who is the students' primary contact and support in Residence
- For students from underrepresented groups, the opportunity to connect with their cultural support advisor

For staff:

- Early opportunity to build positive relationships with their students
- Early identification of students who may benefit from early supports
- Access to information to proactively connect with the students who can most benefit from early supports, monitor student well-being and intervene early, assess student engagement to support enrolment management and avoid summer melt

What are the surveys?

Incoming Student Survey:

Avoids "summer melt", drives student success and retention:

- Early identification of "at-risk" students so early supports can be offered
- Understand the characteristics and needs of the incoming to support cohort planning and outreach, direct resources efficiently to the areas of highest need
- Build early connection with community

Fall Student Survey

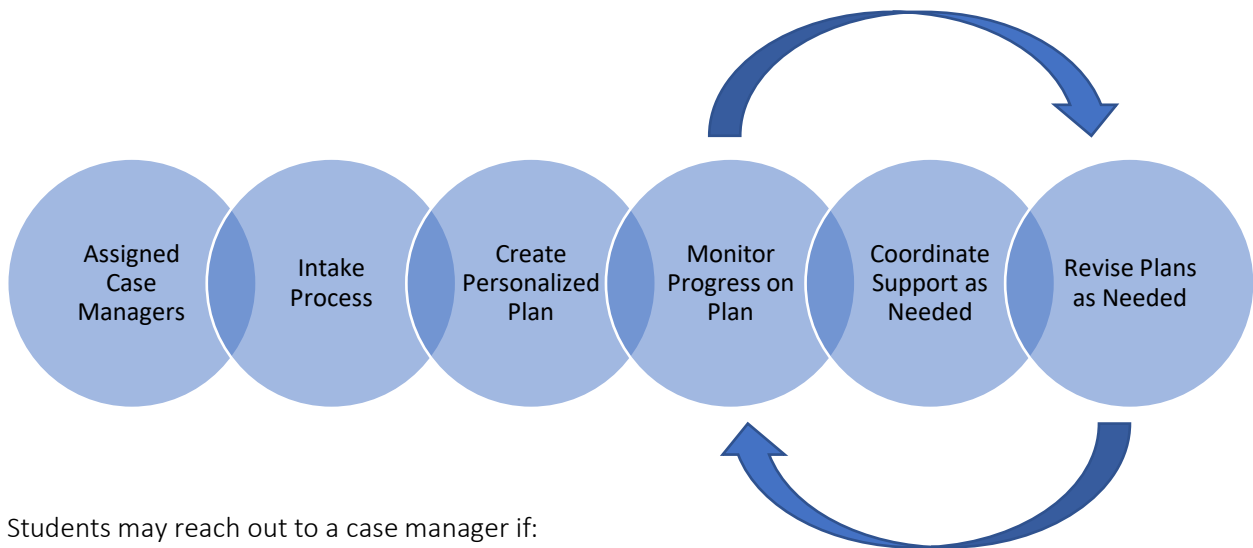
- Administered to new students in the 3rd or 4th week of September
- Provides "early alert" check in to identify at risk students in residence, intervene and refer

C. Wholistic Developmental Mentorship (Case Management)

Students may encounter situations during their time at StFX when they may require additional support. Sometimes it may be a sudden or unexpected set-back, and other times it may be an ongoing challenge that is creating barriers. Either way, there is a range of resources available to help students during these times. The role of a Case Manager is to assist students in exploring and navigating these services.

Student Support Case Managers provide outreach, information, referrals and support to students who are experiencing complex or multi-faceted concerns that are impacting on their personal and/or academic life goals. A Case Manager can work with the student to explore options and develop an action plan for navigating and connecting with resources on-campus or in the community which may be helpful in their situation.

The ultimate benefit of a case management model is that students are more likely to build a meaningful relationship with their assigned Case Manager and receive a continuum of care that helps ensure their overall success and well-being (Richardson, 2008).



Students may reach out to a case manager if:

- They are experiencing a sudden change in circumstance that is impacting their academic, personal or financial situation
- They are training to/from campus due to a medical leave and/or hospitalization
- They are in distress and need of early intervention support to become connected to appropriate services on-campus or in the community
- They are needing referrals to campus or community programs
- They are/know a student who is struggling or overwhelmed but do not know who/where to reach out to.

Benefits	Challenges
Proactive and responsive support provision	Potential for high case load
Increased coordination of services on campus	Defining the role of Case Manager and its limitations both on campus and in the community
Building relationships with community supports	Balancing the various responsibilities of the role
Broad role allows for individualized support plans	
Training staff, faculty and students on recognizing signs of distress, referral culture and crisis response	
Early outreach to students experiencing distress	
Single point of contact for referrals coming from the hospital and/or community	
Supporting new levels of awareness and skills through deeper engagement in supporting student well-being	

Case Management Models

Postsecondary case managers typically employ one of four models: Referral/Brokerage, Supportive, Comprehensive or Clinical. Results from the Case Manager Profile Survey administered through the Centre for Innovation in Campus Mental Health showed that the majority of Canadian post-secondary institutions employed either a Supportive (67%) or Clinical (20%) model.

- Referral/Broker – The case manager brokers services by referring students to other service providers. This is a brief approach (generally 1-2 contacts) where the case manager primarily provides service coordination. There is little to no service provision.
- Supportive – The case manager provides short-term support to address discrete needs or a maintenance level of periodic/intermittent support to ensure stabilization. The case manager primarily provides service coordination, with some service provision.
- Comprehensive – The case manager provides longer-term support to address a broad range of needs or regular/frequent support to monitor for ongoing risk. The case manager’s primary function is service provision, with some service coordination.
- Clinical – This approach integrates clinical and practical support through both biopsychosocial interventions and service coordination.

Case Management Services vs. Counselling Services

Case managers are not counsellors or therapists; rather, the role of the case manager is to enhance the conditions and likelihood of students’ personal, emotional, social and academic success. With the opportunity to develop close helping relationships with students, case managers support and advocate for students and help them build the skills they need to succeed.

Role	Case Manager	Counsellors
Assessment and Planning	Organize psychiatric assessment when requires; Plan for ongoing mental health needs for duration of college stay and plans for afterwards	Assess and plan for what student needs <i>today</i>
Counselling	Provide transitional support until linkages are made with either internal or external stakeholders	Provide short-term therapeutic counselling; some longer term counselling when deemed necessary
Crisis Intervention	Intervene in high risk crisis situations with Student of Concern Committee; Consults in crises to regional campuses; Ensure that there is follow-up after crisis for student including transition back to school	Assess and triage for crisis and take necessary action (may or may not be involved in follow-up); Consult with case manager about moderate and high risk crisis situations
Coordination and liaison	Work with internal and external partners to ensure coordinated ongoing plan for student	Refer students to internal campus resources but may be less involved with external partners
Community Outreach	Build relationships with external providers and provide community resource information to counsellors	Consult with case manager regarding community resources

Case Examples: Georgian College & Centennial College

The [Georgian College Counselling Case Management Model](#) highlights how the case manager is central to connecting the internal and external circles of care with a Student of Care Committee.

Centennial College has developed a [Mental Health Case Management Framework](#) document. This framework outlines the wholistic mental health and well-being approach employed at Centennial; defines the roles and responsibilities of various campus actors in supporting student health and well-being; and provides an overview of supportive case management model implemented for students with mental health and substance use concerns. This wholistic case management approach has been adapted in order to meet the following objectives:

- To foster an integrated care approach to student mental health and well-being,
- To forge closer links with the community and leverage the strengths of community resources to better support a diverse student body
- To make more effective and efficient use of existing staff resources while building needed capacity in a sustainable manner.
- To enhance departmental and organizational policy and planning by identifying and addressing gaps in services or support structures.

For Discussion: What element(s) of the case management models presented above could be adapted to the StFX context? What would we need to consider in the design and/or implementation of these models in order to have meaningful impacts?

Appendix A: Sample of Case Management Models at Post-Secondary Institutions

Institution	CM Model	CM Designation	Case Load Size (average year)	Behaviour Intervention Teams (BIT) /Students of Concern (SOC) Committee – Role of CM on Team	Working Groups	Lead Training/ Workshops
Western	Supportive	MSW, RSW*	50-70 active		CM Advisory Panel, Mental Health Working Group	Presentations re: identifying students with mental health concerns
UBC	Referral/ Broker & Supportive		70-80	Co-Chair (with faculty advising Director)	Early Alert Team, Case Management Support Team, Early Alert Sustainability Team	Presentations on: Early Alert training for staff, supporting students is distress, case management support
Manitoba	Supportive/ Comprehensive	BSW*	40-50	Reports and consults with BIT team	Sexual Assault Working Group	Student Advisor Workshops; Creating a Safe Campus; Working with Distressed Individuals
Georgian	Supportive/ Referral	MEd*	10-19	Reports and consults with SOC Committee	Mental Health and Wellness Awareness Committee, Staff and Faculty Mental Health Committee	safeTALK; Emotions in the Classroom; Mental Health First Aid
Centennial	Supportive	MEd, CCC*	<10	Consultation and liaison	Student Misconduct Working Group; Student Health and Wellness Committee; Residence – Student Life Operating Committee; Mental Health Working Group and Steering Committee	ASIST; Identifying and Responding to Students in Distress
Calgary	Supportive	MSW, RSW*	70-90 + consultations	Co-Chair and triage for reports from campus	Mental Health Task Force; Bystander Intervention Working Group; Leadership/Strengths Advising	Mindfulness; ASIST; Responding to Students in Distress

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