

Wellness Connect:
Improving At-Risk Student Capabilities and Well-Being to
Access and Persist in Postsecondary Education
Final Research Report
(August 31, 2023)

Clara I. Tascón
Jody Brown & Emily Ecker

ACCESS PROGRAMS:
City School, Academic Upgrading, Deaf Empowerment Program,
and Programs for Newcomers



Final Report by:

The Centre for Community Partnerships and Experiential Learning (CCPEL), Mohawk College.

Authors

Clara I. Tascón*
Jody Brown
Emily Ecker

**primary*

Wellness Peer-mentors

Sara Ali
Kimberley Sanzo
Liam Flynn
Rashda Syed
Brandon Dean

Funding

This research project was funded by the Social Sciences and Humanities Research Council of Canada (SSHRC) with the support of the National Sciences and Engineering Research Council of Canada (NSERC) and on behalf of the College and Community Social Innovation Fund grants (CCSIF).

Acknowledgments

The authors would like to thank the partner organizations involved in the *Wellness Connect* research project for their significant contributions to this research partnership. We would also like to thank the wellness peer-mentors, whose involvement was essential during the development of the wellness initiative by supporting students in the Access programs at Mohawk College, facilitating referrals to the partner organizations, and providing records of the activities implemented through this project. We are also grateful for the participation of the student research assistants who joined the project every semester, bringing their enthusiasm and eagerness to learn, and who assisted with the data analysis. The Community Partnership and Learning Team of CCPEL, including faculty and staff members of the Access programs, provided support through the development of this project. Our special gratitude to all participants – students, partner representatives, faculty, and staff – who generously shared their views and provided valuable feedback to this socially innovative research project.

Table of Contents

Executive Summary.....	6
Introduction	8
Statement of Purpose	8
Overall Context	9
Mohawk College Strategic Plan Alignment	10
Research background	11
Theoretical Framework.....	12
Access Programs.....	12
Wellness.....	13
Peer-mentoring	13
Capabilities Approach.....	14
COVID-19 Pandemic Impact	15
Methodology.....	15
Research design.....	16
<i>Research phases:</i>	17
Wellness Connect data	18
Ethics Protocol	19
Findings	19
Understanding Factors, Determinants, and Systems Dynamics.....	19
<i>Setting the Support system:</i>	20
<i>Wellness Awareness Campaign:</i>	22
<i>Awareness Campaign and Confidentiality</i>	24
<i>Wellness Awareness Challenges</i>	24
Students' Challenges and Individual Barriers	27
Compounded Students' Challenges and Barriers by the COVID-19 Pandemic	31
Systemic Barriers	38
Wellness Peer-mentoring Challenges.....	43
Advances and Potential Developments.....	44
<i>Wellness Peer-mentoring:</i>	45
<i>Wellness Multiple Dimensions and Students' Well-being:</i>	48

<i>Wellness Awareness and COVID-19 Pandemic:</i>	50
<i>One-to-One Mentoring:</i>	50
<i>Students Referral Process:</i>	53
<i>Partnership and Referrals to Specialized Services:</i>	54
Wellness Connect Partnership.....	57
Wellness Wholistic Approach	60
The Value of Collaborative Work with Partner Organizations	61
Wellness Connect Impact	64
Discussion and Conclusions	67
Recommendations	69
<i>Sustainable funding:</i>	69
<i>Expansion of services:</i>	69
<i>Partnerships growth</i>	69
<i>Cross referrals:</i>	70
References	70
APPENDIX A.....	74
Research Phases and Timeline	74
APPENDIX B.....	76
Knowledge Mobilization Activities	76
Conferences.....	76
Knowledge Mobilization Events	76
Advisory Committee Meetings	76

List of Tables

Table 1 Support Services Initially Offered in Health and Wellness Partner Organizations	20
---	----

Table of Figures

Figure 1 Multiple Dimensions of Wellness _____	13
Figure 2 Wellness Connect Research Project _____	16
Figure 3 Students and Partners Pre-and Post-surveys _____	18
Figure 4 Students, Faculty, Staff, and Partner Interviews _____	18
Figure 5 Understanding Wellness _____	23
Figure 6 COVID-19 Impact and Coping Mechanisms _____	37
Figure 7 Wellness Awareness and Capabilities Development _____	46
Figure 8 Students' Support and Relationships of Trust _____	51
Figure 9 Access to Specialized Services _____	53

Executive Summary

This final report encompasses the results of the research project *Wellness Connect: Improving At-Risk Student Capabilities and Well-Being to Access and Persist in Postsecondary Education*, (*Wellness Connect*), during three years of its implementation (2020-2023). This study was funded through the Research Grants and Partnerships Division of the Social Sciences and Humanities Research Council of Canada (SSHRC) with the support of the Natural Sciences and Engineering Research Council of Canada (NSERC), on behalf of the College and Community Social Innovation Fund Grants (CCSIF).

This report documents the achievements and challenges in the process of building a sustainable support system for students in the Access programs at Mohawk College, highlights emerging developments and improvements, and provides recommendations for further enhancing both the wellness initiative at the college, as well as policies and practices of specialized services in the community. Through this action-research partnership, we explored the development of wellness peer-mentoring programming, students' referrals to local services and resources available in each of the partner organizations, and the system dynamics and systemic barriers that intervened, including the COVID-19 pandemic. Also, we shared how this project impacted and mobilized knowledge about the multiple dimensions of wellness, the development of students' capabilities and well-being, and the learnings this collaborative research partnership brought to students, partners, faculty, and the Access programs team.

In this document, we provide an overview of the context of the project, the theoretical and methodological frameworks that facilitate a comprehensive perspective of the approaches involved, and the study's findings. We conclude with a discussion of the findings and some recommendations for further action and inquiry.

The research objectives that guided the research process were the following:

1. Conduct a campus-community research project focused on building an innovative wellness approach that is sustainable for the vulnerable population of students in the Access programs at Mohawk College.
2. Strengthen the network of connections between the Access programs at Mohawk College and organizations in the city of Hamilton (e.g., health and human services, not-for-profit, and

government organizations) to consolidate a wellness framework that integrates the distinct services of the supporting organizations.

3. Identify factors – including system dynamics, barriers, and challenges, such as the impact of the COVID-19 pandemic – that intervened both in positive and negative ways in the collaborative approach between the Access programs and the partner organizations.
4. Critically assess the processes and advances in building a wellness support system that fosters students' capabilities and well-being thereby supporting their access to and persistence in postsecondary education and/or employment pathways.

This project provided extensive research training to students of postsecondary programs at Mohawk College and enriched our collaborative journey with partners in the community. Also, it allowed us to identify emerging and potential developments in collaboration with partner organizations. Evidence from this research will serve to inform the review of policies and practices within organizations and at different levels of government which determine the availability of health and wellness specialized services and resources for underserved and underrepresented populations.

Introduction

This final report encompasses the results of the research project *Wellness Connect: Improving At-Risk Student Capabilities and Well-Being to Access and Persist in Postsecondary Education*, (*Wellness Connect*), during three years of its implementation (2020-2023). This study was funded through the Research Grants and Partnerships Division of the Social Sciences and Humanities Research Council of Canada (SSHRC) with the support of the Natural Sciences and Engineering Research Council of Canada (NSERC), on behalf of the College and Community Social Innovation Fund Grants (CCSIF).

The *Wellness Connect* project focused on a campus-community partnership with four health and wellness organizations in the local community, designed to build a sustainable and socially innovative support system for academically at-risk students and low-income residents who pursue postsecondary education or an employment pathway. Working closely in collaboration with our multi-sectoral community partners, the proposed *Wellness Connect* initiative aimed to strengthen the capabilities, resiliency, and well-being of students enrolled in Mohawk College's Access programs. Our applied research goal centered on improving program design and delivery approach in targeting specialized support to students by creating a wrap-around assistance model tailored directly to their individual needs.

Statement of Purpose

This report documents the achievements and challenges in the process of building a sustainable support system for students in the Access programs at Mohawk College, highlights potential developments, and provides recommendations for enhancing the wellness initiative. In this context, Access programs include those delivered within Academic Upgrading for adults, Programs for Newcomers, and City School by Mohawk. Through this action-research-partnership project, we explored the development of wellness peer-mentoring, students' referrals to services, and resources available in each of the partner organizations, system dynamics, and systemic barriers that intervened, including the COVID-19 pandemic; and how this project impacted and mobilized knowledge about the multiple dimensions of wellness that underpin education, the development of students' capabilities to be successful, and the learnings this collaborative research partnership brought to students, partners, faculty, and the Access programs team.

In this report, we provide an overview of the context of the project, the theoretical and methodological frameworks that facilitate a comprehensive perspective of the approaches involved, and the study's findings. We conclude with a discussion of the findings and some recommendations. The research objectives that guided the research process were the following:

1. Conduct a campus-community research project focused on building an innovative wellness approach that is sustainable for the vulnerable population of students in the Access programs at Mohawk College.
2. Strengthen the network of connections between the Access programs at Mohawk College and organizations in the city of Hamilton (e.g., health and human services, not-for-profit, and government organizations) to consolidate a wellness framework that integrates the distinct services of the supporting organizations.
3. Identify factors -- including system dynamics, barriers, and challenges, such as the impact of the COVID-19 pandemic -- that intervened both in positive and negative ways in the collaborative approach between the Access programs and the partner organizations.
4. Critically assess the processes and advances in building a wellness support system that fosters students' capabilities and well-being thereby supporting their access to and persistence in postsecondary education and/or employment pathways.

Overall Context

Mohawk College operates a suite of Access programs offering a range of tuition-free postsecondary credit, personal development, and employment pathways, courses designed to address barriers to postsecondary education, employment, and overall social and economic self-sufficiency. These programs seek to promote and support equitable pathways to postsecondary education and training for underserved and underrepresented individuals experiencing barriers to resources and education. The individual needs of this diverse population of students are addressed through additional support and specialized services to ameliorate the disproportionate impact of negative socio-economic outcomes in their communities (e.g., peer-mentoring, personal and career counselling, and referrals to other services addressing basic and vocational needs). The development of these Access programs has demonstrated the importance of bringing not only inclusive and flexible educational programming to the learning environment, but also special attention to the most pressing individual needs of the students.

Among the Access programs, City School (CS) is a unique and flexible model with three main neighbourhood-based classrooms, numerous pop-up locations, and two mobile classrooms situated in the community, which offer college-level courses and personal development and vocational skills-based workshops to youth and adults who are unemployed or underemployed. Some City School programming is tailored to specific subpopulations who face additional personal and structural barriers to education and employment. Academic Upgrading (AU) is a flexible program aimed at helping individuals achieve sufficient proficiency in English, mathematics, and biology to pursue their college, apprenticeship, and/or employment goals. The Deaf Empowerment Program (DEP), part of the Academic Upgrading program, offers Deaf adults the opportunity to upgrade their math, reading, and writing skills, as well as basic computer and employability skills. Mohawk College has served the newcomer population for over 40 years with Language Instruction for Newcomers to Canada (LINC), Enhanced Language Training (ELT), Occupation-specific Language Training (OSLT), and most recently, a bridging program for internationally trained human services professionals. Programs for newcomers are funded primarily by Immigration Refugees and Citizenship Canada (IRCC).

Previous to the wellness initiative academically at-risk and low-income adult learners had minimal direct access to specialized college services to help them overcome their challenges. Students could only access the college's counselling services with a referral for a one-time crisis visit. The lack of access to continuous specialized assistance impacted students' opportunity to succeed academically, complete their courses, and transition to a further course of postsecondary study and/or employment pathway.

Mohawk College Strategic Plan Alignment

One of the key components of Mohawk College's Access strategy in creating postsecondary education opportunities for disadvantaged communities is an emphasis on initiatives beyond traditional outreach and community engagement models. In this sense, this research project aligned mainly with three of *Mohawk College's Strategic Plan Aspirations* (Mohawk College, 2022):

- *Ensure access to education and reduce barriers for all.* The wellness initiative detailed in this research project offered awareness of wellness, support, and referrals to specialized services to address Access students' individual needs and to reduce barriers to continue pursuing their aspirations and goals.

- *Be a place that honours, values, and celebrates the whole or every person.* Equity, diversity, inclusion (EDI), and intersectionality are enhanced features of the wholistic wellness approach in this research project. We worked in a collaborative team to conduct action research in exploring services and resources for all students of the Access programs, considering their diverse backgrounds and implementing an innovative solution to address their individual needs.
- *Enable future-ready education, research, programs, services, and experiences – for students, employees, and our community.* Research, learning, and social innovation to serve the community go hand-in-hand with this project.

Achieving these goals involved strengthening the network of connections with partners in the community to reach the available specialized services, including counselling, to foster student wellness and awareness of physical and mental health resources. In doing so, the anticipated outcomes and their expected benefits were the following:

1. Students in the Access programs would have an avenue to access a formalized support system (e.g., counselling, mental health care, recreation and leisure services, among others).
2. Partner organizations in the community would be able to collaborate with the college in building a support system, based on referrals for students from the Access programs, that is reflective of a wholistic wellness approach.
3. The majority of students would be able to remain and complete their Access program(s), enhance their capabilities and well-being, and pursue further postsecondary education and/or employment pathways.
4. College and community-based practitioners (i.e., wellness peer-mentors) would be able to address barriers to postsecondary education, develop new practices to foster wellness, and form innovative partnerships with organizations in the community.

Research background

To address students' individual needs in the Access programs, a peer-mentoring initiative was first implemented in the AU program in late 2018 and extended to include City School and Programs for Newcomers in early 2019. The initiative involved the participation of a peer-mentor who delivered workshops and one-to-one sessions with students and provided referrals to specialized services as

required. This peer-mentor connected students through referrals with counselling support staff and resources at the college (over and above the one-time crisis visit) and with other organizations in the community. Previous research (Alfano et al., 2019) and an additional pilot research project (Tascón, 2019) demonstrated that the peer-mentoring and wellness connection contributed to meeting student individual needs. However, this preliminary research highlighted the importance of creating a more stable and sustainable support system aligned with the Access programs to ensure consistent, long-term support. Our proposed research aimed to build upon and scale up this initiative by developing a comprehensive campus-community wellness partnership with a robust peer-mentoring and wellness connection initiative. Hence, the overarching research question in this research project was: How might the Wellness Connect initiative with health and wellness organizations in the community improve student capabilities and well-being and postsecondary education and/or employment pathways access?

Theoretical Framework

Access Programs

Accessibility to postsecondary education is a crucial component of the social, economic, and cultural well-being of societies (Orders & Duquette, 2010). Postsecondary institutions have created a range of transition programs – variously referred to as bridge, access, and preparatory programs – in order to provide academic support for underserved, underrepresented and low-income populations of youth and adult learners (Armstrong et al., 2017; Awong, et al., 2017; Deller & Tomas, 2013; Stol et al., 2016). Although these are flexible models and generally have adaptable programming, students who participate in these programs frequently require additional and individualized support to handle their urgent non-academic needs.

Student challenges and barriers are complex and varied, involving personal, social, and structural factors. Moreover, low-income youth and adult learners often experience high levels of stress and anxiety, as well as low levels of self-confidence and self-determination in coping with academic and non-academic pressures. Access programs in Canada are increasingly establishing collaborative partnerships with organizations in the community to more directly foster student well-being and success (Awong, et al., 2017; Stol, et al., 2016). Yet, these important practices of collaborative partnerships only address academic mentoring and advising, and employment connections; they often lack an explicit awareness and emphasis on the wholistic and contextualized well-being of learners.

Wellness

An essential mission of universities and colleges is to generate, share, and implement knowledge and research findings to enhance health and well-being, not only in the academic environment but also in connection to the community (Gereluk, 2018; Okanagan Charter, 2015; Stanton et al., 2016). Enhancing the well-being of students implies fostering the development of their capabilities to pursue a better quality of life and contribute to society. Wellness in this study is defined as “an active process through which people become aware of, and make choices toward, a more healthy and successful existence” (National Wellness Institute, 2018, p. 1). The notion of health includes a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (World Health Organization, 1986). Wellness integrates a wholistic understanding of the individual within their environment. In this sense, wellness involves multiple dimensions (i.e., emotional, physical, intellectual, social, spiritual, occupational, financial, and environmental) (Figure 1), which overlap and are interdependent (Anderson, 2016; Hettler, 1976). Fostering student well-being involves identifying aspects of life that can be improved through wellness practices (Oliver et al., 2018).

Figure 1 Multiple Dimensions of Wellness



Peer-mentoring

Mentorship encompasses diverse definitions and often depends on context and intent. In general terms, mentoring refers to a relationship between an older, more experienced person and a younger, less experienced one (Evans, 2017; Ragins & Kram, 2007; Sanyal, 2017). This relationship is mediated by

trust, respect, and empathy, whereby the mentor provides advice and encourages the mentee's growth (Colvin & Ashman, 2010; Mullen & Klimaitis, 2019). The mentoring relationship involves knowledge sharing, community-building, and social support (Huizing, 2012). A mentor oversees the development of another person through teaching, counselling, providing psychological support, and referrals (Budge, 2006). Group mentoring theories have been developing since the mid-1990s drawing upon "one-on-one mentoring and combining it with the benefits of group learning" (Huizing, 2012, p. 34). In a group-mentoring setting, one mentor or peer-mentor guides the group and shares with them knowledge and experiences they had as former students.

The Peer-Mentoring of the Wellness Connect initiative implemented in the Access programs at Mohawk involved sharing knowledge with students through different workshops and establishing a one-to-one relationship to guide, connect, and advocate for them in accessing counselling and other support services through referrals. The workshops delivered by the peer-mentor in the Access programs focus on a wellness and capabilities approach. This approach facilitated students' engagement in learning and developing skills and enhancing their capabilities to cope with individual barriers and challenges they experienced in accessing education and employment.

Capabilities Approach

This perspective emphasizes the crucial role of education in fostering individuals' abilities and freedoms to choose, to do, and to be in pursuing their well-being (Nussbaum, 2007; 2011; Sen, 1985, 1999). Capabilities are opportunities created by a combination of personal abilities, and the political, social and economic environment (Anand, et al., 2009; Anand, et al., 2005; DeHaan et al., 2016; Nussbaum, 2007). Enhancing the development of capabilities enables people to realize their potential to grasp opportunities and engage with what they consider valuable ways of being and doing (White et al., 2016). This approach provides a broader lens for understanding and addressing human rights, equity, diversity, inclusion, and the intersectionality of multiple social factors that impact individuals.

With an emphasis on social equity and the principle that every human being has moral entitlements to the capabilities to be and to do things that constitute a decent life, the capabilities approach (Nussbaum, 2000; Venkatapuram, 2020) has had a significant influence on governments, NGOs, international organizations, and global development agendas, such as the *Sustainable Development*

Goals (United Nations, 2023). In the interplay between enhancing individual capabilities and opportunities when addressing issues concerning wellness, we aimed to have a positive impact not just on the individuals that constitute our community, but also on the systems that provide health and wellness services (Kassam & Ellaway, 2020).

COVID-19 Pandemic Impact

A significant amount of literature has emerged during the last two years to examine the impact of the COVID-19 pandemic on students' lives. A recent report by Chatoor et al. (2022) regarding access programs in Ontario refers to the need for greater capacity to provide responsive support and mental health resources for students and the value of establishing partnerships with local communities. These authors' interview data noted that staff working in access programs increasingly find students experiencing challenges related to mental health, which have been exacerbated during the COVID-19 pandemic. In addition, the lockdown of the pandemic brought changes and made life harder for students who also have to take care of children at home (Cruse et al., 2020).

There is a stigma regarding mental health, as the term 'mental health' is commonly associated with mental illness, as something not to be mentioned, or as something to be ashamed of (Crowe et al., 2018; MacDonald et al., 2022; Vidourek & Burbage, 2019). Moreover, mental health services and resources are usually sought in moments of crisis, rather than as an opportunity for personal growth and well-being. Besides, recognizing the need for help is overwhelming for individuals who are suffering. Asking for help constitutes a difficult stage that makes some people feel vulnerable, scared of being socially judged, and personally and professionally labeled and excluded. The wellness initiative in this project sought to provide knowledge and services about health and wellness to foster a different perspective on mental health.

Methodology

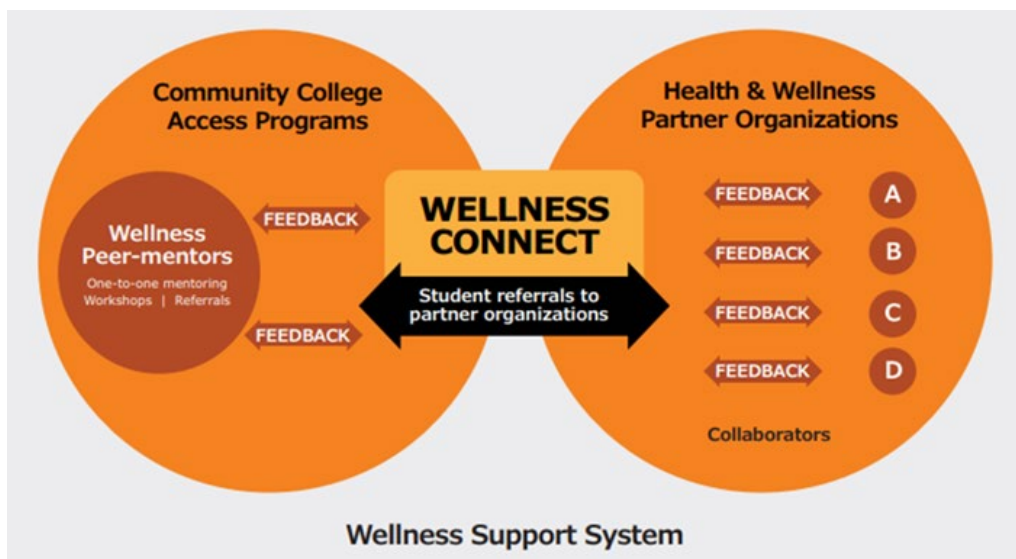
This study entailed participatory action research (Hoekstra et al., 2020) that built on previous research (Alfano, et al., 2019; Bourke et al., 2019; Bourke et al., 2023; Tascón, 2019) regarding the Access programs at the college. Using a mixed-methods design, we applied an action-oriented and collaborative research methodology to support community engagement and partnerships, to identify common goals and complementary missions in addressing student needs (Levkoe & Stack-Cutler, 2018; Mendel &

Brudney, 2018; Taylor & Ochocka, 2017). The research design entails four phases of data collection and analysis, getting participants' feedback (i.e., students, faculty, staff members, and partners) to implement, reflect, and adjust the Wellness Connect initiative in collaboration with our partners over three years (2020-2023). We used descriptive and thematic analysis across the research process to measure the social impact of the Wellness Connect research project. Descriptive analysis helped to represent survey results and wellness peer-mentoring reports. The thematic analysis enabled the interpretation of interview data (Braun & Clark, 2012; Nowell et al., 2017), by identifying, analyzing, and discussing themes emergent from participants' views.

Research design

The Wellness Connect research project development was based on the feedback from the wellness peer-mentors, students, faculty, staff members of the access programs, and partners from the four health and wellness organizations in the community from 2020 to 2023. The wellness peer-mentors provided students with workshops and class visits, one-to-one mentoring sessions, and connected students through warm referrals to specialized support services in the health and wellness partner organizations (See Figure 2). A literature review was also part of the fabric of this research project including policy documents in Ontario and website information regarding the health and wellness organizations in the community.

Figure 2 Wellness Connect Research Project



Research phases: The Wellness Connect involved four phases. Appendix A includes a table of the research timeline that shows the research activities developed during the different phases of the research process over the three years (2020-2023). The four phases are as follows:

First phase: This phase focused on setting up the support system in partnership with the health and wellness organizations. It involved data collection and descriptive analysis of partners' pre-surveys about the partner organizations' support services (Table 1), contributions to institutional missions and goals, and the benefits of formalizing the student referral process. Representatives from the four partner organizations participated in these pre-surveys (October 2020).

Second and third phases: These involved data collection and analysis of students' pre-and-post-surveys, semi-structured interviews with students, faculty, staff, members, and partners, and the partners' post-surveys. Across the three phases, the wellness peer-mentors provided monthly reports with data regarding the workshops, class visits, one-to-one sessions, and students' referrals to specialized services in the partner organizations.

Ten (10) student research assistants (SRAs) and one volunteer staff participated in the analysis of data and document review in the first, second, and third phases.

Fourth phase: This phase included:

- a) The final analysis of the data gathered;
- b) Several knowledge mobilization activities (i.e., A panel presentation in the World Congress 2023 hosted by Colleges and Institutes Canada (CICan) in Montreal; a paper presentation in the Congress 2023 of the Humanities and Social Sciences, Conference of the Canadian Educational Researchers' Association (CERA), at York University, Toronto; a knowledge mobilization event 2023 organized by the Community Partnerships and Learning, Mohawk College, a Town-Hall at the CityLAB in Hamilton); and
- c) Writing up the final report

Wellness Connect data

Data collected in this study include: 186 student pre-surveys completed (82% of the pre-survey distribution); 80 student post-surveys (95% of the post-survey distribution); five partner pre-surveys completed (100% of the pre-survey distribution), and two partner post-surveys completed (50% of the post-survey distribution) (See Figure 3). A total of 65 semi-structured interviews were conducted with students (23), faculty (13), staff members (17), and partner representatives (12) (See Figure 4). Data gathered from the wellness peer-mentors include monthly reports over three years (2020-2023).

Figure 3 Students and Partners Pre-and Post-surveys

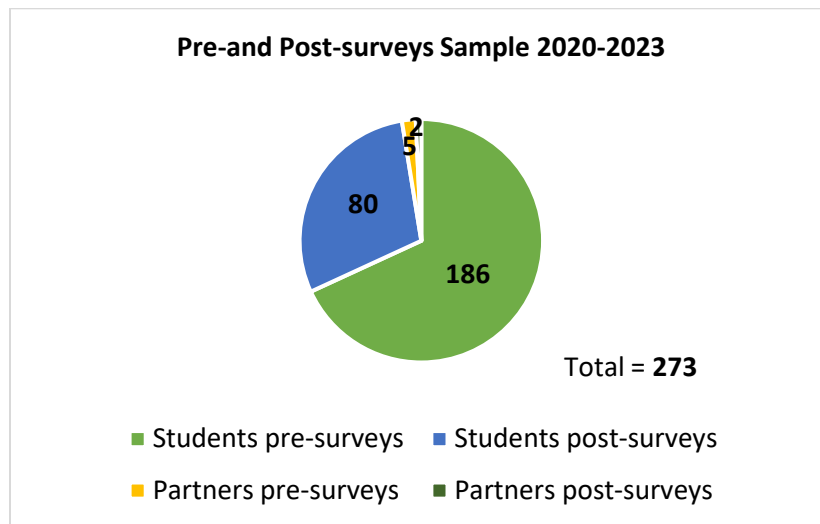
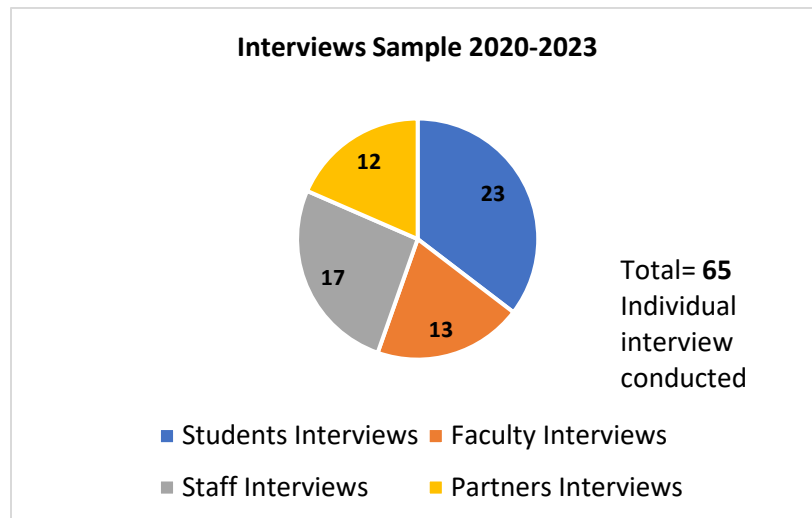


Figure 4 Students, Faculty, Staff, and Partner Interviews



Ethics Protocol

We followed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Mohawk College Research Ethics Board's (MCREB) protocols for approval of research instruments (surveys and interview questionnaires) and respective application forms. Surveys were created using Mohawk College's internally licensed Qualtrics software and previous institutional approval. Interviews were audio-recorded to ensure that all valuable information was documented. Pseudonyms were used in written findings and analysis to separate all participants' identifiers from the data collected. Only the research team had access to the audio-recorded and transcribed information. All records and transcriptions were kept on a secure network, encrypted, and on a password-protected computer, and only the research team had access to the secured data. Themes and sub-themes were identified from the qualitative data using licensed and password-protected NVivo software.

Findings

Our findings show a comprehensive framework of the advances and potential developments across the system (or network) and the structural limitations of the campus-community partnership while building a wellness support system in the Access programs to foster students' capabilities and well-being. This framework comprises factors, systems dynamics, barriers, and challenges, including the COVID-19 pandemic, which our participants experienced and shared during this wellness collaborative initiative.

Understanding Factors, Determinants, and Systems Dynamics

The *Wellness Connect* initiative, aimed to build a support system for students in the Access programs, involved distinct functioning institutions, four Access programs, and four community health and wellness organizations. On the one hand, the programming, duration, and number of students in every course of each of the Access programs vary. On the other hand, the support services, resources, organizational structure, and size of each health and wellness organization are different. In addition, the implementation of this research project involved coordination with wellness Peer-mentors, numerous faculty and staff members, partner organizations, and in particular, a diverse population of students. Hence, the research process brought a multifaceted engagement with the additional and unexpected challenges of the COVID-19 pandemic.

Setting the Support system: The initial consultation with representatives of the partner organizations during the first phase of the research process (through pre-surveys) provided information regarding support services available (See Table 1), contributions to institutional missions and goals, and the benefits of formalizing the referral process for students. There were many different specialized services offered by the partner organizations at the beginning of the research process. This information and expressed commitment from all parties (i.e., education and health and wellness organizations) allowed us to identify a mutual understanding of the collaborative research and start the referral process according to students’ needs, and further collect and analyze data about the Wellness Connect initiative during three years.

Table 1 Support Services Initially Offered in Health and Wellness Partner Organizations

Support Services Offered	Partner Organization*
One-to-One Counselling	A, B, C
Group Sessions	A, B, C
Healing from trauma programs	B, C
Crisis intervention services	C
Addiction support	A
Life skills management and system navigation	C, D
Newcomers’ settlement support	B, C
Art therapy for creative expression	B
Workshops	B, C
Recreation services	B, C
Support activities	C
Other support services	D: Financial support through Ontario Works (leap) C: Other not specified

Note. Letters A, B, C, and D indicate the four partner organizations concerning the services offered at the beginning of the *Wellness Connect* research process.

* **Organizations** are represented as A, B, C, and D (e.g., Organization B, Organization A, etc.,) across this report.
 ** **Partner representatives** are represented as A, B, C, D, E, etc., (e.g., Partner A, Partner F, etc.,) to cite quotes as personal communications from qualitative data across this report.

The contributions to institutional missions and goals expressed by partner** representatives of the four organizations in the pre-survey regarding their participation in the Wellness Connect research project are listed as follows:

- Share best practices and improve inter-organizational partnerships
- Help to identify client needs/service gaps and implement ideas to remove barriers (e.g., transportation, given our distance from campus)
- Increase knowledge of services and increase referrals, particularly for those who might not otherwise know about existing programs and services
- Support relationship (trust) building with clients/students in need
- Allow for a broader lens – more than just access to healthcare; it’s about access to the social determinants of health (resources for health)
- Underpin equity and justice by:
 - Fostering access to services for marginalized and underserved groups and expanding the scope of services offered (Organizations identified particular populations they serve who have been underserved)
 - Creating space for clients/students to shape their communities and have their voices heard
 - Offering opportunity to examine structural changes that could be target of collective intervention

Also, the benefits of formalizing the referral process for students expressed by representatives of the partner organizations are:

- Variation in current and preferred approach amongst organizations
- It would be beneficial to share current practices to learn from others (what is common, what is distinct)
- In some cases, client/student confidentiality is of greater concern given the sensitive (and possibly stigmatizing) nature of services – preference for student self-referral
- Where a coordinated or wrap-around approach makes sense, having single points of contact between organizations can be most supportive for the client/student (helps to confirm referral has been accepted)

- In some instances, organizations would appreciate (with client/student consent), information about safety concerns to best support the client/student

The benefits of establishing a collaborative partnership with health and wellness organizations in the community to refer students from the Access programs to their specialized services were also emphasized by one of the partner representatives who said,

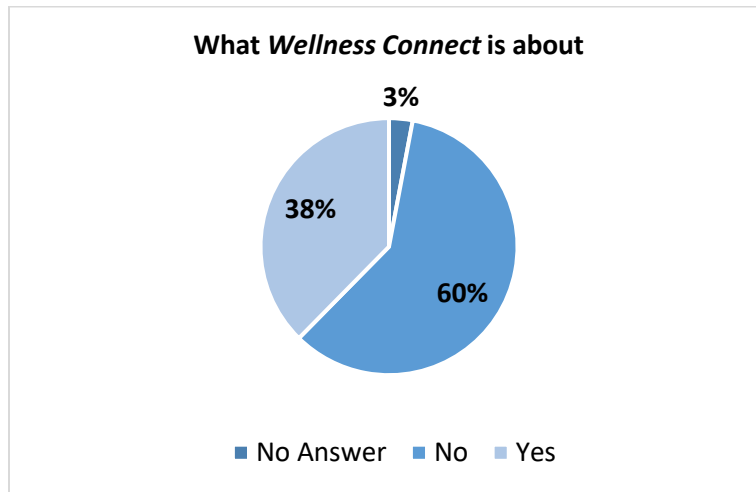
The value is too that we can help [students] in more than just counselling, we're actually giving people opportunities, and options, and resources, and then hopefully that where their lives can get better as a result. I think that that's the kind of connection to our service, and connection to students is valuable, and I do think there's a gap when we don't have a relationship between the college and the community-based agencies. I think students do fall through a gap, and then we tend to pick them up later when things are – have really fallen apart. So there's an opportunity here for early intervention, and probably – possibly not prevention as much as early intervention into issues (Partner F).

Implementing the Wellness Connect research project required the dissemination of information about this initiative through a 'wellness awareness campaign' to all stakeholders including students, faculty, staff members, and partner representatives.

Wellness Awareness Campaign: Findings from students' pre-surveys completed (186) in the first and second phases of data collection showed that 38% of participants knew about the Wellness Connect initiative (i.e., wellness peer-mentoring and referrals to specialized services with health and wellness partner organizations (See Figure 5)).

Following wellness peer-mentor visits to the Access programs and the postings of information about the wellness initiative on students' accounts, 60% of students who completed post-surveys (80 students total) responded that they participated in the wellness peer-mentoring and knew about the referrals to partner organizations if needed and some of them had had referrals to their specialized services (See Figure 5). As a student mentioned *"there was a lot of information out there so if anybody needed support, I feel like it was readily available to us...if anybody needed help, it was readily available, we just had to kind of reach out for the information and it was there"* (Student E).

Figure 5 Understanding Wellness



It is worth noticing that the population of students in two of the Access programs usually changed in every term, which means that oftentimes, information about the Wellness Connect initiative was new for every cohort of students. However, an increased percentage (17%) of students who knew and participated in the Wellness Connect initiative from pre- to post-surveys demonstrated the level of impact of the wellness awareness campaign on students' understanding of the support system. Also, students expressed the need to have more information about these services and resources even earlier when they started the courses. As a student expressed,

if they incorporated the pre-lectures where [the wellness peer-mentor] was talking, these were all done prior to the actual course starting, right? Maybe if they took those and then they took the ones that were at the end and they made it the first lesson and say, "Look, here are all the supports in place – before you even start learning anything We've got mental health things, we've got financial stuff that you can look at, we got these kinds of courses or these kinds of programs that are available through the college that you can look at." Right? And then people can do that and they know about it ahead of time (Student J).

This feedback highlights the necessity for creating more communication strategies, that, given the situation with the COVID-19 pandemic, should be designed and delivered in friendly formats to be posted and promoted for students through the virtual environment. Thus, some infographics (as short, easy-to-read, but comprehensive materials) were designed in coordination with the partner

organizations, following the marketing guidelines at the educational institution and health and wellness organizations, to post on student accounts (starting July 2021). Also, videos regarding specialized services of the partner organizations and frequent visits by the wellness peer-mentor starting classes and during every term in the Access programming constituted the new resources to inform students about the Wellness Connect initiative.

Awareness Campaign and Confidentiality: Informing and motivating students to participate in the wellness peer-mentoring initiative implies touching on sensitive matters with students. As a faculty mentioned,

I've recommended students to go to our wellness peer mentors many, many times, because they have reached out to us quite a bit, and [the wellness peer-mentor] offers quite a bit of programs... I've – we offer – we keep telling them, you have this resource, take it. And I'm sure there have been students who have gone, but have not come back and said, hey, I did this! because they don't want to involve me in it...I think a lot of faculty will say like how do we get them to use it, and how do we know more (Faculty, H)

In this sense, it takes time for students to feel comfortable asking for help, actually going to the workshops and even asking the wellness peer-mentor to talk about personal matters.

Wellness Awareness Challenges: As mentioned, the Access programs are diverse. In particular, one of these programs delivers courses that last only 7 to 16 weeks, whereas the other two programs last a minimum of one semester or one year. Therefore, providing students with opportune information about the support services and resources, and fostering them to engage in the wellness initiative was varied and challenging.

Findings from preliminary data collection and analysis showed that providing information to students through materials online was not enough; therefore, it also required more personalized support, a work to be done not only by the wellness peer-mentor, but also by faculty, and staff members. Thus, some presentations about the Wellness Connect research project, including the role of the wellness Peer-mentor, were included in several meetings with faculty, and staff members to inform them about the wellness initiative and research project.

During the COVID-19 pandemic, staff and faculty expressed the challenges of getting students engaged in the Wellness Connect initiative. Notwithstanding the distribution of the infographics, not all students in the Access programs were well aware of the opportunity of using or were willing to use these support services when needed. As a faculty member of the Access programs stated,

I think [the wellness peer-mentoring initiative] is great. I think there are a couple of challenges, though. I think the students who have participated in it have found it to be worthwhile. But bridging the gap between students we know that could benefit from help, and students who've actually access that help, I think we haven't quite captured all of the needs that are out there. I've been pretty successful in getting people that I've spoken with to reach out for help. But I wonder how many students we don't get, because they either don't confide in us or they're just not certain of how things work or something else sort of holds them back. I think we've done well with what we've had, but there's room to do better (Faculty G).

Also, this faculty member explained,

for example, right now, I currently have a student that I've been trying to refer, but she's a bit resistant. And I know that that is - her needs are directly interfering with her ability to learn well. So I mean, we know that when students have their social emotional needs fulfilled, that they can learn a lot better... But again, it depends on [students] taking advantage of it. And I think we're still sort of in that early part of that process (Faculty G).

In addition, a staff member said,

we are managing the online class format [and] we know that the interaction that we have with the students is not the same as if we were face-to-face. So, what I've noticed is that there is, like, an overload of information that it's going in multiple ways... knowing that students are just receiving a lot of information and we have found that it has been challenging during the pandemic time where we are doing everything online, it's been very challenging to keep students engaged with other activities other than English (Staff member C).

Students who heard about or participated in the Wellness Connect initiative also helped to provide information about support services to their classmates. As a student mentioned, *“sometimes when somebody has a breakdown, they won’t go out and ask for help, unless somebody who is beside them knows about the program, so word-of-mouth”* (Student G). Also, students helped each other to get the support they needed. For instance, another student expressed the way they communicate with each other, *“Hey, something’s wrong, let’s go talk to someone about it. I’ll go with you. I’ll support you and get you to the person that can help you!”* (Student A). As he explained, *“Because if you expect somebody to go on their own and start the chain, they probably never will”* (Student A). The chain this student mentioned refers to going first to the wellness peer-mentor and if needed getting a referral to specialized support from a health and wellness partner organization. Another student explained, *“I think the hardest part is starting and then reaching out. You got to make that move to reach out and say, Hey, I think I need some of this. I think I need some of this support”* (Student J).

The following faculty member commented on how students can be hesitant to talk about their difficulties:

Hesitation is a big part of the students’ front. Because yes, they know that it is through the college; yes, they know it is free; yes, they know that, it’s available. But sometimes just taking that first step, should I go or shouldn’t I go? Should I approach or shouldn’t I approach? Who will come to know about these details? I’m sure that’s on the priority – the first thing in their mind. Will my teacher come to know about this? Will everybody in the classroom come to know about this? Will the department had come to know about this?... So I think maybe those questions are, you know, like, sort of jiggling in their brains. So getting them to take that first step probably is the biggest challenge, but I think once they get comfortable I’m sure they will find that it’s just a beautiful community resource that they can get help from (Faculty F).

As mentioned, the implementation of this Wellness Connect initiative in partnership with health and wellness organizations involved multifaceted processes of engagement with students, faculty, staff members, and wellness peer-mentors in the Access programs. Since faculty and staff members also play a significant role in supporting students and fostering the capabilities they need to succeed, faculty and staff members experience differently the way they can help. For instance, to faculty, their life and

teaching experience determine the way they can foster and support students' capabilities and well-being. A staff member expressed,

if [faculty] have taught at other Access programs, or have done community work, they have a really good understanding of where our folks are coming from. Anytime that faculty are from the social services area, I find, just kind of based on their own field of study, they have a good understanding of the impacts of poverty and wellness, and things like that. So sometimes, I think it comes very naturally to faculty. Other times I've seen it, it takes a little while for them to settle in, and really understand who the students are (Staff F).

In particular, newcomer students experienced significant challenges first accessing information and then expressing their individual and non-academic needs. As a staff member stated,

Another challenge, of course finding the best way to communicate information to students from a person that is able to explain what all the services are about is important. But also knowing that students are just receiving a lot of information and we have found that it has been challenging during the pandemic time where we are doing everything online, it's been very challenging to keep students engaged with other activities other than studying English (Staff C)

Given the multifaceted processes of engagement in the Wellness Connect initiative, it is important to understand the challenges and individual barriers students in the Access programs experience.

Students' Challenges and Individual Barriers

Students who enroll in the Access programs carry numerous personal challenges and barriers. The first challenge to overcome for them is to apply and then remain in the program. Thus, completing the courses successfully is a huge milestone. There are individual reasons that impede students to overcoming difficulties and focusing on learning. As a faculty stated,

[Students] experience some kind of barriers to learn, maybe something's interrupting that learning process...Maybe it's something to do with mental health, perhaps it could be [that] they're having some problems at home, some personal struggles. Maybe they're having

domestic violence, or they could just be anxious, or angry, or just really relenting on the past
(Faculty, C)

With financial struggles, low levels of educational attainment, and unemployment or underemployment, students experience life instability that is difficult to deal with. A staff member exemplifies it as follows,

it can be life circumstance barriers, such as someone might lose their job, and therefore then lose their housing, and may have a very difficult relationship and they need some help from a legal perspective. There's a lot of that very tangible side of things that plays in, also plays into the emotional side, and that mental well-being...It can be a huge mental distraction and very, very stressful for them (Staff G)

A student also explained that *"if you really struggle and you have a lot of life issues, you struggle to complete your work on time and you show up late to work, [it is not that] you're just depressed...in reality, it's not simple. There's a lot more that goes into it."* (Student C). Therefore, people who bear these kinds of issues daily, and do not have support and solutions experience severe impediments to learning and succeeding. Unfortunately, bias and stigma of mental health (and poverty) impede the ability of students to ask for support.

Asking for help constitutes a difficult stage that makes some people feel vulnerable, scared of being socially judged, and personally and professionally labeled and excluded. For instance, in some contexts, a person who has a health record indicating a referral to counseling could be at risk for exclusion from a program, a job, or visiting or working in their own country or abroad. As a partner representative stated, *"when it comes to counseling in many countries, and Canada is not the exception, opening up about having issues with mental health or mental well-being, carries a stigma"* (Partner G). Also, as a student mentioned, *"anything recorded can be used against me if I want to apply for an American work permit or visa. They can ask your doctor about certain things and I wanted nothing that could be used against me"* (Student A). Consequently, fear of asking for help worsens students' individual challenges. As a partner representative states, *"People take things differently. And that not only affects their overall mental health, but also their wellbeing as well, because they are living sometimes in conditions that are not ideal. So all of this is a big part of the journey"* (Partner A).

Also, there are crucial barriers for newcomers while settling in a new country. Acquiring a new language, understanding another culture, and accessing resources to supply their basic needs involve many challenges to overcome. A staff member stated, *“we know the addition of challenge that [students face when] learning the language, many of them [are] also learning the technology”* (Staff C). In particular, language barriers for newcomers are higher in the beginning stages of learning. As a faculty mentioned,

There's so much information out there... we need to bring the connection with the organizations to the students, so that where they are, which is in class, with the support that they get in class in terms of content discussion, engaging with what they've learned, really processing it, not just sort of a stream of words at them. So that they really feel that they have a good understanding of what's there. Because once they understand it, they can relate it to what they need, what their friends and neighbours need (Faculty A).

Also, taking care of family responsibilities and learning is time-consuming, exhausting, and emotionally demanding for newcomers. Thus, some students do not find the time to take advantage of the support services and resources available; this challenge is even greater, when they have small children and lack other family support to help them out. A professor in the Access programs said that *“if [students] are worried about their child's health, or they're worried about their financial well-being or they're inadequately housed, they're not going to be able to pay as much attention to learning”* (Faculty A).

Student newcomers experience stigma on mental health as a barrier to taking the first step and asking for help, any kind of help. As the partner interviewed explained, *“in many cultures, because this program includes newcomers, there is this idea that ‘you don't wash your dirty laundry in public’, so I think that it has to be a lot of education and normalize more, the concept of reaching out for mental wellness. And mental wellness doesn't mean you are crazy”* (Partner G). Here is the voice of a student who expressed the uncomfortable situation of being asked for personal information in a referral process to one of our partner organizations,

when we talk about mental health, we only talk about it in a negative light. Nobody wants to be seen as needing help when it comes to your mental health. Not in my community. We don't do that. Actually, one of the things that kind of put me off when I got feedback from the program I

was referred to, they wanted my doctor's information and my health card. No. At that point, no. I don't want that (Student H).

Students might have experienced systemic barriers which impede them from feeling confident, trusting, and expressing openly about their needs. As a partner representative mentioned, *"I don't think we look at the effects of things like systemic racism or transphobia, homophobia, lack of parental support and it's really hard to be resilient in the same way when you're facing those issues"* (Partner B). These kinds of systemic barriers impact students and their opportunity to feel confident to thrive in society.

In addition, students who come to the Access programs commonly lack information about what are the support services and resources available in the community and how to access them. A partner representative explained, *"sometimes [students] don't have as much insight into what to ask for, and what to seek out. I find that you get people only asking for what they know is available. There's an assumption 'they can't help me with this or that, or that's not an appropriate thing to ask or want'"* (Partner G).

Moreover, students lack knowledge about how a mindset towards wellness and the acquisition of skills to cope with difficulties can benefit them to thrive in life. Findings from the Wellness Connect research project show that getting students to know what is available to them and what the Wellness Connect initiative can offer is itself a major challenge. A faculty said, *"I've seen a lot of students take it for granted, and not quite understand how our wellness program is there to help them... because they don't realize the benefits"* (Faculty H). Individual barriers impede people from asking for help when they are facing difficulties. As a staff member explains, *"sometimes there's just an unwillingness to do so or maybe a fear to admit that there's a fear to it. They don't want to admit that there's a problem. That it's not as big as they think it is. I think the hesitation is within the willingness to do it"* (Staff B).

In addition, often times students do not believe that when asking for help they will find the support they need. A student explained, *"It's difficult because people won't get help unless they really want it and a lot of people believe that their help – or somebody else's help will not better their situation, which is a possibility, but you don't really know until you try"* (Student C). Also, a staff member said that due to previous negative experiences, some students do not trust support services as she exemplifies, *"a student was very mistrusting of services because of their experiences with services in the past"* (Staff I).

Given misinformation or limited access to certain support services in the community, students do not believe they would be able to receive attention to their needs.

Faculty are sensitive to students' difficulties in the Access programs, but even though they understand their struggles and refer them to the Wellness Peer-mentors for help, time is a factor that impedes these students from using the support services and resources of the Wellness initiative. When students responded that they knew about the wellness initiative, but had not used it, the response of several students to why they had not used was about not having time to do so. As a student responded, *"I just didn't have the time to do it... the timing wasn't good for me"* (Student F). Another student expressed that the reason for not using the services was *"because I had some assignments to do, and stuff"* (Student G). There are myriad reasons why students do not ask for help or do not use the support services, which delays their opportunity to enhance their well-being.

Compounded Students' Challenges and Barriers by the COVID-19 Pandemic

The COVID-19 pandemic worsened students' individual challenges and barriers. With the campus and community locations' closure since courses were not delivered in person for two years, students had limited accessibility to resources, which reduced the opportunity to connect with their peers, faculty, staff, and the wellness peer-mentor. As a professor stated, *"it [was] so difficult to connect to students and we know that COVID-19 [was] a challenge to wellness and resiliency in many ways. The needs [were] greater [at that moment], and the capacity to reach out and connect and support [was] so much less"* (Faculty A). Before COVID-19, students had a wellness peer-mentor to reach out to in person, which made an easier connection and to ask for help. As expressed by another faculty member, *"[students didn't] have the peer-mentor making eye contact, walking by saying hi, talking in the halls, none of those informal [encounters]"* (Faculty B). The professor also explained,

The wellness peer-mentor had Wednesday common-hour activities every week (before the pandemic). Oftentimes those activities for students were just getting together and playing games. Sometimes it was a presentation on something related to wellness. And other times the wellness peer-mentor would have a drop-in with [private, on-to-one] slots available, and students would go and talk to [them]. As a professor expressed, the Wellness Peer-mentor was very present. [Students] got to know [them]. And they formed those connections. And if they

needed support, they knew who she was. They liked [them] already. They trusted [them]. So, they would go to [them] (Faculty A).

As the COVID-19 pandemic began, there was also a new wellness peer-mentor who was connecting with students online. Therefore, added to many changes for students due to the pandemic – since they had to familiarize themselves with the virtual environment for learning, manage new technology tools, etc. , they met the new wellness Peer-mentor online at that time. The professor also mentioned, *“there just were not those connections. So, students would not think of turning to [them] on their own”* (Faculty A). Similarly, another professor said that the previous wellness Peer-mentor

really got to know each and every one of our students and had a great chance to explain the [wellness initiative] in more detail. And “I do my best”, on a regular basis, to describe it and to refer students to [the new wellness peer-mentor]. But I think having that personal connection would make it easier for our students to reach out... students would feel more comfortable reaching out to someone they had met already, and maybe developed a short relationship with (Faculty I).

Likewise, a student referred to the importance of previously established relationships and easy accessibility in person to the wellness peer-mentor if needed. The student said,

I think one of the problems lies in the support is there, but because of COVID [-19] it's very difficult for people to access. They're less willing to do it because they're working from home. If they were, say, at Mohawk campus, they can just walk into an office and say, ‘Hey, I want to go speak to somebody,’ and you can speak to them right person-to-person’ (Student C).

Regarding the students’ referrals to the support services in the health and wellness organizations in the community, students had difficulties connecting and getting access to those services during the pandemic. As a partner exemplified, *“people who need the in-person connection to build trust, and also just don’t have the technology, they may have a smartphone, but they may not have the data to support videoconferencing.... the methods to gain access are not simple”* (Partner F).

Also, due to this closure and lack of reliable technology (i.e., computers) and the Internet, as well as skills, many students were not fully able to access the virtual learning platform to attend classes and communicate with their peers. A student expressed, *“It was definitely negative because for me and my situation, we didn’t have the full tools that a lot of people had in regard to academics. I didn’t have the infrastructure in place to go fully remote. I could do partially remote but not fully remote”* (Student A).

In addition to the challenges of accessing support services and connecting in the new learning environment, students find it difficult to talk and concentrate while working from home. A student mentioned that

working from home is a big issue. People get burnt out because they get up in the morning and they have to work at school from home and they want to do a really good job but it’s very difficult to do that job because it’s difficult to dissociate the two between home and school. It’s hard to get in that zone of, ‘OK, this is school time. It’s time to do this’ (Student C).

A faculty also expressed that learning in a virtual environment limited the collaboration among students. This professor mentioned that *“the sharing of ideas when everybody’s writing on different topics and people help each other, that doesn’t happen in the virtual”* (Faculty K).

Moreover, the lockdown of the pandemic brought changes and made life harder for students who also have to take care of children at home. A student stated, *“having my daughter home from school a lot was stressful because I had to also be a teacher and I was also doing the courses at the same time”* (Student F). A professor referred to examples of students’ learning difficulties observed during the pandemic,

Some of my students have learning environments in their home settings that aren't conducive. They've got young children that are home, maybe ill or just home because there's no daycare, it's been shut down. So sometimes there are other issues, family issues going on that they're trying to work around, dysfunctional family issues. So, it creates more barriers that way (Faculty B).

The COVID-19 pandemic impacted students in many different ways. It not only had a significant impact on their physical health but also on all dimensions of their well-being (i.e., the social, emotional,

spiritual, intellectual, occupational, environmental, and financial). With the restrictions established to reduce the spread of the virus such as physical distance, stay-at-home orders, curfews, and quarantines students experienced isolation and loneliness. For instance, a student explained *“since most of the places were closed, so you couldn’t be connecting with the people, rather than connecting with the computers. It’s not the same. It’s not the same if you have to see the person face-to-face”* (Student G). Thus, the lockdown of the pandemic brought changes to everyday routines and made life harder for students. Another student mentioned,

[the pandemic] did affect me, because staying inside, [is] not social because I don’t have like a cell phone or anything to get like online talk or virtual. So all I just have is a common – like a computer which my husband uses, my other kid use, my sister use. So it gets very hard to get connected with people because you can’t go out. So it really is like inside of you thinking and just sometimes like sad or not well feeling like active (Student I).

During the pandemic, isolation was one of the most frequently cited compounded challenges expressed by students (33% of students’ survey responses). Also, according to faculty and staff, it was widely understood that isolation had an impact on students. A staff member talked about students’ *“feelings of isolation, [the] feeling of not knowing what supports to go to, [the] feeling of kind of taking a step back in [their] career possibly, and just the disconnects with financial services, supports, resources, and the accessibility that you need to work in an online platform”* (Staff O).

Moreover, this social isolation impacted students’ mental health (19% of students’ survey responses) and wellness and oftentimes exacerbated negative feelings such as anxiety (15% of students’ survey responses), and stress (9% of students’ surveys responses). As a student expressed, *“COVID-19 has affected my life in a really bad way because I suffer from severe anxiety”* (Student W).

Students also expressed that they felt depressed (12% of students’ survey responses) and sad (6% of students’ survey responses) being alone and isolated from family, friends and peers. A student said, *“people for nature is social and we need to be with other people. I don’t know. Some people can feel alone because it changed the life of everyone. Sometimes I feel depressed because I can’t see the family or the friends”* (Student O). Also, being isolated during the pandemic exacerbated negative feelings of trauma for students. A student said *“The lockdown, kind of, brought some bad memories for me. That*

was not good. So, I'm still struggling with that...the fact that I was under lockdown, it felt like we were in prison and that was something that was close to home for me because of my childhood trauma" (Student T).

As mentioned, students struggled with the learning style of the virtual environment, which also exacerbated their feelings of isolation. One more example was brought from a student:

The other problem is [that] hybrid learning is not my learning style; I need the structure and the face-to-face and the peer-to-peer real-life interactions, so I became extremely isolated when this started. And because I didn't have the infrastructure in place for even things like video chatting, I was strictly text-based for a lot of AU when we moved forward... when everybody was like, "Let's do Zoom calls," I couldn't do that. So I became even more isolated than a lot of people, so I could really relate to the poor people that live by themselves or maybe were in a nursing home because I got to stay in my six-by-six box and that was like a year of my life (Student, A).

Students in the Access programs, who are Deaf, experience significant individual challenges and barriers. Many of these students require interpreters knowledgeable of American Sign Language (ASL) each time they communicate with hearing persons, as ASL is not commonly known among the hearing population in Canada. A professor of the Deaf program explained that *"what's happening with COVID-19 has caused an increase in mental health issues, especially for the Deaf community because of frustrations with communications, being stuck at home, having no one at home who uses their first language of ASL"* (Faculty C).

In addition, moving to the virtual environment has caused more isolation for Deaf students in the Access programs. This professor also explained that

it's really hard because when you have a class on Zoom, everyone needs to see each other. ASL is a 3D language, it's visual, so Zoom for a large room is not deaf-friendly. And obviously hearing people, you can look down, take notes, you don't have to be staring at the presenter, but ASL is visual, so you need to be able to see everybody, and see the presenter the whole time (Faculty C)

Moreover, for Deaf students, access to information about the wellness peer-mentoring initiative, and

accessing the support services and resources available in the health and wellness organizations in the community requires interpreters' participation or members of the family who are knowledgeable of ASL. Having access to ASL interpreters requires booking in advance, given the limited number of interpreters available locally, and there is a limited budget to allocate for students who require frequent interpreters.

COVID-19 had a significant economic impact affecting also the mental health of our students. As a staff member mentioned,

when I think about the last couple of years, I think we've had to be a lot more attuned to basic needs, food security, housing instability, those are huge in the context of COVID [-19], in the context of inflation that we, that our community is experiencing. I think, you know, I just think everyone's mental well-being has been compromised. In some, to some degree. Some lesser so, some more so (Staff N).

Also, a student expressed “[COVID-19] did have an impact on my wellness, it had an impact on mental health issues. I specifically had to work a lot harder than I was probably capable of” (Student J).

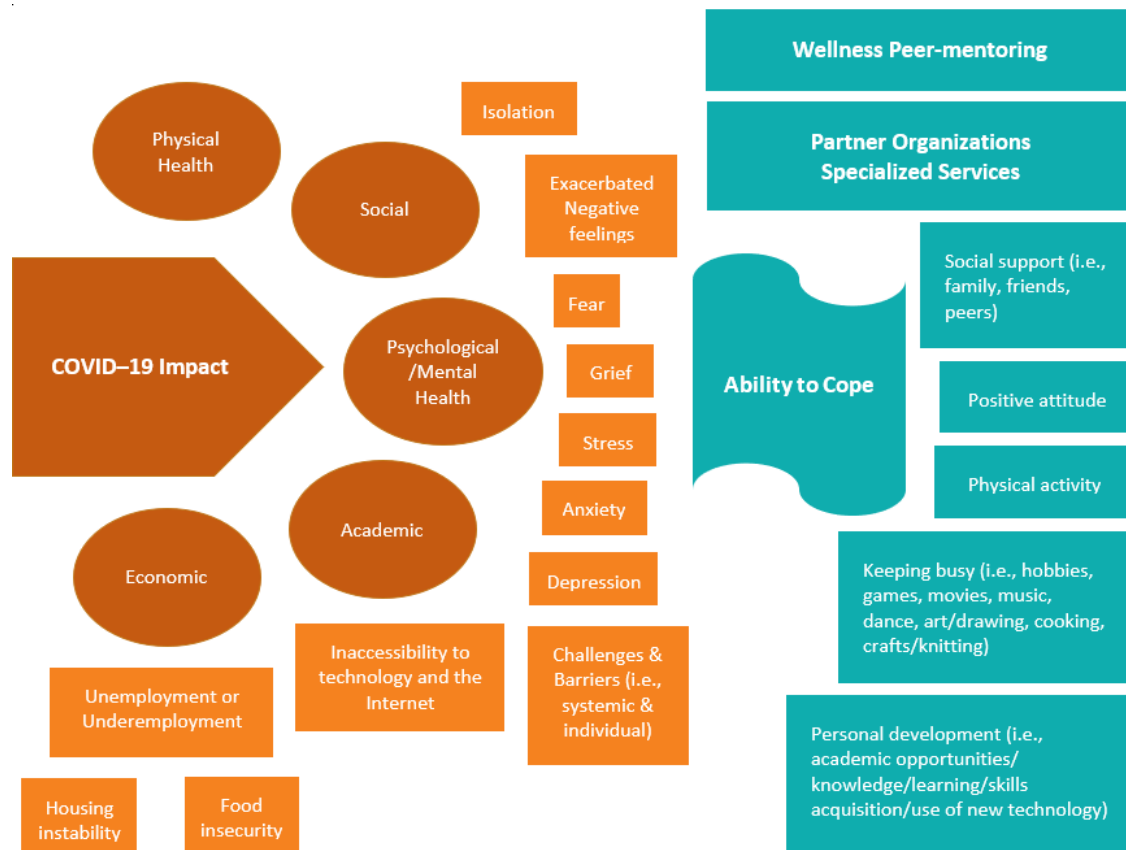
Students in the Access program experienced a myriad of compounded challenges and barriers during the pandemic. In addition to expressing feelings of isolation, anxiety, stress, depression, and sadness, a few students also mentioned feelings of fear, grief, and anger, as well as how the pandemic impacted their lifestyle, and limited their ability to travel to visit family and friends. As they required support to continually foster their health and wellness awareness including the services and resources available, feedback from students, faculty, staff members, and partners served to assess the ongoing process of the wellness initiative and the level of awareness not only of students but also of faculty and staff members.

In the surveys, students were also asked to refer to their coping mechanisms during the pandemic. They mentioned different ways to cope such as social support from family, friends, and peers; having a positive attitude; maintaining physical activity; keeping busy with hobbies and diverse activities (i.e., games, movies, music, dance, art/drawing, cooking, crafts/knitting, etc.); personal development (i.e., academic opportunities/knowledge/learning/skills acquisition/use of new technology). A student talked

about taking advantage of learning opportunities as a coping mechanism during the pandemic. This student expressed, “I like to attend courses online. So, I take this opportunity to study English online and also study many other things. So, I think that the biggest challenge was the engagement with the community” (Student S).

Students mentioned the wellness peer-mentoring initiative as key support given that they could ask for help from the wellness peer-mentor and referrals to the specialized services in health and wellness organizations in the community if needed. As a student said, “if you have somebody that you can talk to and somebody who can understand you, so that’s the best way that you can cope with that” (Student G). Having the opportunity to access the wellness initiative, students’ capabilities development enhances confidence, coping mechanisms, and understanding of the multiple dimensions of wellness. Figure 6 shows the COVID-19 impact on different dimensions of students’ well-being and the coping mechanisms they learned and used during the pandemic.

Figure 6 COVID-19 Impact and Coping Mechanisms



Systemic Barriers

Some systemic barriers affected the well-being of students and also hampered the implementation of the Wellness Connect initiative during the research process in partnership with health and wellness organizations in the community. Given the fact that the Access programs offer free postsecondary credit and other personal and skill development programming for low-income and underrepresented people in the community, students enrolled in these programs do not pay auxiliary fees. Consequently, these students lack access to institutional health and wellness services and resources, and other benefits such as recreational services as regular fee-paying students in postsecondary programs do. This fact constitutes a systemic barrier for a population of students who are already at high risk, and without support they are limited in finding solutions to overcome challenges and barriers. Additional systemic barriers were also identified as outlined below.

As stated above, the distinct organizations (i.e., four Access programs of a postsecondary education institution and four health and wellness partner organizations) involved in this research partnership have diverse organizational structures, sizes, personnel, services, and resources. Besides, both the educational institution and the partner organizations experienced significant challenges during the implementation of this research project, which started during the COVID-19 pandemic (2020). The pandemic brought unexpected changes in the delivery of education programs and in the support services for the community, respectively. Moving to a virtual environment, and implementing new technologies represented a crucial challenge and complicated the ordinary organizational dynamics everywhere and for all (i.e., students, faculty, staff members, and partner organizations). As a partner representative stated, *“Because of the pandemic things move a little slower when it comes to services”* (Partner F).

Likewise, the development of the Wellness Connect research project during the COVID-19 pandemic carried challenges for the research team, including changes in the initially approved research protocol by the Research Ethics Board. This initial research protocol required an amendment in the letter of information and consent form addressed to potential participants, as well as in the research questionnaires of the surveys and semi-structured interviews, given not only the need to conduct the study exclusively in a virtual environment but also, to include additional questions concerning wellness during the state of the COVID-19 pandemic.

Even before the pandemic, health and wellness organizations in the community had already experienced challenges in providing support services to the community. These organizations had limited professional and physical resources to meet the multiple needs of people in the community. While implementing the Wellness Connect initiative, a partner representative said, “a challenge would just be capacity. We have two social workers. So, if it's individual counseling, if you need an appointment today, you probably won't get one today. In fact, you might be, a month plus out. And that's a barrier, just simply organizational capacity” (Partner C).

Another partner representative from this organization also talked about the challenges of referrals to specialized services. As this person mentioned,

If a client needs a same-day appointment, it would be an issue. Because unless you have a cancellation, [which] sometimes happens within five minutes before the session starts, you cannot reach out to students because they may be in class. You cannot put that on the students. So, most likely the appointment will be lost. So, I would say it is one of the challenges, not to be seen immediately (Partner G)

Given the multiple services of one of the organizations, a partner representative explained the challenges for students to figure out how to connect through self-referrals. This partner representative explained,

I think the flip side of that point is that it can be hard to know when an organization of our size is doing, so there's a lot going on. So being able to be really clear on what is available, what programs are being offered, how to best connect I think sometimes can be a little bit tricky. And I think right now we're also still in this place of navigating our return to in-person services, so we're doing some things online, some things in person, and being really cautious with that approach. So I just think depending on what it is a person is looking for that that can present some inherent challenges and some barriers depending on what program they're looking to access (Partner D).

Moreover, the newness of the Wellness Connect initiative constituted a factor that hindered students' connection with specialized services. As one of the partner representatives stated, “I think the

challenges are the ones that we know just exist generally. And that includes, it can be intimidating to, you know, to connect with another organization” (Partner G).

Staff members at the Access programs are aware of the existing systemic barriers for students to access support services and how the COVID-19 pandemic exacerbated those challenges. As a staff member expressed,

I think challenges is about, I would say the wait time. I totally understand that within limited capacity the partner organizations are also dealing with a huge number of clients. And they don't have enough capacity to cater to the services, right. So, there is a wait time and the backlog. That is something I would say it's a major challenge (Staff J)

The limited capacity for referrals and resources in the health and wellness partner organizations represented a constraint on the work that the wellness peer-mentor was doing to encourage students to search for specialized help on many occasions. A student who participated in an interview expressed her disappointment and how she lost interest in asking for help, as she expressed,

two weeks or so, they emailed me because [the wellness peer-mentor] went back and reminded them, and they emailed me with a whole lot of papers to fill and fine and – but at this point I don't think I need it at this point. So I haven't followed through. But the time when I really needed it, I didn't get it. So I make do with other stuff. Other channels (Student H).

Situations like this have ripple effects as students share their experiences with their classmates and as such others are reluctant to contact these organizations as a result. Also, a wellness peer mentor expressed how longer wait times for counsellor appointments diminished students' willingness to access specialized services. As a wellness peer-mentor stated, *“It was really tough on the students, a lot of students would give up, they would just want to talk to the wellness peer mentor myself instead of receiving proper counselling, what they needed at the time” (Staff K).*

The pandemic added more challenges for the health and wellness partner organizations. These organizations experienced a shortage of personnel; a reduction, almost elimination of in-person services; an increase in work demands for social services; and a major focus on government regulations

about COVID-19, including vaccination and clinical services. As mentioned by one of our partners representatives, *“one of the areas that we have always struggled with, but we’ve seen struggle increase during the pandemic, is our own capacity as a sector to be able to appropriately support individuals coming in for [counselling]”* (Partner D).

This partner representative added,

What can't we do? So, I would hate to see a student who's in crisis and desperately in need of support today, call us and say, “Yeah, it's going to be six weeks” and then they're just and then they get off the phone more frustrated and more... less supported than they were when they picked up the phone, right? So, I would say that knowing when to access us and then knowing that that's probably going to be the reality is that our capacity isn't necessarily 100% (Partner C).

Also, another partner representative talked about the unfortunate limitations experienced by organizations, as he mentioned how existing competing priorities affected the partnership in this research project. He stated,

It has unfortunately, just been the reality where we use the word tyranny of the urgent, where things come up that become the priority, unfortunately. And, and I think that for us to look at really getting the most out of Wellness Connect for [this organization] and for a partnership level – it takes that degree of productivity and takes a degree of a planning and that sort of thing...that's been my challenge for sure. It's just been having that capacity to look beyond next week (Partner C).

Also, a staff member talked about the financial struggles of the organizations. As this staff member stated,

everybody is scrambling to get their own work done and to keep things going and doing what they need to do so making the time and then the resources of course the financial resources are always required in any organisation... resources are always a challenge so how do we, how do we look strategically at financial resources that could make this partnership work (Staff P).

In addition, the pandemic implied a learning process because of the implementation of new technology and safe and confidential resources for online services, as well as the need to prepare personnel to provide services in safe conditions. Unfortunately, a significant number of people have had difficulties accessing support services provided online as many of them lack technological resources (i.e., smart devices or computer and internet service). The virtual environment also makes it difficult to build relationships and trust. As the partner representative explained, *“I think that building trust in the relationship is going to be the challenge. Given how we’re functioning, it’s very hard to build trust online, especially when you have a lot of other things going on that are creating barriers and problems”* (Partner F).

Moreover, regarding the economic struggles for our students during the pandemic and particularly the impact on housing that became a challenge even before COVID-19, another partner representative commented *“We want to make sure that folks leave with more than they come. And so, that requires a certain level of infrastructure that I would say our system right now as a housing sector is struggling in across the board”* (Partner D).

A particular challenge for health and wellness organizations experienced is having interpreter services for other languages including ASL. As a partner expressed,

there’s that added layer of support required in ASL interpretation, for example; even that can be a really huge barrier. There are organizations that do support people who are deaf, deafened or hard of hearing. But it’s not as simple as referring to someone who does not fall in that category to one of our partnering organizations (Partner D).

Deaf and Hard of Hearing (DHoH) students experienced challenges and barriers to access support. As a professor explained,

...[a] Deaf individual has a unique way of thinking, and processing information. They have – obviously sometimes their struggles are a bit different than people who have their hearing go through, so it’s a bit specialised. So our challenges also there is definitely a gap in services for the deaf students. So we do refer to Canadian Hearing Services, but that also does have a waitlist, and can take a while as well (Faculty C).

With the aim of building a wellness support system for students of the Access programs, the health and partner organizations expressed their willingness to facilitate the intake of student referrals, reducing the time on the waiting list. However, given the unexpected changes due to the COVID-19 pandemic, this initial purpose of attending to students in an expedited and seamless fashion was not possible to maintain all the time. In addition to the broader systemic challenges, the internal support and referrals for students by the wellness peer-mentoring initiative to the partner organizations have also faced constraints.

Wellness Peer-mentoring Challenges

The wellness peer-mentor is an essential role in the Access programs but unfortunately, there were also significant challenges in staffing stability during the period this study was undertaken. As with many positions within Access programming, this role is dependent on project grant funding and as such has been precarious and discontinuous (interrupted). depends on temporary project funding. A staff member states, *“typical funding streams for college Access programming include an emphasis on academic delivery and related supports; grant parameters often preclude the inclusion of health and wellness supports”* (Staff N). During the first year of the implementation of this wellness initiative, there was only one wellness peer-mentor, who was limited to a part-time schedule (24 hours per week) on a temporary basis. During the first semester of the second year of the initiative, there was no wellness peer-mentor due to lack of funding. The instability of the wellness peer-mentor position and the lack of their participation over an entire semester significantly impacted the continuity of the students’ support, the connection, and referrals for students to the partners’ support services. A faculty mentioned, *“when we were in between peer mentors, kind of a disconnect there. We were hiring another peer mentor. I had a student that did not make a smooth connection with the counselling agency”* (Faculty B).

Another faculty member stated,

Having people who are very qualified and skilled, like I think about [the peer-mentor], who's a registered social worker working on a contract...It's wrong. It does not contribute to the wellness of our students...it undermines the very thing that it is trying to promote. So, there's some cognitive dissonance there (Faculty A).

Many of the Deaf and Hard of Hearing (DHoH) students in the Access programs require an ASL interpreter to talk with the wellness peer-mentor. Therefore, it represents a challenge to the students in getting access to support and for the wellness peer-mentor to provide them with the needed immediate attention. Thus, the delay might discourage DHoH students to ask for help. As a professor explained, *“sometimes it can take three to four weeks to book an interpreter for that...the student had to wait for an interpreter, and then they said, you know what, forget it. Because they were waiting for so long, and it’s just not a good experience for them”* (Faculty C). Moreover, this professor added that more support for DHoH students is required in the Access programs. As he stated,

I do feel like there is a lot more we need to do to really accommodate the students’ needs. But the number one thing, it would be nice to have a counsellor, or a person in the wellness programme, that was deaf, and that they can communicate directly with the deaf students. And that would be the number one. That would be the best (Faculty C).

The role of the wellness peer-mentor is essential, but having instability represented significant challenges for the wellness initiative and to guarantee immediate attention to students as they needed it.

Advances and Potential Developments

Despite the barriers and challenges experienced by our participants during the implementation of the wellness collaborative initiative, there are significant advances and potential developments to highlight. Evidence shows that the role of the wellness-peer mentor is vital in providing direct support to students in the Access programs and referring them to the specialized services in the partner organizations as needed. As a significant achievement, as was the case initially, at the time of writing, there are four staff members hired for a hybrid role, which includes both academic support and wellness functions, working with students in distinct Access programs. As a staff member stated, *“I think that this opportunity with these positions [of wellness peer-mentors] has created a better environment for everyone internally at the college. Certainly, for our students and, and I think that you know we build in, in all of our proposals going forward, we build in the funding to support those positions”* (Staff P). In addition, although our findings suggest variability in the development of pathways and partnerships with each health and

wellness organization, there is nevertheless a strong commitment to continuing to refine our respective procedures and processes to collaborate more effectively in service of our shared clients and participants.

Wellness Peer-mentoring: As mentioned, the wellness peer-mentoring focused on supporting students in the Access programs and connecting them through warm referrals to specialized services in the community health and wellness partner organizations. During the three years (2020-2023), the wellness peer-mentors provided 359 workshops and group sessions to 2748 students. Figure 6 shows the increasing participation of students in workshops and group sessions per year over the three years of the research process.

Students' participation in this wellness initiative enhanced the development of capabilities and well-being to succeed. The more informed and knowledgeable students became about wellness while attending the workshops and one-to-one sessions with the support of the wellness peer-mentor(s), the more confident and resilient they became to overcome difficulties and pursue their goals. As a student mentioned,

I start to read more about self-confidence or – self-confidence and self-improvement or self-development... How can [I] help myself? How can [I] be strong? How can [I] understand [my] life better and how I deal with all these things like challenge and I have to be strong to learn in this challenge? (Student K)

The opportunity for students to attend the workshops and activities with the wellness peer-mentor during the pandemic helped them to learn new skills and find resources to cope with challenges during the COVID-19 pandemic (See Figure 7). As a student exemplifies,

Then COVID [came], also increase[d] the anxiety and increase[d] the worries. And then I started to attend those workshops, read more articles about how I stop thinking about the past. This is the first thing I started to do, I stopped immediately thinking about the past. And then I stopped also to worry about the future. And started to think about the moment I am in. And mindfulness was very grateful, how to think about the moment.... And we do breathing exercise, which I do immediately in the morning. This is what I learned in this workshop...I become resilient. I

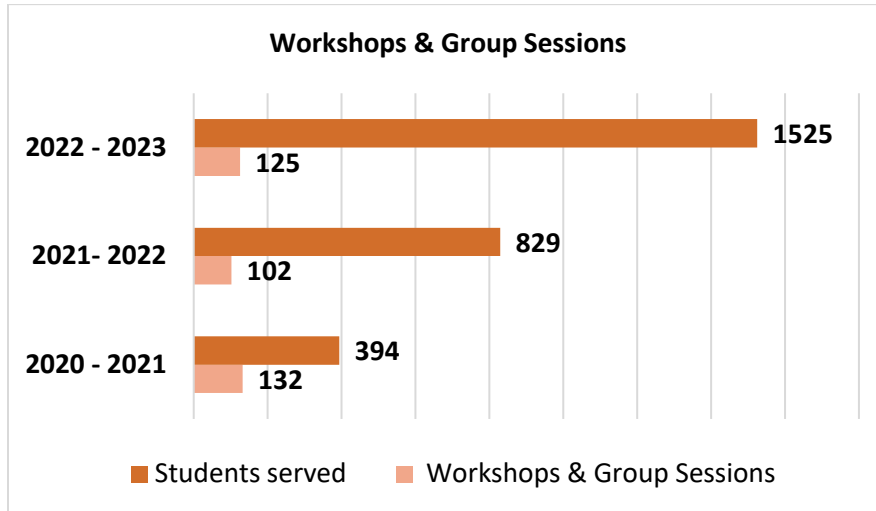
need[ed] to grow up, I need[ed] to, I mean like, I need to adapt for instance instead of being depressed and dependent (Student Q).

Another student shared,

I attend[ed] any workshop they offer[ed]...I [went] because I need to learn more about to improve my life... [Also], I didn't feel alone, so I feel stronger...I was [on] my way to be depressed but then I started to ask and I asked for services and then the services were there for me... I started to [be] strong and to go on in my daily life (Student Q).

A staff member mentioned how the wellness peer-mentoring benefits students. As this person expressed, “[Students feel] definitely more supported, more encouraged to be who they are. But also more encouraged to identify those wellness pieces that they need, right, you know, giving them that perspective” (Staff E).

Figure 7 Wellness Awareness and Capabilities Development



A student talked about what she learned about resiliency “*having the ability to overcome, knowing that every bad thing or good thing that happens to you will surely pass...So having the ability to know that no condition is permanent*” (Student H). Another student talked about what she learned in the workshops with the wellness peer-mentor about stress and time management, “*Very important because anybody*

has stress and challenges in his life, so for me it is very important anybody learn about how can manage stress and the time” (Student N)

Faculty also identified that students increased their awareness about wellness and felt supported as they participated in the wellness initiative. A faculty member stressed, *“students definitely feel supported. They [felt] stronger, and they also, I think, are learning better how to advocate for themselves because self-advocacy as well is something that they tend to lack, and I’ve seen it develops” (Faculty J).*

Another faculty stated, *“I definitely have seen students, the ones that I’ve sort of directly referred [to the wellness peer-mentor], they have developed strategies, connections to the community. You can see that they’re better able to manage their needs, [and] they cope a little bit better” (Faculty G).* Through the wellness initiative, students find a welcoming environment where they can rely on. They trust the wellness peer-mentor, ask for help, and access specialized services if needed. As a student expressed,

Whether you participate in the activities or not, at least you knew of [the wellness peer-mentor]. And because [the wellness peer-mentor] laid that foundation and was so personable and open, I grew to trust [this person] and that let me actually use the wellness connection. Because if I didn’t trust her, I was not touching [other] services (Student A)

Participating in the wellness peer-mentoring, students became knowledgeable of the multiple dimensions of wellness as they understand that it is not only about physical health, yet there are interdependent and overlapping dimensions involving mental health and its relation to the intellectual, emotional, social, spiritual, vocational, environmental, and financial areas of wellness. In doing so, students understand the importance of talking about mental health and how to take care of themselves. As a student said, *“Mental health is something that a lot of people take for granted [in] some kind of way. They really think that it only happens to certain people, but it happens to anybody” (Student G).*

Another student explained the importance of talking about mental health, *“I think people should be encouraged to talk about wellness, especially even mental health. It’s something that is not comfortable, but I think speaking is part of the healing process...because, in my opinion, people prefer to hide, to pretend that, oh, I don’t have any issues. I have nothing, I am good. And no, you’re not so good” (Student W).*

This student added, *“The benefits, I would say there are, in my personal experience was to recognize my weakness, like how I can explain, is to be able to understand how these mental issues can affect my life”* (Student W)

Faculty talked about the importance of the Wellness Connect initiative and the key role of the wellness peer-mentor. As this professor stated,

[students] may not always feel valued, so I think having that – the peer mentor and the Wellness Connect program does say – it’s a message then that says, you know, we know you’re struggling, and – or you may be struggling, and that we want to do something about it. We value you enough, we think you’re important enough to invest some resources and time to truly help you move ahead in your life (Faculty D).

Wellness Multiple Dimensions and Students’ Well-being: Having the opportunity to participate in the wellness initiative by attending workshops, group activities, and one-to-one consultations with the wellness peer-mentor, students acquired a better understanding of the multiple dimensions of wellness and learned how to deal with their own challenges. As a student mentioned, wellness means *“to take care of yourself. How you take care of yourself and your mental well-being, your physical well-being. Pretty much everything that makes your well-being”* (Student F).

Another student referred to the impact of the environment and surrounding community on their well-being. As the student expressed, *“Wellness is not just about your physical well-being. It’s also about your environment and your community... when everything is at peace around me, I tend to feel more peaceful. Because it’s very hard to feel peaceful inside when there’s so much chaos going on around you.”* (Student H).

Students became aware of the different components of the financial and social dimensions of wellness. A student explained, *“there’s a big definition by one of the organizations, United Nations or World Health Organization, that define wellness of having good shelter, have a source of income, a good social community”* (Student T).

Also, faculty and staff members, expressed their understanding of the multiple dimensions of wellness and how students' participation in the wellness initiative contributed to their personal growth and well-being. By acquiring knowledge about the multiple dimensions of wellness, learning about new resources, having a healthy lifestyle, and developing their wellness skills, students enhance their capabilities and well-being. As a staff member said, *"there's no progress or there's no growth unless [students] have their basic needs met. And a lot of that falls into the way that they treat themselves, the way that they view themselves, the way that they see their abilities and skills"* (Staff O).

Having this understanding of wellness, a faculty member said, it is important *"[to think] how to support people and their capacities rather than [talk about their] deficits"* (Faculty A). Moreover, being aware that the meaning of wellness encompasses a broader perspective, as staff explained, *"Wellness is holistic so that individuals can attain the goals that they're looking to meet in their lives. So, wellness means that they have removed barriers in their finances, education, career, employment, spiritual, nutritional, mental health, all the areas that can affect a human being"* (Staff Q).

Another staff emphasized,

in regards to wellness, I really think about like a whole-person approach to that. I think that involves things like physical health, healthy eating, also mental wellbeing, some mental health, and just the opportunity to learn I think that that goes a long way as well. And also, like safety, and ones like physical surroundings and environment. And I've seen like a lot of our students struggle with different aspects of this kind of based on the resources that they have available to them. So sometimes that's financial resources, but other times it's just like very basic, like life-stabilization needs. And I think that – well, for me anyways, when working with students, I really believe in Maslow's hierarchy of needs, and making sure that people have those low-level needs to be able to fully participate in education (Staff F).

In this sense, students' learning about wellness allowed them to change their mindset and enhance their trust in themselves to pursue their goals. As a staff member expressed, *"Mindset [is] what people are actually believing or thinking in terms of their ability to do things"* (Staff C). This is how students' participation in the wellness initiative and learning to have a positive mindset contributed to developing their capabilities and fostering their confidence and resilience to embrace life and academic challenges

and look for new opportunities. As a student said, “[I’m] just building the confidence to know that I can – I’m able to go back to school...I’ve been out of school for 20 years so it’s scary at times to think I’m going to go back to school” (Student E).

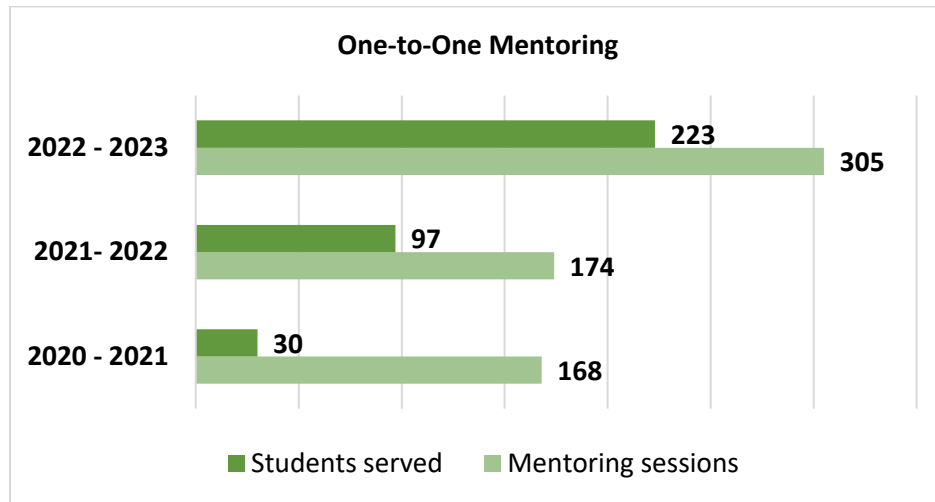
Wellness Awareness and COVID-19 Pandemic: As part of the wellness awareness students, faculty, and staff members developed during the implementation of the Wellness Connect research project, the COVID-19 pandemic also brought new learnings regarding mental health. As one of the staff members expressed, “if anything this pandemic has shone a light on how important mental health is and I think we need to keep up with that after we’re done here” (Staff B).

Another staff member emphasized,

prior to the pandemic, I think wellness always for me was around physical wellness. Around how do I feel physically do I feel strong, do I feel weak. But I think over the last few years I’ve come to appreciate or better understand maybe that wellness is a, is an overarching term and I think it means a lot of different things. I, you know there’s mental health wellness, there’s physical wellness, there’s emotional well, all of those things....I, I’ve come to appreciate and come to learn and understand a little bit more, not only appreciate what it means to, to provide support so that people feel well-rounded and well supported in terms of their wellness. But also, for myself and trying to know all of those things so it’s, I think I’ve grown into my own awareness of what wellness is (Staff P).

One-to-One Mentoring: In addition to the workshops and group sessions, the wellness peer-mentors served 350 students, through one-to-one mentoring sessions, 647 sessions in total (See Figure 8) per year over the three years, which demonstrates the increasing services provided and the significant participation of students.

Figure 8 Students' Support and Relationships of Trust



Students who participated in the one-to-one sessions with the wellness peer-mentor experienced a trustworthy relationship that facilitated their access to specialized services in the health and wellness partner organizations. As a student mentioned,

Whether you participate in the activities or not, at least you knew of [the wellness peer-mentor]. And because [the wellness peer-mentor] laid that foundation and was so personable and open I grew to trust [this person] and that let me actually use the wellness connection. Because if I didn't trust her I was not touching [other] services (Student A)

Another student also talked about their experience participating in the Wellness Connect initiative and in particular referring to the one-to-one sessions with the wellness peer-mentor. This student explained, *"it helps you to be a better person, I guess.... everybody has their own way to cope with life, right. So having somebody that you can connect to and talk to, you know, can help you with your self-confidence and stuff like that"* (Student G).

Faculty and staff members also expressed their views about the one-to-one support of the wellness peer-mentor for students in the Access programs. As a faculty said,

just having to know that, yes, there is a place that if I get very emotional, if I get stressed out, and I really want to just have a talk with somebody, that there is a place available. So I think it's

a very, very comforting fact for them to know that, yes, there is help available with no judgment.... It's safe. It's free...And they can do it in person or online, whatever is suitable to them. One-on-one where nobody else is present. And all the information is confidential...giving them that open window, hey, we are here. And if I cannot help you with XYZ, at least I can help you connect to someone who may be able to give you better help than I can on this particular situation (Faculty F).

Also, another faculty talked about how students addressed their challenges and reached out to the wellness peer-mentor for help when they needed it. This faculty explained,

They mentioned you know although there's confidentiality, I would never know from say the peer mentors or, but they do mention that they, anytime they got a little rough patch, and I always encourage that, to get, to get the help. And to be able to speak with someone other than myself as well, but they have, a lot of times they mention when they're having a rough patch and they go I'm going to reach out to [the wellness peer-mentor] without me even saying that (Faculty K)

Likewise, a professor expressed the benefit of the wellness initiative and access for students to counselling. This professor stated,

I have seen some students benefit from counselling, and, you know, some students do feel really good to be able to talk someone, and get those feelings out. So maybe there's not full understanding, maybe there is some misunderstandings there, but at least they were able to express what's been bothering them, and get that out. So I have seen some improvements in that (Faculty C).

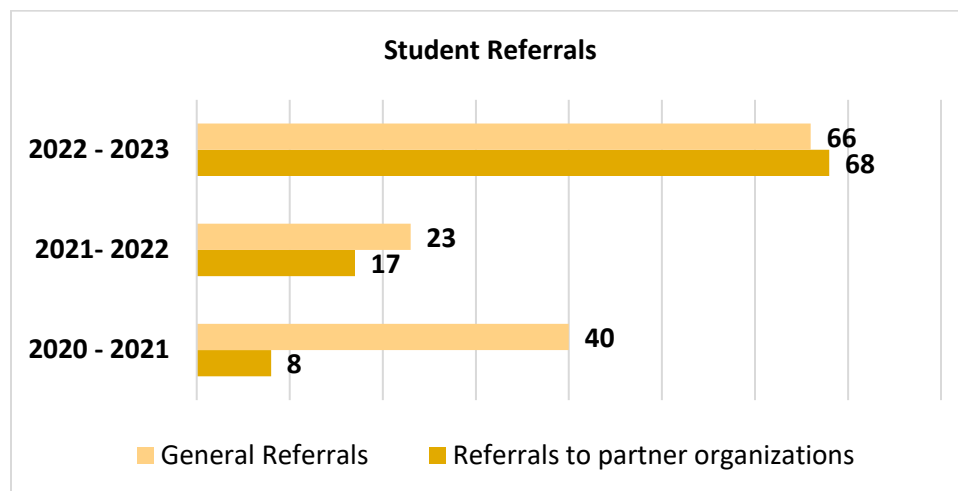
The one-to-one mentoring of the wellness initiative also provided support, although in a reduced capacity, to students in the Deaf Empowerment Program of the Access programs. A staff member expressed,

one of the biggest challenges that some of our students have faced is loneliness. So because we have the Deaf Empowerment Program, I was very surprised to learn that a lot of the students in that program have family members that don't sign. So when they're at home nobody

communicates, there's no conversation that goes on. So being in a program at the college is really their lifeline. So that part of it, because we have community partners, those people were – we were able to get assistance to help them work through that and to have a conversation. And our wellness peer mentor, at the beginning of COVID [-19], met quite regularly for one-on-one sessions with several of those students, and ended up with some of them having long-term meeting schedules (Staff G).

Students Referral Process: An essential component of the wellness peer-mentoring initiative involves the referral process for students to specialized services in the health and wellness partner organizations. As mentioned, the possibility for students to establish a trustworthy relationship with the wellness peer-mentor and access to specialized services through warm referrals facilitated collaboration with the partner organizations in building a support system. The wellness peer-mentors provided a total of 93 referrals to our partner organizations during three years of the Wellness Connect implementation. They also connected 129 students with other community or college facilities as they required additional services. Figure 9 shows the increasing number of student referrals over the three years of the Wellness Connect research project.

Figure 9 Access to Specialized Services



Faculty members talked about the easy access to specialized services in the partner organizations for students through the wellness peer-mentor's referral process. As a professor stated, "The ease of access, so being able to easily figure out where you need to go, in that sense I think we've got a great

setup there. We've got a wellness peer-mentor who can refer out to different programs. So, you know, that's just really one click away." (Faculty I)

Another professor mentioned, *"I've had some students so depressed and dealing with mental health issues that they couldn't focus on schoolwork. And I've been able at times, to link them with the peer mentor, who would then start working with them, connecting them to counselling supports, and maybe medical intervention as well"* (Faculty B).

In addition, students talked about their experiences with services in our partner organizations. As a student expressed, *"I've used [one of the partner organizations]. I think even just the one appointment helped me clear up a lot of things"* (Student D).

Another student also mentioned,

We talk about general stress with – for example stress and how can I manage my time, and how can I deal with a lot of house works, and a lot of responsibility in my life with my kids with my husband, with my family. So I was feeling very, very stressed. So [the counsellor in partner Organization B] helped me about that, how can reduce this stress. She helped me just about that (Student N).

Given the students' challenges and barriers, which make them feel overwhelmed, the opportunity to access counselling and receive professional support in the health and wellness partner organizations helped them to address their individual needs.

Partnership and Referrals to Specialized Services: Student referrals to specialized services involved distinct procedures according to each of the partner organizations: Organization A, required student self-referral and filling out a form through the website for a first appointment; Organization B, provided a contact person to establish a direct connection with the student, who would then request that, the student fill out a form (with which the wellness peer-mentor could assist), the contact person would input the information on the organization system, and the counsellor would contact the student directly; Organization C, provided information regarding people from each department, and students were then expected to self-refer as applicable; and Organization D, initially provided a direct contact

person, but unfortunately that person soon retired, and because of shifting pandemic priorities they were not replaced for more than a year.

The different referral procedures, organizational structures, sizes, characteristics of services, personnel, and resources in tandem with the COVID-19 pandemic impacted, to a different extent, the students' referrals and access to support services in the distinct partner organizations. Services provided to our students by the partner organizations included but were not limited to one-to-one counselling, group sessions, healing from trauma programs, life skills management, and service system navigation, newcomers' settlement support, and other services such as primary care and financial support.

According to our records, from a total of 93 students' referrals to specialized services to partner organizations over three years of the research process, partner Organization B, registered 73% of referrals and intake appointments. Records of the number of students' referrals and appointments, without identifiers to maintain confidentiality, were also shared by this partner organization with the research team during the Wellness Connect research process (second and third). Having provided a contact person since the beginning of this project allowed the wellness peer-mentor to facilitate a direct and warm referral approach for students. As a representative of the partner organization stated, "*We have created pathways that allow for immediate access to support; changes in schedules, creating [a] primary point of contact*" (Partner C). Moreover, this organization (B) offers services to all individuals, regardless of age, gender, sexual orientation, race, culture, and/or languages. This partner representative also mentioned that the Wellness Connect partnership has contributed to achieving the goals of the organization given that "*The vision of [their] agency is "No obstacles to health" so [the Wellness Connect] fits tightly within the mandate of [the] organization*" (Partner C).

Organization C, which registered 20% of referrals, provides services primarily for women and non-binary persons. A representative of this partner organization said,

It is likely that our numbers are even higher than those listed above. The issue is that many of our services operate from a low-barrier perspective which means they are not obligated to provide us with their name, referral source, and other information not seem as absolutely necessary before providing services. As such, it is likely there are uncounted students that accessed our 2SLGBTQIA+ services or our housing services. This comment means that we must find other

solutions to tracking the referrals that both honours our low-barrier approach while also ensuring we can provide back confidential aggregate data to Wellness Connect to develop the most effective pathway for referrals (Partner F).

It is worth noting that a particular development in the referrals process with the Department of Newcomers of this organization (C) took place in the second year. A direct connection with a contact person facilitated the wellness peer-mentor providing warm referrals for students. Regarding the contributions of the Wellness Connect to the missions and goals of this organization, the partner representative mentioned that *“One of our goals as an organization is to ensure that individuals needing the services we provide are informed of our programs and to reduce barriers to accessing said programs. This Wellness Research Partnership with the Access Programs contributes to reducing the barriers and to better-informing students”* (Partner F).

With Organization A, 5% percent of referrals were registered. This organization offers services for youth (17 to 25 years old). As a representative partner mentioned,

I wonder if part of it is because of the pandemic... Is it more difficult to reach students? I wondered, too, is our age range a barrier? Because I know that sometimes students that connect through the Access programs can be a bit older, and our age range is 17 to 25. Maybe that’s why. I can’t quite put my finger on, you know, why there hasn’t been more of a connection (Partner B).

This partner representative also talked about the challenges newcomers experienced and kind of the support they needed,

it can be a huge culture shock just being in a new city, let alone a new kind of way of being in a new education system and things like that. And when we think of wellness and resiliency training programs, the onus is always on the student to kind of take care of their needs, reach out for support, or participate in the skills training program. But we can actually cast a wider net when we focus a lot more on those, like, environmental interventions (Partner B).

Also, as a wellness peer-mentor noted regarding the intake process for this organization, *“it is a lot more difficult for students to connect because it is a pretty daunting online intake form. I’m available to help students with that but it’s also personal information so you have to respect, everyone’s privacy”* (Staff-A).

Organization D also offers services for youth (17 to 25 years old) and connects them with other services in the community. With this Organization (D), 2% of student referrals were registered. Even though this organization assigned a contact person in the second half of the second year of the research project, several factors impacted the students’ referral process, such as the organization’s internal restructuring of personnel and roles. As a partner representative stated, *“I think the challenge for you and for your team and for all of us was probably that it’s COVID and that it was COVID and then it was transitioning people to hybrid... we had a lot of things we had to go through. We had a lot of things to straighten out. And maybe there was a challenge in connecting”* (Partner K). Moreover, this partner representative added, *“The project is still new because we haven’t had lots of referrals and I am hoping that it will grow”* (Partner E).

As indicated, the age limit for services of Organizations A and D, which both offer services for youth, placed a restriction on referring students of the Access programs, population which is typically comprised of adults 25 years and older. That is, the student population of the Access programs ranges from 19 to 64 years of age, with the majority of participants falling between 25 and 55 years of age.

Notwithstanding the existing challenges, the referral process established between the health and wellness organizations and the wellness peer-mentors demonstrated the significant collaborative in collaborative work that started during the Wellness Connect research project. There is ongoing interest and commitment to enhancing this collaboration in the future to continue building a more sustainable support system for our students in the Access programs.

Wellness Connect Partnership

During the Wellness Connect research process, representatives of the four health and wellness partner organizations also participated in the five Advisory Committee meetings, in data collection over the three years, and a town hall meeting that served as a knowledge mobilization event as the closure of this research project. These partner representatives acknowledged the significance of the partnership in

building a sustainable support system for students of the Access programs at the college in collaboration with their representative organizations. A partner representative talked about the alignment of the Wellness Connect research project with their mission, *“The vision of Wellness Connect is actually probably parallel, if not directly aligned with the mission of our organization of like, you’re looking at how do we eliminate barriers to wellness, resilience, and well-being for students who are facing barriers.”* (Partner C, Org. B, personal communication, November 25, 2021). Also, another partner representative mentioned the importance of collaborative work in this research project with the college.

I think that it is a two-way street. One is that [this organization] is building partnerships, and I would say necessary partnerships, because...for the future and for organizations to stay relevant, they have to work together. We used to work in silos and fight for funding and for the same issues, I think this is the best way our community would be healthier because you are providing education, and we are providing health, holistic health. It is about credibility as well. Who is connected with this implementation of the systemic approach of support services (Partner G)

Likewise, another partner representative stated how the Wellness Connect initiative fit with the goals of their organization,

It’s a shared collaboration, so Wellness Connect I see as fitting in with our goal around navigating community, more than anything. Wellness Connect in some ways is kind of like the [initiative] where we’re navigating services for youth, and connecting them to it as best we can, while also just doing those one-to-one visits (Partner E).

Another partner representative also talked about the significance of the collaborative work between the college and the organization in connecting students with their service that might not be accessed without this partnership. This person expressed,

it’s been about creating – linking our staff to connections, and to the college...and then being on the advisory to provide feedback and input...it’s making connections for referrals as well. Because also part of the benefit of the relationship is that we attain connections to students at the college who might not otherwise access our programs...it connected a wraparound approach, that’s what I meant, with students is really valuable...[the college], being very clear

about the college, the role with the student, and the supports they're providing, then our role, and then maybe how we can work together to support people, or that students can, you know, maximize as much resources out of the – with us, and work in connection together, as opposed to working separately, and without any communication (Partner F).

In creating this sustainable support system, the main purpose has been providing students with sufficient information and connection with our partner organizations, which facilitate them to navigate services in the community even though they finish the program at the college. In particular, a partner representative explained,

I've always said that a student – in - students are only students – there's very few lifetime – everybody's a lifetime learner, but there's very few people who stay in academic institutions for their entire life as a student, So they eventually leave the college, and they need to be connected into the community and supported...that's what's the connection for us...having a connection into the community services lets them know that it can fill a gap and a void that sometimes the college itself can't (Partner F).

Likewise, another partner also expressed how raising students' awareness about the services that these organizations provide, is also a way of collaborating to eliminate barriers for students. As this partner representative reflected,

To me that has to do with access and making sure there aren't barriers to getting mental health and addiction support. So it's helping us that way in terms of raising awareness about the service. And one of our key goals around post-secondary students is trying to reach students that wouldn't otherwise access mental health and addiction support. So by having Wellness Connect, you know, be able to facilitate those referrals, and by having self-referrals and sort of a conduit to getting to us, that definitely helps meet our goals around low barrier and easily accessible service (Partner, B).

In relation to the individual needs of our diverse population of students, a partner representative talked about the specialized services their organization provides. As this person explained,

because of the nature of the services that we provide, because of the gender focus – equity focus that we take in terms of our work, I think it adds value that people – the students who are having experiences of oppression and marginalization, not necessarily because within the college, it may be broader than that, have a space and place to connect, and not have a sense of loneliness, right, and a connection, and have people around who understand their experiences...the value is too that we can help them in more than just – it's, you know, what we do, we're not just counselling people, we're actually giving people opportunities, and options, and resources, and then hopefully that where they can – yeah, their lives can get better as a result. So yeah anyways, I think that that's the kind of connection to our service, and from – connection to students is valuable, and I do think there's a gap when we don't have a relationship between the college and the community-based agencies. I think students do fall through a gap, and then we tend to pick them up later when things are – have really fallen apart. So there's an opportunity here for early intervention, and probably – possibly not prevention as much as early intervention into issues (Partner F).

Wellness Wholistic Approach

An important component of the collaborative work with the health and wellness organizations in the community was having a common wholistic wellness approach. This approach facilitated fostering students' awareness and finding a seamless connection between the wellness peer-mentor support and the specialized services. A partner representative talked about the broader approach to helping clients in their organization. This person said,

Those things are a focus of a lot of the work that we do, is trying to support people in... being healthy, having a whole sense of wellness, and not just in the context of physical health or mental health, but a whole being, a holistic approach to wellness. And then also trying to support people in building those networks, and skills, and support systems that allow them to be resilient (Partner F)

Another partner also mentioned how having a holistic approach in their organization entails providing support and resources to students who might be experiencing challenging situations that involve their family and/or other people surrounding them, rather than challenges in school. This partner stated,

there are people that can be supported during difficult times, but sometimes it has nothing to do with school, but school is being impacted by issues that they have at home, you know whatever, so I would say we can increase the mental wellness of students who have accessed to our services, but not only to this department. I would say that the more work we do, the more present there is that they not only need mental wellness but that there are so many programs here that can impact their children, their grandparents their partners. So, this can have a ripple effect. And these effects, I would say make a community healthier in a holistic way (Partner G).

The wholistic approach in this wellness initiative demonstrated the importance of seeing every student as a whole person addressing their individual needs from a broader perspective and how it contributes to their academic success. A staff member explained, *“it’s validating to them, right, to have people taking their well-being seriously. And seeing them as a whole person. And it, you know, tangentially, some of those referrals, some of those supports, has been instrumental in fostering student retention”* (Staff N)

Added to this common holistic approach, participants also expressed their views regarding the significance of the collaborative work between the college and the health and wellness partner organizations.

The Value of Collaborative Work with Partner Organizations

The views from participants demonstrated the value of establishing partnerships with health and wellness organizations and how these connections contribute to our students' well-being beyond the duration of the Wellness Connect research project and the time they are enrolled in courses at the college. A staff member talked about how students benefit from gaining awareness of services in the community. This staff member stated,

they’re working to partner with our programs to, again, have a nice seamless flow for the person...So even if they don’t continue, if [students] finish with our programs, they have some connections out in the community. So that’s not going away, those are separate entities, they’re there. But I think that the collaboration is wonderful because, again, it gives that person a resource to be able to go to even if we’re still not in their lives directly (Staff G).

A professor also talked about the importance of these support services for students,

I think that having [an initiative] like this, with these services, and support, and providing that to students in advance, providing those check-ins, I think that that's going to help because when someone is feeling well, and feeling like they have the resources and they have the support, I think that that's going to have a positive impact on their academics (Faculty M)

The positive impact of the Wellness Connect initiative with health and wellness organizations and the support students received by participating in this initiative is observed by faculty. A professor mentioned, “*What I've seen happen over a few months is, a student is able to focus again, and stay on track academically, because they've got an outlet for all that emotional baggage and emotional difficulties that they're experiencing*” (Faculty B).

Another professor added,

I have seen some students benefit from counselling, and, you know, some students do feel really good to be able to talk [to] someone and get those feelings out. So maybe there's not full understanding, maybe there [are] some misunderstandings there, but at least they were able to express what's been bothering them, and get that out. So I have seen some improvements in that (Faculty C).

A partner representative talked about how their organization can serve students in a way that the college cannot. This person said,

Having a connection into the community services lets [students] know that it can fill a gap and a void that sometimes the college itself can't...because of the nature of the services that we provide, because of the gender focus – equity focus that we take in terms of our work, I think it adds value that people – the students who are having experiences of oppression and marginalization, not necessarily because within the college, it may be broader than that, have a space and place to connect, and not have a sense of loneliness, right, and a connection, and have people around who understand their experiences (Partner F).

This partner representative also emphasized,

the value is too that we can help them in more than just – it's, you know, what we do, we're not just counselling people, we're actually giving people opportunities, and options, and resources, and then hopefully that where they can – yeah, their lives can get better as a result. So yeah anyways, I think that that's the kind of connection to our service, and from – connection to students is valuable, and I do think there's a gap when we don't have a relationship between the college and the community-based agencies. I think students do fall through a gap, and then we tend to pick them up later when things are – have really fallen apart. So there's an opportunity here for early intervention, and probably – possibly not prevention as much as early intervention into issues (Partner F)

Regarding the opportunities that partnerships with these organizations present for not only current students but also prospective Access students, a partner representative explained,

When partnerships are built, it is an exchange, we are learning about you and all of these programs that you have, I was oh my gosh they have all of these programs! some of the people that have come here are not referred by you. They may be self-referred, but now I can talk to them about all of these resources that are within the [college]. I think in terms of knowledge exchange, using each other, and knowing that these services are available here and there, we are constantly talking to people about what other things are available to them, so it is opening new opportunities for people to access, not only mental wellness but accessing a lot of other programs here and the ones that are not connected with you, we are connecting them with you (Partner G).

Another partner representative also expressed how having a supportive community helps students to be resilient. As the partner stated, *“we know that folks are more resilient when they have a really well-established community, and they feel connected and supported”* (Partner D). Another partner representative described the principles that guide the organization to support students' well-being and emphasized that they are not judgemental with their clients. As this partner said, *“Our values are centered on inclusion, around self-determination, around equity, accountability and community. Which means asking people what does wellness mean for them, and not like putting forth any judgement, or putting forth any, any of our own opinions on wellness, for what that wellness is* (Partner H).

One of the wellness peer-mentors talked about the importance of the partnership with these organizations and how these connections contribute to the sustainability of the wellness support system. This person stated, *“having that support I think is really, really important. And I think having the option of referring students in case that one-to-one support isn’t enough for them, or they aren’t continuing with one of those programs, I think that really helps us with our sustainability”* (Staff A).

Wellness Connect Impact

The views of participants regarding the collaborative work developed between the Access programs at the college and the health and wellness organizations in the community demonstrated the impact of the *Wellness Connect* research project and its potential developments in the future to come. It is understood that this work just started and findings from this research project allow us to identify potential developments. A staff member emphasized this project demonstrated that there is still more to work on through these partnerships. This staff mentioned, *“I think it does and I’m interested to see, like I feel like we’re still in the beginning stage, right? Like I think this project initiated some new ways of thinking and doing and being that will continue to grow... it also fosters kind of a way of learning as well. A more holistic way of learning”* (Staff N). Another staff member also mentioned how this collaborative work has allowed us to set up the baseline to continue to grow and refine the wellness initiative. As this person mentioned, *“I think we’ve gained a lot of momentum and I’m really happy about that, in the last few months. And I think it, you know, there’s benefits or positive outcomes on a bunch of different levels. So, I think it’s created an environment for us, as a department, as a division, to talk a little bit more explicitly and to think more, in a more focused way, about wellbeing, how we promote wellbeing for our students”* (Staff N).

This staff member also added,

We’re challenging us to think more critically about that. And it’s interesting to see the way we’re working as a team across portfolios or across roles, in the team, to talk about wellness. I think that has [been] very helpful. There’s dedicated wellness staff, but it’s challenged us as a team to think about again, how do we write wellness into our grant proposals for instance. How do we work with our community partners to create a more integrated seamless approach? So, we do have for instance, with a couple of different programs, we’re working with organizations to bring

in stress management and fitness and you know, a whole thing to foster for our learners an ongoing connection to those community partners that outlives their time with us (Staff N)

Moreover, a strategic perspective on the impact of the Wellness Connect research project was mentioned by a staff member,

In terms of a strategic partnership direction though, I think that the Wellness Connect has really opened some doors and opened some conversations and allowed our programming as a whole to not just be about education or employment but really looking at the whole person. And now we have pre-established relationships to start to bring that into programming (Staff L)

Given the barriers experienced by the population we serve and the need to address these barriers, a staff member observed the direct impact of this wellness initiative on our students. This person expressed,

I think [the wellness initiative] definitely has the potential to be great. Have a great impact. Because the population that we serve, first of all, Access populations tend to have barriers to education, to begin with. Many of the barriers are surrounding well-being and resiliency and those types of social determinants that can hold them back from attending postsecondary. So I think it has potential for great impact because these things need to also – these aspects of a person need to be addressed, like I said earlier, because we have to look at people holistically – can't necessarily compartmentalize to perform well in their academics if they had some other things going on in their lives (Staff D)

Another staff member talked about how the wellness initiative complements the work that is done for the well-being of the students at the college in connection with partner organizations in the community. This person stated,

I think it's humanized [the program] in more of a way of understanding the uniqueness and individuality in each person that we service through our programs, and understanding there is a limitation to what we can provide. But we have that partnership and relationship with [the] community to help support them going forward in that (Staff E).

Talking about the observed impact of the Wellness Connect research project, a staff member mentioned,

there's definitely been a change. And I think that it's hard to measure that change though, right, because it's – wellness is a very personal thing that folks are kind of going away with, and it's also not the easiest thing sometimes to get a handle on when you don't have a ton of personal resources, maybe. So I think that changes come over time. So I think the best example that I could give honestly is for some students who have been participating in [one of Access programs] over a longer term, whom I've seen participate in some of the wellness programming, and who have just become, you know, more confident and comfortable in the learning space from when they initially started with us (Staff F).

This staff member provided examples of the Wellness Connect impact,

sometimes you're able to have conversations with students, and they will tell you, yeah, I remember going to this workshop or that workshop, and it's really kind of changed the way that I do things, or the way that I think... I've seen a social-emotional shift for people over the long term, and yeah, people are starting to talk about the work of the project, for sure... I really believe that that is such a wonderful takeaway for anybody that's come through because it's not pushed on them, it's been provided to them as an option. And many of them, you know, they're just so thrilled to have that in their life. And I really think that having [the wellness peer-mentoring] as well as the community resources, I really think it's been a very well-done project (Staff F).

There are also numerous examples from students regarding the benefits of the Wellness Connect initiative. Here are some examples in the students' own words:

I find some of the services very helpful in supporting you and what you need to do or even just like sending you to some place that could help you better (Student B).

It was great. Like [the] College provides, like, it's such a supportive place. I never saw this before in my entire life. So it was a really good surprise (Student W).

I would like to thank you guys for being able to put this in place because I can only imagine how much it's helped me and how many other people it's helped (Student P).

They had the Student Connect events and that really helped. It had a lot of topics that helped with a wide range of things from anxiety, dealing with anxiety, time management skills, what else was there? That was yoga. There was homework health (Student E)

Interacting with new people can be very difficult for me, but everyone within the initiative has been so kind and welcoming that I was able to become close and comfortable with everyone I've come across so far (Student D).

There's always room for improvement, right? And I'm sure as you've spoken to me and spoken to other students, you'll find what needs to be improved on. But my own experience is that it's been good (Student H).

Discussion and Conclusions

The advances in the implementation of the wellness collaborative initiative entail different pathways according to the distinct organizational structures and functions of our partners and the diversity in structure and function among the college Access programs. Our students in the college's Access programs experience recurrent challenges and barriers and require continuous support. It is important to recognize the persistent systemic barriers that hinder the development of individual and environmental capabilities for the well-being of our community. Despite the existent limitations, our ongoing commitment to building a more sustainable support system for Access students with our

partners allowed us to identify potential areas for development and improvement, and to prioritize de inclusion of wellness peer-mentor role in future project proposals. Nevertheless, the imperative remains that we seek a more stable or permanent source of funding to support wellness services for students in Access programs, rather than relying on temporary project funding.

Analysis of our findings sheds light on the following:

5. Students' awareness of, and engagement in the wellness initiative enhances their capabilities and well-being (i.e., personal growth, including mindfulness, self-confidence, self-determination, stress and anger management, safe talk, advocacy, coping mechanisms, and understanding of the multiple dimensions of wellness) and helps them to cope with individual challenges.
6. Students' experience of a trustworthy relationship with the wellness peer-mentor helps to facilitate access to community partners' services; stability of staffing is necessary for building trust and a fulsome understanding of local systems and services.
7. Students' biases toward mental health and previous unfortunate experiences with community services hinder their opportunity to use the wellness support system.
8. Existent systemic barriers to accessing community services and resources generate distrust of the benefits of the wellness initiative.
9. COVID-19 exacerbated students' challenges and needs, as well as partner organizations' challenges to offer support services.
10. Education and health and wellness organizations' willingness to adjust procedures and continue working on a collaborative research partnership has contributed to the process of building a support system for students in the Access programs.

The Wellness Connect research project significantly impacted not only our students' lives and academic success, but also brought knowledge and awareness of the multiple dimensions of wellness to our Access programs teams, to the internal and external stakeholders, and to a broader academic and non-

academic audience. This project provided extensive research training to students in postsecondary programs at Mohawk College and enriched our collaborative journey with partners in the community. The evidence from this research will serve to review policies and practices at different levels of the government, which determine the availability of health and wellness specialized services and resources for underserved and underrepresented populations.

Recommendations

The Wellness Connect project demonstrated significant impact and advances in establishing a support system for students in the Access programs, which also allowed us to identify potential additional developments and enhancements we could explore in collaboration with the partner organizations. Here we present some recommendations as follows:

Sustainable funding: Given the recurrent and myriad challenges and barriers our students in the Access programs experience, the wellness peer-mentoring and permanent availability of wellness peer-mentors are essential supports; as such, stable direct funding is necessary to continue strengthening the collaboration with the partner organizations, and to fostering students' capabilities and well-being for them to access and succeed in postsecondary education and/or employment pathways.

Expansion of services: A major effort should be made to expand the services and resources of health and wellness organizations in the community, which requires a revision of governmental policies and the provision of funding. It would provide fewer waiting lists to access specialized services and resources, foster students' trust in community services, and enhance the betterment of our community.

Partnerships growth: Identify and connect with other health and wellness organizations in the community to expand our collaborative partnerships in continued support whilst encompassing the equity, diversity, inclusion, and intersectionality dimensions to address our Access programs students' individual needs.; seek collaboration with organizations that address the broad and intersecting dimensions of health and that have expertise and representation from the diverse populations and communities we serve.

Cross referrals: The results from this research project allowed us to identify the potential development of and enhanced opportunities for tailored programming of Access programs in collaboration with the partner organizations that would provide cross referrals, expand the use of mutual services and resources, and enhance the support system for our students.

References

- Alfano, L., Rechesin, C. & Ali, S. (2019). [Manuscript] *Peer mentorship & counselling interventions for academic upgrading students and effects on student retention and success (2018-2019)*. Research report of the Academic Upgrading 2019, Mohawk College.
- Anand, P., Hunter, G., & Smith, R. (2005). Capabilities and well-being: Evidence based on the Sen–Nussbaum approach to welfare. *Social Indicators Research*, 74(1), 9-55.
- Anand, P., Hunter, G., Carter, I., Dowding, K., Guala, F., & Van Hees, M. (2009). The development of capability indicators. *Journal of Human Development and Capabilities*, 10(1), 125-152.
- Anderson, D. S. (Ed.). (2016). *Further wellness issues for higher education: How to promote student health during and after college*. Routledge.
- Armstrong, P., Jafar, H., Aromiwura, D., Maher, J., Bertin, A., & Zhao, H. (2017). *Helping youth pursue education (HYPE): Exploring the keys to transformation in postsecondary access and retention for youth from underserved neighbourhoods*. Higher Education Quality Council of Ontario.
- Awong, T., Gaikwad, S., Katgara, D., Pinto, J., Leon, H., & Ghatan, B. (2017). *CAUCE Research fund final project report*. Saskatoon: Canadian Association for University Continuing Education.
- Bourke, A., Tascón, C. I., Vanderveken, J., Ecker, E. & Campbell, M. (2019). *The City School Partnership: A community-built response to improving access to education (2016-2019)*. Research report. [file:///C:/Users/000796520/Downloads/SSHRC-1 Final%20Report Oct.%202011,%202019%20\(3\)%20FINAL.pdf](file:///C:/Users/000796520/Downloads/SSHRC-1%20Final%20Report%20Oct.%202011,%202019%20(3)%20FINAL.pdf)
- Bourke, A., Tascón, C.I., Vanderveken, J. Ecker, E. (2023). Rethinking postsecondary access and engagement for low-income adult learners through a community hub partnership approach. *Canadian Journal for the Study of Adult Education* 34(2), 89-105. <https://cjsae.library.dal.ca/index.php/cjsae/article/view/5669>
- Braun, V., & Clarke, V. (2012). *Thematic analysis*. American Psychological Association.
- Budge, S. (2006). Peer mentoring in postsecondary education: Implications for research and practice. *Journal of College reading and learning*, 37(1), 71-85.
- Chatoor, K., Courts, R., Han, J., Barclay, V., & Colyar, J. (2022) *Access programs in Ontario: OPAIP and Pathways to Education*. Toronto: Higher Education Quality Council of Ontario.
- Colvin, J. W., & Ashman, M. (2010). Roles, risks, and benefits of peer mentoring relationships in higher education. *Mentoring & Tutoring: Partnership in Learning*, 18(2), 121-134.
- Crowe, A., Mullen, P. R., & Littlewood, K. (2018). Self-stigma, mental health literacy, and health outcomes in integrated care. *Journal of Counseling & Development*, 96(3), 267-277.
- Cruse, L. R., Mendez, S. C., & Holtzman, T. (2020). Prioritizing Student Parents in COVID-19 Response and Relief: Recommendations for Federal and State Policy. Policy Brief# C493. *Institute for Women's Policy Research*.

- DeHaan, C. R., Hirai, T., & Ryan, R. M. (2016). Nussbaum's capabilities and self-determination theory's basic psychological needs: Relating some fundamentals of human wellness. *Journal of Happiness Studies*, 17(5), 2037-2049.
- Deller, F., & Tomas, S. (2013). *Strategies for supporting youth education: A snapshot of early intervention programs in Ontario*. Higher Education Quality Council of Ontario.
- Evans, C. (2017). *'Having a mentor made this journey easier': an exploration of a formal, virtual, time-bound and paid-for mentoring programme in a dispersed third-sector organisation* (Doctoral dissertation, Oxford Brookes University).
- Gereluk, D. (2018). Flourishing and well-being in the academy: A capabilities approach. *Philosophical Inquiry in Education*, 25(2), 141-187.
- Hettler, B. (1976). The six dimensions of wellness model. *National Wellness Institute*.
- Hoekstra, F., Mrklas, K. J., Khan, M., McKay, R. C., Vis-Dunbar, M., Sibley, K. M., ... & Gainforth, H. L. (2020). A review of reviews on principles, strategies, outcomes and impacts of research partnerships approaches: a first step in synthesising the research partnership literature. *Health Research Policy and Systems*, 18, 1-23.
- Huizing, R. L. (2012). Mentoring together: A literature review of group mentoring. *Mentoring & Tutoring: Partnership in Learning*, 20(1), 27-55.
- Kassam, A., & Ellaway, R. (2020). Acknowledging a holistic framework for learner wellness: the human capabilities approach. *Academic Medicine*, 95(1), 9-10.
- Levkoe, C. Z., & Stack-Cutler, H. (2018). Brokering community-campus partnerships: An analytical framework. *Gateways: International Journal of Community Research and Engagement*, 11(1), 18-36.
- MacDonald, H., Lisnyj, K., & Papadopoulos, A. (2022). Facilitators and Barriers Highlighted by On-Campus Service Providers for Students Seeking Mental Health Services. *Canadian Journal of Higher Education*, 52(2), 81-95.
- Mendel, S. C., & Brudney, J. L. (2018). *Partnerships the nonprofit way: What matters, what doesn't*. Indiana University Press.
- Mohawk College, (2022). *Mohawk College – Strategic Plan 2022 – 2025*. <https://strategicplan.mohawkcollege.ca/>
- Mullen, C. A., & Klimaitis, C. C. (2019). Defining mentoring: a literature review of issues, types, and applications. *Annals of the New York Academy of Sciences*.
- National Wellness Institute. (2018). About Wellness. <https://nationalwellness.org/resources/six-dimensions-of-wellness/>
- Nowell, L., Norris, J., White, D., & Moules, N. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1–13.
- Nussbaum, M. C. (2000). *Women and human development: The capabilities approach* (Vol. 3). Cambridge university press.
- Nussbaum, M. (2002). Capabilities and social justice. *International Studies Review*, 4(2), 123-135.
- Nussbaum, M. (2007). Human rights and human capabilities. *Harvard Human Rights Journal*, 20(21), 21-24.
- Nussbaum, M. (2011). *Creating Capabilities: The Human Development Approach*. Harvard University Press.
- Okanagan Charter. (2015). *Okanagan Charter: An international charter for health promoting universities and colleges*. University of British Columbia.
- Oliver, M. D., Baldwin, D. R., & Datta, S. (2018). Health, wellness, and society. *The International Journal of Health, Wellness, and Society*, 9(1), 37-57.

- Orders, S. A., & Duquette, C. (2010). *Enhancing access to post-secondary education in Canada: An exploration of early intervention initiatives in selected countries*. Canadian Policy Research Networks.
- Ragins, B. R., & Kram, K. E. (2007). The roots and meaning of mentoring. *The handbook of mentoring at work: Theory, research, and practice*, Sage, pp. 3-15.
- Sanyal, C. (2017) The effective mentor, mentee and mentoring relationship.' In: DA Clutterbuck, FK Kochan, LG Lunsford, N Dominguez and J Haddock-Millar (eds.) *The SAGE handbook of mentoring*. London: Sage, pp.143-155.
- Sen, A. K., 1985, *Commodities and Capabilities*, Amsterdam, North-Holland.
- Sen, A. K., 1999, *Development as Freedom*, Oxford: Oxford University Press.
- Stanton, A., Zandvliet, D., Dhaliwal, R., & Black, T. (2016). Understanding students' experiences of well-being in learning environments. *Higher Education Studies*, 6(3), 90-99.
- Stol, J., Houwer, R., Todd, S. (2016). *Bridging programs: Pathways to equity in post-secondary education*. A report of the Youth Research and Evaluation eXchange (YouthREX). Toronto, ON.
- Tascón, C. I. (2019). [Manuscript] *Enhancing students' well-being through a peer-mentoring and wellness connection initiative in the access programs: A pilot project*. A research report on Access Programs, 2019.
- Taylor, S. M., & Ochocka, J. (2017). Advancing community-based research in Canada. *International Journal of Knowledge-Based Development*, 8(2), 183-200.
- United Nations (2023). Sustainable Development Goals. <https://sdgs.un.org/goals>
- Venkatapuram, S. (2020). Human capabilities and pandemics. *Journal of Human Development and Capabilities*, 21(3), 280-286.
- Vidourek, R. A., & Burbage, M. (2019). Positive mental health and mental health stigma: A qualitative study assessing student attitudes. *Mental Health & Prevention*, 13, 1-6.
- White, R. G., Imperiale, M. G., & Perera, E. (2016). The Capabilities Approach: Fostering contexts for enhancing mental health and wellbeing across the globe. *Globalization and health*, 12(1), 1-10.
- World Health Organization (WHO). (1986). *Ottawa charter for health promotion*. World Health Organization, Geneva.

APPENDIX A

Research Phases and Timeline

Phases	Procedures	Tools	Milestones
First Advisory Committee Meeting – Work Plan (Jun 25, 2020)			
REB Protocol Approval (Oct. 20, 2020)			
First phase (Oct. – Dec. 2020)	<p>Wellness Connect Initiative</p> <p>1) Partner Organizations’ referral protocols and services</p> <p>2) Wellness Peer mentoring - One-to-One mentoring - Class visits, group sessions, and Workshops</p> <p>3) Students Research Assistant(s) (SRA) training</p>	<p>Data collection</p> <p>1)Partner organizations’ pre-surveys - Mission and goals - Specialized services - Referral procedures</p> <p>2)Report from wellness peer-mentor(s) (WPM)</p> <p>Data Analysis</p>	<p>Setting the support system</p> <p>1) Referrals to specialized services in the partner organization</p> <p>2)Students’ Wellness Connect awareness</p> <p>Initial Findings</p>
Second Advisory Committee Meeting – Initial Findings Report and next steps (Nov 26, 2020)			
REB Amendment (COVID-19) Approval (Feb. 24, 2021)			
Second phase (a) (Jan. – Jun. 2021)	<p>Wellness Connect Initiative (ongoing)</p> <p>- One-to-One mentoring - Class visits, group sessions, and Workshops - Referrals to specialized services</p> <p>-Partner organizations’ specialized services and referral intake</p> <p>-SRAs training</p>	<p>Data collection (First set (a))</p> <p>-WPM monthly report</p> <p>-Students’ pre-and- post survey</p> <p>Data Analysis</p>	<p>Preliminary Report (May 2021)</p> <p>Review of the wellness initiative -Students’ awareness and participation -Referral process</p> <p>Preliminary Findings</p>
Third Advisory Committee Meeting – Preliminary Findings Report (June 24, 2021)			
REB Second Amendment (City School – Group component) Approval (June 24, 2022)			
Second phase (b)	<p>Wellness Connect Initiative (ongoing)</p> <p>- One-to-One mentoring</p>	<p>Data collection (First set (b))</p> <p>-WPM monthly report</p>	Research Snapshot

(Jul. 2021– Jun. 2022)	<ul style="list-style-type: none"> - Class visits, group sessions, and Workshops - Referrals to specialized services -Partner organizations’ specialized services and referrals’ intake -SRAs training 	<ul style="list-style-type: none"> -Semi-structured Interviews (Students, faculty, staff, and partners) <p style="text-align: center;">Data Analysis</p>	(June 30, 2022)
Fourth Advisory Committee Meeting – Research Snapshot, and next steps (Oct. 18, 2022)			
Third phase (Jul. 2022– May. 2023)	<p style="text-align: center;">Wellness Connect Initiative (ongoing)</p> <ul style="list-style-type: none"> - One-to-One mentoring - Class visits, group sessions, and Workshops - Referrals to specialized services -Partner organizations’ specialized services & referrals intake -SRAs training 	<p style="text-align: center;">Data collection (Second set)</p> <ul style="list-style-type: none"> -WPM monthly report -Students’ pre-and- post survey -Partners’ post-survey -Semi-structured Interviews (Students, faculty, staff, and partners) <p style="text-align: center;">Data Analysis</p>	Ongoing Research Process
Fifth Advisory Committee Meeting (June 20, 2023)			
Fourth Phase (June- August, 2023)		<p style="text-align: center;">Data Analysis</p> <p style="text-align: center;">Presentation of research findings</p> <p>Different formats according to the KM activities and events</p>	<p style="text-align: center;">Knowledge Mobilization (KM) Activities and Events</p> <ul style="list-style-type: none"> - Word Congress-CICan/WFCP 2023 - Congress of the Humanities and Social Sciences 2023, CSSE-CERA Conference -Town-Hall - CAER Team Meeting <p style="text-align: center;">Final Report</p>

APPENDIX B

Knowledge Mobilization Activities

Conferences

Tascón, C.I. (2023). *Building a Support System to Foster Students' Capabilities and Well-being in College Access Programs*. Paper presented at the Canadian Educational Researchers' Association (CERA), CSSE Annual Conference, York University, Toronto, ON. May 27 – June 1, 2023.

Tascón, C.I., Bourke, A. & Garcha, A. (2023). *Building Pathways to Education and Employment for Underserved Populations through Access Programming*. Panel presented at the World Congress 2023 hosted by Colleges and Institutes Canada (CICan) and the World Federation of Colleges and Polytechnics (WFCP), April 23-25, Montreal, QB, Canada.

Knowledge Mobilization Events

Tascón, C.I. (August 11, 2023). *Wellness Connect: Improving At-Risk Student Capabilities and Well-being to Access and Persist in Postsecondary Education (2020-2023)*. Community, Access, Engagement and Research (CAER) Team Meeting, Mohawk College, August 11, 2023.

Tascón, C.I. (June 22, 2023). *Wellness Connect: Improving At-Risk Student Capabilities and Well-being to Access and Persist in Postsecondary Education (2020-2023)*. Town Hall, CityLAB, Hamilton, Ontario.

Advisory Committee Meetings

Advisory Committee Meeting, June 20, 2023

Advisory Committee Meeting, October 18, 2022

Advisory Committee Meeting, June 24, 2021

Advisory Committee Meeting, November 26, 2020

Advisory Committee Meeting, June 25, 2020