



BC PSCA

BC Post-Secondary
Counsellors' Association

The Vital Role of Post-Secondary Counsellors: Retention, Risk, and Student Success

Mental Health is a Campus Responsibility

Post-secondary students are BC's future labour force, and mental health issues among students are intrinsically linked to Canada's economic outcomes. Unaddressed mental health issues can lead to underemployment and lack of workforce participation, and they increase the human and economic burden of mental health problems and illnesses (Mental Health Commission of Canada, 2015).

Research is clear that post-secondary institutions (PSIs) have a financial and legal duty to provide services for tuition and funding received, and that they are accountable for the deleterious impacts of their policies, culture, and structure upon students. Public scrutiny over student debt levels and low completion and employment rates have shifted the focus towards holding universities accountable for student success, to improve retention, career fit, and outcomes (Bettinger & Baker, 2011). Student fees and tuition have increased 270% since 1990, and graduates have 1/7th the wealth level compared to when their parents graduated. Campuses that ignore structural and cultural impacts on student health risk reputational, financial, and legal liability (Miller, 2023).

Studies find that students in higher education report up to four times more mental ill-health than their age-matched peers who are not studying (MacKean, 2011; Warwick et al., 2008) in part relating to factors such as generational financial hardship, academic policies and pressures, and campus environments. Canadian, European, and American courts are showing increased willingness to hear cases of distress caused by academic institutions (Knelman, 2012) and PSIs need clear protocols to prevent suicides, and subsequent cluster suicides. In a landmark 2018 case, a UK court ruled that failings at Bristol University played a pivotal role in a student's death by suicide, when she was subjected to "terrifying" oral exams despite a crippling anxiety diagnosis. The university in question reported 11 student suicides over a span of three years, mostly centered around examination periods, and had refused to provide necessary accommodations for the student's anxiety diagnosis (Morris, 2019).

The University of Toronto faced similar public scrutiny, media coverage, and student protests when a string of four suicides occurred over two years, with three of them occurring as falls from heights in the busy Computer Science Building. One University of Toronto computer science student explained to CBC reporters: "It's literally life or death, what is at stake here. The university has turned into a pressure-cooker of intense demands, without the resources to meet the student needs to back it up". Students complained of coming forth with serious suicidal impulses and being referred to a group support waitlists, and then waiting four weeks for individual supports, even after a sudden suicide attempt (Mancini & Roumeliotis, 2019; Nasser, 2019a & 2019b).

"In a simple world, universities exist to provide students with an education. In reality, they have near-total influence over every aspect of their students' lives—almost like a company

town. For some students, it's where they eat, sleep, where they work to pay tuition, where they access health care, where they nurture friendships, romantic relationships, mentorships, and where they build a sense of self. Sometimes it's their only home...[.]. Ultimately, these power dynamics impose a moral responsibility on universities to have an adequate, coordinated [prevention and postvention suicide] protocol." --Ngan & Shafiq, 2025.

The rate of suicide attempts among higher education students in Canada has doubled from 1.4% to 2.9% since 2016 (ACHA, 2022). Although suicide is a leading cause of death in students, many universities do not track suicide numbers (Ward & Wong, 2024). The recent Coroner's Report on youth suicide in BC found that 15% of the 427 youth who died by suicide over the past four years had been on a waitlist or had lack of access to mental health services when they died, and 11% had a history of academic difficulties. Furthermore, 24% of those aged 19-24 who died by suicide were students at time of death and life stressors related to their suicide were reported as social/relational issues (24%), academic stressors (10%), and poverty/debt (5.2%). Furthermore, 60% of youth who died by suicide met criteria for one mental health issue (depression, anxiety) (BC Coroner, 2025). These rates reflect nearly roughly double or triple the rate of depression, anxiety, eating disorders and psychotic symptoms since the mid-1990s (Armstrong & Young, 2015).

More Complex Mental Health Needs and Increased Pressure on Campus Counselling Services

It is well documented that rising rates of student mental health struggles have created an increased demand on campus services (Center for Collegiate Mental Health [CCMH] Annual Report, 2015). The reasons for this increase are complex, including factors such as greater mental health awareness and decreased stigma in help-seeking. The sector has seen both an increase in demand for mental health services, and a proportional decrease in counselling services, impeding the ability of the post-secondary system to adequately address academic and occupational outcomes impacted by mental health.

One American national report found that over a 5-year period, college counseling center utilization nationwide increased by an average of 30%–40% while student enrollment increased by only 5% (CCMH, 2018). A 2017 study of 25,000 students in Ontario Colleges and Universities, found a 50% increase in mental health issues between 2004 and 2014, and a four-fold increase in students registered with mental illness disabilities (OUCHA, 2017).

A 2012 survey of Ontario Colleges found that in the preceding five years, student enrollment had increased by 26% (from 167,000 students to 210,600 students) whereas the total number of college counsellors only increased by 4.6% (from 146 counsellors to 157, increasing the student to counsellor ratio from 1:1,143 to 1:1,341). (OUCHA, 2017). The Collegiate Centre for Mental Health reported that for every 1% increase in student enrollment, counselling centres could expect to see a 5% increase in utilization of service. Indeed, utilization has increased from an average of 10% in 2011, to 13% in 2020 with average counselling FTE remaining unchanged (Association for University and College Counseling Directors [AUCCCD], 2023).

As the ratio of counsellors to students increases, the proportion of campuses experiencing counsellor turn-over increases, which further worsens student outcomes. A 2023 study found that 69% of campuses reported turn-over with counsellors leaving the field for other settings (hospitals, private practice) due to pay, working conditions, and job strain in higher education (Gorman & Scofield, 2023). A recent survey of post-secondary counsellors found that over 92% reported experiencing burnout (Walden et al., 2021). As demand rises, waitlists increase and time between sessions is attenuated (Bruns et. al., 2024; LeViness et. al, 2018) which reduces treatment effects, functioning, academic, and occupational outcomes. One study of 564 students followed over two years, found that students who were placed on a counselling waitlist were 14% more likely to drop out than students who are not on a waitlist, and that students who received counselling were more likely to stay enrolled (Wilson et al, 1997). Problematically, 43% of students will not connect with external community referrals even when supported by a social worker with personalized referrals and follow-up, and the rate of connecting to external referrals is even lower for students younger than 25 years of age. The average follow through rate of those who are supported with external referrals is only one session, leaving students on campus with unaddressed and deteriorating mental health issues (Mehr et al, 2025). This has led several campuses to look at innovative means to address student needs on campus given that most of those referred to external supports are at the highest risk of deterioration when not receiving psychological care which continues to impact the campus community (Mason, 2023; Mendola, 2024):

“Students with long-term mental health needs referred into the community remain part of the university community and often have academic, medical, social and crisis needs that inevitably route back to the university counselling centre. Simply out-sourcing long-term care is insufficient for meeting students’ needs.” (Mendola, p.1, 2024).

The Ontario University & College Health Association emphasizes that 75% of lifetime mental disorders have first onset by the typical college age range of 18-24, but that hospitals only treat 25% of acute cases, leaving post-secondary Institutions as important hubs for early detection, treatment and prevention of mental health issues. Left undiagnosed and untreated, students are vulnerable to more serious symptoms, significant impacts on day-to-day functioning and are more likely to disengage from services and leave school, which impacts public investments in education and health, as well as the business interests of PSIs (OUCHA, 2017).

Importance of Local Embedded Counsellors

Post-Secondary counsellors are positioned to intervene early to help students learn improved coping for improved occupational and academic outcomes. Early mental health support plays a crucial role in the federal government’s labour force initiatives to build core social emotional “Skills for Success” (Government of Canada, 2021) which are of particular importance in line with BC’s Look West strategy for economic development (Government of BC, 2026).

“On-campus providers bring local knowledge and expertise, along with established collaborative relationships to the campus community, that outside providers cannot. These connections are invaluable for tailoring clinical services to a population as well as managing higher risk situations and providing critical support to different campus constituencies; by itself, support provided to campus partners when managing higher risk situations validates the need for on campus mental health resources. Counseling centers also provide valuable outreach to the campus community along with consultative resources for staff, faculty, and parents. Finally, counseling center staff provide critical training to campus staff and faculty on identifying and responding to students in distress.” -AUCCCD, 2023.

The High-Risk Transition from K-12 to Higher Education: Drop-out from Supports

Studies find that 50% of youth who received mental health services in high school “drop out” of their mental health support system when they make the complex transition to higher education. 80% of young adults in Canada attend PSIs, which often involves leaving home and existing health care networks, and traveling great distances, underscoring the need for localized campus resources to support students quickly (OCHA, 2017).

Students require access to embedded post-secondary Counsellors who specialize in emerging adult care. On-site campus clinicians understand the common mental health strains of the educational and campus experience and are best positioned to help students navigate complex systems and institutional policies which are often intertwined with their distress.

The BC Coroner has highlighted the important role of PSIs:

“Long established social networks provided through school, extra-curricular pursuits, and elsewhere, begin to diminish while many young people are also beginning post-secondary studies, new full-time careers, and/or transitioning from the K-12 education system. In many cases, connection to family and friends changes significantly. There is opportunity to consider ways in which additional support could improve health outcomes and reduce the risk of deaths by suicide during this period of significant transition.” -- BC Coroner 2025

Similarly, the Mental Health Commission of Canada has identified education settings as important access points for mental health services.

“Schools could serve as health care hubs, offering services such as mental health support and care and sexual health education and services, including specialists such as psychologists, social workers and mental health nurses. There is particular urgency around ensuring that appropriate, integrated and well-developed mental health policies and supports are developed and enhanced at the post-secondary level” -- Mental Health Commission of Canada, 2015

Impact on the Financial Bottom Line of PSIs

Institutions have a vested interest in student mental health as it significantly impacts academic success and retention. Investments in student mental health support students, the public at large, and the institution's financial viability (Lipson et.al, 2019).

Post-secondary institutions offer an ideal environment to promote mental health and address mental health needs, thereby contributing to an environment where students can maximize their ability to achieve their academic goals (Linden et al., 2018).

Decades of scholarship have underscored the need for “healthy campuses” to support a jurisdiction's investment in public education and economic goals. To this end, many BC institutions have signed the Okanagan Charter (2015) and committed to embed health and health promotion on campuses, wherein counselling services play a central role in prevention, early detection, advocacy, and treatment. Likewise, the National Standard of Canada for Mental Health and Well-being for Post-Secondary Students (2020) was developed as, “flexible, voluntary guidelines to help post-secondary institutions support the mental-health and well-being of their students” (Mental Health Commission of Canada, 2026).

Protecting Financial Investment: Evidence That Students With Mental Health Issues Have Higher Likelihood of Drop-Out than Students With Low GPA Alone

Institutions make a substantial financial investment in attracting students through marketing, outreach, advising, enrollment, and financial aid. Tuition paid by enrolled students helps pay instructors and deliver services. Counselling is a high impact service which protects institutional investments in recruitment, by retaining students and graduating successful citizens to enter the workforce.

The link between low mental health and student outcomes is clear: Student mental health issues are associated with lower grade point averages, lower retention rates, and lower involvement in extracurricular activities. (Matthews & Csiernik, 2019).

The American Council of Education (ACE) reports the following: “Results have shown that across all types of campuses, students with mental health problems were twice as likely to leave an institution without graduating. This result holds even after controlling for prior academic record and other student characteristics. A longitudinal study of dropout rates among students with low GPAs (<3.0) found that a quarter of students (25 percent) who exhibited symptoms of a mental health problem dropped out, while less than 10 percent (9 percent) of students without mental health problems did so.” (Lipson et al., 2019).

Campus systems often use low GPA in the previous semester to identify students at risk of dropping out. Yet, low GPA alone would identify only 11 percent of students who would eventually drop out, while using low GPA and mental health problems would identify 30 percent of students who would withdraw (Lipson et al., 2019).

A study of 2,798 students over a two-year period found that students with depression, anxiety, and eating disorders were at higher risk of dropping out, and that depression, in particular, was

associated with a 60% higher change of reducing GPA and leading to drop out (Eisenberg et al., 2009). A study of 1,145 students over four years who were screened annually for mental health concerns and GPA found that those with depressive symptoms were at higher risk of interrupted enrollment or drop out, which was further exacerbated by cannabis and alcohol use. The authors found that these students were at higher risk of interrupted enrollment than students with previous psychiatric diagnosis (Arria et al., 2013).

Both students and institutions are impacted when poor mental health interferes with enrollment. Consider these points in Mitchell (2023):

“When students fail to complete their education due to unaddressed mental health problems, it may have a lasting impact on their lifetime earning potential, ability to repay college loans, and health outcomes.” (Marcotte, 2019; U.S. Bureau of Labor Statistics, 2022; Wei & Horn, 2013; Zajacova & Lawrence, 2021)

“When students leave college without a degree, higher education institutions do not fulfill their academic mission to educate, may have diminished reputations, and are certain to suffer economically due to lost tuition revenue.” (Johnson, 2012; Raisman, 2013).

Evidence That Post-Secondary Counselling Helps Address Mental Health Issues to Improve Retention and Academic Success

Several research studies have investigated the impact of campus counselling services and found clear evidence of its benefits.

A 2024 study found that students seeking services at a campus counselling center had retention rates significantly higher than a control group, with two thirds of students reporting that counselling helped them to stay in school. It was concluded that counselling services should be deemed a “high impact service” in terms of core business needs of a campus (LeViness, 2024).

Likewise, a study of 13,803 students receiving campus counselling across 23 different campuses over a five year period found that the vast majority of students improved in global functioning (anxiety, depression, wellbeing, suicide monitoring), with many ranking as “recovered” (no longer in distress), and 91% of students significantly decrease their suicide risk when service is optimized 7-10 weekly sessions. Those who receive fewer sessions, and sessions which are highly spaced out saw far less or no improvement in functioning (Kopta et al., 2014).

According to a report by the Center for Collegiate Mental Health in 2022, there are several protective factors that reduce the risk of withdrawal from school. Improvement in academic distress during counselling treatment was one of the most important variables (CCMH, 2022).

A meta-analysis of 15 outcome studies of in-house university counselling services found significant reduction in anxiety and depression, and increases in academic performance, resilience, and wellbeing. The study found that effective sizes were more significant when a variety of therapeutic methods were offered over several weekly sessions (CBT, Psychodynamic) (Collins et al., 2025).

A 2021 study into the role of mental health counselling in college students' academic success found that students' GPAs increased at a greater rate post-counselling compared to pre-counselling by addressing psychological distress (Kivlighan III et al., 2021).

A 2012 study of 5,537 students who used on-campus counselling services across 65 institutions in the UK found that 81% reported that counselling support helped them to stay in school. 54% of students indicated that counselling was either an important factor or "the most significant factor" helping them to stay in university. 79% of students reported that counselling helped them to improve academically, with 51% rating it as an important or most significant factor in their academic performance. 78% reported that counselling helped them build valuable skills for employment. The study found that wait-times for on campus counseling were significantly lower than community primary care supports, allowing universities to support students faster. The time between referral and initial assessment was 9 days (on campus) versus 64 days (community); likewise, the average time from referral to first sessions was 16 days (on campus) compared to 84 days (community). Students reported an increased ability to cope, with improved confidence, optimism, and hope (Wallace, 2012).

Lawsuits, Reputational Loss, Campus Violence: Possible Risks to an Institution With Reduced Counselling Supports

Post-secondary counsellors play an integral role in student safety on campus. Counsellors may support students at risk of harming themselves or others and may be members of Behaviour Intervention Teams (BIT) or Threat Assessment Teams (TAT). While campus counselling services are not crisis response centers, nor do they hold sole responsibility in mitigating risk, they play an important role in supporting time-sensitive student needs. Campus violence experts indicate that students need safe adults on campus they can turn to when they notice atypical behaviour and warning signs in their peers, which often precede violent campus events (shooting, stabbings) (Centre for Trauma-Informed Practice, 2024).

One of the most tragic situations an institution can face is student death by suicide. Not only is this devastating to the community, but it can also raise questions of liability and inflict reputational damage. The ratio of counsellors to students may be questioned and found to be inadequate. A current standard for accreditation in the US is one full-time equivalent (FTE) staff member for every 1,000-1500 students depending on other campus resources and factors. Refined calculations are done by assessment of the clinical load index (International Accreditation of Counseling Services (IACS), 2025). Surveys of counselling centres find that student death by suicide is the second most common reason for a campus counselling centres to be sued, second to general malpractice (Affsprung, 2010). While a portion of campuses in B.C. are meeting the standard recommended counsellor to student ratio (or clinical load index), many are not, which has ramifications for liability in cases of campus violence, staff turn over, and student functioning.

"Recently, there has been an increase in both the amount and complexity of case law involving student mental health and institutions of higher education. Administrators and governing boards are increasingly more aware of the need to take reasonable and prudent measures to protect students, staff, and faculty who are affected by mental health crises

within the campus community in order to minimize exposure to legal risk. Counseling centers maintaining the ratio recommended by IACS would help to accomplish this goal.” (IACS 2025).

Indeed, following the aforementioned campus suicides at the University of Toronto, student protests and media pressure about institutional responses and resources forced the campus to ensure they met the recommended standard of practice ratio of 1:1000. According to the CBC, the university responded by increasing funding for mental health services by 3 million dollars to boost the number of counsellors to 90, to serve the study body of 90,000 students (Mancini & Roumeliotis, 2019).

Campus counsellors may also play a crucial role in recognizing when a student could be on a pathway towards violence and flagging situations when escalated care and expert consultation may be required to keep campus community members safe. Courts have consistently decided against post-secondary institutions in favour of victims and their families, in cases of homicide, sexual assault, and violent attacks of fellow students, particularly when counsellors or instructors were aware of violence risks. Indeed, many of the limitations to client confidentiality in mental health professions stem from campus-related case law (*Clery Act*, 1990; *Ewing v Goldstein*, 2004; *Mullins*, 1983; *Regents of University of California v Superior Court of Los Angeles County*, 2018; *Tarasoff II*, 1976). Courts have established that campuses have a special relationship and a duty of care to students, and a legal obligation to provide a safe setting.

Colleges have superior control over the environment and also, the ability to protect students by imposing rules, disciplining students, and employing resident advisers, mental health counselors, and campus police. If community college employees acting within the scope of their employment become aware of student behavioral issues that could rise to the level of foreseeable harm, there is a duty of care which may result in liability if the community college fails to warn or protect students. Community colleges should ensure there are communication channels in place to alert employees responsible for assessing and responding to threatening behavior, and should also review their behavioral intervention protocols. – Cannon, 2018

Limitations of Demand Management Strategies: The Importance of Clinical Care and Ongoing Analysis of Efficacy

As post-secondary institutions consider ways to address rising demand amid budget shortfalls, they may try to distribute mental health work within or outside of campus. While mental health is a whole campus responsibility, there are limits on how much non-specialized professionals can affect change.

Demand-management strategies in post-secondary counselling centers have contributed to higher counsellor turn over, reduced student functioning, and worse student outcomes (Gorman & Scofield, 2023). Gorman and colleagues advise that clinical staffing decisions be made a senior clinician (counselling director/coordinator) familiar with clinical matters, as opposed to senior administrators, and that campuses should tailor clinical approaches in nuanced ways, alongside

preventative measures given that only a portion of demand can be addressed (AUCCCD, 2023). Campuses are recommended to focus on evidence-based strategies in all aspects of prevention and treatment, including peer support, success coaches, case managers, and increased clinical staff (Lipson et al., 2019). This includes making counselling services more localized and low-barrier, with clarity about what types of concerns will be prioritized. It is recommended that decisions about which third-party vendors to engage (help-lines, apps) be made by clinical directors on campus who understand the realities of student needs, with constant assessment of utilization and efficacy.

“It is important to be honest about what these vendors can give a campus community. Third-party vendors are, by definition, focused on models that are not grounded in the specific culture of individual institutions. They are structured to meet the needs of many institutions with vastly different individual needs and goals. These are supplemental resources and cannot be a substitute for on-campus providers who have local knowledge and working relationships with other units on campus. The range of services provided by a campus-based counseling center cannot be replicated by a third-party company. This is especially important as concerns related to risk, accommodations processes, medical leave processes, and overall campus health become more and more important to multiple stakeholders; mental health providers who are employees of the institution are critical to establishing and maintaining services that make sense for a particular institution”--AUCCCD, 2023

Specialization and disaggregation of academic and career advising into separate departments is another important demand management strategy. A survey of post-secondary counsellors in Ontario found that a majority of time was spent on personal counselling and managing crisis events, with less time for prevention, outreach, and to support advisors who were assigned academic and career components of work prior performed by counsellors (Lee & Dietsche, 2012). However, surveys find that only 14% of advisors have any mental health training, while they report that up to 64% of their clients have mental health issues they feel ill-equipped to handle. Furthermore, studies find that up to 84% of students with anxiety, depression, suicide risk, may not seek therapeutic supports on their own, due to stigma and other factors (Eisenberg et al., 2023). These pressures have led up to 50% of campus career advisors to contemplate leaving their roles, due to burn-out, overwhelm, and lack of mental health training. Campus counsellors play a crucial role in supporting their advising colleagues to ensure smooth referral pathways, training, and co-consultation supports to better capture students who display both distress and low help-seeking (Miller, 2023).

Other cost management strategies employ the use of volunteer counsellors, trainees, peer support workers. Studies find that clients who see trained mental health professionals report double the rate of improvement over clients who are seen by volunteers (Armstrong, 2010), while trained counsellors outperform trainees or paraprofessionals in treatment effects (Smith et al., 2024). Peer support appears to play an important positive role in reducing stigma and in system navigation, but not in treatment effects.

Counsellor Staffing Levels, Workplace Issues, and Operational Best Practices: Risk Mitigation

Best practices surrounding clinical case loads, contact hours per day, and staffing ratios is an area of extensive scholarship in counselling psychology, in that campuses have grappled with downward budgetary pressures for decades. Large scale studies recommend that 60% of a counsellor's paid time be assigned to clinical work, translating to 21 hours of clinical work over a 35 hour work-week, for an employee with no other duties (professional development, teaching, or faculty activities should be allotted separate time) (Locke et al., 2024). This allows for 40% of time to be devoted to administration and case planning and to ensure practice standards can be met. When case loads are elevated, risk of errors and harm increases.

Clinical counsellors are at high risk of compassion fatigue, burn-out, vicarious trauma, and associated leaves relating to workplace psychological injuries. Experts suggest that a maximum of four clients per day be observed in higher education settings to avoid risk of burn out, to ensure clinical outcomes, and to avoid errors. Surveys of campuses in Canada find clinical ranges of 4-5 clients per day depending on the complexity of client needs, with fewer recommended for counsellors dealing with risk, conduct, crisis, and suicide concerns, and for smaller campuses without psychiatric and medical integration (Lee & Dietsche, 2012; Shah, 2025). Campuses are advised to calculate their Clinical Load Index (CLI), to determine the typical case load of a typical counsellor in their setting based on utilization of services and staffing levels. The mean CLI is roughly 120 and depends on a series of factors including what supports are available in a given community (Locke et al., 2025). The average utilization of counselling services in a 2012 Ontario study was 18% of total students, although short staffing place many campus near an average of 10% utilization. More elite settings (American Medical Colleges) aim for as high as a 50% utilization to support student outcomes (Davis et al, 2023).

In terms of maximizing scarce resources, best practice suggests that campus counselling departments should tailor their approach to the unique needs and priorities of their setting. Given that not all demand can be met, campuses are recommended to determine "which need they will meet" (AUCCCD, 2023). Studies indicate that centers using an "absorption" model (each new client is rapidly absorbed regardless of current caseloads) were found to provide less treatment and achieve less symptom reduction than centers using a "treatment" model (clients begin treatment at the next caseload opening (CCMH, 2019; Gorman et al., 2024). Studies suggest that 7-10 weekly sessions (with attenuated check-ins over time) provides the highest treatment effects (Kopta et al, 2014); however, an absorption model may be more appropriate in communities which lack external supports. Given the low follow-through rate for external referrals, campuses are recommended to engage case workers: For a discussion of approaches to case management and referrals see Mehr and colleagues (2025). Campuses are cautioned against employing demand strategies which attenuate and dilute treatment (Gorman & Scofield, 2023). Furthermore, the Stepped Care 2.0 model (Cornish et al., 2017) has been criticized for lack of data on academic and mental health outcomes, as well as impact on staff turn-over (see AUCCCD, 2023; Gorman et al., 2023). In the same way that a hospital measures outcomes based on patients improved, not just patients admitted and discharged (unwell); campus counselling metrics should focus less so on number of students seen (but not improved), but rather on student improvements, and outcomes, alongside staff stability. No one model is suitable for each setting and strategic decisions about counselling

operations are best made based on clinical expertise within each unique campus setting (see Gorman et al., 2024 for further detail).

It is worth noting that the practice of psychotherapy will be regulated in BC under the Health Professions and Occupations Act by November 2027 to protect the public and improve standards. Psychotherapists (counsellors) will be subject to audit, investigation of complaints, and heightened standards of practice and supervision. This will include that counsellors meet government standards of practice in order to maintain their licence. Proposed standards will require Psychotherapists to monitor their capacity to practice competently, safely, ethically, and effectively. This may require adjusting our workload accordingly.

Campuses, furthermore, must consider issues relating to prevention, and occupational health and safety under WorkSafe BC requirements, with regards to best practice standards. One consistent recommendation for burn-out prevention is to allow scheduling flexibility to counselling staff (CCPA, 2025; Shah, 2025). The BC Association of Clinical Counsellors (BCACC) recommends flexibility to adapt caseloads, with considerations to protect counsellor wellbeing and clinical quality. This includes considering the complexity of clients, access to supervision, and stage of life and career of the counsellor (BCACC, 2025).

Post-secondary counselling departments are advised to continually track their clinical load index, their staff to enrollment ratio, and ensure that senior campus leadership, risk management teams, and duty of care teams are advised of this in writing. This may include advising when the ratio is too high and consulting with legal supports to ensure the counselling department is indemnified in the case of student death, violence, or harm. Institutions should ensure that their clinical load index reflects the retention and service goals of the university, to mitigate risk. Counselling directors are advised to ensure that senior leadership is kept abreast regularly of their staffing ratio from a risk management standpoint.

Ongoing advocacy to the provincial and federal governments for adequate funding for mental health is recommended from senior leadership. As the Higher Education Quality Council of Ontario noted in 2024:

The growth in demand for support services among postsecondary students, along with increasing complexity of need, is straining institutional resources and capacity. Institutions have increased their spending on mental health and other wellness services significantly over the past several years, but the status quo is unsustainable, and they need additional support. Government should expand funding to enable colleges and universities to fully leverage sector partnerships, expand data collection and service capacity, and meet student- and institutional support needs. (Chatoor et al, 2023).

Conclusion

Embedded post-secondary counselling services play a crucial role in the business interests of a post-secondary institution, as well as protecting public investments in education. Demand for services has increased as students present with significant barriers and more complex needs, straining the

limited supply of counselling resources. Unlike private or third-party vendors, on campus counsellors are accountable to the institution to help improve academic and occupational outcomes, retention, and risk management, as well as the wellbeing of students. Campus counsellors play a crucial role as a key liaison and resource helping staff and students to mitigate distress and risk more quickly within complex localized systems. Campus leaders should ensure that minimum best practices are followed in terms of counselling operations and staffing levels, to meet the recommended standard ratio of 1:1000 counsellors. This helps support both students and institutions to thrive.

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References

- ACHA (2022). American College Health Association: *National College Health Assessment III: Canadian Reference Group III*. https://bp-net.ca/wp-content/uploads/2025/04/NCHA-III_SPRING_2022_CANADIAN_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
- Affsprung, E. H. (2010). Legal action taken against college and university counseling centers 1986–2008. *Journal of College Student Psychotherapy*, *24*(2), 130-138.
- Armstrong, J. (2010). How effective are minimally trained/experienced volunteer mental health counsellors? Evaluation of CORE outcome data. *Counselling and Psychotherapy Research*, *10*(1), 22–31. <https://doi.org/10.1080/14733140903163284>
- Armstrong, L. L., & Young, K. (2015). Mind the gap: Person-centred delivery of mental health information to post-secondary students. *Psychosocial Intervention*, *24*(2), 83-87.
- Arria, A. M., Caldeira, K. M., Vincent, K. B., Winick, E. R., Baron, R. A., & O'Grady, K. E. (2013). Discontinuous college enrollment: Associations with substance use and mental health. *Psychiatric Services*, *64*(2), 165-172.
- AUCCCD (2023). *Navigating a Path Forward for Mental Health Services in Higher Education*. Association of University and College Counseling Directors. IN, USA. <https://taucccd.memberclicks.net/assets/documents/PositionPapers/Navigating%20a%20Path%20Forward%20for%20Mental%20Health%20Services%20in%20Higher%20Education%20%283%29.pdf>
- BCACC (2025): Private Correspondence regarding workload recommendations (email with Chloe Miller).
- BC Coroner (2025): *Creating Connection, Supporting Strengths: A Review Of Youth And Young Adult Deaths by Suicide In British Columbia, 2019-2023*. BC Coroners Service Death Review Panel: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/creating_connection_supporting_strengths.pdf#:~:text=On%20behalf%20of%20the%20BC,of%20youth%20and%20young%20adults.
- Bettinger, E., & Baker, R. (2011). *The effects of student coaching in college: An evaluation of a randomized experiment in student mentoring*. NBER Working Paper No. 16881. National Bureau of Economic Research. Cambridge, MA.
- Bruns, C.M., LeViness, P., Cardom, R., Chin, C., Fitzpatrick, N., Herman, M., Hurst, T. & Sokolowski, K., (2023). *The Association for University and College Counseling Center Directors Annual Survey: 2023*. <https://www.aucccd.org/assets/documents/Survey/2022-2023%20Annual%20Survey%20Report%20Public.pdf>

- Bruns, C.M., LeViness, P., Herman, M., Carusone, K., Chin, C., Hurst, T., Fitzpatrick, N., (2024). *The Association for University and College Counseling Center Directors Annual Survey: 2024*. <https://www.aucccd.org/assets/documents/Survey/2023-2024%20Annual%20Survey%20Report%20Public.pdf>
- Cannon, M. (2018, April 10). Colleges Have a Duty to Warn or Protect Students from Foreseeable Violence. Lozano Smith (online blog article). https://www.lozanosmith.com/news-clientnewsbriefdetail.php?news_id=2745
- CCPA (2025): *CCPA Post-Secondary Counsellors Chapter Practitioner Research Series*. Canadian Counselling and Psychotherapy Association Higher Education Chapter. Ottawa, ON. <https://www.ccpa-accp.ca/chapters/post-secondary-counsellors-chapter/>
- Center for Collegiate Mental Health. (2015). *Center for Collegiate Mental Health (CCMH) Annual Report 2015*. https://ccmh.psu.edu/assets/docs/2015_CCMH_Report_1-18-2015-yq3vik.pdf
- Center for Collegiate Mental Health. (2018). *Center for Collegiate Mental Health (CCMH) Annual Report 2018*. <https://ccmh.psu.edu/assets/docs/2018-Annual-Report-9.27.19-FINAL.pdf>
- Center for Collegiate Mental Health. (2019). *Center for Collegiate Mental Health (CCMH) Annual Report 2019*. https://ccmh.psu.edu/assets/docs/2019-CCMH-Annual-Report_3.17.20.pdf
- Center for Collegiate Mental Health. (2022). *Center for Collegiate Mental Health (CCMH) Annual Report 2022*. <https://ccmh.psu.edu/assets/docs/2022%20Annual%20Report.pdf>
- Centre for Trauma Informed Practice (2024). *Violence and Threat Risk Assessment Training, VTRA: Foundations in Threat Assessment*. CTIP. Lethbridge, AB. <https://www.ctipractices.com/courses/online-learning> (Full access to paid training required to access content).
- Chatoor, K., Pilla, N., Balata, L., Shah, H., & Kaufman, A. (2023). *Supporting student mental health in Ontario: Exploring best practices and identifying gaps*. Higher Education Quality Council of Ontario.
- Collins, C., Broglia, E., & Barkham, M. (2024). Evaluating the evidence base for university counseling services and their effectiveness using CORE measures: a systematic review and meta-analysis. *Journal of Affective Disorders*.
- Cornish, P. A., Berry, G., Benton, S., Barros-Gomes, P., Johnson, D., Ginsburg, R., Whelan, B., Fawcett, E., & Romano, V. (2017). Meeting the mental health needs of today's college student: Reinventing services through Stepped Care 2.0. *Psychological services, 14*(4), 428.

- Davis, R. A., Wolfe, J., & Heiman, N. (2023). Increasing utilization of student mental health services on a college campus: Eight actionable tips. *Journal of American College Health, 71*(3), 655–659. <https://doi.org/10.1080/07448481.2021.1909035>
- Eisenberg, D., Golberstein, E., & Gollust, S. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care, 45*, 594-601.
- Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The BE journal of economic analysis & policy, 9*(1).
- Ewing v. Goldstein, 120 Cal.App.4th 807, 15 Cal. Rptr. 3d 864 (2004).
- Gorman, K., Bruns, C., Chin, C., Fitzpatrick, N., Koneig, L., LeViness, P. & Sokolowski, K. (2020). *The Association for University and College Counseling Center Directors Annual Survey: 2020*. <https://www.aucccd.org/assets/documents/Survey/2019-2020%20Annual%20Report%20FINAL%204-2021.pdf>
- Gorman, K., Bruns, C., Chin, C., Fitzpatrick, N., Koneig, L., LeViness, P. & Sokolowski, K. (2021). *The Association for University and College Counseling Center Directors Annual Survey: 2021*. <https://www.aucccd.org/assets/2020-21%20Annual%20Survey%20Report%20Public%20Survey.pdf>
- Gorman, K., Bruns, C., Chin, C., Fitzpatrick, N., Koneig, L., LeViness, P. & Sokolowski, K. (2022). *The Association for University and College Counseling Center Directors Annual Survey: 2022*. <https://www.aucccd.org/assets/documents/Survey/2021-22%20Annual%20Survey%20Report%20Public%20FINAL.pdf>
- Gorman, K. S., & Scofield, B. E. (2023). *Why counseling center staff are leaving and why we should take notice*. *Center for Collegiate Mental Health Blog*. <https://ccmh.psu.edu/index.Php>
- Gorman, K. S., Walden, D., Braun, L., & Hotaling, M. (2024). Navigating a Path Forward for Mental Health Services in Higher Education. *Journal of College Student Mental Health, 38*(4), 749–767. <https://doi.org/10.1080/28367138.2023.2298647>
- Government of Canada (2021). *Skills for Success*. <https://www.skillscompetencescanada.com/en/program/skills-for-success/>
- Government of BC (2026). *Look West: Jobs and Prosperity for a Stronger BC and Canada*. <https://www2.gov.bc.ca/gov/content/employment-business/look-west-strategy>
- Hotaling, M., (2023). *Let's Talk: Senior Leadership, Student Mental Health, and Counselling Centers*. American Council on Education. <https://www.acenet.edu/Documents/Lets-Talk-Counseling-Centers.pdf>

- IACS (2025). *Staff to student ratios*. International Accreditation of Counseling Services. VA, USA. <https://www.iacsinc.org/staff-to-student-ratios>
- International Conference on Health Promoting Universities & Colleges (7th : 2015 : Kelowna, (B.C.)). (2015). Okanagan Charter: An international charter for health promoting universities & colleges [O]. doi:<http://dx.doi.org/10.14288/1.0132754>
- Jeanne Clery *Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1990, 20 U.S.C. §1092(f) (2018)*.
- Johnson, N. (2012). *The institutional costs of student attrition* (Research Paper). Delta Cost Project at American Institutes for Research
- Knelman, J. (2012, April 18). *Court rules students may sue universities, in some cases: Ontario appeal court decision could have wide repercussions*. University Affairs. Ottawa, ON. <https://www.universityaffairs.ca/news/news-article/court-rules-students-may-sue-universities-in-some-cases/>
- Kivlighan, D. M. III, Schreier, B. A., Gates, C., Hong, J. E., Corkery, J. M., Anderson, C. L., & Keeton, P. M. (2021). The role of mental health counseling in college students' academic success: An interrupted time series analysis. *Journal of Counseling Psychology, 68*(5), 562–570. <https://doi.org/10.1037/cou0000534>
- Kopta, S. M., Petrik, M. L., Saunders, S. M., Mond, M., Hirsch, G., Kadison, R., & Raymond, D. (2014). The Utility of an Efficient Outcomes Assessment System at University Counseling Centers. *Journal of College Student Psychotherapy, 28*(2), 97-116.
- Lees, J. & Dietsche, P. (2012). *An Analysis of Counselling Services in Ontario Colleges Initial Report*. Ontario College Counsellors' Association. <https://campusmentalhealth.ca/wp-content/uploads/2018/03/An-Analysis-of-Counselling-Services-in-Ontario-Colleges-Initial-Report.pdf>
- LeViness, P., Bershad, C., Gorman, K., Braun., & Murray, CBCT,. (2018). *The Association for University and College Counseling Center Directors Annual Survey: 2018*. <https://www.aucccd.org/assets/documents/Survey/2018%20aucccd%20survey-public-revised.pdf>
- LeViness, P., Gorman, K., Braun, L., Koenig, L., & Bershad, C. (2019). *The Association for University and College Counseling Center Directors Annual Survey: 2019*. <https://www.aucccd.org/assets/documents/Survey/2019%20AUCCCD%20Survey-2020-05-31-PUBLIC.pdf>
- LeViness, P. (2024). College Counseling Services: A High Impact Practice. *Journal of College Student Mental Health, 38*(4), 817–827. <https://doi.org/10.1080/28367138.2024.2399546>

- Linden B, Grey S, Stuart H. (2018) *National Standard for Psychological Health and Safety of Post-Secondary Students – Phase I: Scoping Literature Review*. Kingston, ON: Queen’s University. https://www.athabasca.ca/support-services/_documents/psyc_safety_report_cdn_standards_students.pdf
- Lipson Ketchen, S., Abelson, S., Ceglarek, P., Phillips, M., Eisenberg, D. (2019). *Investing in Student Mental Health: Opportunities & Benefits for College Leadership*. American Council on Education. <https://www.acenet.edu/Documents/Investing-in-Student-Mental-Health.pdf>
- Locke, B., Scofield, B., Janis, R., & Cummins, A. (2024). Clinical Load Index (CLI): Design, Development, and Review of Research. *Journal of College Student Mental Health*, 38(4), 828–850. <https://doi.org/10.1080/28367138.2024.2391750>
- MacKean, G. (2011). *Mental health and well-being in post-secondary education settings: A 208 literature and environmental scan to support planning and action in Canada*. Canadian Association of College and University Student Services (CACUSS). Toronto, ON. http://www.cacuss.ca/_Library/documents/Post_Sec_Final_Report_June6.pdf
- Mancini, M. & Roumeliotis, I. (2019, Nov 20). 'It's literally life or death': Students say University of Toronto dragging feet on mental health services. *CBC News*. <https://www.cbc.ca/news/canada/toronto/student-suicides-mental-health-support-1.5363242>
- Marcotte, D. E. (2019). The returns to education at community colleges: New Evidence from the Education Longitudinal Survey. *Education Finance and Policy*, 14(4), 523–547. <https://doi.org/10.2139/ssrn.2840146>
- Mason, B. M. (2023). Treating in place: A model of on-campus care for serious mental illnesses. *Journal of College Student Psychotherapy*, 37(3), 227-242.
- Matthews, M., & Csiernik, R. (2019). A review of mental health services offered by Canada’s English language universities. *Canadian Social Work*, 20(2), 31-48
- Mendola, R. (2024). Long-term mental health treatment on campus; a report from the University of Southern California. *Journal of American College Health*, 72(8), 2309–2312. <https://doi.org/10.1080/07448481.2022.2122723>
- Mental Health Commission of Canada, (2015). *Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults*. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/Taking%252520the%252520Next%252520Step%252520Forward_0.pdf, p.5

- Mental Health Commission of Canada (2026, February) *National Standard for Mental Health and Well-Being for Post-Secondary Students*.
<https://mentalhealthcommission.ca/studentstandard/>
- Mehr, K. E., Daltry, R. M., & Silbert, J. (2025). Clinical case management & referral success outcomes. *Journal of American College Health, 73*(1), 14-17.
- Miller, C. A. (2023). *Recognizing mental health issues in higher education career service sessions* [Masters Thesis, University of British Columbia].
<https://open.library.ubc.ca/soa/cIRcle/collections/ubctheses/24/items/1.0429359>
- Mitchell, S. L. (2023). The work of college counseling centers in the early 21st century. *American Psychologist, 78*(9), 1125–1136. <https://doi.org/10.1037/amp0001249>
- Morris, S. (2022, May 20) (Reporter). *Bristol University found guilty of failings over death of student: Parents of Natasha Abraham argued Bristol failed to make allowances for their daughter's severe anxiety*. The Guardian UK.
<https://www.theguardian.com/education/2022/may/20/bristol-university-found-guilty-of-failings-over-death-of-student-natasha-abraham>
- Mullins v. Pine Manor College, 389 Mass. 47, 449 N.E.2d 331 (1983).
- Nasser, S. (2019, March 18) (Reporter). 'It doesn't feel human': Students angry U of T not acknowledging campus suicides: One day after the protest, the university has issued a statement saying a student 'fell to his death'. CBC online article.
<https://www.cbc.ca/news/canada/toronto/university-toronto-suicide-campus-1.5061809>
- Nasser, S, (2019b, Sept 30) (Reporter). University of Toronto to erect temporary barriers at Bahen Centre as concerns mount over student suicides: 'We need the university to care,' says student calling on school for more action after latest death. CBC online article. Retrieved from: <https://www.cbc.ca/news/canada/toronto/university-toronto-bahen-death-suicides-1.5302238>
- Ontario University and College Health Association (OUCHA) (2017): *Supporting the Mental Health of Emerging Adults in Ontario's Post-Secondary System*. ON, CA.
http://www.oucha.ca/pdf/mental_health/Oucha-Paper-April-2017.pdf
- Ngan, J. & Shafiq, T. (2025). *What Happens after a Death on Campus Following a string of suicides, U of T abandoned its students. It should have protected them*. The Walrus. Toronto, ON. Retrieved from: <https://thewalrus.ca/death-on-campus/>
- Raisman, N. (2013). *The cost of college attrition at four-year colleges & universities-an analysis of 1669 US institutions*. Policy Perspectives. <https://files.eric.ed.gov/fulltext/ED562625.pdf>

Regents of the University of California v. United States Department of Homeland Security, 908 F.3d 476 (9th Cir. 2018).

Shah, N. (2025). *What Clinical Practitioners Need From Leadership to Promote Resilience and Mitigate Risks to Counsellors in a Post-Secondary Environment* (Doctoral dissertation, Royal Roads University (Canada)).

Smith, K. D., Hall, B., & Verona, E. (2024). The use of paraprofessional service delivery in psychological helping settings: Comparative effectiveness and considerations. *Professional Psychology: Research and Practice*.

Tarasoff v. Regents of the University of California, 17 Cal. 3d 425, 551 P.2d 334 (Cal. 1976).

U.S. Bureau of Labor Statistics. (2022). *Earnings and unemployment rates by educational attainment, 2021*. <https://www.bls.gov/emp/chart-unemployment-earnings-education.htm>

Walden, D., Rockland-Miller, H., & Carleton, K. (2021). *The state of provider burnout in college counseling centers in 2021: Implications and recommendations for improving work satisfaction and overall wellbeing*. Mantra Health. https://resources.mantrahealth.com/provider_burnout_whitepaper-2021

Wallace, P. (2012). The Impact of Counselling on Academic Outcomes: The Student Perspective. *University and College Counselling Journal*, 6-11. <https://www.bacp.co.uk/bacp-journals/university-and-college-counselling/november-2012/the-impact-of-counselling-on-academic-outcomes/>

Ward, L. & Wong, A. (2024, May 16). *Suicide is a leading cause of death for young people, but most universities don't track it*. Canadian Broadcasting Corporation. <https://www.cbc.ca/news/investigates/university-suicide-tracking-data-1.7205529>

Warwick, I., Maxwell, C., Statham, J., Aggleton, P., & Simon, A. (2008). Supporting mental health and emotional well-being among younger students in further education. *Journal of Further and Higher Education*, 32(1), 1-13.

Wei, C. C., & Horn, L. (2013). *Federal student loan debt burden of noncompleters. Stats in Brief (NCES 2013-155)*. National Center for Education Statistics. <https://nces.ed.gov/pubs2013/2013155.pdf>

Wilson, S. B., Mason, T. W., & Ewing, M. J. (1997). Evaluating the impact of receiving university-based counseling services on student retention. *Journal of Counseling Psychology*, 44(3), 316.

Zajacova, A., & Lawrence, E. (2021). Postsecondary educational attainment and health among younger US adults in the “college-for-all” era. *Socius: Sociological Research for a Dynamic World*, 7, 1–13. <https://doi.org/10.1177/23780231211021197>