

**Fostering Sense of Belonging Through Supporting Mental Health and Wellness in  
Canadian Health Sciences Higher Education: A Scoping Review of Current Practices and  
Interventions**

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**Abstract**

*Objective:* This scoping review aimed to synthesize literature on mental health and wellness supports, interventions, and practices that foster belonging among learners, staff, and faculty with diverse identities and lived experiences in Canadian health sciences higher education institutions.

*Introduction:* Mental health challenges in post-secondary education have increased over the past two decades, and belonging is increasingly recognized as an important contributor to well-being. However, it remains unclear which interventions in health sciences higher education most effectively support belonging in practice.

*Inclusion criteria:* This review included studies of mental health or wellness supports in Canadian health sciences higher education that explicitly or implicitly addressed sense of belonging. Sources focused on learners, staff, or faculty, and studies outside Canada, in clinical settings, or without a belonging component were excluded.

*Methods:* A search was conducted in MEDLINE, Scopus, PsycINFO, ERIC, and Embase for studies published from January 2015 onward. Records were screened and charted using JBI scoping review methodology, with descriptive synthesis of the findings.

*Results:* Seven peer-reviewed studies met the inclusion criteria (n=7). Identified interventions included peer support, physical activity and wellness programming, a focused training program, acceptance and commitment therapy workshops, structured mentorship, and a self-disclosing chatbot. Across studies, interventions were associated with improved well-being, reduced anxiety and stress, decreased social isolation, increased engagement, and stronger feelings of belonging, although engagement varied by modality. Structured and relationship-based interventions appeared more effective than informal or lightly targeted approaches.

*Conclusions:* Interventions that are intentional and responsive to diverse lived experiences show promise for fostering belonging and supporting mental health in health sciences higher education. The limited evidence-based interventions found also highlights the need for more Canadian research, especially involving staff and faculty, and for institution-wide approaches that embed belonging into everyday practice.

## 1. Introduction

In the last two decades, students across higher education institutions (HEIs) worldwide have experienced worsening mental health, with more students navigating wellness challenges than ever before.<sup>1,2</sup> In response, the Mental Health Commission of Canada released an institutional framework in 2020 named the *National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students*, which aimed to guide the development of policies and practices that support students' mental health at post-secondary institutions.<sup>2</sup>

Despite provincial and federal investments, there has been a rise in demand for mental health services that support the needs of students with diverse backgrounds, lifestyles, values, and ways of learning.<sup>3,4</sup> A student's mental health is tied to the changing landscapes of their social determinants of health, including social, economic, and environmental factors, which, in turn, affect mental health outcomes.<sup>1,5,6</sup> As such, the provision of diverse and culturally-relevant front-line mental health services has become an increasingly important focus for HEIs experiencing a growth in diverse communities.<sup>1</sup>

Stories emerging from the Queen's Health Sciences Belonging Project have revealed how deeply mental health challenges can affect feelings of belonging for diverse learners, staff, and faculty.<sup>7</sup> These stories support current literature attributing a sense of belonging as a crucial predictor of mental, social, and behavioural well-being outcomes, that allow individuals to be more resilient and thrive in their academic and professional environments.<sup>8</sup> However, despite this connection, national surveys and stories from the Belonging Project have revealed a lack of mental health supports that foster a sense of belonging in HEIs, highlighting a need for change.<sup>1,7</sup>

This narrative review will explore the existing literature landscape on the interconnection of belonging and mental health in health sciences HEIs across Canada. It will then outline the identified gap in the literature, research rationale, objectives, and proposed methodology. This research will provide the foundation for an upcoming scoping review of current practices and interventions, which will aim to inform Queen's Health Sciences (QHS) in gaining evidence-based perspectives to integrate within its institutional frameworks.

## 2. Background Information

### 2a. Defining Mental Health and Wellness

According to the World Health Organization, *mental health* is defined as a state where individuals are able to realize their abilities, cope with normal stressors, do productive work, and contribute to their community.<sup>9,10</sup> Within literature pertaining to academic institutions specifically, mental health in higher education is defined as a continuum of emotional, cognitive, and social functioning that establishes an individual's ability to learn, teach, and work effectively.<sup>11</sup> In addition to personal determinants, mental health outcomes are also directly tied to systemic inclusive practices and perceived equity within institutional frameworks.<sup>12</sup>

*Mental wellness*, often interchanged with mental well-being, differs from mental health as it describes a holistic approach to cultivating a way of life that promotes a sense of happiness, peace, and vitality.<sup>11</sup> Within HEIs, an individual's mental wellness can stem from cultivating a sense of belonging, purpose, and growth within their community.<sup>11</sup> When work is meaningful, there is a sense of contribution and purpose that is linked to improved mental health and wellness.<sup>11</sup> This applies to learners, faculty, and staff.

## ***2b. Defining Sense of Belonging***

Multiple definitions of belonging exist concurrently across the literature. Within a community health context, *belonging* has been defined by Allen et al. as,<sup>8</sup> “the subjective feeling of deep connection with social groups, physical places, and individual and collective experiences.” A sense of belonging is an aspect of subjective well-being, associated with population health, that serves as an important predictor of mental, social, behavioural, physical, and economic outcomes.<sup>8,13</sup>

## ***2c. Defining Higher Education Institutions and Health Sciences***

Under the Higher Education Quality Council of Ontario Act,<sup>14</sup> post-secondary educational institutions, often referred to as higher education institutions (HEIs) are defined as, “a college of applied arts and technology established under the *Ontario Colleges of Applied Arts and Technology Act, 2002*, [and] a university that receives regular and ongoing operating funding from the province for purposes of post-secondary education and any other institution prescribed by regulation.” Specifically, these include colleges, universities, and Indigenous institutions.<sup>1</sup>

Additionally, health sciences HEIs include fields that integrate the biomedical, clinical, and behavioral sciences.<sup>15</sup>

## ***2d. Importance of Sense of Belonging in Mental Health at HEIs***

Mental health is an intrinsic human right, yet young adults, aged 18-25, are disproportionately impacted by mental health challenges, compared to other age groups, and are less likely to receive adequate mental health services.<sup>6</sup> Given that this age group represents a significant portion of post-secondary student populations, HEIs are in a critical position to address mental health and wellness needs.

Accordingly, HEIs have both a moral and institutional imperative to support the mental health and wellness of its community members. This responsibility extends beyond students to include staff and faculty, whose well-being is essential to fostering a supportive, compassionate, and resilient academic environment. Mental health challenges amongst any group within the institution can have cascading effects on learning, teaching, professional practice, and community engagement.

A sense of belonging is foundational to that environment as feelings of belonging have been consistently linked to improved mental, social, and behavioural outcomes.<sup>8,13</sup> When individuals experience belonging, they are more likely to engage meaningfully, seek support, and demonstrate resilience in the presence of stressors. Conversely, environments that fail to foster belonging may exacerbate feelings of isolation, marginalization, and psychological distress, particularly for individuals with diverse identities and lived experiences. Given the connection between sense of belonging and mental health outcomes, there is a critical need to examine whether current mental health and wellness supports within higher education institutions effectively foster belonging in practice.

## **3. Current Landscape**

### ***3a. Evaluation of Mental Health Supports***

In the two years following the release of the Mental Health Commission of Canada's institutional framework, the Government of Ontario invested funding to campus mental health initiatives, allocating \$19.25 million in October 2020, followed by an additional \$7 million in February 2021, and \$2.39 million in May 2021 to support the availability of mental health support programs for Black, Indigenous, and francophone students.<sup>1</sup> These investments support the Centre for Innovation in Campus Mental Health (CICMH), which collaborates with

organizations such as Colleges Ontario, the Council of Ontario Universities, the Ontario Undergraduate Student Alliance, the College Student Alliance, and the Canadian Mental Health Association.<sup>1</sup> Through these partnerships, the CICMH is able to develop practice-based resources and toolkits, conduct research, and support post-secondary institutions in the development of mental health frameworks and strategies.<sup>1</sup>

Despite federal, provincial, and institutional investment, the implemented support systems are struggling to meet demands while ensuring adequate service.<sup>16</sup> The rise in demand can be partially explained by changing social determinants of health and ability to access basic needs, such as water, food, and shelter.<sup>1,5</sup> Students experiencing food insecurity report a higher prevalence of poor mental health (67%) compared to students who are food-secure (37%); similarly, those facing housing insecurity are more likely to experience stress, depression, and suicidal ideation.<sup>5</sup> These challenges are of particular risk to a growing number of international students who face housing and food insecurity, racism, and lack of health care access.<sup>17</sup>

Alarmingly, a recent report by Rashid & Di Genova revealed concerns from campus mental health professionals about experiencing unhealthy work hours and workloads, pandemic fatigue, and increased operational and clinical difficulties.<sup>18</sup> Additionally, a survey conducted by the Canadian Alliance of Student Associations (CASA) found that 1 in 2 students reported having encountered significant barriers when accessing respective services, while 1 in 3 students reported that their diverse needs were not met by the mental health services provided at their post-secondary institutions.<sup>3</sup>

### ***3b. The Belonging Project***

This disconnect in meeting diverse needs and changing social determinants of health has been highlighted through the Queen's Health Sciences Belonging Project—an initiative that collects stories from diverse learners, staff, and faculty about their experiences of belonging, or lack thereof, in order to inform improvement efforts.<sup>7</sup> Stories and testimonies emerging from this project describe instances where individuals felt ashamed, burdensome, or isolated during moments of seeking care.<sup>7</sup> Others reveal feeling unsupported due to their age, life experiences, or cultural identity.<sup>7</sup> These stories reveal how deeply intertwined mental health challenges are with belonging.

When mental health is compromised, or when individuals feel misunderstood or marginalized, belonging is one of the first things to be impacted. These stories are catalysts for institutional reflection on how the standardized tools used to address mental health and wellness may not address diverse needs and lived experiences.

#### **4. Gap in Literature, Research Rationale, and Research Objectives**

Despite growing interest in mental health in higher education, there has been little synthesis of best practices specifically focused on enhancing sense of belonging through mental health and wellness supports in health sciences contexts, particularly within Canada.

To address this gap, a scoping review will be conducted, focusing on the primary research questions:

1. “How do we enhance sense of belonging in health sciences higher education by supporting the diverse needs and lived experiences of those struggling with mental health and wellness?”
2. “What best practices currently exist?”

As an HEI, Queen’s University has both a moral and institutional imperative to support mental health and wellness amongst its community members. This research will aid Queen’s Health Sciences (QHS) in gaining evidence-based perspectives of best practices to integrate within its institutional frameworks to support the mental health and wellness of learners, staff, and faculty with diverse identities and lived experiences.

The three main objectives of this study are to: (1) conduct a scoping review of best practices related to supporting mental health and wellness in ways that foster belonging; (2) gain evidence-based perspectives that can inform institutional planning and decision-making; and (3) make recommendations for health sciences higher education programs, particularly at Queen’s, but with relevance to a broader Canadian context.

### **5. Methodology**

#### ***5a. Study Design***

This study utilized the JBI Scoping Review methodology to systematically map and synthesize existing literature on mental health and wellness practices and interventions that foster sense of belonging within Canadian health sciences HEIs.<sup>19</sup> A scoping review approach is appropriate given the interdisciplinary nature of the topic and the anticipated diversity of study designs, populations, and intervention types.

### **5b. Search Strategy**

A comprehensive literature search was conducted across five peer-reviewed databases: Ovid Medical Literature Analysis and Retrieval System Online (MEDLINE), Scopus, PsycINFO, Education Resources Information Center (ERIC), and Ovid Excerpta Medica Database (Embase). The search included studies published from January 2015 onward, reflecting the period during which mental health and wellness became prioritized within Canadian post-secondary policy and practice. Following a discussion with supervisors and an academic librarian, inclusion and exclusion criteria were developed to narrow the scope of the project and is outlined in Table 1.

**Table 1.** Inclusion and exclusion criteria.

Inclusion	Exclusion
Mental health	
Mental wellness	
Higher education	Clinical setting
Supports, interventions	
Sense of belonging	Sense of belonging absent
Canada	Outside of Canada
Health sciences (e.g. MD, nursing, PT, e.t.c.)	Non-health sciences
Diverse and intersecting identities (e.g. race, gender, sexual orientation)	Does not recognize diverse and intersecting identities
Learner, student, staff, faculty	

Based on these criteria, search terms and concepts were developed in consultation with an academic librarian and combined specific vocabulary and free-text keywords. For the search strategy, Boolean operators were used to integrate terms across four core concept categories: (1)

mental health and mental wellness (e.g., “mental health,” “mental wellness,” “psychological well-being”); (2) sense of belonging (e.g. “belonging,” “social connection,” “inclusion,” “campus climate”); (3) higher education institutions (e.g. “post-secondary,” “university,” “college”); and (4) health sciences disciplines (e.g. “health sciences,” “medicine,” “nursing,” “rehabilitation”). Only studies containing at least one term from each conceptual category, as outlined in Table 2, were considered for inclusion.

**Table 2.** Development of concepts and keywords for literature search.

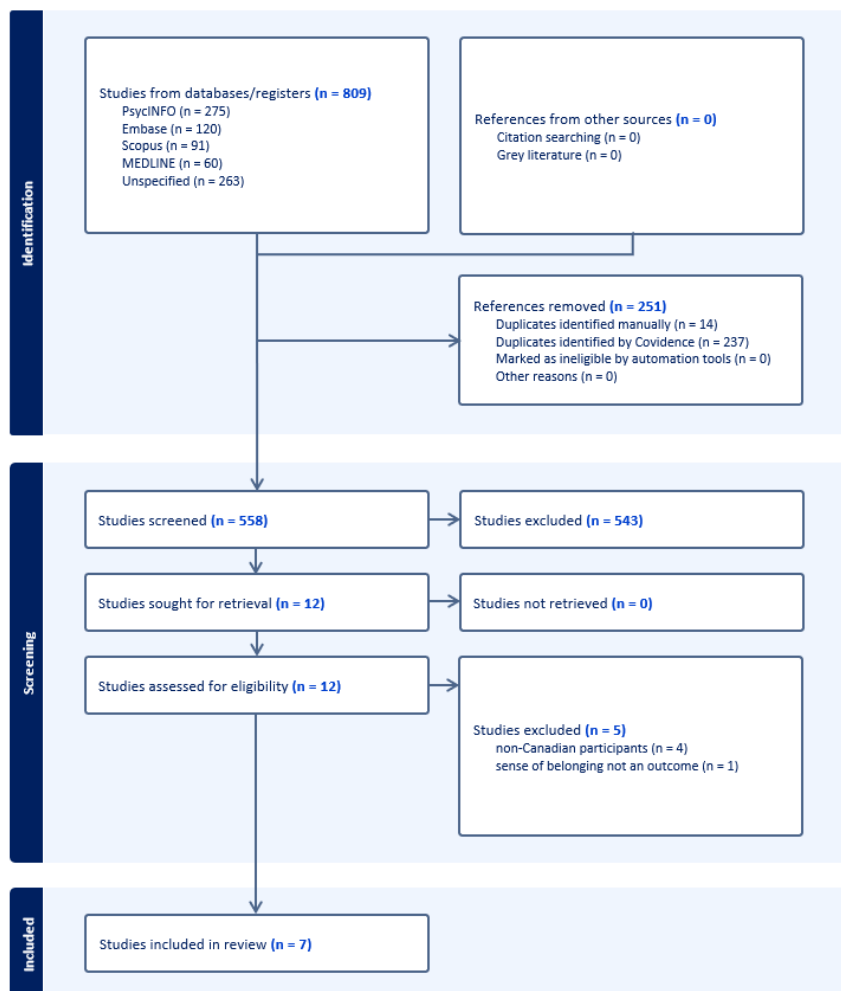
Concept #1	Concept #2	Concept #3	Concept #4
Mental Health	Sense of Belonging	Higher Education Institutions	Health Sciences
“mental health” or “mental wellness” or “mental well-being”	“belonging*” or “feeling inclu*” or “sense of belonging”	“higher education institution” or “post*secondary” or “university”	“health sciences” or “nursing” or “kinesiology” or “physiotherapy”

Eligible studies focused on learners, staff, and faculty within Canadian health sciences higher education contexts and examine mental health or wellness supports that explicitly or implicitly address sense of belonging. Studies conducted outside of Canada, focused exclusively on clinical treatment without an educational context, or unrelated to health sciences programs or belonging were excluded.

### ***5c. Screening, Data Extraction, and Analysis***

All identified records were imported into Covidence for management and screening following the literature search. Two reviewers independently screened titles and abstracts, followed by full-text review of eligible articles. Discrepancies and conflicts during title, abstract, and full text screening were resolved through discussion and consultation with a third reviewer. The selection process is documented using a PRISMA flow diagram (Figure 1) to ensure transparency.

**Figure 1.** PRISMA diagram illustrating the progression of studies through the different stages of the scoping review.



A standardized data extraction process was used to collect information on study country of origin, aims/purpose, characteristics, population, institutional context, intervention type, and outcomes. Attention was given to how interventions conceptualize and operationalize sense of belonging. Data was also extracted regarding mental, physical, social, economic, and behavioural outcomes associated with the interventions and practices.

Extracted data was analyzed descriptively and thematically to identify patterns, gaps, and promising practices across the literature. Findings were finally synthesized to highlight how mental health and wellness initiatives contribute to fostering belonging in health sciences higher education, for whom these approaches are most effective, and under what conditions they are implemented.

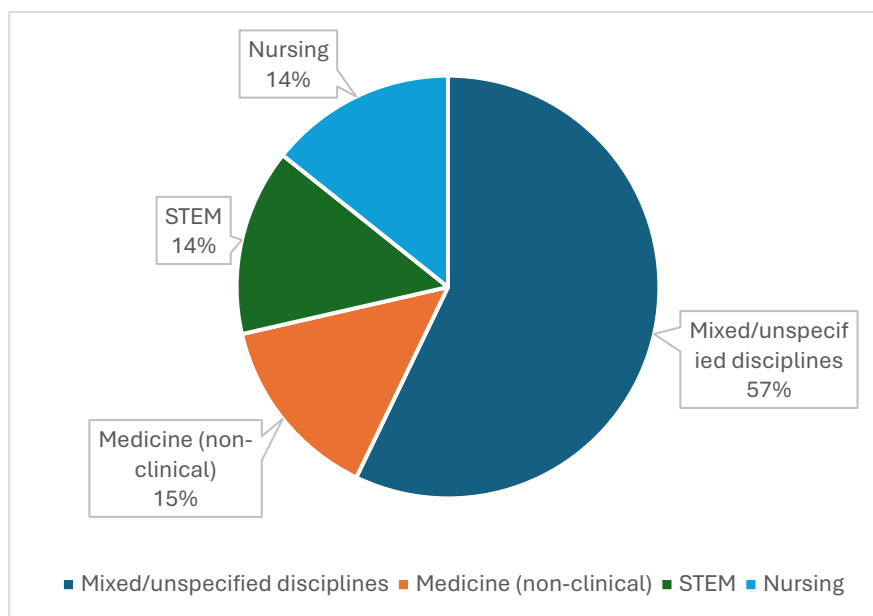
#### ***5d. Reflexivity Statement***

The author is a current undergraduate student at Queen's University of Kingston, Ontario pursuing her third year of a Bachelor of Health Sciences degree. This scoping review is the author's first experience conducting a scoping review, with the expertise and guidance from research supervisors, Dr. Colleen Davison and Dr. Giselle Valarezo. While the scoping review followed the JBI protocol, utilizing two reviewers and a third reviewer to resolve conflicts, the author recognizes the potential for implicit biases to affect the screening and data analysis process.

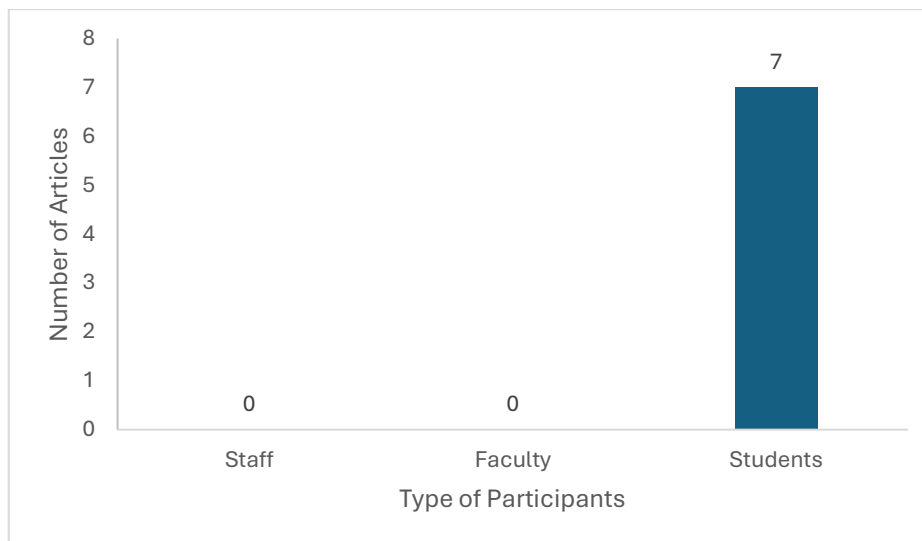
## 6. Results

The peer-reviewed literature search identified a total of seven studies ( $n=7$ ) that met the inclusion criteria. Of these, four focused on mixed or unspecified disciplines ( $n=4$ ), one on nursing programs ( $n=1$ ), one on general STEM programs ( $n=1$ ), and one on a medicine program ( $n=1$ ), as depicted in Figure 2.

**Figure 2.** Pie chart illustrating an outline of the different disciplines mentioned.



Additionally, participant type targeted through the interventions were noted. Notably, students made up the entirety ( $n=7$ ) of interventions implemented and evaluated, as depicted in Figure 3.

**Figure 3.** Bar graph depicting overview of participant type.

### **6a. Interventions**

The interventions identified in the literature were varied in modality and setting. In one study, peer support models were used during off-campus work terms in work-integrated learning programs, where they helped reduce perceived barriers to accessing support resources and promoted mental health.<sup>20</sup> In another study conducted at the University of Alberta, Physical Activity and Wellness Series (PAWS) were delivered through a structured program that combined activity with opportunities for social connection, while focused training programs such as a leadership and education initiative aimed to improve well-being and belonging through intensive residential learning.<sup>21</sup> Additionally, structured mentorship programs in nursing education were described as more effective than informal support in improving belonging and mental-health-related outcomes, particularly when implemented early and with clear guidance.<sup>24</sup> Last but not least, a chatbot intervention, named “Mibi,” was also identified, though it showed more limited engagement overall, suggesting that more targeted approaches may be needed to reach students who feel less connected.<sup>25</sup> A more detailed description of the interventions and their respective outcomes are outlined in Table 3.

**Table 3.** Evidence-based interventions pooled from literature search.

Type of Intervention	Specific Intervention/Practice and Evidence-Based Outcomes
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Peer Support Models	<p><b>Peer support models during off-campus work terms in work-integrated learning programs:</b><sup>20</sup></p> <ul style="list-style-type: none"> <li>• McBeath et al. investigated how participation in a work-integrated learning program can exacerbate students' perceived barriers to accessing peer support resources, which led to poor mental health.</li> <li>• Peer support and sense of belonging are essential protective factors</li> </ul>
Physical Activity Participation	<p><b>Physical Activity and Wellness Series (PAWS)</b><sup>21</sup></p> <ul style="list-style-type: none"> <li>• Program delivered at University of Alberta; recruited 45 international students over the span of 4 program iterations</li> <li>• Finding: when self-efficacy and physical activity increased, stress and social isolation generally decreased</li> <li>• Participants also noted especially valuing the chance to meet peers and try new activities</li> </ul>
Focused Training Programs	<p><b>Leadership and Education in integrative medicine Program (LEAP):</b><sup>22</sup></p> <ul style="list-style-type: none"> <li>• Guerrero et al. conducted a week-long summer intensive residential program for osteopathic and allopathic schools in North America aimed to enhance medical student well-being and emphasize belongingness</li> <li>• Pre-post survey revealed significant decreases on anxiety and depression and an increased sense of community and support</li> </ul>
Acceptance and Commitment Therapy (ACT)	<p><b>ACT to improve mental health and school engagement:</b><sup>23</sup></p> <ul style="list-style-type: none"> <li>• 2.5-hour workshops over span of 4 weeks engaging students from 4 Canadian universities</li> <li>• Students in intervention group (n=72) reported greater well-being and school engagement, and lower anxiety, stress, and depression symptoms</li> </ul>
Mentorship	<p><b>Structured mentorship programs introduced early in nursing school:</b><sup>24</sup></p> <ul style="list-style-type: none"> <li>• Literature review looking at 8 studies</li> <li>• Findings: mentoring programs improve mental-health-related outcomes in undergraduate nursing students (e.g. sense of belonging, stress, anxiety)</li> <li>• Structured support is more effective than informal support, especially when regular and embedded early</li> </ul>
Chatbot	<p><b>“Mibi,” a self-disclosing chatbot deployed at University of Calgary:</b><sup>25</sup></p> <ul style="list-style-type: none"> <li>• Participants from pilot summer course (n=40) and fall semester course (n=460) in a computer science class</li> <li>• Findings: lack of broad engagement from students, only specific subgroups (those who did not have a peer to talk to)</li> <li>• Future directions: should seek to engage minority of students who “feel out of place”</li> </ul>

## 7. Discussion

The results of this scoping review revealed how interventions aimed at fostering belonging in health sciences education are most effective when they are relational, inclusive, and responsive to learners' lived experiences. Across the literature, peer support, mentorship, structured wellness programming, and opportunities for connection appeared to support

belonging, especially when they reduced isolation and created a sense of safety and acceptance. These findings align with broader inclusive teaching principles that emphasize connection, accessibility, and intentional support for diverse learners. The review also highlights that belonging is not produced by a single-faceted intervention alone, but by a learning environment that consistently values students' identities and needs. Interventions, such as the Physical Activity and Wellness Series, that combined structured support with opportunities for reflection, shared experience, and community-building were especially promising.<sup>21</sup> This suggests that institutions should move beyond one-time wellness activities and instead embed belonging into curriculum design, mentorship structures, and faculty practices.

### ***7a. Recommendations***

Based on the findings, health sciences HEIs should prioritize interventions that are intentional, sustained, and relationship-based. Peer support models, structured mentorship, and wellness-focused programs appear to be especially promising because they create opportunities for connection, reduce isolation, and support learners' mental health. These interventions should not be offered as a one-time intervention, but rather embedded into the student university experience, from orientation activities to the classroom environment, on a continuous basis.

Another recommendation is that higher education institutions should consider integrating belonging-focused practices into curriculum design and learner support services. This could include early mentorship for incoming students, opportunities for peer connection during high-stress periods, and structured wellness initiatives that are accessible to students with diverse schedules and needs.

Faculty and staff development should also be prioritized, as belonging and mental health are important across the entire academic community. It is vital that faculty and staff feel a sense of belonging within their environments, especially those who may be struggling with mental health. Staff and faculty well-being have a trickle effect on the well-being of students whom they interact with.

At the institutional level, leaders should move toward policies that make belonging a visible priority. This includes investing in evidence-based interventions, working to evaluate outcomes related to student well-being and retention, and ensuring that initiatives are sustainable over time. Future programming should also be informed by the faculty, staff, and students it

impacts, since interventions are more likely to be effective when they reflect the needs and experiences of the communities they are meant to serve.

### ***7b. Limitations***

Several limitations should be considered when interpreting these findings. First, the evidence base was small and heterogeneous, which limited direct comparison across intervention types and outcomes. Second, as with many scoping reviews, the purpose was to map the literature rather than assess intervention effectiveness in depth, so conclusions about impact should be viewed as exploratory. Variation in study design, terminology (e.g. belonging vs. belongingness), and outcome measures also makes it challenging to determine which components are most effective. Finally, the limited number of studies specifically addressing faculty and staff belonging reveal an important gap in the literature and, perhaps, a broader gap in intervention implementation.

### ***7c. Anticipated Impact***

The anticipated impact of this work is offering an overview of current evaluated interventions for designing belonging-focused interventions in health sciences education. By identifying promising approaches, this review can help HEIs prioritize strategies that support student well-being, engagement, and retention while also promoting more inclusive learning environments. Over time, these efforts may contribute to stronger sense of belonging, improved mental health, and better well-being outcomes. Furthermore, this scoping review was conducted to provide support for policy and curriculum decisions that embed belonging as a core educational value. It also identified gaps for future research, particularly in Canadian settings and amongst faculty and staff populations.

## **8. Acknowledgements**

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## Appendices

### Appendix I: Search strategy

#### MEDLINE Results:

*Searched February 12<sup>th</sup>*

#	Searches	Results
1	(((((mental or psychological or psychosocial or emotional) adj3 (health or well*being or wellness or experience)) or depression or anxiety or distress) adj6 student*).ab,kf,ti.	18586
2	((higher education adj3 institution*) or (post*secondary or universit* or undergrad* or college* or health science* or medicine, or nursing, or rehab* or kinesiology* or physiotherapy)).ab,ti,kf.	2040511
3	1 and 2	12867
4	(belonging* or (feeling adj2 inclusi*) or acceptance).ab,kf,ti.	240854
5	3 and 4	419
6	(student* or learner* or staff or faculty or teacher* or professor*).ab,kf,ti.	754619
7	5 and 6	419
8	(canad* or north america* or US or united states or UK or united kingdom).ab,kf,ti.	1477796
9	7 and 8	65
10	exp Mental Health/	76907
11	belonging.mp.	129171
12	canada.mp.	198601
13	10 and 11 and 12	54

#### Embase Results:

*Searched February 26<sup>th</sup>*

#	Searches	Results
1	(((((mental or psychological or psychosocial or emotional) adj3 (health or well*being or wellness or experience)) or depression or anxiety or distress) adj6 student*).ab,kf,ti.	22334

2	((higher education adj3 institution*) or (post*secondary or universit* or undergrad* or college* or health science* or medicine, or nursing, or rehab* or kinesiology* or physiotherapy)).ab,ti,kf.	3174477
3	1 and 2	15568
4	(belonging* or (feeling adj2 inclusi*) or acceptance).ab,kf,ti.	312529
5	3 and 4	531
6	(student* or learner* or staff or faculty or teacher* or professor*).ab,kf,ti.	1067100
7	5 and 6	531
8	(canad* or north america* or (US or united states) or (UK or united kingdom)).ab,kf,ti.	2052006
9	7 and 8	64

### PsycINFO Results:

*Searched February 12<sup>th</sup>*

((**Any Field:** mental *OR Any Field:* psychological *OR Any Field:* psychosocial *OR Any Field:* emotional) *NEAR/3 (Any Field:* health *OR Any Field:* well\*being *OR Any Field:* wellness *OR Any Field:* experience) *OR Any Field:* depression *OR Any Field:* anxiety *OR Any Field:* distress) *NEAR/6 Any Field:* student\* *AND (Any Field:* "higher education" *NEAR/3 institution\* OR Any Field:* post\*secondary *OR Any Field:* universit\* *OR Any Field:* undergrad\* *OR Any Field:* college\* *OR Any Field:* "health science\*" *OR Any Field:* medicine *OR Any Field:* nursing *OR Any Field:* rehab\* *OR Any Field:* kinesiology\* *OR Any Field:* physiotherapy) *AND (Abstract:* belonging\*) *AND (Any Field:* student\* *OR Any Field:* learner\* *OR Any Field:* staff *OR Any Field:* faculty *OR Any Field:* teacher\* *OR Any Field:* professor\*) *AND (Any Field:* canad\* *OR Any Field:* "north america\*" *OR Any Field:* US *OR Any Field:* "united states" *OR Any Field:* UK *OR Any Field:* "united kingdom") *AND Peer-Reviewed Journals only AND Year:* 2015 *To* 2026

### **Result(s):**

275

### **Database(s):**

APA PsycInfo, APA PsycArticles

### Scopus Results:

*Searched February 24<sup>th</sup>*

(TITLE-ABS-KEY((( ( ( mental OR psychological OR psychosocial OR emotional ) W/3 ( health OR well\*being OR wellness OR experience ) OR depression OR anxiety OR distress ) W/6 student\* ) ) ) AND TITLE-ABS-KEY((( ( higher education W/3 institution\* ) OR ( post\*secondary OR universit\* OR undergrad\* OR health science\* OR medicine OR nursing OR rehab\* OR kinesiology\* OR physiotherapy ) ) ) ) AND TITLE-ABS-KEY((( ( belonging\* OR ( feeling W/2 inclusi\* ) OR acceptance ) ) ) ) AND TITLE-ABS-KEY((( ( student\* OR learner\* OR staff OR faculty OR teacher\* OR professor\* ) ) ) ) ) AND ( LIMIT-TO ( AFFILCOUNTRY,"Canada" ) OR LIMIT-TO ( AFFILCOUNTRY,"United Kingdom" ) OR LIMIT-TO ( AFFILCOUNTRY,"United States" ) )

→ 91 results

#### ERIC Results:

*Searched February 26<sup>th</sup>*

noft((((mental OR psychological OR psychosocial OR emotional) NEAR/3 (health OR well\*being OR wellness OR experience)) OR depression OR anxiety OR distress) NEAR/6 student\*)) AND noft(((higher education adj3 institution\*) OR (post\*secondary OR universit\* OR undergrad\* OR college\* OR health science\* OR medicine, OR nursing, OR rehab\* OR kinesiology\* OR physiotherapy))) AND noft((belonging\* OR (feeling NEAR/2 inclusi\*) OR acceptance)) AND noft((student\* OR learner\* OR staff OR faculty OR teacher\* OR professor\*)) AND noft((canad\* OR north america\* OR US OR united states OR UK OR united kingdom))

→ 263 results