POLICY PAPER

Health and Wellness

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Smoke Free Campus
Introduction

Maintaining health and wellness is paramount to academic success, influencing students’ abilities to attend classes regularly, fulfill course requirements, and uphold active engagement throughout the duration of their studies. More than the absence of disease, student health requires a holistic examination of mind, body, and spirit to tackle issues that may contribute to distress or illness outside the realm of individual biology.

The goals of the MSU are to have student needs reflected in the policies and procedures in place regarding campus life as they pertain to health and wellness in order to help students achieve their post-secondary education goals. With growing concerns surrounding access to and quality of care within the university setting, the Ontario government is committed to addressing student health needs by providing an increase in funding to accommodate current resource shortages. Given the new wave of financial support, the MSU intends to ensure that student voices are heard and funding is allocated to areas of highest need.

The MSU’s Health Services Review exposed shortfalls in spheres of mental health support, Student Wellness Centre (SWC) services, and academic accommodations, revealing unanswered calls for change where unmet demands are prevalent. Students want timely access to formal care, better integration of services both on and off campus, and academic accommodations that adequately reflect specific health needs. Through consideration of student concerns, current services and range of care, constructive action can be taken to promote a healthy, equitable campus.

While nutrition is an important aspect of health and wellness, students can refer to the MSU’s 2016 Food Security Policy Paper to find relevant stances regarding nutrition considerations. This policy primarily addresses student health services and seeks to alleviate barriers to care by conducting effective health promotion strategies which examine the social determinants of health and intends to reduce health inequalities among students. Through the following discussions of interconnected domains of student life which contribute to health, the MSU hopes to improve the student experience by advocating for urgent and necessary health services. Students require a campus committed to supporting their health needs, whereby resources are dedicated to improving health as well as illness prevention. Through collaborative efforts among university stakeholders, McMaster can flourish as a happy, health-conscious campus. By promoting healthy lifestyle choices, encouraging students to seek help without fear of stigma or being turned away, and upholding values of holistic health, students will thrive in an environment conducive to success in which they are able to perform at their highest potential.
Health Promotion
Student Engagement

Principle: All students deserve access to high quality and accessible health information and resources as a part of the McMaster Community.

Principle: Resources surrounding health related to university transition should be easily accessible.

Concern: There is inequity in access to health resources, events, supports, and opportunities among on-campus and off-campus first year students.

Concern: There are inadequate health-related resources for students undergoing the residence to off-campus living transition.

Recommendation: Residence Life should develop and endorse health promotion events targeted to students.

Recommendation: Student Affairs and Off-Campus Resource Centre should collaborate to provide health-related events to aid students in the transition from on to off-campus.

The transition into university exposes students to a host of challenges. Jack.org, a charity which advocates for young adults’ mental health, has described the first year transition as “one of the most exhilarating and also the most traumatic and dangerous experiences of your life. It’s also the time that the onset of mental health problems typically happens.” While the university strives to aid students throughout these challenging times, not all first year students have equal access to support from the McMaster community. Students on-campus receive more information than off-campus students through a variety of transition opportunities, events, support, and resources from McMaster’s Residence Life program. Some examples are “stress busters” which occur during peak stress times, intramural teams that are financially supported by residence programs, and informative sessions that are only open for students in residence due to proximity. Despite all of these great programs, off-campus students do not share a similar first year transition experience. They are often unaware of these opportunities due to a lack of outreach by the school.

Additionally, upper year students are challenged to adjust to new types of environments, yet they are given inadequate health related resources. A disconnect occurs when students move off campus where they are not provided with resources that would help with the challenging transition of life in a new and unfamiliar environment. Specifically; for many, second year is when students become first-time renters. Students living off campus are exposed to a number of stress factors

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including family problems, roommate troubles, and housing issues.\textsuperscript{2} As McMaster students, all deserve access to high quality and accessible health information and resources that will create ease within the transition experience.

To close the gaps between first year students who live on campus and those who live off campus, Housing & Conference Services of McMaster University should connect the Residence Life program with the Off Campus Resource Centre to improve the experiences of all students. In addition, promoting and implementing the new pilot program for off-campus integration in which the Off-Campus Community Advisor will be working with 20-30 off-campus students, will connect all students together and help form a welcoming community.\textsuperscript{3}

Additional consideration should be made regarding the increasing number of international students attending McMaster\textsuperscript{4}, to effectively ensure their needs are meet. McMaster University’s International Student Services (ISS) should provide more variety and effective services related to health and wellbeing. Currently, ISS does not offer any health-related support. Collaboration between ISS and other health promoting support services would benefit international students who have a more difficult time accessing health care due to language and cultural barriers.

Health promotion must not stop after first year; upper year students should be given more opportunities to engage with campus health initiatives. Specifically, Student Affairs can offer opportunities and events for second year students regarding the transition from living on campus to living in the Hamilton community. To alleviate some of the newfound stress that comes with the many changes students experience throughout university, increased relevant support, programs, resources, and information offered by McMaster would greatly enhance student experiences and promote the health and wellbeing of students going through changes. With an established, connected community among on and off-campus students, Student Affairs can collaborate with the Off-Campus Resource Centre to offer health related events ensuring all McMaster students have appropriate and fair access to support for their health and wellbeing.

\begin{table}[h]
\centering
\begin{tabular}{|l|}
\hline
\textbf{Resources} \\
Principle: All students deserve access to high quality and accessible health information and resources. \\
\hline
\end{tabular}
\end{table}


Concern: Many students feel as if the existing pamphlets and resources are insufficient, out of date, or ignorant of intersectional identities.

Concern: Students have little awareness of the Student Wellness Education Lower Lounge (SWELL) and SWC services.

Recommendation: The SWC and the SWELL should improve the information and the content on their website to provide more relevance to school events and topics related to students' daily lives.

Recommendation: The SWC and the SWELL should re-evaluate in person resources, such as pamphlets and brochures.

Recommendation: All information that is offered within a university space should also be duplicated and available easily online.

Recommendation: The SWELL should distribute informational materials produced by student services and groups.

Recommendation: The SWC and the SWELL should improve the information and the content on their website and social media pages.

Having access to relevant, timely, and accessible information is a critical aspect of promoting health and wellbeing among students within the McMaster community. McMaster is committed to the importance of health promotion through the signing of the Okanagan charter which has two calls to action, the first being that higher education institutions will “embed health into all aspects of campus culture, across the administration, operations and academic mandates.”

Health promotion and access to information ranging from safe(r) sex, nutrition, healthy relationships, physical activity, mental health and illness and more are all essential to making informed choices regarding one's health. Due to its importance, all students deserve access to high quality and accessible health information and resources as a part of the McMaster community.

Despite this mutually recognized importance, the reality for many students is that they lack access to quality health promotion. The value of these pamphlets to students with intersectional identities has been previously discussed in the MSU’s Gender and Sexual Diversity Policy Paper, with the summary that “overall, students have found most of the information presented to be offensive, insufficient, out of

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5 McMaster Answers Global Call to Promote Health of People, Places, Planet | McMaster Daily News” n.d.
date, and/or ignorant of intersectional identities.”7 Beyond concerns related to specific identities, there are generalized concerns about the information being provided in pamphlets and brochures. Existing pamphlets are largely informational, focusing on statistics of prevalence and rarely provide information regarding next steps or community specific resources. For example, if a student was concerned about HIV prevention, an ideal resource would normalize the experience of worry, provide information on safe(r) sex and harm reduction, and would go over or link to Hamilton and commuter region specific resources where testing (both rapid and combined antigen/antibody) and relevant medications like PEP and PrEP can be prescribed. This level of detail is essential in allowing students to make autonomous and informed choices regarding their personal health and wellbeing, however it is lacking in the majority of resources currently available to students.

To combat these concerns, the SWC and SWELL should conduct a wide scale evaluation and needs assessment of the literature and resources available both in their physical locations but also on their respective websites and social media accounts. This evaluation should consider the quality and relevance of information provided as well as the relevance of information presented to those seeking further action or next steps. Wherever possible, referrals in the Hamilton or commuter areas should be shared. Furthermore, resources relating to mental illness and disability should overview the role of Student Accessibility Services (SAS) in navigating accommodations.8 Additionally, as many students feel more comfortable seeking out health information online anonymously, all information available within the SWC and SWELL should also be available online. Lastly, many student groups on campus produce relevant resources for specific identity groups that relate to health. These resources are often phrased in more student friendly language, use more relatable experiences, or offer more comprehension of the impact of identity on health. As a result, the SWELL should connect with relevant MSU peer support services when conducting their resource review and should encourage distribution of informational materials produced by student services and groups.

Health promotion goes beyond physical resources as well and the SWELL offers a wide a variety of wellness oriented programming and services. However, many students are unaware of existing resources and services available. Without this awareness, students lack access to the information offered.

There is a significantly low engagement rate with their social media. Table 1 overviews Social media engagement on the shared Facebook page between the

7 OUSA Health and Wellness Policy Paper.
SWELL and the SWC from August 26th to October 5th this year. Despite having over 1300 page likes and followers as of October 30th, 2017, the page’s most popular post in the time frame garnered just 25 likes. Facebook interactions are suggestive of a lack of engagement with the student body, though viewing analytics would provide more accurate data regarding comparative outreach. Social media represents a valuable opportunity to conduct health promotion and distribute resources and information regarding health to a wide audience. Investing in social media strategy and page content could better reach out to students both regarding awareness of services offered but also as a distribution mechanism of health-related resources and information.

Table 1: McMaster Student Wellness Centre Facebook Page Engagement

<table>
<thead>
<tr>
<th>Date</th>
<th>Post Description</th>
<th>Interactions (reactions, like, love etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 26th</td>
<td>Post regarding Ways to Wellness Campaign</td>
<td>1</td>
</tr>
<tr>
<td>August 28th</td>
<td>Post regarding Ways to Wellness Campaign - linking to MSU service pages</td>
<td>8</td>
</tr>
<tr>
<td>August 30th</td>
<td>Food for thought McMaster post Share</td>
<td>0</td>
</tr>
<tr>
<td>August 30th</td>
<td>Ways to Wellness MSU BoD photo</td>
<td>4</td>
</tr>
<tr>
<td>August 31st</td>
<td>Ways to Wellness Video</td>
<td>5</td>
</tr>
<tr>
<td>September 8th</td>
<td>Food for thought McMaster post Share</td>
<td>1</td>
</tr>
<tr>
<td>September 10th</td>
<td>Mindfulness Mondays post</td>
<td>10 +1 comment</td>
</tr>
<tr>
<td>September 11th</td>
<td>W.I.N.D post</td>
<td>23+ 2 comments</td>
</tr>
<tr>
<td>September 13th</td>
<td>NGen Youth Centre and St Joe’s YWC at Rainbow Prom 2017 - SAGE Fundraiser! share</td>
<td>0 +2 shares</td>
</tr>
<tr>
<td>September 18th</td>
<td>Breathe Easy- smoke free campus launch</td>
<td>25 + 1 share</td>
</tr>
<tr>
<td>September 18th</td>
<td>Wellness Skills Programs for Fall Term 2017</td>
<td>1</td>
</tr>
<tr>
<td>September 19th</td>
<td>Stress less post</td>
<td>0</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Likes</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>September 19th</td>
<td>Yoga and Mindfulness Group - Spaces still available!!</td>
<td>1</td>
</tr>
<tr>
<td>September 22nd</td>
<td>Free Fruit Friday</td>
<td>6</td>
</tr>
<tr>
<td>September 22nd</td>
<td>FREE- safeTALK (suicide alertness) session !</td>
<td>10</td>
</tr>
<tr>
<td>September 25th</td>
<td>SWELL Unplugged post</td>
<td>3</td>
</tr>
<tr>
<td>September 26th</td>
<td>Food for thought McMaster post Share</td>
<td>8 +1 comment</td>
</tr>
<tr>
<td>September 27th</td>
<td>W.I.N.D post</td>
<td>2 +1 share</td>
</tr>
<tr>
<td>September 29th</td>
<td>Consent is: HOCO post</td>
<td>4</td>
</tr>
<tr>
<td>October 2nd</td>
<td>HPV Prevention Week!</td>
<td>0</td>
</tr>
<tr>
<td>October 3rd</td>
<td>Mental Illness Awareness Week</td>
<td>3</td>
</tr>
<tr>
<td>October 4th</td>
<td>SWELL Unplugged and WIND (Walk in Nature Days) post</td>
<td>3</td>
</tr>
<tr>
<td>October 4th</td>
<td>SWELL Unplugged post</td>
<td>5</td>
</tr>
<tr>
<td>October 5th</td>
<td>An Introductory Self-Defense Workshop for Trans-Identified Women post</td>
<td>3</td>
</tr>
</tbody>
</table>

**On and Off Campus Integration**

**Referrals**

- **Principle:** All students should have access to high quality and accessible health services regardless of their insurance coverage, social identities, or location.

- **Principle:** The SWC should continually support all students who pay for its operations.

- **Concern:** The location of a referred service can have negative effects on a student’s ability to access sufficient care.

- **Concern:** The SWC doesn’t have the necessary knowledge to adequately refer services located outside of the Hamilton area.

- **Concern:** Students may have negative experiences with referred services.

- **Recommendation:** The SWC should provide information regarding the transportation to popular referrals.
Recommendation: The SWC should be able to provide high quality referral options to students that are located in high commuter regions.

Recommendation: The SWC should provide a variety of referral options including public and privately funded services.

Recommendation: The affordability of a referral should be included when provided to a student.

Recommendation: McMaster University should better equip the SWC to better deal with all aspects of patient care.

Recommendation: The SWC should implement a service feedback system to collect knowledge on student experiences with a referral and make changes to future referrals as necessary.

McMaster and its students are a vibrant part of the Hamilton community. Students live their lives both on and off campus and their health care should reflect that. McMaster hosts a diverse range of students and community members each with unique needs and as a result unique challenges, requiring a person-specific approach to health care. Because of this, all students should have access to high quality and accessible health services regardless of their insurance coverage, social identities, or location. For most students, the SWC acts as one of the key providers of essential care and students pay $415.89 every year in a student service fee a significant portion of which is distributed to the Student Wellness Centre. As such, the SWC should continually support all students who pay for it’s operations, in a way that’s reflective of prioritizing student needs and feedback in their care services.

Students at McMaster generally have few transportation options when travelling off campus. All full-time undergraduate and graduate students hold a 12-month, unlimited ride bus pass with the Hamilton Street Railway (HSR), as they automatically pay the HSR ancillary fee on their student accounts with tuition.\(^9\) Transit, therefore, is likely the mode of transport to be used by students at McMaster to access off-campus health resources. However, many students are not residents of Hamilton, and may not have a comprehensive knowledge of how to get around the city. Data gathered from the Health Services Review found that common complaints students have regarding referrals include lack of sufficient directions, no access to a car, and far bus rides.\(^10\) The current method of referrals does not provide students with detailed direction that caters to their needs. This means that the location of a referred service can have negative effects on a student’s ability to access sufficient care, as little direction or aid is given in actually guiding the student to these facilities. For students who have access to a car, things like finding affordable parking or the best routes to take are also not currently provided or easily accessible. It can

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also be especially difficult for students who want to keep their diagnosis private to ask for other means of assistance in finding these locations outside of their SWC physician.

Looking outside of the Hamilton area, the location of a referral still has large impacts on its accessibility to a student. Commuter students and other students who go to their family's home, may be better served by a referral in that city as opposed to the Hamilton area. This has a particular impact for students who will not be in the Hamilton area over the summer term. Despite this importance, students are concerned that the SWC does not have the appropriate knowledge to refer to services in large commuter regions. The added transit costs and/or travel time may force students to miss and or cancel appointments with their service referral, negatively impacting their quality of care.

To alleviate stress and make referrals more accessible to students, the SWC should provide information regarding the transportation to popular referrals. For instance, blood testing services are needed for most prescription-necessary mental health consultations, and many physical health diagnosis confirmations. The SWC does not provide this key service, meaning students have to travel to blood testing centres far from campus which have limited hours. The SWC should provide a map, directions, parking instructions or recommended bus routes, and hours of operation. They should also offer to print relevant information in office to accommodate those without a printer at home, or e-mail these instructions so that students can access it at their leisure. Furthermore, the SWC should build upon their referrals so that students in commuter regions have equal access to care. The SWC should be able to provide high quality referral options to students that are located in high commuter regions.

The University Health Insurance Plan (UHIP), as discussed in the International Students MSU Policy, is a private health insurance plan that provides coverage of basic health care services to international students, and is a substitute to OHIP for domestic students. Unfortunately, the current UHIP does not meet the standard care afforded to domestic students. For international students, being referred out to the community increases their barriers to health care. A conversation with the clinical nurse manager of the Student Wellness Centre, Cathy Jager, revealed the definite lack of community partners to assist international students.11 OHIP also does not cover all medically necessary services for students. Routine eye examinations for people between the ages of 20 and 65 as well as glasses and contact lenses are not covered.12 Physiotherapy is usually not covered (unless specific requirements are met), and routine dental services such as examinations, fillings, cleanings and nonsurgical extractions are not covered.13 Some of these services can be covered if one chooses not to opt-out of the MSU Health and Dental Plan, however, others like Physiotherapy and certain referrals are still not covered by any of the discussed

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plans. These services that are not covered by OHIP and UHIP, or the MSU Health and Dental Plan, are not accessible to many students.

The SWC should provide a variety of referral options including public and privately funded services and the affordability of such referrals should be included when distributed to students. Health coverage is specific to each individual, and the SWC should be prepared to provide all the necessary information about a referral. By providing a variety of options with different costs and coverage options, a student can make the best fiscal decision possible for their health care.

Beyond increasing referral capacity, it is important to recognize that many students have negative experiences with referred services.\textsuperscript{14,15} Such students who have negative experiences with their referral may be less likely to pursue future options as a result. As such, it is incredibly important that there are checks in place to ensure students are receiving high quality referrals. Students may have negative experiences regarding the quality of a referral, it’s competency at providing care to individuals of specific identity groups, or the relationship with the referred physician may not be a match. Individuals may feel uncomfortable debriefing a referral that didn’t work, feeling personal responsibility. This not only negatively impacts the student’s relationship with the referred service but also the original referring physician. With no built-in feedback opportunities, students face additional barriers to bringing up negative experiences with a referred service. A related but distinct concern to this, is that students who currently access referrals can feel isolated from the SWC and feel as if they are no longer able to use its services once they have been referred. When students are referred for specialty care, not offered in the SWC, they may feel as if they can no longer return to the SWC.

The SWC should have the capacity and ability to acts a primary care point for all students who pay for its operations. The MSU acknowledges that some services require a referral for best care as not every health service can be offered on campus. However, in areas where referrals occur the SWC should still be there as a support to students while accessing these referred services. This can look like booking debrief appointments to ensure that students are receiving the care they were expected to receive at the referred service, maintaining relationships with students in other areas of their health, and being clear that students are welcome to book follow ups if new concerns arrive or the student wants to return for any reason. Additionally, the SWC should implement a service feedback system to collect knowledge on students’ experiences with a referral and make changes to future referrals. The implementation of this feedback system, whether informally online through their website or in person through follow up debrief appointments, reinforces the SWC as a network of care the student can always return to or use in tandem with a referred service. Furthermore, this allows the SWC to build information on its commonly referred services, for example if trans students report being mis-gendered at a referral, then the SWC can pursue additional referral options and give students more information when working


with students to find the right referral for them. Students should be able to ask what experiences other students have had with a referred service before booking an appointment with that service. The implementation of this system as well as an increased focus on remaining a continuous source of care for students who wish, would increase students experiences with the SWC and allow for more successful referrals to be provided.

**Relationships with Off-Campus Partners**

<table>
<thead>
<tr>
<th>Principle: McMaster University should make and maintain collaborative relationships with health-related community organizations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern: Services and programs offered in the community are significantly less accessible than those offered on campus.</td>
</tr>
<tr>
<td>Recommendation: The SWC should invite community partners to host health related events, services and outreach on campus, especially when these services are not offered through the SWC.</td>
</tr>
</tbody>
</table>

McMaster has pledged to be an active community member and a leading organization in community engagement. To this end, health care should also be a part of this commitment. The current services available on campus do not account for the needs of all students at all times. As a result, making and maintaining collaborative relationships with health-related community organizations is crucial for effective student care. However, as discussed above, there are significant barriers in regard to cost, location and quality when students seek care in the community as opposed to on campus.

A way to bridge this service gap is to increase the collaboration between on and off campus health care providers. The SWC should invite community partners to host health related events, services and outreach on campus, especially when these services are not offered through the SWC. Similar to how Canadian Blood Services has a regular on campus presence for blood drives, the SWC should work with health services in the Hamilton area to fill service gaps and provide more relevant information to students. For example, partnering with organizations like Men4Men to provide confidential, anonymous, and rapid sexual health testing targeted towards members of the queer community on campus, is an excellent opportunity to deliver community specific health care and health promotion outreach. Another example could be partnering with Hamilton Public Health to run naloxone training sessions throughout the year (as despite their availability at local pharmacies there is a lack of awareness about their use or value) and events on bed bugs during move in periods. Working with these partners and inviting them to run programming on campus allows for coverage gaps to be addressed as well as community specific outreach to occur.

**Peer Support**

<table>
<thead>
<tr>
<th>Principle: All students at McMaster should have access to high quality support services and health information, including those provided peer to peer.</th>
</tr>
</thead>
</table>
Concern: Peer support services face issues of access, stigma, and general lack of integration into universal service strategies, impeding students from accessing them.

Recommendation: The University should allocate envelope funding to MSU Peer Support Services.

Peer support involves the coming together of individuals with shared lived experiences to provide support and build community. At McMaster, these services are currently run through the MSU’s Student Health Education Centre (SHEC), Queer Students Community Centre (QSCC), Peer Support Line (PSL), Women and Gender Equity Network (WGEN), and Maccess. The Mental Health Commission of Canada states that “peer support programs can help alleviate some of the pressure on Canada’s strained healthcare system by reducing not only the need for hospitalization but also the emotional distress experienced by patients. They also help people develop the skills they need to take charge of their lives. Yet despite these benefits, peer support is still undervalued by the mental health community.” In addition to these impacts, the QSCC, WGEN, and Maccess also build community within identity groups. These communities of support have wide reaching impacts on student health. Despite this unique value, peer support services face issues of access, stigma, and general lack of integration into universal service strategies, impeding a student from accessing them. Students seeking more formalized support through the SWC may also benefit from more informal connections to MSU Peer support services yet there is no information regarding these services within the SWC.

To combat these concerns, the University should allocate dedicated envelope funding to MSU Peer Support Services. As of now, students are providing unique and unparalleled health services to other students through these services. The MSU believes that both access to formal and more informal support options are foundational to student health and wellbeing. Additionally, the community based aspect of many of these services means that students are more likely to engage in resources and conversations of health promotion as a result. Furthermore, as the existence of peer support services within McMaster is becoming a more realized service, services are experiencing high usage. From this, it is clear that the MSU through these services is providing a unique and highly beneficial service to many students. Yet, currently service part-time managers are not able to dedicate significant resources to some forms of volunteer training and resource creation due to budgetary constraints. This could involve the implementation of existing training programs like Applied Suicide Intervention Skills Training (ASIST), Wellness Recovery Action Plan (WRAP) training, etc. or the development of community specific trainings that address the unique communities and intersections that many services address. With dedicated grant based university funding dedicated to

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resource design, creation, and distribution, and volunteer training, the MSU would be able to expand on these areas of strength in collaboration the university. This collaboration enables both MSU services and the SWC to remain autonomous while coming together on specific training and resource focussed projects. This initiative allows the University to work with students in new ways to create communities of support, that are well resourced and can better connect students to support, referrals, and resources than is currently done by either the MSU or the SWC at present. This increases the quality and availability of existing services while also allowing for the collaborative and targeted creation of new innovative initiatives.

**Academic Accommodations**

**Training for Academic Advisors**

| Principle: Students who disclose their personal circumstances to their academic advisors should be directed to the resources most helpful to their situation, regardless of their faculty. |
| Concern: Students must go through their academic advisors for external accommodations when missing academic work that does not fall within the parameters of the McMaster Student Absence Form (MSAF), leading students to share personal, sensitive information. |
| Recommendation: Academic advisors should be provided with mandatory training around student health concerns to best accommodate students. |

The official McMaster Student Affairs website states the following in regard to academic advising assisting with personal situations:

“Often, students find the pressures of their first-year daunting. This can lead to extreme stress and depression. An Academic Adviser refers to appropriate resources (i.e. psychological counselling) for students demonstrating these kinds of issues. Academic Advisors and Student Wellness Centre staff work together to support students.”

However, many students have found this system to be ineffective, with many personal stories emerging about a lack of resources or references available to them upon disclosure, as well as extremely long wait times. Furthermore, many students have faced situations in which academic advisors unintentionally alienate or disvalue students’ situations due to a lack of effective sensitivity and mental health training.

A standardized system, such as a resource handbook available to all academic advisors in all faculties could prove beneficial, as it has at post-secondary institutions such as Algonquin College. Here, a standardized academic advisor handbook is a resource available to all academic advisors and provides basic information regarding their job duties, as well as resources for handling sensitive issues, such as: “Are there

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tissues in the office in case a student becomes emotional? Offering of tissues can be an incredibly supportive gesture."\textsuperscript{19} All faculties should have the same resources to adequately support students.

Since academic advisors grant accommodations to students, they have to be prepared to respond to the sensitive information students may disclose to them, that they may not disclose to their professors. McMaster already has Mental Health First Aid Training available to all staff and faculty which has the following goals:

- **“Recognize and understand the symptoms** of mental health problems, including those related to substance use.
- **Provide help & support** to prevent a mental health problem from developing into a more serious state.
- **Promote the recovery** of good mental health by accommodating employees in distress or recovering from a crisis
- **Be aware** of McMaster and other community based resources.\textsuperscript{20}

However, while this training is available, it is not mandatory to all staff and faculty. By making this training mandatory to all staff including academic advisors, this resource could be far better used, and allow all staff to be better equipped to handle various situations.

<table>
<thead>
<tr>
<th>Training for Educators</th>
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<tbody>
<tr>
<td>Principles: All students should feel comfortable approaching educators to inquire about accommodations for any type of illness or personal problem, without disclosing personal information that is not required by SAS.</td>
</tr>
<tr>
<td>Concern: Some students feel uncomfortable reaching out to educators about accommodations, because they feel that their situations will be invalidated, not respected or not kept confidential.</td>
</tr>
<tr>
<td>Concern: Educators are not necessarily aware that students in SAS do not have to disclose their conditions in order to be given accommodations.</td>
</tr>
<tr>
<td>Recommendation: All educators should be required to have mandatory training on how to respond to sensitive issues such as illness or a student’s personal emergencies.</td>
</tr>
<tr>
<td>Recommendation: All educators should be trained on what the guidelines of SAS are and subsequently follow them.</td>
</tr>
</tbody>
</table>

In order for a student to be considered for an academic accommodation, the student must confide their personal circumstances to professors. Students have shown that they struggle with isolation, balancing work, studying, financial difficulties, and living

\textsuperscript{19} Ibid.
\textsuperscript{20} McMaster University > Working at McMaster > Mental Health First Aid Training. Accessed October 26, 2017.
alone throughout university, which directly affect their academics. These stresses can lead students to develop mental health illnesses. As rates of diagnosis increase, so should the training being provided by the university to its staff.

In the last ten years, the Canadian Institute for Health Information reported that emergency department visits by children and youth caused by mental health and substance abuse concerns have increased 63%, and hospitalizations have increased 67%. According to a study conducted by the Centre for Addiction and Mental Health (CAMH), one third of university students show elevated levels of distress, though the percentage of students experiencing moderate to severe levels of distress which interfere with daily life is rapidly increasing. McMaster needs to continue prioritizing the mental health of its students, and above all, provide these students with the necessary resources to seek help regardless of their circumstance. This mandatory, free, training should be provided by McMaster University to educators who act as a main point of contact to students. Having this training will allow educators to better accommodate students who are living with mental illnesses including depression, suicidal thoughts, anxiety, bipolar disorder and more.

As previously mentioned, Mental Health First Aid Training is already available at McMaster for staff and faculty, however it is not required. Having this training become a requirement for all staff would mean that professors and TAs would be better equipped to handle situations involving mental illness as a result of an instilled sense of empathy. This would allow students to feel more comfortable approaching their professor or TA during times of need and receive appropriate responses. It would also make better use of a resource which is already established and available at McMaster. This “available but not required” mental health training seems to be a common thread among many Ontario universities.

However, the University of Toronto provides their teaching assistants with a handbook entitled “Supporting Students in Distress: Guidelines for Teaching Assistants at the University of Toronto,” which serves as a valuable resource for teaching assistants across all faculties about how to best handle difficult situations in

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24 Ibid.
which students face distress.25 Perhaps a standard handbook similar to this along with mandatory training could prove very useful to teaching assistants at McMaster as well.

In 2014, the American Psychological Association published a paper, which stated that in one year, about one third of students had difficulty functioning due to depression alone, and half of these students also reported feeling overwhelming anxiety.26 As well out of all of the students who seek mental health services, more than 30% of students have reported “seriously considering attempting to commit suicide at some point in their lives.”27 This is a red flag for any university support programs, as it demonstrates that students tend to wait until after a crisis to seek help. Often, they are nervous to ask for accommodations before an impending crisis; however, if they have been identified as having a need for an accommodation, they should not need to wait until after a crisis to receive it. This framework should be provided beforehand to relieve some stress and possibly prevent the crisis from happening in the first place. This data also shows an increasing incidence of these mental health crises occurrences, stressing a growing need for accommodation services.

According to the Human Rights Legal Support Centre, every institution in Ontario has a legal obligation to give accommodations to whomever is giving or receiving a service from the institution. As well, each accommodation should be unique to the individual, as each person is different with their own set of needs for an accommodation.28 Therefore, having an open line of individual communication directly between students and their professors will allow proper accommodation needs to be met throughout the duration of an illness. This will allow professors to see what accommodations the student is eligible for through SAS, and then be able to provide these accommodations and keep track of them.

In an article about McMaster’s mental health the following was stated by a student: “They say ’I can’t get my work done. I’m not sleeping. I can’t concentrate.”29 This

27 Ibid.
Currently, academic accommodations are rarely provided to students late in the term. The implementation of a “Late Withdrawal” policy would allow students the opportunity to drop a course as long as the student has not written the exam, up to a maximum of 3.0 credits. This is a tool that has been implemented across universities like York University and University of Toronto. The course can be dropped any time until the last day of classes, without penalty; instead of receiving a fail, the course will appear on the student’s transcript but with no grade. These course withdrawals do not provide refund fees, but provide academic relief. It is meant to help students who are overwhelmed with their academic situation or who are dealing with other personal struggles by allowing them drop a class and focus on other classes without penalizing their GPA.

Students in the Health Services focus group demonstrated that the wait times to meet with counsellors are too long, preventing students from reaching out for accommodations on time as they are needed. The “Late Withdrawal” option can provide students a way to withdraw from the course without any repercussion to their transcript, if previous attempts to receive accommodation have failed due to a strained system.

### Awareness

<table>
<thead>
<tr>
<th>Principles: All students who are experiencing an illness should be aware that they are able to access academic accommodations without needing immediate documentation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern: It is not widely known that documentation is not immediately required to be granted an academic accommodation, discouraging many students from seeking an accommodation even if they qualify, as acquiring documentation can be a lengthy process that some students feel will further add to their stress.</td>
</tr>
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32 Ibid.
The existing policies are that students do not need documentation immediately to receive accommodations, which can be granted on “good faith” temporarily through SAS, however, appropriate documentation must be submitted by a specific date at the end of the semester in which the accommodations are being used. However, the majority of students do not know this option is available, and often shy away from receiving much needed accommodation due to the perceived stress of having to acquire documentation.

Many students who live with mental illness and qualify for some form of accommodation rarely seek out formalized documentation and therefore are unable to verify valid requests. Because the “good-faith” policy is largely unknown and therefore underutilized, many students avoid requesting accommodations because the process of seeking documentation is thought to be distressing. Through better awareness and communication of SAS’s policy on requesting academic accommodations, more students who are in need of assistance and who may not have documentation immediately available will reach out to receive the accommodations they need with less hesitation.
MSAF

Principle: Students should feel comfortable using the MSAF in instances of minor health concerns without fear of having their form rejected.

Concern: There are no set guidelines for time frames given to students after the usage of MSAF, resulting in different deadlines being given to students depending on the professor.

Concern: Many students have assignments that are worth more than 25% and are not able to use the MSAF.

Recommendation: Professors should indicate in the syllabus what the extensions or reweighing of the assignments will be if a student chooses to use the MSAF.

Recommendation: The grade cut-off for MSAF should be 30% and below to make this tool more accessible to students.

It can be very hard to approach professors in circumstances regarding personal health. Professors must understand that mental illnesses affect students academically through: lack of concentration and attention, insomnia, missed classes, social integration, behavioural changes and more. The MSAF is a tool designed to easily provide accommodations for students during times of minor health concerns, though there is no unified guideline as to how the MSAF is to be carried out by professors and TAs.

Students have different accommodations based on professors when they submit an MSAF form. Professors should include within the syllabus what the accommodations are going to be if students choose to use the MSAF. These will be set guidelines within the courses that students are aware of at the beginning of the term, helping students plan their coursework more efficiently.

There should also be more training for professors and TAs on the guidelines of the usage of MSAF. This includes what is allowed and limitations to the usage of a student’s MSAF. However, many students have voiced concerns that the percentage cut-off for MSAF is too low to accommodate many assignments. Ideally, the recommended percentage for the MSAF should be 30% to increase opportunity for usage. In many classes, the MSAF is not accessible when grades are weighted with higher percentages over fewer assignments.

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34 Youth Mental Health and Academic Achievement, PDF, TeenScreen National Center for Mental Health Checkups at Columbia University.
Athletics and Recreation
Workout Facilities

<table>
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<tr>
<th>Principle: Athletics and recreation facilities should be a safe space where all students feel comfortable to achieve their fitness goals, regardless of gender, ethnicity, or ability.</th>
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<tbody>
<tr>
<td>Concern: There are gender disparities at the Pulse in which traditionally male-dominated areas.</td>
</tr>
<tr>
<td>Concern: Windows and open space surrounding the pool act as a cultural barrier for Muslim women who wish to swim without being seen by onlookers.</td>
</tr>
<tr>
<td>Recommendation: The Pop-Up Pulse should implement women’s+ only hours multiple times a week to combat mental barriers and reduce gender disparities in workout facilities.</td>
</tr>
<tr>
<td>Recommendation: The pool should incorporate privacy curtains during women’s only hours to accommodate the cultural needs of Muslim women.</td>
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</table>

Studies show that participation in athletics and recreation improves physical and mental health while promoting the development of interpersonal and team building skills. Students can benefit greatly from maintaining an active lifestyle, with demonstrated health benefits of more restful sleep, reduced overall stress, and enhanced concentration, all of which have a direct impact on academic performance.\textsuperscript{36, 37} To achieve these health benefits, students should be able to confidently participate in campus athletics and recreation programs without encountering barriers.

Currently, a persistent concern involves gender disparities at the Pulse. Everyday, women are subject to unrealistic standards of beauty, constant judgement based on appearance, catcalling, etc., all of which result in many women feeling uncomfortable working out in co-ed settings. Trans and gender non-conforming individuals are also subject to increased discrimination in public settings where identities are on display.\textsuperscript{36} At the Pulse, the weight room floor tends to be primarily used by men, while women remain on the second floor which holds the cardio equipment. Gender socialization from birth instills a strict dichotomy of what is considered to be a healthy, attractive body type, in which men are taught to be muscular and strong whereas women are taught to strive for an ideal of thinness, while the spectrum of gender is disregarded altogether. Healthy bodies come in all shapes and sizes, though muscle strength and adequate cardio are important for all individuals. Yet,

many women routinely defer to the second floor where there is a higher comfort level found in the company of a greater proportion of women.

Inclusivity and diversity are core values of McMaster University. To ensure all students feel comfortable making use of the facilities and sports programs offered to them, certain changes should occur to increase equitable participation. The newly implemented Pop-Up Pulse found in the East Auxiliary Gym located in Ivor Wynne Centre (IWC) should include women’s+ only hours to improve women’s, trans’, and gender non-conforming individuals access to athletic spaces. This implementation would demonstrate a supportive stance in which all individuals are encouraged to achieve overall fitness regardless of gender in what has traditionally been considered a man’s domain. While broad, systemic values surrounding gender norms are plentiful and difficult challenge, the immediate response of increasing women’s+ only hours (which are currently in place for 6 out of an available 110 hours weekly, restricted to Circuit City at the Pulse) would help promote equitable use of the facility. In order to celebrate diversity, accommodations must be made to eliminate feelings of alienation many individuals face when working out.

Another consideration involves Muslim women’s experiences accessing pool facilities. Due to religious reasons and the minimal time slots for women’s only swim hours, Muslim women are often discouraged from using the pool. The invention of the burkini over a decade ago has aided in promoting freedom to participate in water-related activities,\(^\text{39}\) and fitness facilities have begun to further develop inclusive strategies by incorporating retractable curtains surrounding the pool which allows Muslim women to swim in whatever attire they are most comfortable in opposed to a modesty suit.\(^\text{40}\) The implementation of privacy curtains would foster a greater sense of inclusiveness within the McMaster community.

### Intramurals

<table>
<thead>
<tr>
<th>Principle</th>
<th>All students should have exposure to an array of athletics and recreation programs on campus in order to achieve optimal levels of physical activity and procure the health benefits that come with maintaining an active lifestyle.</th>
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<tbody>
<tr>
<td>Concern</td>
<td>Students with disabilities who have not been exposed to adaptive sports leagues prior to attending university carry with them attitudes of reluctance to participate given a history of exclusion, reducing overall league participation.</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Intramurals should be promoted in ways that foster equitable participation on sports teams, encouraging those at beginner levels with limited experience to join.</td>
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\(^\text{39}\) Aheda Zanetti. “I created the burkini to give women freedom, not to take it away” The Guardian. (2016).

Recommendation: Adaptive sport teams should be included in the intramural calendar throughout the duration of the year.

Another aspect of inequity regarding McMaster athletics and recreation is individuals’ with disabilities limited participation in intramural sports. Options are available, with Wheelchair European Handball as well as Goalball tournaments in addition to the opportunity for students to submit a request for accommodation on Open, CoRec, Women’s, and Men’s leagues in an integrative environment. However, according to Lauren Crawford, McMaster’s Sports League and Camps Coordinator, only about one request for accommodation is made per term. Crawford believes that the issue for many students is amount of exposure to adaptive sports before entering university; without prior opportunity to participate in athletics and recreation programs, students are less likely to willingly participate as they get older, given a history of exclusion.

To improve students with disabilities’ access to intramurals, promotional efforts should target those who have perhaps never before had exposure to adaptive sports. Universities should strive to reduce barriers caused by a public education system which often inadvertently harbours a culture of exclusion since gym classes tend to restrict participation for students with disabilities, negatively influencing students’ perceptions of their ability to play in the future. Promotion of intramurals in a way that encourages students of all skill levels to join teams through the Intramurals website as well as social media posts and FAQ sheets distributed to relevant locations such as SAS and the McMaster Physical Activity Centre of Excellence (PACE) would draw attention and increase rates of participation. In addition, offering regular adaptive sport tournaments throughout the duration of the school year as part of the intramural calendar would cement McMaster’s dedication to making sports as accommodating and accessible to all individuals as possible.

**Health Services**

**Student Wellness Centre**

<table>
<thead>
<tr>
<th>Principle: The Ontario government and McMaster University bear primary responsibility for ensuring that every McMaster student has access to a minimum standard of health services</th>
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<table>
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<tr>
<th>Concern: McMaster’s Student Wellness Centre and the SWELL are understaffed and there are gaps in services</th>
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<tr>
<th>Concern: SWC and SWELL assisted referral procedures for directing students to community health and counselling services need improvement</th>
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<tr>
<th>Recommendation: McMaster University should create a comprehensive strategy for enhanced student health service provision to address wait-times</th>
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| Recommendation: The Student Affairs department should gather and use large scale feedback from students regarding the Student Wellness Centre to implement and improve services. |
Recent expanding enrolment has meant that McMaster University now host a diverse population with various needs in terms of health services. Students have a right to a minimum standard of health care where patients’ efforts to stay healthy are encouraged, optimal care is delivered when patients get sick, and the system is maintained for future generations. This minimum standard of care should offer students those health services necessary to maintain physical and mental health during their time at university. McMaster University should be equipped to deal with the common mental and physical health concerns exhibited to a greater degree by students as well. A minimum standard of care should include health resources and information, the expertise needed to treat common student ailments, responsive and comprehensive referral and care networks, and accessible spaces and hours. It should also include a focus on the retention of staff in the SWC and SWELL to provide expertise, and to ensure consistency of treatment for students.

Student health rely on a continuum of support from the community. When students arrive in their new communities, some lack the mobility, knowledge or comfort to seek care. Furthermore, community health services in Hamilton may be understaffed and ill-equipped to handle a large influx of students each year. It is important that a minimum degree of access to care be maintained within the McMaster community.

Student health services have cited a lack of staff as a common challenge in providing optimal care, like other institutional health services. On campus health centres, currently operate outside of industry best practices for staff-to-client ratios. Based on the number of physicians per 100,000 people in Ontario, it appears that there should be roughly 1 physician for about 900 patients and 1 counsellor for about 15000 students. The Student Wellness Centre currently employs 7 doctors and 5 nurses. While staffing numbers are expected to increase in the next few years, students believe that McMaster University should ensure that expansion occur timely and staffing ratios meet best practice.

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41 Adapted from Ontario Public Health Standards system vision and mandate. [“Ontario Public Health Standards 2008,” Ministry of Health and Longterm Care, 2017.]
43 Physicians per 100,000 population by Province/Territory, 1986-2015,” Canadian Medical Association (2015)
44 Canadian Registered Mental Health Therapists Self-Sufficiency Study,” Health Canada, Chronic and Long-Term Care Division (2011).
Staff shortages have manifested in long wait times. 40% of respondents of the MSU Health Services review indicated that it took 3 days to 1 week to see a doctor, 9% indicated more than a week, while 3% indicated more than 2 weeks\textsuperscript{45}. Similar responses were reflected in questions regarding counselling:

*Due to my schedule I could not attend drop in hours, I was booking an evening appointment, when I arrived there was a booking error and I did not in fact have an appointment. It took 3 weeks to schedule that one and it was 2 weeks out (5 weeks total) I did not reschedule*\textsuperscript{46}

Effective referrals to the community can help meet students’ long-term needs apart from provision of short-term health and counselling services on campus. The community health professional resources to which a student may be referred will often be specialists who are not staffed in campus wellness centres, such as trauma counsellors. 27% of respondents of the MSU Health Services review who were referred to an off-campus provided felt that the process was difficult, one respondent felt that there was “lots of phone calls back and forth, felt like I was in the dark.”

McMaster University should establish minimum standards of service and core principles for delivering healthcare. These standards should focus on accessibility, education, early intervention and delivery of core services for the unique population. The comprehensive strategy should also focus on addressing wait-times by ensuring the physician and counsellor to student ratio meet best practices.

When the SWC and SWEL refer students to community health and counselling services, they must provide the appropriate assistance and support for students to access optimal services that meet their unique needs. To ensure that assisted referrals are provided to students, policies and protocols must be put in place for the SWC and SWELL to adhere to. Communication between universities and community services must be frequent and ongoing to ensure that campus wellness centres can provide adequate referrals that encourage students’ commitment to their own care. Liaison committees, comprised of community health professionals and campus wellness services representatives, provide a possible method of ensuring this type of referral.

Furthermore, the McMaster University should expand the SWC’s capacity to offer blood testing services. According the MSU Health Services Review, 45% of respondents were advised by the SWC to have a blood tests but only 41.3% of those advised completed the blood test.\textsuperscript{47} The SWC should expand its services to include blood testing to complement the urine based tests that are already being done.

\textsuperscript{45} Unpublished McMaster Students Union Health Services Review survey results.
\textsuperscript{46} Ibid.
\textsuperscript{47} Ibid.
Expanding these services will allow students to be tested for sexual health, iron levels and thyroid conditions more accessibly and readily as indicated by our Health Services Review.

As it has been established that there is not a universal standard of care and that students can experience different levels of care based on their sexual or gender identity, the Student Affairs department should gather large scale student feedback to improve. Students should be consulted on the various services that they would like to see on campus, relevant referrals they would like to receive, access protocols, general climate, and training for staff. Student experiences are varied and individual and to this date no wide scale data has been collected regarding service user satisfaction for McMaster specific students. As the Student Affairs department develops this feedback procedure, recognized McMaster student groups should be heavily consulted. 48

### Care for a Diverse Population

<table>
<thead>
<tr>
<th>Principle: Effective campus wellness services must reflect the diversity within the student population.</th>
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<table>
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<tr>
<th>Principle: Students from underrepresented groups should have access to health and personal counselling supports that adequately address their unique concerns and needs.</th>
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<table>
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<tr>
<th>Concern: Students in visible minority groups often face hostile conditions in the campus environment that detract from mental wellness</th>
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<table>
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<tr>
<th>Concern: Often student health and counselling services do not have the resources or training to address concerns specific to students from marginalized populations</th>
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<tr>
<th>Concern: Supports for trans students may be limited, or referrals to appropriate supports in the broader community may be inconsistent</th>
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<table>
<thead>
<tr>
<th>Recommendation: McMaster should strive to ensure that health and counselling services reflect the diversity of the student population.</th>
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<table>
<thead>
<tr>
<th>Recommendation: The Student Wellness Centre should ensure that their policies and service offerings meet the diverse health needs of all students, including the specific needs of marginalized populations.</th>
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</table>

<table>
<thead>
<tr>
<th>Recommendation: McMaster University should work with students and other relevant stakeholders to provide training and professional development for all campus health care providers (physicians, counselors, and other medical staff) in order to ensure that the needs of students from equity-seeking groups are adequately met</th>
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For campus health, counselling, and accessibility services to effectively serve students, they must reflect the diversity of McMaster’s population. Evidence suggests

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48 Ibid.
that individuals from visible minorities, as well as LGBTQ+ students, may have unique lived experiences and relate better to medical professionals and counsellors who have similar backgrounds or have had similar life experiences. Students from any marginalized and under represented groups are subject to a wide variety of discriminatory experiences, including but not limited to racism, homophobia, biphobia or transphobia, reduced familial support networks, and other stressors. Equity seeking groups should have access to health and counselling services that have the capacity and sensitivity to deal with these issues.

While McMaster University has taken steps to ensure that diversity offices and anti-discrimination policies are in place, students from equity-seeking groups, still face discrimination in the university environment. The repeated experience of racism and discrimination has been well documented to affect individual health and wellness. Research indicates that students from visible minorities may feel alienated in the university environment. In OUSA’s 2015 LGBTQ+ Student Experience Survey Report it was found that approximately 1 in 5 of over 300 students who filled out the survey were dissatisfied with the quality, availability, and types of care available to them. The MSU’s 2016 Sexual and Gender Diversity Survey indicates a similar rate of 20% dissatisfaction at McMaster for students of varying sexual and gender diversity.

Looking at OUSA’s 2015 LGBTQ+ Student Experience Survey Report, it is clear that a disproportionate amount of dissatisfaction surrounding health services were from trans identified students, with nearly 40% of trans students reporting dissatisfaction. Students report that both when accessing health care for issues related to their gender identity they were met with insufficient knowledge, stigma, and misinformation. Some trans students experience high levels of mental distress and anxiety due to their assigned gender, which current medical practices recommend treatment through gender affirming services just as Hormone Replacement Therapy or surgery. As this is a critical service, the Student Wellness Centre should work with students through this process both through provision of services and partnerships with off campus clinicians. (For more information see MSU Sexual and Gender Diversity Policy).

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50 Ibid.
52 Unpublished MSU Sexual and Gender Diversity survey results.
For racialized individuals, particularly for youth, the health effects of racism, include both emotional responses, such as depression, anxiety, feelings of worthlessness, and the avoidance of social situations, as well as physiological responses like increased blood pressure.\textsuperscript{54} These statistics and findings are alarming considering students with a marginalized identity are more likely to experience mental health concerns and therefore access health services.\textsuperscript{55}

While students from equity seeking groups with special needs often have increased need for health and counselling services, institutional services may be ill equipped to address the specific needs of these students. A lack of adequate training means that students dealing with these issues may find it difficult to receive adequate care on campus. While the SWC and SWELL, do hire individuals with expertise in alternative counselling, they may inadequately promote this change in service to communities with unique needs. Moreover, individuals may have already had negative experiences with traditional counselling or health services and reluctant to engage with the health services offered at McMaster again. As one student from the Health Services Review survey noted:

\textit{“It was going well but then strongly recommended I stop going because apparently they didn’t see progress I saw in myself and I felt like I was really benefitting from these sessions, but I guess they just wanted to give up on me and help others who are easier to make big progress in.”}\textsuperscript{56}

Research strongly suggests that when health and counselling service reflect the diversity of the student population, they are more likely to be successful in dealing with the issues of under represented groups. For example, a study found that culturally relevant aspects of mental health services are salient to ethnic minority clients.\textsuperscript{57} While another study found that the presence of an Indigenous counsellor can combat feelings of isolation and racism among Indigenous students.\textsuperscript{58} At minimum, diversity concerns should be addressed by McMaster University through ensuring that all health personnel have access to diversity training and resources that specifically pertains to working with minority groups. Ideally, the health services at

\textsuperscript{56} Unpublished McMaster Students Union Health Services Review survey results.
\textsuperscript{57} Meyer, Oanh L., and Nolan Zane. "The Influence of Race and Ethnicity in Client’s Experiences of Mental Health Treatment." Journal of community psychology 41, no. 7 (2013): 884-90
McMaster would employ healthcare professionals that are reflective of the various cultural aspects of the campus community.

Campus health provider must be diligent in ensuring that the diverse and differing needs of the student population are being sufficiently met to ensure an inclusive campus environment. The health care provisions required to support the full range of equity-seeking populations will be widely varied and will require careful consultation on the part of McMaster students, university stakeholders and government officials to ensure all needs are being adequately considered and met. Provisions should prioritize timely and effective access to important treatments and medications. The Student Wellness Centre should strive to understand the make-up and needs of the McMaster student population. Policies should be regularly reviewed to ensure that they provide safe and effective spaces and services as populations and their needs change. The development and provision of training and policy changes would provide better care for all McMaster students. The provision of funding from the university to support this initiative would provide the resources necessary for the SWELL and SWC to develop basic guidelines and training to address the unique needs of a diverse student population.

### Mental Health Counseling

<table>
<thead>
<tr>
<th>Principle: Students should have easy access to counselors to ensure concerns are addressed in a timely manner.</th>
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<tbody>
<tr>
<td>Concern: Students seeking counseling services at the Student Wellness Center experience lengthy wait periods due to insufficient staff to support undergraduate needs.</td>
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<tr>
<td>Concern: There is no designated safe space on campus for students to go and speak with a counselor.</td>
</tr>
<tr>
<td>Concern: Students are unable to seek assistance from a counselor during midterm and exam season after hours.</td>
</tr>
<tr>
<td>Recommendation: The Student Wellness Center should expand its counseling services to reduce wait times and allow students to access counselors more quickly.</td>
</tr>
<tr>
<td>Recommendation: The Student Wellness Center should inform students about the different styles of counseling available to them.</td>
</tr>
<tr>
<td>Recommendation: The University should assign a dedicated safe area in the new Living and Learning Center for students to access a drop-in counseling services.</td>
</tr>
<tr>
<td>Recommendation: The Student Wellness Center should expand its hours to accommodate more students.</td>
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</tbody>
</table>
Recommendation: The Student Wellness Center should offer extended services during midterm and exam season so students can access a counselor during the times they feel the most stressed at school.

The Student Wellness Center (SWC) promotes itself as the place on campus to address your wellness needs. It offers a wide variety of medical and wellness programs, including counseling services. The counseling services provided range from consultation appointments, group programs, and crisis appointments. Currently, due to lack of resources, students are often turned away and told to come back another day when trying to book an appointment.

The SWC has two staff counselors for the entire student population. When seeking a consultation appointment, in accordance to the SWC website, “A limited number of consultation appointments are offered on a first come first-served basis mornings and afternoons Monday - Friday.” The language on the website is already discouraging and often times students are told to come back as the appointment slots fill up too quickly. Furthermore, crisis appointments are mainly reserved “for students who are actively at risk of harming themselves or others, students who have experienced a recent traumatic event that requires time sensitive attention, and/or students experiencing serious alterations in mood or cognition.” This is problematic as students can only receive immediate assistance when in immediate danger and even then, there are no guarantees, as to accommodate students for a crisis appointment, the SWC will “do their best to arrange an appointment with a counselor within 24 hours.”

The American College Health Association report demonstrated how a large percentage of students struggle with their mental health. For example, 33.1% of surveyed students responded they struggled with anxiety, while 21.9% struggle with depression. Furthermore, 61.4% of students responded they felt overwhelming anxiety in the last 12 months and 61.4% responded they felt like things were hopeless. With such a large number of students struggling with their mental health, these wait times for students are too long, and students should not be sent home when seeking assistance and accommodated only when they are in a crisis situation. If students were able to receive the appropriate treatment before a crisis, they could have the skills to better prevent a crisis from occurring in the future. Counseling on campus could become a resource for students struggling with their mental health,

59 Ibid.
62 Ibid.
rather than only for students in crisis situations when they have reached their breaking point.

The majority of complaints received in the Health Services Review involved long wait times which ultimately discouraged students from seeking future help because of the expectation that they would not be able to receive necessary care. To improve wait times for students wishing to speak with a counselor, the SWC should expand its counseling services by adding more counselors. It is recommended to have 1 counselor to every 1,500 students. The SWC currently has two crisis counselors and a handful of part-time and group counselors. The student to counselor ratio is concerning as services are stretched very thin and therefore unable to accommodate students need for counseling assistance. Students experience an incredible amount of stress at school making them particularly vulnerable to experience mental health concerns. Specifically, a 2012 Statistics Canada survey reported that individuals between the ages 15-to 24 had the highest rates of mood and anxiety disorders amongst all age groups. For students seeking assistance, the SWC should hire more counselors.

Upon entry, the SWC, resembles a sterile hospital environment and is unwelcoming to students seeking assistance for their mental health needs. The new Living and Learning Center should have a designated area for counseling services, that is a welcoming environment and safe space, since patients disclose more and are more engaged in a warm environment with dim lighting. Furthermore, college students find rooms with bright wall space and nice decorations to be a more positive environment. Currently, the SWC is a cold, industrial space that is not welcoming for students wishing to speak with a counselor. It is important to consider these factors when a student is seeking counseling as the more positive experience the student has, the more likely they are to continue seeking assistance. When students continue to seek assistance, they develop coping mechanism they are able to use before their struggles metastasize into a crisis. This would allow for a focus on health promotion, rather than crisis intervention.

Furthermore, when students seek counselling services, they should be informed of the various different types of counselling available to them. Students may not know

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64 Physicians per 100,000 population by Province/Territory, 1986-2012,” Canadian Medical Association (2012).
about different counselling options, and some students may find they prefer one form over the other. This can help to ensure students are receiving the counselling they see best assists them and their concerns.

The SWC is open Mondays-Thursdays 8:45am-7:45pm, Fridays 8:45am-4:30pm and is closed on weekends. When seeking a counseling appointment, there are a limited number of appointments available on a drop-in basis in the mornings and afternoons for students. It can be very hard for a student to receive the assistance they need and it can become increasingly difficult when seeking assistance during midterm and exam season. 36% of respondents in the Health Services Review had attempted to physically access the SWC when it was closed, impeding their care. The SWC should expand its hours of operation during the school year so that students are able to receive the assistance they need. Furthermore, the SWC should have even more hours during midterm and exam season for students to utilize. Studies have demonstrated that students experience increased levels of stress at predictable times. When students study for exams there is a large amount of content to understand in a short period of time and grade competition is increased which in turn can increase anxiety. A need for increased counsellors during high-stress times of the year can be demonstrated through the Peer Support Line statistics. In the 2016-2017 academic year, throughout the months of November and December, calls received nearly tripled.

The SWC does not accommodate for the increased stress and pressure students face during exam season and for this reason the University should increase their counseling hours during these times. If students were able to speak to a counselor when they’re feeling overwhelmed studying for an exam, it would help students with coping mechanism during these times. Furthermore, when students are experiencing test-anxiety, it can negatively impact their GPA. Studies have demonstrated this effect as students placed in high test-anxious groups have significantly lower GPA’s than students in low test-anxiety groups. It is important for the University to recognize the increased stress students face during exam season and assist students by increasing their counseling availabilities after hours and on weekends. If the SWC could increase its counseling services offered to students after hours and on weekends it will help to decrease stress and assure that students can seek the assistance of a counselor if needed during these times.

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Changing the Fee for Service Model

<table>
<thead>
<tr>
<th>Principle: Student health services are best provided by integrated student health teams that are adequately staffed and paid through an alternative funding model to fee for service.</th>
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<tbody>
<tr>
<td>Concern: There is an over-reliance on user fees in the delivery and availability of student health services.</td>
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<tr>
<td>Concern: Students enrolled in a Family Health Team in their home community may be restricted from accessing health care on campuses.</td>
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<tr>
<td>Concern: The fee-for-service compensation model used in university health clinics creates difficulties in physician retention</td>
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<tr>
<td>Concern: The fee-for-service model encourages physicians to see more patients quickly, which jeopardizes the quality of care</td>
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<tr>
<td>Recommendation: The government should pursue alternatives to the fee-for-service physician compensation model.</td>
</tr>
<tr>
<td>Recommendation: The government should exempt post-secondary students enrolled in a Family Health Team from the outside use deduction of the access bonus to reflect the nature of post-secondary student mobility.</td>
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Student health concerns reflect unique demands and usage patterns different from those exhibited in the general population. The optimal treatment of health issues more commonly exhibited by students, including addictions, mental wellness, and sexual health require a comprehensive treatment framework. This should consist of a team of practitioners and care workers that can work in concert to address individual cases through responsive referral and communication networks and spaces. Integrated student health teams should reflect the diverse and unique needs of students by including mental health nurses, registered dieticians, case workers, and trauma counsellors. Integrated student health teams rely on staff expertise and collective experience, fair compensation, and respect for the unique demands placed upon the team in the treatment of a student population. Given the uneven demand for services fair compensation is only most easily realized through salaried, rather than fee-for-service, models.\(^2\)\(^3\)

The current fee-for-service model, where physicians are compensated based on the individual services they render to patients, can mean that practitioners at campuses receive less compensation than their community-based peers. This is due in part to uneven demands for service throughout the year given the cycles of student

attendance, with declines over the summer and holiday breaks, and spikes during mid-terms and final exams due to stress and the need for illness verification. Another issue with the fee-for-service model is that counselling services are compensated at a rate lower than physical health services, yet these services comprise a much greater proportion of services performed on university campuses. The retention of physicians and counsellors with experience in student service delivery is important to effective care on university campuses due to students’ unique needs and service demands.

Compensating physicians and counsellors based on individual services rendered to patients encourages physicians to see patients more quickly, which has the potential to compromise the care of the patient, particularly given the nature of many student health concerns.\textsuperscript{74} Additionally, a fee-for-service model of physician-only clinics may not be optimal when treating mental health issues because of the high degree of collaboration and cooperation necessary between medical services, counselling services, accommodations and disability.\textsuperscript{75} The fee-for-service funding model may be hindering efforts to create these communicative structures by limiting physicians’ commitment to collaboration and long-term care in favour of more immediate services that could be rendered. Directors of on-campus health service centres delivering comprehensive long-term care for patients.

It is important that the provincial government and McMaster University explore alternative compensation options to encourage comprehensive and long-term care for students. Students recommend that the government consider some of the practices of Community Health Centres (CHC) as a model for the compensation of physicians and the delivery of care. CHCs provide primary health care and health promotion for a community, are usually located in priority neighbourhoods, and have salaried teams of professionals including nurses, doctors, dieticians, psychologists, psychiatrists and social workers. The CHC funding model and structure lend themselves to the critical comprehensive, fairly compensated, and collaborative approach to health care that student populations require. Additionally, CHCs provide incentives for the provision of more specialized and specific health care services (like health promotion, illness prevention, and continuing medical education), which has the potential to work well for populations with unique needs. In addition to the CHC model, another alternative model involving a more passive type of enrollment could compensate physicians for a reasonable percentage of the students attending an

\textsuperscript{74} Ibid.

institution rather than the number of actively enrolled patients. This percentage could be set based on a regular audit of students’ use of the campus clinic.\textsuperscript{76} \textsuperscript{77}

Family Health Teams (FHTs) are health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dieticians, and other professionals who work together to provide health care for their communities.\textsuperscript{78} Since 2005, over 200 FHTs have been created and given their rise in popularity, students are increasingly becoming members in their home communities. However, patients who enroll in FHTs agree “to seek treatment from their [FHT] family doctor first,” and to forgo others, with exemptions only for emergencies or hospital provided care.\textsuperscript{79} The arrangement made when a patient enrolls with a FHT means that a patient should seek treatment from members of the FHT first, and that if a doctor feels that a patient is violating that agreement they can remove a patient from the family health team. The access bonus is a semi-annual payment to the staff of FHTs for exclusively providing core services to their enrolled patients that is intended to reduce patients’ use of core services by non-FHT providers. With significant compensation at stake for their home practitioner in the likely event that a student seeks care at their institution, it is possible that a physician would be motivated to enroll another patient in the FHT. Moreover, certain students’ may be hesitant to seek health care at their institution as it risks accessing their FHT in their home communities. Another complication is that patients are only allowed to switch the FHT that they are enrolled with twice a year. This means that a student cannot simply change membership between their home FHT and the clinic at their institution or in the broader community as they move back and forth.\textsuperscript{80}

According to the Ontario Student Survey in 2010, 72.6% of students use campus health clinics at some point over the course of their studies.\textsuperscript{81} Despite these services being an integral part of a student’s experience, the enrolment provisions of FHTs results in some students' removal from their FHT back home. Students recommend that when students who belong to FHTs access services at an on-campus health centre, those services are exempted from outside use deductions. This would allow

\textsuperscript{80} Ibid.
\textsuperscript{81} Ontario Undergraduate Student Alliance. What Students Want: Results of the Ontario Student Survey. Toronto: 2010
students to continue their enrolment in their home FHTs without diminishing compensation for its staff. Although this will result in the hometown FHT physicians receiving additional compensation for services they are not delivering, in effect resulting in the government paying more for students’ care, this exemption will allow students the flexibility of using their campus wellness services without fear of being removed from their home FHT. It is in the best interest of the health care system to remove any obstacles to treating these issues early in order to drive down long-term costs.

**Smoke Free Campus**

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<tr>
<th>Principle: All willing and qualified students deserve access to accessible and safe post-secondary education.</th>
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<tr>
<td>Principle: All students should be able to take/ingest/inject/inhale/or absorb medication as prescribed by their medical professional.</td>
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<tr>
<td>Concern: Students who choose to smoke, off campus, may experience decreased safety</td>
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<td>Concern: Some students with disabilities who smoke may face disproportionate barriers assessing a location where it is acceptable to smoke.</td>
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<tr>
<td>Concern: Students with a medicinal marijuana prescription may be unable to take their medication in a form that is most accessible to them, on a smoke free campus.</td>
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<tr>
<td>Recommendation: McMaster University should prioritize considerations of accessibility, student safety and comprehensive access to post-secondary education when implementing and designing any smoke free campus policy.</td>
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McMaster University is dedicated to increasing access to higher education for underrepresented groups and prides itself on being a welcoming and diverse community. Additionally, McMaster has demonstrated a commitment to supporting students with disabilities and creating an accessible campus for all students. Furthermore, McMaster already understands that accessibility requires individualized approaches, as seen through their accommodation services. Paralleled to these individualized accommodation plans are treatment plans and medication regimes developed collaboratively between students and their medical professionals. It is universally accepted that accommodation relies on respect for dignity, individualization, and integration and full participation.

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Despite these commitments, McMaster’s plan to create a smoke free campus has caused many students to worry. Future students who smoke may feel stigmatized, unwelcomed, and othered creating additional barriers for students who may be part of demographics who currently face low attainment rates to post-secondary education. Additionally, students at McMaster who choose to continue to smoke will be forced off campus into the community. This creates accessibility barriers especially in colder months for some students who experience disability for example, students with mobility impairments, chronic pain, etc. Furthermore, it creates an issue of safety with all members of the McMaster community smoking off campus.\footnote{The Problem With Smoke-Free Campuses,” Inside Higher Ed, last modified February 17, 2012, https://www.insidehighered.com/views/2012/02/17/essay-arguing-campus-smoking-bans-are-unsafe.} Regardless of actual changes to student safety considerations of perceived safety combined with considerations of minority stress\footnote{Meyer, Ilan H. “Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence.” Psychological bulletin 129, no. 5 (2003): 674, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/.} let us know that the mental wellbeing of students the who choose to smoke off campus will suffer. Lastly, the proposed ban encompassing all forms of inhalation, including medicinal marijuana\footnote{“McMaster University Draft Policy on Tobacco and Smoke Free Campus,” (2017), McMaster University, https://www.mcmaster.ca/policy/Smoke_Free_Campus_Policy_DRAFT.pdf.} will create exceptional barriers for students access to medication.

Moving forward, it is necessary that McMaster prioritize considerations of accessibility, student safety and comprehensive access to post-secondary education when implementing and designing any smoke free campus policy. The MSU acknowledges that smoking can have negative health effects on individuals and communities, however equal and safe access to higher education needs to be prioritized over simplicity in policy. A solution needs to be found that balances differing and sometimes competing accommodation needs of students, contains a plan for student safety, and a commitment to continuing to increase access to higher education. These decisions are difficult and will require widespread consultation, outreach, and prioritization.

Policy Statement:

Whereas: Students should have easy access to relevant resources regarding university transitions and how health can play into these transitions.

Whereas: All students deserve access to high quality and accessible health information and resources as a part of the McMaster Community.

Whereas: All students should have access to high quality and accessible health services regardless of their insurance coverage, social identities, or location.

Whereas: The SWC should continually support all students who pay for its operations.

Whereas: McMaster University should make and maintain collaborative relationships with health-related community organizations.

Whereas: All students at McMaster should have access to high quality support services and health information, including those provided peer to peer.

Whereas: Students who disclose their personal circumstances to their academic advisors should be provided with resources and directed to avenues most helpful to their situation, regardless of their faculty.

Whereas: All students should feel comfortable approaching educators including professors and teaching assistants (TAs) to inquire about accommodations for any type of illness or personal problem, without disclosing personal information that is not required by SAS.

Whereas: Students should not be penalized for seeking accommodation for health-related concerns, regardless of how far into the term accommodations are being sought.

Whereas: All students who are experiencing an illness should be aware that they are able to access academic accommodations without needing immediate documentation.

Whereas: Students should feel comfortable using the MSAF in instances of minor health concerns without fear of having their form rejected.

Whereas: Athletics and recreation facilities should be a safe space where all students feel comfortable to achieve their fitness goals, regardless of gender, ethnicity, or ability.

Whereas: All students should have exposure to an array of athletics and recreation programs on campus in order to achieve optimal levels of physical activity and procure the health benefits that come with maintaining an active lifestyle.

Whereas: The Ontario government and McMaster University bear primary responsibility for ensuring that every McMaster student has access to a minimum standard of health services

Whereas: Effective campus wellness services must reflect the diversity within the student population.

Whereas: Students from underrepresented groups should have access to health and personal counselling supports that adequately address their unique concerns and needs.

Whereas: Students should have easy access to counselors to ensure concerns are addressed in a timely manner.

Whereas: McMaster University must have strategic goals, policies and practices that reflect the importance of student mental health as a foundation for learning and
student wellbeing. Universities should strive to provide supportive and inclusive environments for students with mental health and wellness issues.

Whereas: SWC and SWELL assisted referral procedures for directing students to community health and counselling services need improvement.

Whereas: McMaster University should have initiatives that increase the knowledge and understanding of the determinants, nature, impact, prevention, and management of mental health issues.

Whereas: All willing and qualified students deserve access to accessible and safe post-secondary education.

Whereas: All students should be able to take/ingest/inject/inhale/or absorb medication as prescribed by their medical professional.

Be It Resolved That (BIRT): Student Affairs should work with Residence Life to develop and endorse health promotion events specifically targeted to students experiencing challenges as a result of university-related transitions.

Be It Further Resolved That (BIFRT): There should be a bridge between upper year students and Student Affairs in which useful and informative resources regarding the transition to off-campus housing are provided.

BIFRT: The SWC and the SWELL should improve the information and the content on their website to provide more relevance to school events and topics related to students’ daily lives.

BIFRT: The SWC and the SWELL should re-evaluate in person resources, such as pamphlets and brochures.

BIFRT: All information that is offered within a university space should also be duplicated and available easily online.

BIFRT: The SWELL should distribute informational materials produced by student services and groups.

BIFRT: The SWC and the SWELL should improve the information and the content on their website and social media pages.

BIFRT: The SWC should provide information regarding the transportation to popular referrals.

BIFRT: The SWC should be able to provide high quality referral options to students that are located in high commuter regions.

BIFRT: The SWC should provide a variety of referral options including public and privately funded services.

BIFRT: The affordability of a referral should be included when provided to a student.
BIFRT: McMaster University should better equip the SWC to better deal with all aspects of patient care.

BIFRT: The SWC should implement a service feedback system to collect knowledge on student experiences with a referral and make changes to future referrals as necessary.

BIFRT: The SWC should invite community partners to host health related events, services and outreach on campus, especially when these services are not offered through the SWC.

BIFRT: The University should allocate dedicated envelope funding to MSU Peer Support Services.

BIFRT: Academic advisors should be provided with mandatory training around student health concerns to best accommodate students.

BIFRT: All educators should be required to have mandatory training on how to respond to sensitive issues such as illness or a student’s personal emergencies.

BIFRT: All educators should be trained on what the guidelines of SAS are and subsequently follow them.

BIFRT: McMaster should introduce a “Late Withdrawal” policy to allow students to drop a class if they are struggling to keep up in the course, regardless of the reason.

BIFRT: Infographics should be developed to make students more aware of the existing policy regarding documentation in high traffic areas such as the SWC and SAS as well as online.

BIFRT: The SWC staff should be aware of university policy regarding documentation and communicate its purpose effectively to students needing accommodations.

BIFRT: Professors should indicate in the syllabus what the extensions or reweighing of the assignments will be if a student chooses to use the MSAF.

BIFRT: The grade point cut off for MSAF should be 30% and below to make this tool more accessible to students.

BIFRT: The Pop-Up Pulse should implement women’s+ only hours multiple times a week to combat mental barriers and reduce gender disparities in workout facilities.

BIFRT: The pool should incorporate privacy curtains during women’s only hours to accommodate the cultural needs of Muslim women.

BIFRT: Intramurals should be promoted in ways that foster equitable participation on sports teams, encouraging those at beginner levels with limited experience to join.

BIFRT: Adaptive sport teams should be included in the intramural calendar throughout the duration of the year.
BIFRT: McMaster University should create a comprehensive strategy for enhanced student health service provision to address wait-times

BIFRT: The Student Affairs department should gather and use large scale feedback from students regarding the Student Wellness Centre to implement and improve services.

BIFRT: McMaster University, in collaboration with the Student Wellness Centre and community partners, must create assisted referral that ensures students are supported when receiving community health and counselling services maintaining the fewest number of points of contact necessary.

BIFRT: The Student Wellness Centre should offer blood testing for testing for HIV, hormone levels, antibodies, etc.

BIFRT: McMaster should strive to ensure that health and counselling services reflect the diversity of the student population.

BIFRT: The Student Wellness Centre should ensure that their policies and service offerings meet the diverse health needs of all students, including the specific needs of marginalized populations.

BIFRT: McMaster should provide funding for training on the needs of students in visible minority groups for existing counselling centres at all institutions

BIFRT: McMaster should strive to provide access to expertise and resources for students undergoing, or who have undergone, sex and/or gender transitions.

BIFRT: The Student Wellness Center should expand its counseling services to reduce wait times and allow for students to access counselors more quickly.

BIFRT: The Student Wellness Center should inform students about the different styles of counseling available to them.

BIFRT: The University should assign a dedicated safe area in the new Living and Learning Center for students to access a drop-in counselor service.

BIFRT: The Student Wellness Center should expand its hours to accommodate more students.

BIFRT: The Student Wellness Center should offer extended services during midterm and exam season so students can access a counselor during the times they feel the most stressed at school.

BIFRT: Mental health and wellbeing education, training, and resources must be provided to all McMaster staff who interact with students.

BIFRT: Institutions must evaluate and change their policy, structure and organization to ensure student mental health is reflected as an important institutional value.
BIFRT: The government should pursue alternatives to the fee-for-service physician compensation model, including Community Health Centres on post-secondary campuses.

BIFRT: The government should exempt post-secondary students enrolled in a Family Health Team from the outside use deduction of the access bonus to reflect the nature of post-secondary student mobility.

BIFRT: McMaster University should prioritize considerations of accessibility student safety and comprehensive access to post-secondary education when implementing and designing any smoke free campus policy.