



Summary Report and Recommendations

Services to Support the Mental Health Needs of Diverse LGBTQ+ Students Across the University of Toronto

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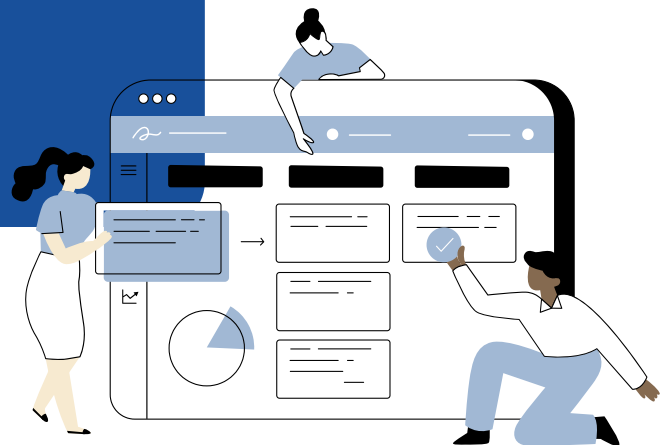


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Project Background

In January 2023, our research team embarked on a project funded by Inlight Student Mental Health Research to understand and map the experiences of Two Spirit, lesbian, gay, bisexual, trans, and queer (2SLGBTQ+) students with mental health care services across the University of Toronto.

This report summarizes our research activities, recommendations for changes to the university's mental health care systems, remaining questions, and future directions for the project.

Introduction

A significant body of literature has focused on the unique mental health challenges of 2S/LGBTQ+ young people and students. According to Statistics Canada (2019), lesbian, gay, and bisexual people are more likely to experience anxiety, depression, suicidality, and substance use problems compared to heterosexual people. In 2024, Statistics Canada found that 3 in 10 2S/LGBTQ+ consider their mental health to be “fair” or “poor,” with trans and nonbinary people being five times more likely to rate their mental health in this manner as opposed to cisgender people.

Furthermore, Hunt (2016) reports that Two Spirit people in Canada and the United States are more likely to experience anxiety, depression, and substance abuse of drugs and alcohol. Homophobia, biphobia, and transphobia continue to be major drivers of distress among 2S/LGBTQ+ people, and these forms of discrimination still exist on Canadian university campuses (Chinell, 2011; Dimberg et al., 2021). In the context of the ongoing COVID-19 pandemic, which has had a disproportionate impact on 2S/LGBTQ+ people (see Kia et al., 2022; Prokopenko and Kevins, 2022), it is more important now than ever to focus on 2S/LGBTQ+ student mental health.

Currently, there is a lack of data regarding the unique mental health needs of 2S/LGBTQ+ students at the University of Toronto. Our project addresses this knowledge gap by engaging with diverse 2S/LGBTQ+ students and university knowledge users.

The specific questions that our project has sought to address are:

- To what extent are **mental health resources** at the University of Toronto meeting the **needs of 2S/LGBTQ+ students**?
- How do **intersecting axes of oppression** such as racism, sexism, classism, and ableism **compound mental health issues of 2S/LGBTQ+ students** and/or how they **access care** at the University?
- What would a **student-informed approach** to 2S/LGBTQ+ mental healthcare look like?

This report will address these questions through recommendations to improve 2S/LGBTQ+ students' experiences with mental health care services on campus.

Methods and Guiding Frameworks

Between September 2023 and January 2024, we conducted semi-structured interviews with 29 LGBTQ+¹ students and 20 knowledge users from across the university.

The students interviewed were representative of undergraduate, master's, and doctoral levels of study from across the St. George and Scarborough campuses. All three campuses were represented in our knowledge user population and included those who work in various areas such as Health and Wellness, Student Life, Residence Life, and Equity, Diversity, and Inclusion.

Students were asked questions related to their experiences with mental health care at the university. These included how they learned of these services, the process of securing appointments, and the experience of medical or counselling appointments. Students were then asked the same questions about any off-campus services they may have used. We also asked questions about the relationship between sexuality, gender, race, and mental health. Lastly, we asked if students had any recommendations for how the university could better support the mental health of 2SLGBTQ+ students.

Knowledge users were asked questions related to the daily activities of their work, any formal or informal training that has supported them in being able to support 2SLGBTQ+ students, and their understanding of university policies and frameworks. Interviews with knowledge users provided additional context for LGBTQ+ student interviews.

This report draws mainly from student interviews. However, some interview data from key knowledge users is also used to support student perspectives.



Throughout the research process, we have worked with an LGBTQ+ Student Mental Health Advisory Committee which was consulted on all phases of our project, from research design to reviewing interview data and informing the direction of publications and knowledge translation materials. Many students on the committee also shared their experiences with on-campus mental health care services, and these experiences have informed the development of the recommendations in this report.

In addition to interviews, we analyzed texts relating to student mental health, such as university policies, reports, websites, and news articles, to understand how the university frames the issue of LGBTQ+ student mental health and to help us identify which priorities have been established to improve existing services. We also examined texts associated with the university's Stepped Care 2.0 mental health care service model, including both academic literature and grey literature on the topic, to better understand the context within which mental health service delivery is mobilized at the University of Toronto.

[1] Two Spirit, Indigiqueer, and LGBTQ+ Indigenous students were not adequately represented in this study despite our targeted recruitment. Moving forward, we refer to the group of participating students using the acronym LGBTQ+ throughout our recommendations to maintain the accuracy of our results.

Intersectionality

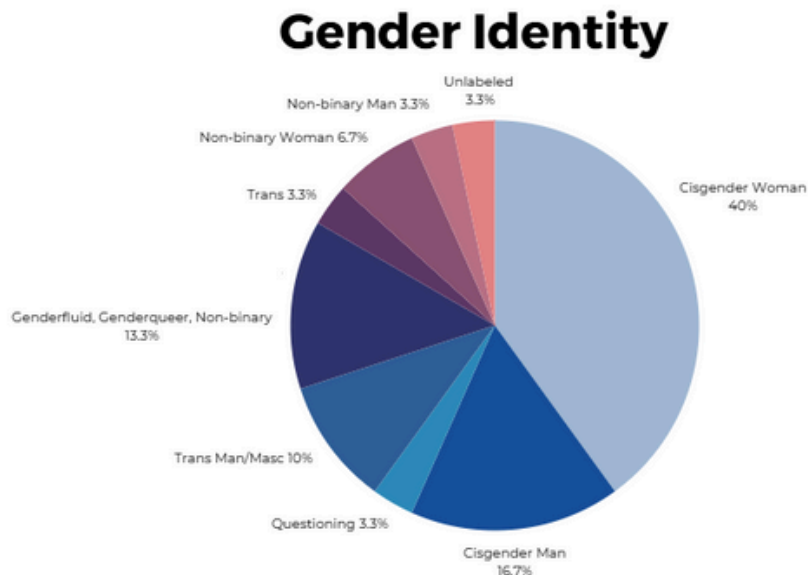
Our project was also guided by the principles of intersectionality, a form of social theory developed by Kimberlé Crenshaw that draws attention to the “interdependent phenomena’ of oppressions, whether based on race, gender, class, sexuality, disability, nationality, or other social categories” (Crenshaw, 2017).

Adopting an intersectional approach in this project meant ensuring that marginalized groups within the 2SLGBTQ+ community, such as racialized people and trans people, were well represented in our project. Below, we offer a summary of the demographic information of our student participants.

Demographics

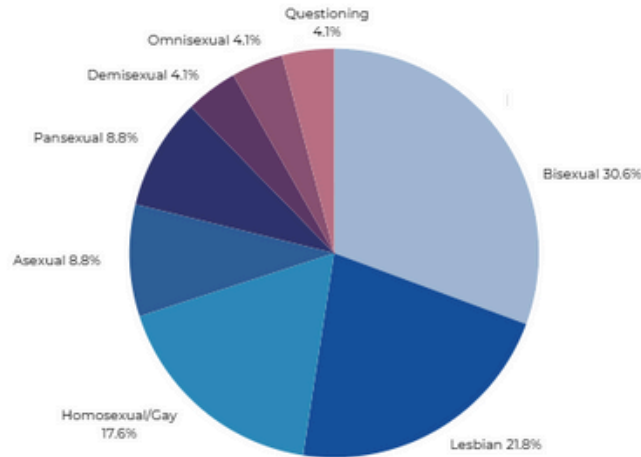
The students whom we spoke with come from diverse backgrounds. For this project, we kept data regarding gender identity, sexual orientation, race/ethnicity, level of study, and socioeconomic status. Despite recruiting from all three University of Toronto campuses, only two of the three University of Toronto campuses were represented in this study – 70% of participants were from St. George (UTSG) campus, 30% were from Scarborough (UTSC) campus, and 10% did not disclose their campus. To our awareness, there were no students from the Mississauga (UTM) campus included in the study, despite recruiting from all three campuses. This is another limitation of our study that should be taken into consideration.

60% of students were undergraduates, 6 were masters students, and 1 was a PhD student. 44.8% of students came from middle-class socioeconomic backgrounds; 2 identified as working class, 9 identified as lower class, and 2 identified as upper-middle class.



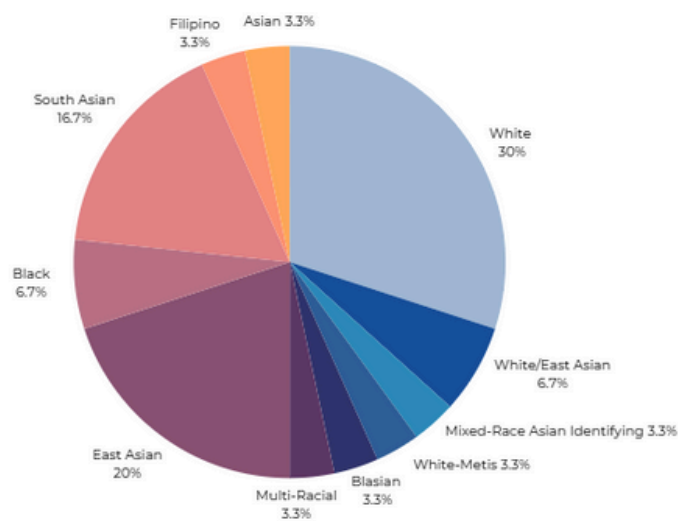
58.6% of the students interviewed identified as cisgender (11 cisgender women, 5 cisgender men). 41.4% identified as either trans, nonbinary, genderfluid, genderqueer, or a combination of these identities, 2 students identified as being nonbinary and a woman, and 1 participant identified as being nonbinary and a man. 1 student stated that they do not label their gender.

Sexuality



20.7% identified as bisexual, 13.8% identified as lesbian, and 13.7% identified as either homosexual or gay. 6.9% were asexual, 6.9% were pansexual; 1 person identified as demisexual, 1 identified as omnisexual, 1 identified as queer and lesbian, and 1 identified as bisexual and queer. There was also 1 student who identified as heterosexual but questioning.

Racial Identity



30% of participants identified as white, 2 as White and East Asian, 1 as Mixed-Race Asian, 1 as Multi-Racial, 20% as East Asian, 32 as Black, 16.7% as South Asian, 1 as Filipino, 1 as White and Métis, and 1 as Blasian.

Recommendations

Based on our engagements with LGBTQ+ students and university knowledge users, we have formulated a series of recommendations that can be implemented to better support the mental health care needs of LGBTQ+ students at the University of Toronto.

In developing these recommendations, we have taken into consideration the reality that the university has had to respond and adapt to increasing demands for mental health care services on campus and that resources may be limited. We have studied the Stepped Care 2.0 model that currently organizes the mental health care infrastructure at the University, including academic research and grey literature on the subject.



We understand that this system was designed to help achieve reduced wait times, expand the types of services available to students, and better connect students with mental health resources in the community.

However, we have also found that the Stepped Care 2.0 system is not necessarily working as intended for every student, especially marginalized students and students with chronic and severe mental health conditions.

Therefore, other services and solutions need to be taken into consideration to make mental health care services at the University of Toronto accessible, affirming, and effective for all.

We have also taken into consideration the priorities outlined in the **2019 Presidential & Provostial Task Force on Student Mental Health Final Report & Recommendations** ² ((*herein* “**2019 Task Force Report**”), recognizing that many of the proposed recommendations outlined in our report mirror those established by the Task Force. We argue that the similarities between our proposals and the university’s already-defined priorities reinforce the findings of our research and hope that the recommendations presented below may help establish some priorities for forwarding LGBTQ+ students’ mental now and in the future. We would also like to note that many of the recommendations below apply to the student body at large. Therefore, implementing these recommendations would have far-reaching benefits and is in the interest of the university as a whole, across all three campuses.

[2] (See <https://www.provost.utoronto.ca/wp-content/uploads/sites/155/2020/01/Presidential-and-Provostial-Task-Force-Final-Report-and-Recommendations-Dec-2019.pdf>)

Recommendation 1:

Increase capacity to provide safe and affirming care for LGBTQ+ students.

LGBTQ+ students deserve access to safe and affirming mental health care on campus. Ensuring that the university hires LGBTQ and/or LGBTQ+ affirming counsellors improves standards of training associated with gender and sexual diversity and ensures that LGBTQ and/or LGBTQ-affirming counsellors are easily identifiable on the university's dedicated mental health website. This is crucial for the mental health of LGBTQ+ students.

1a. Hire more LGBTQ+ and/or LGBTQ+ affirming mental health care providers

One of the most common recommendations we received from students was a desire for the university to hire more LGBTQ+ and LGBTQ+ affirming mental health service providers. Students were primarily concerned with wanting LGBTQ+ and LGBTQ+ affirming counsellors, given that counselling was the most sought-after service, but others expressed a desire to be able to identify LGBTQ+ and LGBTQ+ affirming psychiatrists and primary care providers as well.

For many, knowing they would have access to an LGBTQ+ counsellor was a matter of both comfort and safety. For example, one student from UTSC, Dylan (he/him),³ remarked that having a queer-identifying counsellor would mean that “you have more security” and “you’re more assured that they will understand you.” As another student, Cooper (he/they), told us:

“I would like someone that had insights into whatever sort of like identities I inhabit, like, someone who just got it. Like, not someone who I have to explain it to or who... I just want to say it and someone gets it and someone, you know, has experience with that, or inhabits those identities themselves, I think is the biggest thing.”

- Cooper

For some students, the uncertainty surrounding whether they would have an LGBTQ+ or LGBTQ+ affirming counsellor has led to avoiding university-based mental health services. One student, Stella (she/her), told us, “I know some people, and, at certain times of my life, myself included, wouldn’t access care unless you knew for sure that it wasn’t going to make it worse.” Stella also stated that wanting an LGBTQ+ or LGBTQ+ affirming counsellor is often “framed as a preference,” when it should be seen as essential for care.

[3] All names that are used in this report are pseudonyms.

Importantly, however, some students we interviewed stated that the identity of their counsellor was not the most important factor when considering therapist fit. Most students agreed that having a counsellor who was empathetic and willing to understand students' experiences within the contexts of their identities is the most important factor in having a successful experience with their provider. When asked if the identity of his provider was important, Leo, a Guyanese, bisexual, trans man, stated that their counsellors did not "necessarily have to be trans." However, it would be ideal to have a counsellor who was "marginalized in another way" so they could "understand and connect" with his concerns. Similarly, Annie, a Black and Asian queer woman, told us that while she was initially matched with a Black woman counsellor, the racial identity of her therapist was less important than the therapist-client fit in terms of how she felt about the therapeutic relationship.

Ultimately, comprehending and empathizing with someone's concerns regardless of their minority identity seemed to be the most important characteristic of a counsellor for many students. However, even though the identity of one's counsellor is not important to every student, it does not mean that the university should not continue to strive to hire LGBTQ+ counsellors. We point to the fact that not all students are concerned with their therapist's identity or identities to show that the university can still work within its current staff to create an environment where LGBTQ+ students feel more affirmed. This also leads to our next sub-recommendation regarding healthcare provider training.

1b. Improve standards of training on sexual and gender diversity for all healthcare providers that work in Health and Wellness.

In addition to hiring more LGBTQ+ or LGBTQ+ affirming counsellors, all healthcare providers – and those who work in Health and Wellness more broadly – may benefit from improved standards of training on sexual and gender diversity.

After attending an information session with some health care providers at the university, we learned that training surrounding the unique mental health care needs of LGBTQ+ people is not mandatory for physicians or counsellors. Our interviews with healthcare providers and other knowledge users confirmed this.

Luckily, the students whom we spoke with did not report having experiences of homophobia or transphobia when interacting with mental health care providers on-campus. However, students have had negative experiences with mental health services that are auxiliary to the University.

For example, one student, Lacey (she/her), told us that her experience with Good2Talk, a phone and text-based mental health service for Ontario post-secondary students, which is affiliated with the University of Toronto, was particularly difficult for her.

Lacey had already had a negative experience with the service after she sought support for her bipolar disorder when she found that the person on the other end of the line did not know how to help someone with bipolar disorder. Lacey reached out to Good2Talk for a second time after she experienced an act of homophobia and was feeling quite depressed. As she told us:

"I told them about my experience. And I feel like the people who talked to me are not LGBTQ people, and maybe they never heard of this kind of experience queer people experience before. So, she did not know how to respond to me. It was like, I can feel like she's really nervous because she does not know how to respond to me. So, I feel like maybe people who are providing this service should be educated about LGBTQ knowledge so that they can provide better service."

Although this service is auxiliary to the University of Toronto and we realize that the University does not have control over the training of those who work for Good2Talk, we believe that this negative experience does emphasize the importance of ensuring, at the very least, that mental health care providers who work on campus are properly trained to be able to support a student through an act of homophobia that negatively impacts their mental health.

While a few students interviewed do have access to LGBTQ+ and LGBTQ+ affirming mental health care providers who are off-campus, many students do not have access to this kind of service due to financial constraints, such as limited insurance, lack of family support, and lack of affordable 2S/LGBTQ+ care providers in the community, who may also have long waiting lists. For example, when asked if she had ever used off-campus services, Iris replied:

"No? Well, not during my time in university, because I don't want to pay for it. And I'm doing it all in secrecy. People, [my parents] don't know that I'm doing all of these things. They don't know I'm in therapy. They don't know I take antidepressants. Like they don't know that part because they won't get it, which is fine. It doesn't concern them, I'd pay for it, that's fine. I've only heard the horror story if you don't have health insurance, that to cover private stuff – because if you do public, you're gonna be on a waitlist for like five years – and then if you do go private, you've got to pay like \$100 a session [or] \$200 a session."

Many of the care providers and other knowledge users we interviewed, including nurses and counsellors, have sought out training regarding sexual and gender diversity on their own and stated that they are very committed to ongoing training that will help them support students of diverse identities and backgrounds in their various work capacities.

Additionally, all knowledge users identified these trainings as helpful in improving the services that they provide to students. This demonstrates a clear willingness to learn and develop as professionals and speaks to the effectiveness of such training. Reflecting on their level of confidence in working with LGBTQ+ students, Annette, an administrator at the university, spoke to the importance of ongoing training and connecting with what others are doing to support LGBTQ+ students on their campuses.

"[...] In my training and experience, I feel confident in providing support to 2SLGBTQ students. [...] I reflect that in my own positionality, that it's important for myself to always be learning and seeing what the community needs because community needs are always evolving, right? [...] I'm connecting with folks who are within my fields [...] I'm part of the Queer Support Services Network of Western Canada, which is like where people who are doing this work meet and discuss... People who are doing this work, to support 2SLGBTQ+ community members and students on campuses, connecting with what are they doing on their campus [and] how are we supporting student wellness, and that has been really helpful for me and my learning, because it has been really amazing to learn about what are other folks doing on their campuses [...] Learning from each other, I think, has been very valuable to me. Also connecting with training [...] to answer your question, yes, I am confident, but it's also important for me to reflect that it is continuous learning, right? And it's important to always stay educated as well as being reflective on listening to community needs, assessing and providing, you know, those needs assessments [...] this is continuous work."

When considering training for Health and Wellness staff, it is important to recognize that LGBTQ+ students are not a monolithic group. Many of the students we interviewed hold multiple marginalized identities. For example, many not only experience homophobia and/or transphobia, but racism, classism, and ableism as well. Undeniably, offering training around gender and sexuality is a step in the right direction. However, it is also important that providers understand how intersecting forms of oppression impact the lives of LGBTQ+ students, regardless of their own identity. Thus, it is important that training for providers prepares them to address intersectional concerns.

This recommendation should also extend beyond counsellors to include all providers who work in the student mental health space across the University. From the moment of first contact with student wellness, through to appointments with counsellors, nurses, physicians, and psychiatrists, students should feel safe and supported in accessing care that is safe and LGBTQ+ affirming. Improving the standards of training regarding the provision of mental health care for LGBTQ+ and other marginalized students is one way the University could accomplish this.

1c. Ensure that students can easily identify LGBTQ+ counsellors on all UofT mental health websites.

Hiring more LGBTQ+ and LGBTQ+ affirming counsellors is only the first step to ensuring that students are connected to counsellors they feel safe with. These counsellors also need to be easily identifiable to students, whether it be through an online directory or when going to Health and Wellness in-person. Students are currently unable to readily access information regarding providers and easily identify LGBTQ+ or LGBTQ+ affirming counsellors, leading to the incorrect assumption that they do not exist. Many students therefore avoid on-campus mental health care because they worry that they will not be met by a provider who will understand their experiences or identities.

The 2019 Task Force Report states, “Where appropriate, include service provider biographies on the clinic website(s) that list their backgrounds and areas of speciality so that students are able to identify counsellors they think are compatible” (p. 12). Based on our interview data, this should include being able to identify counsellors who specialize in supporting LGBTQ+ students, especially with concerns related to sexuality and gender identity. One of our participants, Ruby (she/they/he), explained the importance of being able to identify the care provider’s specialities when seeking out care. As they said,

“I do wish that people [could] get to know the psychiatrist or the mental health service provider a bit more... like they have more of an introduction about who they are. Because, once again, my issues are with trauma and sexual violence [...] and then also I live an alternative lifestyle – I am polyamorous. I remember mentioning this to the psychiatrist that I was seeing [...] I told her about the polyamory and she was like, “that thing is not stable.” [...] So, [it would be good] to be able to know the psychiatrist better so that [you can] make sure that, you know, the basic values align. [...] Let everyone just introduce themselves a little bit, what do they identify with? What are their specialties? You know, what kind of clients did they work with in the past? Just like how you go to in a job, right? I would think that will be very, very helpful.”

It appears that the University of Toronto has taken some crucial steps toward making information about counsellors and their specialities more identifiable. At the time of writing this report, information regarding available counsellors, their credentials, and modes of practice are available online for the UTM and UTSC campuses but not for the St. George campus. Importantly, some counsellors indicate that their practices attend to identity and intersectionality, with some explaining that their work is explicitly anti-racist and and/or anti-oppressive. This type of information is crucial for LGBTQ+ students.

Having this information readily available and easily accessible to students such as through a website or other easy-to-access online platforms could help ensure that students are directly connected with counsellors that are willing and able to address their targeted concerns. It could also reduce the time and work needed in matchmaking with counsellors, something that many LGBTQ+ and marginalized students experience far more than their non-marginalized peers when trying to find a counsellor they are compatible with.

Being easily able to identify LGBTQ+ and LGBTQ+ affirming counsellors should also apply to crisis and same-day counselling. When prompted about what the University could be doing better to support the mental health of LGBTQ+ students, Stella (she/her) noted that for services like same-day counselling, having the option to choose someone who is “openly identifying as a queer or trans counsellor” would be much safer for a queer student.

“I think for things like that, like those expedited, kind of, you can see someone the same day, having someone who is like, a queer and like, openly identifying as a queer and trans counselor, like could see anyone but like, would be a safe for a queer person. And that you could choose would be a kind of easy thing for them to do.”

The Same-Day Counselling page on the Student Life website states that students who self-identify as Black, Indigenous and/or a Person of Colour (BIPOC) can “make a same-day counselling appointment with a wellness counsellor who self-identifies as BIPOC and has expertise in supporting students from these communities” (University of Toronto, 2024). A potential option for supporting LGBTQ+ students could be to expand these services to also include the option for students to request LGBTQ+ identifying counsellors and/or counsellors who are equipped to address concerns and experiences related to sexuality and gender.

In the absence of certainty regarding the availability of LGBTQ+ and LGBTQ+ affirming counsellors, many of the LGBTQ+ students we spoke with are turning to costly off-campus, private mental health care because it is easier to identify LGBTQ+ counsellors in the community than it is at the University. LGBTQ+ students who have sought off-campus psychotherapy were able to identify LGBTQ+ counsellors using therapist matching services and queer therapist directories. The University of Toronto may consider adopting similar services and processes to help LGBTQ+ students find LGBTQ+ identifying and/or LGBTQ+ affirming counsellors on campus to prevent them from having to find costly off-campus therapy that increases their financial precarity that most are already experiencing as students.

As a result, given the diversity of the students we interviewed and that many of them held multiple marginalizations, having a wider roster of LGBTQ+ informed providers and more readily available information for counsellors at all three campuses is crucial in helping students make empowered and informed decisions about the care they receive. Easier identification of counsellors that provide LGBTQ+ informed care may also streamline the process of finding a provider that students feel comfortable with, ultimately making the process of moving through mental health services less time-consuming and less stressful for students looking to address concerns specifically related to their gender or sexuality and may help students who are struggling to afford private mental health care.

Recommendation 2:

Increase access to consistent, ongoing mental health care.

Some students we spoke with expressed concerns regarding the current counselling model and the limited nature of counselling sessions and psychiatry appointments. Many students stated the importance of having ongoing, consistent care over an extended period so they could have the space and time to freely and comfortably address their mental health concerns and build rapport with a care provider who understands and supports them as they process their experiences over time.

We understand that the traditional psychotherapy model of 50-minute, weekly sessions is, or at least has been framed as, a model that is not sustainable at the level of postsecondary institutions. Increasing demands for mental health services from the student body at large have forced many institutions to alter their care model to ensure that more students can be supported. We understand that the University of Toronto has adopted a “Stepped Care” model of mental health care and that short-term, solutions-focused therapy is the method of choice. We also understand that this model was designed to reduce wait times, to better connect students with resources in the community, and to offer students a broader range of services to meet their unique needs.

We are sure that for many or even most students, this model works (to some extent). Having access to self-guided resources, peer support, group therapy, and services like Good2Talk and Telus Health Student Support are all useful resources that exist outside of the traditional therapy model. However, for students with longer-term mental health problems, the Stepped Care model is leaving them behind. It has become clear to us through our research that fewer investments have been made into counselling and long-term care, aside from developing relationships with community partners like CAMH that often have longer wait times and require lengthy referrals. When we consider that LGBTQ+ students are more likely to experience chronic mental health problems, particularly if they are also racialized, poor, and/or disabled, investments in lower-acuity and short-term resources are insufficient to meet the needs of this diverse group of students.

While some students have had some success with accessing ongoing counselling, the limited number of sessions that the university can provide is a source of distress. Being unsure whether they can continuously see the same provider is something that many students we interviewed experience and is a factor that discourages them from seeking care on-campus. One student, Marley (they/them), discussed how registering with Health and Wellness and going through Mental Health Services is not worth the labour, as they heard that all the appointments are “one-time visits and you can’t even continue seeing that same person.” To Marley, this “defeats the purpose” of going through the University’s services.

Another student, Cooper (he/they), saw one counsellor for three sessions, and was switched to a different counsellor without explanation – they arrived at the appointment and their counsellor had been changed. This left a strong impact. As Cooper told us, the three weeks of establishing the “building blocks” of their issues were essentially thrown away with their new therapist. “Now I have to start all over,” they said. Under a limited session model, effectively “losing” three weeks of care has significant consequences – that is three fewer sessions where Cooper could have explored his concerns more in-depth.

Like Marley, many students have the perception that this inconsistency is normal. They are apprehensive about starting counselling in the first place because they do not believe that they will be able to see the same counsellor for their appointments. Offering consistency of provider for all students is crucial, as we know that the client-therapist relationship is one of the most integral aspects of successful therapy.

2a. Allow students to book consistent counselling appointments at regular intervals.

While wait times for initial contact with a counsellor appear to be satisfactory, with most students reporting that they only had to wait a couple of days to have an initial connection with a counsellor, some students reported dissatisfaction with the structure of care, namely the ways in which subsequent sessions are booked. Students may spend a longer time waiting for a subsequent appointment if their counsellor is not available. For example, one student, Annie (she/her), who was able to schedule appointments with the same counsellor, expressed concerns that she could not book appointments at regular intervals, which was distressing to her. She has been told to only contact her counsellor “when needed,” which has led to some uncertainty regarding what she should do if she needs her therapist’s care when her therapist may not be available. Annie expressed a strong desire to be able to have consistency in her therapy appointments to help her feel more secure. As she told us:

*“I asked [my therapist] ‘Oh, can I book again?’ and she reminded me that we only have a certain amount of counselling. We can’t do back-to-back counselling... I was so sad... I was crushed. I thought about it for a while because that session helped me so much. I was going through it the other day. I thought I had to go to the hospital because it just kept spiraling, because of seeing [my abuser] and because of a couple other things that happened to me on campus recently. **So, speaking to her really helped me and I just wish I could speak to her more.**”*

Students like Annie should not have to experience the stress of uncertainty regarding whether their counsellor will be available when they are needed, especially since students cannot predict when they will experience a crisis. Having the ability to make back-to-back appointments and have an unlimited number of sessions is crucial to helping all students feel safer and more secure in the university's mental health care system.

Annie's experience is not an exception; other students such as Dylan (he/him) also expressed an interest in care that is structured for sustainability and consistency:

"I think in a perfect world, I would be in contact with the same therapist. Maybe like, seeing them twice a month. And [...] they know about my family history and everything like that - they know about me, I don't have to explain myself, I can come in with new things every day, instead of like, giving them backstory all the time."

Information available to us on the University's Student Mental Health Resource website confirms what students seeking long-term, consistent mental health care have told us; while wait times may have reduced for students seeking an initial appointment with a counsellor (including many who have lower acuity mental health concerns), students who require appointments with ongoing care providers may be waiting longer for appointments, especially if they are referred to services off-campus. Additionally, some students may experience financial burdens if they are forced to find ongoing, private care. When asked about their experience with the University's mental healthcare services after being registered with Health and Wellness, Ruby discussed the difficulties she experienced in the process of finding a trauma-informed psychiatrist over a sustained period of time, something that the University could not provide as they only offered short-term services and encouraged them to find off-campus.

"So I have already found a psychiatrist who specializes in trauma who's worked with... but the finding process is extremely difficult. Like, I have to go on websites to try to find a list of doctors and went to Toronto Psychiatric Society, they have a list of psychiatrists and I'm sending them emails one after another after another. Most of them are not accepting new patients at all. So that can be very, very difficult."

Ruby also reflected on the financial detriments of needing to find paid psychotherapy off-campus, stating that the overall experience was unhelpful and that the costs for doing the sessions long-term were very expensive – something other students also echoed in their interviews.

It seems that the University is aware that some students may require long-term solutions to their problems. For example, the Same-Day Counselling page on the Student Life website states that students may “make another appointment at any time to build on the previous session.” Additionally, while one session through the same-day counselling service may be enough to address their needs, they “can book subsequent appointments to build on previous sessions or address something new” (University of Toronto, 2024).

While this option may be helpful for some students, it may not be easy for all students, particularly LGBTQ+ students, to fully take advantage of subsequent sessions in both same-day counselling and any other form of counselling at the University that does not support ongoing care. Some students are concerned about the quality of care and the progress they can make in a session (and the likelihood they will be able to “build on previous sessions”) if they are unable to book subsequent sessions and cannot guarantee that their next session is with the same counsellor they were assigned to the previous time.

Ultimately, many students want care that does not require them to re-explain their experiences to a new practitioner and allows them to build on the progress that they have already made. For students experiencing complex trauma or trying to address complicated, long-term concerns, it can be disheartening and exhausting for them to re-establish a rapport with a new provider. It can also be difficult when they are only given a limited number of sessions to heal when their distress is ongoing. Even worse, it can become frustrating when they are forced to do this without prior knowledge of the short-term nature of counselling. Giving students more options to book back-to-back appointments and establish ongoing care relationships with their counsellors would improve the standard of care for not just LGBTQ+ students, but the student body at large.

Recommendation 3:

Increase access to trauma-informed mental health care.

Many of the LGBTQ+ students we interviewed disclosed having experienced traumatic events, and/or had a diagnosis of post-traumatic stress disorder (PTSD). Building on critiques of the university's inconsistent and short-term counselling model, students who were seeking help with coping with traumatic events and/or PTSD reported that they did not believe that university mental health services were trauma-informed and that they were, therefore, unlikely to use university-based mental health services.

Some of these uncertainties are grounded in the belief that the university's counselling services are not diverse enough – namely, that these services are limited to certain modalities, such as cognitive behavioural therapy (CBT), which they do not feel are sufficient for supporting their therapeutic needs. For example, as one of our participants, Riley (they/them) told us:

“...when I came into graduate school, I was extremely hesitant pursuing services at U of T, because I know that probably every person who was trained there [does CBT] – and that’s not to say that CBT is bad, it helps a lot of people – but it does not help me. And it does not help people labeled with PTSD or traumatic experiences.”

Looking into the modalities of therapists whose information is available online, it is clear, for example, that nearly all (if not all) of the counsellors at the Mississauga campus practice CBT, for example. However, it is important to note that many of these same practitioners use other modalities, drawing explicit mention to trauma-informed and anti-oppressive practice. With that said, we did observe that for students from the St. George campus, many of them experienced CBT as a first-line treatment and some were encouraged to pursue CBT even when they communicated to their provider that they were not interested in CBT and expressed dissatisfaction with the results of the therapy in addressing their concerns. For instance, Iris (she/her) told us:

“From what I know, it’s all talk therapy. Like, they have a course of CBT and then a course of DBT. That’s all I know of – I don’t know if they offer other ones. And fun fact, they automatically go to CBT. Like they just assume that that’s what works. I had to talk to the people like “yo, it’s not gonna work. Thank you, though.”

Iris also stated that:

“...[The university] will still resort to that the easiest method possible. Which is not helpful, [and] which would make people, I assume, want to stop trying.”

Our understanding of the Stepped Care service delivery model is that the highest investment is made into the least resource-intensive mental health intervention(s), with a particular focus on self-guided resources, peer support, and short-term, solutions-focused therapy. The structure of this model is also reflected in the language the University uses to describe the different services in the University's mental health ecosystem (University of Toronto, 2020):

Our clinicians offer short-term, solution-focused counselling and therapy services, which can be accessed same day or scheduled in advance. HCC staff can also provide recommendations to assist students in accessing resources in the community when complex and/or long-term care is needed.

According to the University's dedicated mental health website, "Specialist Care," of which many students seeking support for trauma may ultimately need, is largely relegated to off-campus services that students can be referred to through the University. Additionally, the options provided when searching for trauma-specific care on the Student Mental Health Resource website list primarily off-campus sources. The only exception to this is one-on-one sessions for Graduate Wellness Counselling, which does not encompass the entirety of students interested in accessing trauma-informed care. In other words, the higher the level of need, the farther removed they are from the university.

In the absence of on-campus, trauma-informed support, students who have experiences of trauma may avoid on-campus mental health services altogether and/or take on the financial burden of private therapy, which student health plans do not sufficiently support. While some students have access to private insurance, such as through their student union, their teaching assistant benefits, or through their parents' insurance, these avenues are insufficient. For example, one student we spoke with stated that their friend's insurance coverage was only enough to cover two therapy sessions. As they so strongly stated: "I don't want to bother doing two sessions; **nothing's going to happen in two sessions. What's the point?**"

Additionally, not all students who require off-campus mental health care have access to sufficient insurance through the university or their families. However, as demonstrated in Ruby's case, a student who had difficulty finding a trauma-informed off-campus provider, increasing the amount of funding for off-campus psychotherapy is likely not the best or only solution, as finding trauma-informed providers may not necessarily be easier outside the University.

"... I'm also connected to the mental health service as Health and Wellness. And I am seeing Dr. [redacted]. And she's like, 'I will still encourage you to see how a psychiatrist who can work with you long term' because my problem involves trauma. And they... U of T can only work with us, like, in a relatively short-term phase. So, I have already found a psychiatrist [off-campus] who specializes in trauma who's worked with... but the finding process is extremely difficult.

Increasing the availability of therapy that is specifically designed to support students with post-traumatic stress and streamlining training on trauma-informed care for all types of counselling, especially same-day counselling and crisis counselling, are incredibly important to supporting the mental health of LGBTQ+ students. Keeping these services within the University of Toronto will not only alleviate financial distress but may help students feel more connected to and supported by the University community.

Ultimately, our interviews revealed that LGBTQ+ students would significantly benefit from having the option of ongoing, consistent, trauma-informed care with modalities that are equipped to address concerns related to their experiences and identities. Additionally, as discussed in interviews, and considering the unique economic conditions affecting student access to non-university affiliated care, having these avenues readily accessible through on-campus services would alleviate the financial burden of needing to access these forms of care elsewhere. This is something that LGBTQ+ students desperately want. They are ready to do the work and want to make changes in their lives, but unfortunately, the services that are currently available are not sufficient for many.

Recommendation 4:

Improve awareness of existing mental health services and communications regarding how students access different types of services.

Along with concerns regarding whether they would be able to access LGBTQ+ counsellors and LGBTQ+ affirming counsellors, many students told us that they had a general lack of knowledge about mental health services at the university and were confused as to how they would access certain services over others (e.g., accessing counselling versus psychiatry). Improving communications between the university and students about mental health services is important for the student body at large but is particularly important for LGBTQ+ students who are already unsure that their needs will be met, as discussed in Recommendation 1. The issue here is twofold: (1) students need to be made aware of mental health services in general, and (2) information regarding how to access these services must be made more transparent.

4a. Increase awareness of mental health services, make student-facing resources easier to navigate, and centralize knowledge about mental health services.

While most of the students we spoke with were aware that the university offered mental health services, some were not aware that services existed at all. Many described wanting mental health information “all in one place” as they found that they were getting information from multiple sources – such as Student Life, academic programs, and colleges – which, to them, felt overwhelming. Messaging about mental health services is important, especially ongoing messaging, but these efforts could be more concentrated. More widely advertising the university’s Student Mental Health Resource (<http://mentalhealth.utoronto.ca>) would be a step in the right direction. This resource was shared with student interview participants, and many stated that they found it to be helpful. Additionally, expanding the messaging of the Student Mental Health Resource to various platforms where students receive communication about University services and activities (e.g., newsletters for colleges, departmental communication networks, etc.) can also potentially increase its visibility.

4b. Improve communications regarding how students access appointments and the different steps required for distinct types of mental health care (e.g., counselling, primary medicine, psychiatry).

In addition to ensuring that there is greater awareness of mental health services in general, students also expressed dissatisfaction at the lack of information online regarding specific services and processes related to Health and Wellness. In addition to wanting to be able to better identify LGBTQ+ counsellors, as discussed in Recommendation 1, students wanted information about wait times, referral processes, and how to access certain treatments such as medications. Having access to this information is crucial, as it can determine whether a student reaches out for help.

“They should definitely put more information all around the appointment booking, like an estimation of how long it takes to get an answer or estimation of how long it takes to book an appointment. Because I mean, in my opinion, I kind of look at it and I’m like, “I don’t know if it’s worth calling this number, right?” (Julia)

Furthermore, many students expressed frustration at the lack of communication and transparency regarding how providers handled referral procedures and other processes like assessments. This, in conjunction with a perceived lack of resources, contributes to a cultural conceptualization of mental health services as uncoordinated, unsympathetic to student concerns, and uncommunicative – a perception shared among many of the students interviewed.

Some knowledge users whom we spoke with reinforced students’ concerns about not knowing where to go for information on mental health care. One knowledge user, who works in EDIA, told us, “The Student Life website is wild in how inaccessible and confusing it is.” While they acknowledged that the University has been responsive in addressing these concerns as well as concerns about lacking information regarding gender-affirming care, certain information regarding how to navigate appointment bookings and estimations of wait times are still unavailable online.

There is also the issue of navigating the system itself. A nurse at UTM raised an important point about system navigation, accessibility and identity:

“I think the system works really great for people who easily navigate systems. Like any type of like bureaucracy, if you’re able to figure out how to like, access services, generally, the things are really good. So, I have lots of students who have made appointments with Health and Wellness, I’ve seen people have used the different group therapy options, they had to use some of the online resources they have, who find it quite easy. And I have lots of students who have never been able to figure it out. They’re continuing to email for their first appointment, which you can’t do you have to call them to make an appointment. I don’t get that. Because like, what in the world in 2023 do you have to call to make an appointment? [Students] think it’s crazy.”

Several improvements could be made to make entry points to services easier to navigate. One sentiment that was common throughout many of the student interviews was that students seemed particularly interested in clinical services – namely, many students conceptualized “mental health services” as services and forms of care that would be administered by Health and Wellness. This includes students desiring increased availability of long-term counselling, easier access to psychiatric care, etc. The “Mental Health Clinical Services” page housed on the Student Life website (<https://studentlife.utoronto.ca/service/mental-health-clinical-services/>) would be the most efficient way for students to find access points for clinical services. However, this page is not easy to access from the Student Mental Health Resource. Even more, upon drawing from interview data, most of the concerns of lack of coordination of services specifically manifested as unclear communication and a lack of transparency between different steps/parts of the treatment process and from providers whom students encountered after already entering the on-campus clinical care environment.

One of the students we spoke with, Julia, highlights the importance of having clear communication.

“I think the hardest part about struggling is the fear of not getting the help you need. And it’s really difficult [...] I didn’t know what to search up [...] I didn’t know who to ask because sometimes you don’t want to admit to other people what’s going on [...] I think calling and emailing can get kind of exhausting [...] You’re reiterating the fact that you’re struggling and it kind of makes things spiral downward. An online system is really helpful, especially for people who aren’t comfortable reaching out and admitting it [...] they just want to just book an appointment and get it over with quickly. And I think more providers because it takes a really long time to get an appointment and - like, say someone is going to get you an appointment, it could feel rushed if they are trying to get everyone in so quickly. So maybe, like a proper amount of time and you feel like someone’s actually wanting to help you. But definitely, same-day/next-day in a one-to-three-day span. Because that’s when you realize you’re struggling. Mostly when you’ve gotten to the point where you feel like you need help, it’s gonna get worse from there. So, it’s really nice to have access quickly, for sure.”

Cases like Julia’s demonstrate the arduous and overwhelming barriers many students experience when exploring the various pathways to treatment available to them. Clear and consistent communication of the possible pathways of entry into the university’s healthcare network is vital to ensuring that students are aware of the options for care available to them. Students want to feel empowered to make informed decisions about how they navigate mental health services, and students who feel empowered are more likely to reach out for help on-campus.

Recommendation 5:

Restructure on-campus mental health services to not rely on interventions from security and campus police.

Finally, one of the most critical areas of change that can support the mental health of LGBTQ+ students is crisis intervention. Several students raised concerns about the university's reliance on interventions from security and campus police in the event of a mental health crisis and have called for the university to shift towards alternative models of crisis response that are attentive to the ways in which security and policing enact violence, particularly against LGBTQ+ and/or racialized people.

We know that people experiencing a mental health crisis represent a significant number of people who are harmed or killed by police. Data gathered by the CBC shows that 70 percent of people who died in police encounters between 2000 and 2020 were experiencing a mental health crisis and/or struggling with substance use (Greenslade, 2024). LGBTQ+, Black, and Indigenous people are disproportionately exposed to police violence in mental health crises; according to the Canadian Civil Liberties Association, "Black and Indigenous people comprise around 8.7 percent of the population but account for 27.2 percent of police-involved shooting deaths" in Canada (2023). Furthermore, the 2019 Trans PULSE survey, a national, community-based survey designed to help understand the health and well-being of trans and nonbinary people in Canada, found that Black and Indigenous trans and nonbinary people fear harassment and discrimination by police and security at extremely high rates. More specifically, 94 percent of Black trans and nonbinary participants and 75 percent of Indigenous trans and nonbinary participants reported feeling worried about interactions with security and policing. These statistics and the experiences they represent must be taken into consideration when designing any service designed to support students in a mental health crisis, without question.

We recognize that the University of Toronto has already taken some critical steps toward addressing the need for better alternative on-campus crisis services. More specifically, in the 2019 Task Force Report, it is acknowledged that crisis services on campus need to be enhanced and better coordinated. It also states that there is a need for after-hours crisis support, as well as better training for staff, faculty, and Campus Police. We are also aware that the university has reviewed and reported on the role of campus safety in responding to mental health crises, as outlined in the "Role of Campus Safety (Special Constable Services) in Responding to Students in Mental Health Crises" report, within which it is recognized that the university must "establish a non-Campus Safety/non-police affiliated crisis response service that is underpinned by a trauma-informed, recovery-oriented approach and is committed to principles of anti-racism and anti-oppression."

Our interviews with LGBTQ+ students affirm that the University of Toronto must continue its commitment(s) to restructuring on-campus mental health crisis services to ensure the safety and well-being of diverse LGBTQ+ students. Below, we reference, build upon, and reinforce these commitments as they align with the experiences of the LGBTQ+ students we interviewed.

5a. Continue to explore and develop crisis response services which do not rely on campus security and police.

"I wish we had something like the Gerstein non-police mobile mental health crisis response. That was honestly amazing. I mean, from the perspective of someone who called them in, like, when [my friends and I] hit that point, of no longer being able to rely on a community figure to help someone, that was an amazing experience. And I wish we had something like that or maybe a Mobile Health Response Team, because we have three campuses. And, for example, the mental health crisis that I was describing occurred between like, groups at two campuses. So that would have been, yeah, having something like that, like mobile mental health crisis response, instead of campus safety would be incredible. And I think would also lessen the burden on the marginalized U of T admin and faculty and staff, who help outside of their working hours. And again, not to say that that's a bad thing that they're doing... but I just wish there was an actual role for after hours because that's what happens right after five, the direction to campus safety." (Riley)

One of our participants, Riley (they/them), told us a story about their experience supporting a trans friend who was experiencing a mental health crisis associated with houselessness and experiences of transphobia. Their friend has also experienced sexual assault on campus during the first year of their degree. Riley spoke about how their friend was constantly under-resourced by the university, mental health services in particular, which culminated in their friend's severe mental health crisis. Ultimately it would be Riley, a UTSC staff member (not working in Health and Wellness), and Toronto's Gerstein Crisis Centre to help Riley's friend receive the support they needed to get through their crisis. Campus crisis services were not an option for Riley and their friend, given that their friend had previously negative experiences with police. Involving security services or police would have (re)traumatized Riley's friends and would have ultimately made the situation worse.

We understand that the University has taken several steps to improve mental health crisis services on campus. For example, in "The Role of Campus Safety in Responding to Students in Mental Health Crises: Update on Institutional Commitments",⁴ the following is stated:

[4] Hereon referred to as the "Role of Campus Safety Report."

Early work is underway to develop a new collaborative model for Campus Safety, student wellness services, and other internal and external stakeholders to support information-sharing and role clarification and explore how to better define the range of responses needed to support students in mental health crises. (University of Toronto, n.d.)

An additional report, “Review Committee on the Role of Campus Safety (Special Constable Services) in Responding to Students in Mental Health Crises Final Report and Recommendations”⁵ recognizes that there is a need for the university “to review and enhance current pathways and develop alternative non-police/non-Campus Safety Special Constable response options for conducting student wellness checks for students of concern” (The Division of People Strategy, Equity & Culture, 2021, p. 52), as well as establishing guidelines for wellness checks, and an evaluation process for those wellness checks (The Division of People Strategy, Equity & Culture, 2021, p. 35).

Attending to these priorities is of the utmost importance for the safety and well-being of all students, but especially for LGBTQ+ students.

It should also be noted that moving away from Campus Safety and policing interventions can help prevent vicarious trauma in students who might witness crisis interventions on campus. One student, Iris (she/her), described witnessing an intervention where Campus Security was called to forcibly remove one of their peers from an exam hall because they were having a panic attack. The student who witnessed this intervention described being disturbed by the way in which the student was removed from class and was very concerned by what may have happened to the student following the intervention. “I don’t know that it did anything,” Iris said. “I don’t know if she’s okay. I’ve never heard from her again... I also don’t think it was that drastic where it needed a call.”

In the present moment, it is in the best interest of LGBTQ+ students for the university to continue to move away from the involvement of campus police and security in a mental health crisis, and to look to alternative modes of crisis intervention, including those developed by disability justice-oriented and anti-oppressive organizations such as Project LETS (<https://projectlets.org/>).

5b. Continue trauma-informed crisis intervention training for staff, faculty, and students

In addition to building better services, investing in crisis response training for the university community is another important step toward creating a culture of care that can better support students who experience mental health crises on campus.

[5] Hereon referred to as the Review Committee report.

As had been recognized by the university in the 2019 Task Force Report, an increasing number of faculty and staff are responding to student mental health crises, especially after hours. Therefore, it is crucial that staff and faculty are all trained to support students experiencing a mental health crisis, which we argue must be in a trauma-informed fashion.

In the Review Committee Report, the university acknowledged that it would be beneficial if “all student-facing staff, librarians, and faculty have access to education and training on how to respond to a student in crisis” (p. 36). The report lists several forms of training that those in these positions should receive, including Identify, Assist, Refer training, Online Sexual Prevention Training, anti-racism and anti-oppression training.

We encourage the university to continue these trainings and reinforce the importance of the anti-racism and anti-oppression training. Training that can provide staff and faculty with the tools to understand and respond to mental health crises in a trauma-informed manner is also paramount to the safety and well-being of 2S/LGBTQ+ students. This is particularly important for the safety and well-being of Black and Brown students, given that it is evident that staff and faculty respond differently to students in crisis based on their race and are more likely to involve Campus Security when Black or Brown students are in crisis (p. 37).

The Review Committee report also recognizes that peer support networks could be increasingly utilized, especially for after-hours care. As the report states, peer-to-peer support has:

“...assisted in de-escalation and reduced the number of transfers needed to emergency departments and community crisis centres. Furthermore, peer support minimizes stigma; embodies the principles of equity, diversity, inclusion, and anti-racism; and is aligned with the needs of Indigenous and racialized communities and 2SLGBTQ+ student communities.” (p. 35)

We agree that consulting marginalized students and offering peer support is important to de-escalating mental health crises and is part of creating a culture of care. There will indeed be many students who are more comfortable with peer support than with security or police services in the event of a mental health crisis. For marginalized students, it is important for them to see their unique experiences reflected back at them – we know that LGBTQ+ students seek out such relationships in counselling environments, as discussed in Recommendation 1, so it would make sense that the same is true of peer/crisis counselling and support.

However, we would caution the university from relying too heavily on peer support work, especially for crisis services. Jude (they/them), an undergraduate student who works in peer support, told us that while they enjoy being a peer supporter, they feel that the university relies too heavily on peer supporters to take on the role of a counsellor or a psychologist when they are not equipped to do so. Peer support workers receive training, but for Jude, this training is not a substitute for trauma-informed care conducted by a licensed professional. As Jude said:

I also see like a lot of U of T services using peer support... and it can be a little bit frustrating because, like, you know that the leaning on peer support is most likely because you can pay a peer supporter minimum wage, meanwhile, you can't pay a trained psychotherapist that. And, you know, peer support can be helpful when it comes to like ranting about a test that you failed, but it's not if you have, like, genuine deep mental health struggles, or your unpacking trauma or anything like that.

Therefore, while training students to respond to peers in crisis is an important part of the solution, it is also important for the university to recognize that, in some cases, peer support is not enough and will likely never be enough for students who are in extreme distress. It is therefore crucial that the university continues to put resources into peer support and crisis services that can be conducted by professionals, but which are trauma-informed and non-carceral. Encouraging students, staff, and faculty to challenge homophobic, transphobic, and racist biases should also be part of the University's crisis prevention approach.

Overall, while there have certainly been important discussions concerning the need to transform on-campus crisis services, it is unclear which stage the University is currently at regarding implementing these changes. Based on our interviews, it does not appear that there has been any effective change thus far. Therefore, we would like to reiterate that in the process of enhancing and coordinating crisis services, concerns of LGBTQ+ and other marginalized students need to be at the forefront.

Summary

This report has summarized the research project entitled **“Services to Support the Mental Health Needs of Diverse LGBTQ+ Students Across the University of Toronto,”** including its methods and important results. We have also offered **five recommendations** based on **student perspectives** that the university can draw from in its **planning and programming surrounding LGBTQ+ student mental health.**



To summarize, the following core considerations resulted from our engagements with LGBTQ+ students and knowledge users:

- Increasing the number of LGBTQ+ identifying and/or LGBTQ+ affirming providers is crucial for both the safety and comfort of LGBTQ+ students. Improving the standards of training for providers is essential in equipping them to address concerns related to sexuality, gender, race, and other marginalization.
- Students want access to ongoing, consistent care that allows them to book appointments back-to-back and build a relationship with their provider. Many students turn to off-campus resources at great financial cost due to not trusting on-campus providers or not being able to find a counsellor that fits their needs, specifically for those who need ongoing care, trauma-informed care, and/or those who prefer to have a counsellor that matches their identity(ies).
- Students perceive that university mental health services are not designed to support students in processing trauma or to provide long-term care, which leads to an avoidance of services. A culture of distrust between students and university mental health care services causes some students to avoid mental health services altogether.
- Many students are confused by appointment booking systems, triage processes, and referrals to certain services. Even more, some students are unaware that university mental health services exist at all.
- Lastly, students (particularly LGBTQ+ students) would benefit from access to more non-carceral interventions, such as non-police crisis response services.

Limitations

One of the main limitations of our project is the demographical representation in our report. Two Spirit, Indigiqueer, and LGBTQ+ Indigenous students were not represented in this study despite our targeted recruitment.⁶

This is a major limitation of the study. As stated previously, Two Spirit and Indigenous people are significantly more likely to experience mental illness and have been historically mistreated by health and academic institutions.

We implore the university to be cognisant of and remain sensitive to these histories and current sociocultural tensions while endeavouring to best support Indigenous students. In the future, the university should continue to foster reconciliation efforts and strive to better address the mental health concerns of Indigenous students.

Additionally, despite recruiting from all three University of Toronto campuses, **only two of three University of Toronto campuses were represented in this study** – 70% of participants were from St. George (UTSC) campus, 30% were from Scarborough (UTSC) campus, and 10% did not disclose their campus.

To our awareness, there were no students from the Mississauga (UTM) campus included in the study, despite recruiting from all three campuses. Future research on LGBTQ+ student mental health at the University of Toronto would do well to focus on the experiences of 2S/LGBTQ+ students at UTM.

It is also important to recognize the current gap in existing relationships between 2S/LGBTQ+ students/individuals and the university's administration. This gap has resulted in both a lack of communication between students and the institution, as well as the university missing out on important knowledge that can help them better support 2S/LGBTQ+ students. Students reported wanting more and easier-to-access avenues of communicating their needs to the university. We encourage the university, both through outputs from this report and in other efforts, to continue to foster these relationships to fix these deficits.

[6] There was one student who told us that they were both white and Métis when prompted to describe their race and/or ethnicity. However, they qualified this answer by stating "I am on also a journey of discovering my Indigenous ancestry, but until I do that, I'm not comfortable with that sort of, like encroaching on spaces like that. So, for all intents and purposes, white is what I would say." For this reason, we did not list this student as identifying as Indigenous for the purpose of our study demographics. However, we assert that it is important to recognize and honour how this student spoke about their identity.

Looking Ahead

This project is ongoing and is ramping up to engage more closely with key stakeholders, particularly healthcare providers and administrators, to help us better understand how mental health services are structured and delivered, particularly as it pertains to the mental health care of diverse LGBTQ+ students.

In March 2024, we received a planning and partnership development grant from Inlight, which will allow us to continue our research on LGBTQ+ mental health through knowledge-gathering and knowledge-sharing activities. This second stage of our project aims to bring together key knowledge users (e.g., counsellors, social workers, nurses, doctors, psychiatrists, and administrators) to support novel partnership development and knowledge mobilization strategies to supplement and extend existing knowledge regarding how diverse LGBTQ+ students experience university mental health care at the University. By bringing together key knowledge users through an advisory committee and a series of in-person and virtual networking events, we seek to better understand the role of these key knowledge users in the organization of mental health care at the university for LGBTQ+ students. We hope that these efforts serve to build relationships that facilitate the mobilization of knowledge gathered from students to better inform university policies and practices regarding LGBTQ+ student mental health care.

We have some questions that remain after the first phase of our research project. Phase two will increase engagements with knowledge users, particularly healthcare providers and administrators, to help us answer the following questions:

- How do mental health care service providers understand the mental health needs of diverse LGBTQ+ students and does their work support this group of students?
- How does the work of key knowledge users impact the experiences of LGBTQ+ students with mental health care services at the University?
- What are the specific needs of key knowledge users in terms of better supporting the work they do to organize and provide mental health care for LGBTQ+ students at the University of Toronto?
- What is the function of the Stepped Care 2.0 model and its efficacy in helping address the mental health needs of LGBTQ+ students?

Our team is committed to addressing gaps in knowledge as it relates to the experiences of diverse LGBTQ+ students across the University of Toronto's three campuses. We will continue to produce academic articles and will engage in knowledge sharing with both students and knowledge users. Importantly, we would like to ensure that we can develop mechanisms of accountability between the research team, the University, and 2S/LBGTQ+ students. We look forward to continuing to work to improve the mental health care of 2S/LBGTQ+ on an ongoing basis.

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References

- Canadian Civil Liberties Association. (2023, February 23). *Press Release: Police-involved deaths on the rise across Canada*. Canadian Civil Liberties Association. <https://ccla.org/press-release/press-release-police-involved-deaths-on-the-rise-across-canada/>
- Chinell, J. (2011). Three Voices: Reflections on Homophobia and Heterosexism in Social Work Education. *Social Work Education, 30*(7), 759–773. <https://doi.org/10.1080/02615479.2010.508088>
- Crenshaw, K. W. (2017). *On intersectionality: Essential writings*. The New Press.
- Dimberg, S. K., Clark, D. A., Spanierman, L. B., & VanDaalen, R. A. (2021). “School Shouldn’t Be Something You Have to Survive”: Queer Women’s Experiences with Microaggressions at a Canadian University. *Journal of Homosexuality, 68*(5), 709–732. <https://doi.org/10.1080/00918369.2019.1661729>
- Greenslade, B. (2024, February 23). After police shootings in Winnipeg, advocate says crisis workers should respond to more calls. *CBC News*. <https://www.cbc.ca/news/canada/manitoba/winnipeg-mental-health-crisis-response-1.7122340>
- Hunt, S. (2016). *An Introduction to the Health of Two-Spirit People: Historical, Contemporary, and Emergent Issues*. National Collaborating Centre for Indigenous Health. <https://www.ccsa-nccah.ca/docs/emerging/RPT-HealthTwoSpirit-Hunt-EN.pdf>
- The Division of People Strategy, Equity & Culture. (2021). *Review Committee on the Role of Campus Safety (Special Constable Services) in Responding to Students in Mental Health Crises Final Report and Recommendations*. University of Toronto The Division of People Strategy, Equity & Culture. <https://people.utoronto.ca/wp-content/uploads/2022/10/Role-of-Campus-Safety-in-Responding-to-Student-Mental-Health-Crises-Final-Report-v-Oct-2022.pdf>
- United States Census Bureau. (n.d.). *Hidden No Longer: Expanding Our Knowledge on Sexual Orientation and Gender Identity*. Census.Gov. Retrieved August 13, 2024, from <https://www.census.gov/newsroom/blogs/director/2024/06/sexual-orientation-gender-identity.html>
- University of Toronto. (n.d.). *The Role of Campus Safety in Responding to Students in Mental Health Crises: Update on Institutional Commitments – The Division of People Strategy, Equity & Culture*. University of Toronto. Retrieved August 13, 2024, from <https://people.utoronto.ca/culture/accountability/rcs-rsmhc/update-on-campus-safety-institutional-commitments/>
- University of Toronto. (2024). *Same-day counselling appointment*. UofT Student Life. Retrieved October 28, 2024, from <https://studentlife.utoronto.ca/service/same-day-counselling-appointment/>
- University of Toronto. (2020). *Mental Health & Counselling*. UTM Health and Counselling Centre. Retrieved December 3rd, 2024, <https://www.utm.utoronto.ca/health/our-services/mental-health-counselling>