



Exploring the Impact of Key Demographic Variables on Indigenous Students' Well-Being and Support Service Utilization

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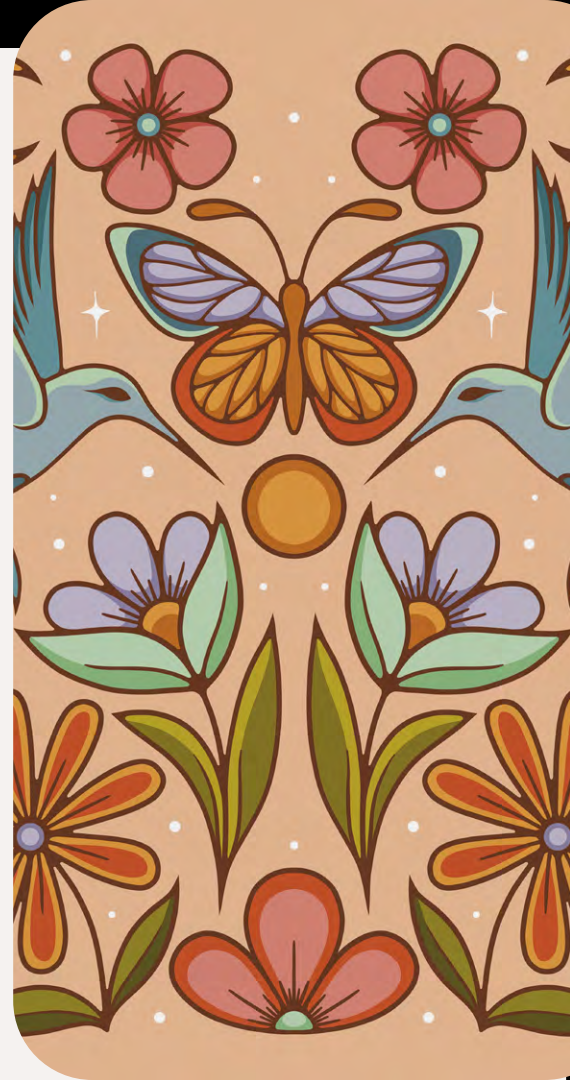
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Rita Thapa Budhathoki is an Indigenous researcher from Nepal. Her background in Indigenous community research shapes her interpretation and understanding of the context behind the Indigenous students’ experiences. She presents the findings with the utmost respect for the Indigenous students involved, ensuring the information is accurate and provides relevant, practical value to them.

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Alanah Astehtsi’ Otsistóhkwa? (Morningstar) Jewell (she/her) is a mixed French-First Nations artist. She is Bear Clan from Oneida Nation of the Thames, grew up off-reserve, and currently lives in Kitchener, Ontario. Alanah is an illustrator, painter, and muralist, and organizes local Indigenous Art Markets through @IAMKitchener on Instagram. She received an Honours BA in Sociology from Wilfrid Laurier University and had dreams of attending law school or pursuing a master’s degree in the years following graduation. However, life took a turn when she decided to pursue art as a hobby in 2019; she quickly developed a love for creating and felt that she could pursue art part-time. Illustrating and painting soon became her life’s work, and through this she has been able to connect with other Indigenous creators, participate in community, and express culture, love, and connection.



FOREWORD: BALANCING MENTAL WELLNESS AND INDIGENOUS STUDENT SUCCESS

It is our privilege to present this report regarding balancing mental wellness and Indigenous student success. Across Canada, Indigenous learners consistently identify mental health challenges as one of the most significant barriers to achieving their educational goals. These challenges are not isolated experiences, rather, they are shaped by history, society, family, and ongoing inequities, systemic gaps, and environments that too often fail to understand Indigenous realities, identities, cultures, and ways of knowing.

At Indspire, we walk alongside Indigenous students as they pursue post-secondary education. We understand that success cannot be measured by credentials alone. A balanced state of mental, emotional, spiritual, and physical well-being contributes to the health of both individuals and communities. Through initiatives such as *Pathways to Wellness* and in collaboration with partners including CAMH, Jack.org, and We Matter, we are working to strengthen culturally grounded supports. Yet, students continue to highlight where meaningful gaps remain.

In 2022, Indspire released *Indigenous Learners' Mental Health Needs*, a foundational literature review that examines what is known and what remains insufficiently understood about Indigenous students' mental wellness. While the research identified persistent individual, socio-cultural, and systemic barriers, it also highlighted a critical gap: limited research directly centred on the voices and lived experiences of Indigenous post-secondary learners themselves.

In response, and in partnership with the Mental Health Commission of Canada, Indspire launched a multi-phase research initiative to ground future action in student realities. Through a national *Mental Wellness Survey* and a series of student learning circles, Indigenous learners shared not only the pressures they face but also their strengths, insights, and clarity about what meaningful support looks like. These were not transactional research exercises. They were spaces of trust, reciprocity, and shared responsibility.

The four reports presented here provide a national landscape analysis of available resources, detailed survey findings, and direct lived experiences from Indigenous students across the country. They offer both evidence and direction, identifying persistent barriers and illuminating pathways toward belonging, resilience, and thriving.

This work is an invitation and call to action for institutions, governments, and partners to build culturally grounded, responsive, and accountable systems. Affirming the importance of supportive learning environments will allow Indigenous students to thrive and lead into a bright future.

Meegwetch,



Jocelyn W. Formsma, H.B.Soc.Sci, J.D.
President and CEO, Indspire



FOREWORD: HONOURING COLLABORATION AND INDIGENOUS WELL-BEING

The Mental Health Commission of Canada (MHCC) is honoured to support Indspire in this important research focused on the mental health and well-being of First Nations, Inuit, and Métis students in post-secondary.

The MHCC champions the National Standard for *Mental Health and Well-being for Post-Secondary Students* (the Standard) — a voluntary, flexible framework to help institutions create supportive, holistic, and student-centred approaches to mental health. Since its release in 2020, campuses across the country have made meaningful strides to adapt their systems to better meet the needs of their students.

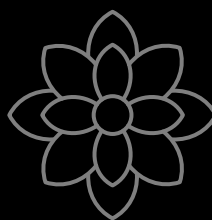
At the same time, student realities have become increasingly complex. Indigenous students carry strength, knowledge, and deep connections to community that enrich the post-secondary environment, yet these experiences often unfold within systems that are based on colonial foundations. Many continue to experience challenges tied to the ongoing experiences of colonization, racism, and cultural disconnection, highlighting the importance of fostering campus environments where Indigenous ways of knowing and being are practiced, supported, and celebrated as an asset.

It has been clear to us since the release of the Standard that further guidance is needed to reflect the distinct perspectives and priorities of First Nations, Inuit, and Métis students. This series of reports is a step in that direction. Through these reports, Indigenous students share powerful insights about the kind of supports and systems they need to feel seen, respected, and able to thrive throughout their post-secondary journeys. Without their voices, meaningful support of Indigenous students in post-secondary would be unattainable.

The MHCC is grateful to Indspire for their leadership in this work and to the students who courageously shared their stories. Their voices are the heart of these reports. We are committed to being accountable to these voices to foster more inclusive and culturally safe environments for Indigenous students, and we encourage readers to join us in reflecting on their own responsibility in advancing this important work.



Lili-Anna Pereša,
President and Chief Executive Officer,
Mental Health Commission of Canada



INDSPIRE'S MENTAL WELLNESS RESEARCH PROGRAM

Research Program

Mental health is a foundational element of students' ability to thrive academically. To better understand the mental wellness landscape for Indigenous post-secondary students, Indspire's Research and Impact Department (R&I) conducted a literature review, which identified individual, socio-cultural, and systemic barriers along with key facilitators that influence students' mental wellness (Bunting, 2022). Most notably, the review highlighted a significant gap in research that focuses on the mental wellness of Indigenous learners.

To address this gap, R&I partnered with the MHCC to launch a two-phased research program aimed at deepening the understanding of Indigenous students' mental wellness and identifying effective supports throughout their post-secondary journeys. This initiative led to the development of a series of four interrelated research reports.



Phase 1: Mental Wellness Survey

To address the limited documentation of mental wellness experiences of Indigenous learners, R&I developed and administered the *Mental Wellness Survey* to former recipients of Indspire's Building Brighter Futures program. The survey explored key factors influencing Indigenous students' mental wellness, including cultural connectedness, sense of belonging, and the support services provided by their post-secondary institutions.

The *Mental Wellness Survey* invited students to share their experiences in their own words—identifying barriers to accessing support services and assessing whether those services met their needs. The findings, disseminated across three reports, emphasized the importance of fostering a strength-based discourse that centres Indigenous student voices in shaping mental wellness supports.

Phase 2: Learning Circles

To enable Indigenous learners to share their experiences of mental wellness in post-secondary contexts, the second phase of the research program involved a series of learning circles with current and former students. These discussions sought in-depth insights into students' lived experiences related to mental wellness during their academic journeys, as well as their perspectives on the strengths and limitations of institutional support. Findings from the learning circles emphasized the need for holistic support, including professional development opportunities, life skills training, and healing support. A guiding analogy was developed to outline pathways for post-secondary institutions to strengthen mental wellness supports for Indigenous learners.

Indspire's R&I Mental Wellness Reports



Phase 1

Understanding the Interrelationship of Mental Wellness Factors— A Study of Indigenous Post-Secondary Student Experiences

Authors: Ayson et al., 2026



Phase 1

Exploring the Impact of Key Demographic Variables on Indigenous Students Well-being and Support Service Utilization

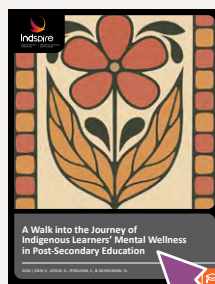
Authors: Budhathoki et al., 2026



Phase 1

Indigenous Student Voices on Mental Health and Indigenous Supports: Barriers and Benefits

Authors: Sidorova et al., 2026



Phase 2

A Walk Into the Journey of Indigenous Learners' Mental Wellness in Post-Secondary Education

Authors: Gray et al., 2026

Reflections

This body of work fills a critical knowledge gap in understanding the factors that influence Indigenous students' mental wellness throughout their post-secondary journey. It highlights the ongoing harm that colonization has on Indigenous students and the barriers placed on their educational attainment. Importantly, this research brings forward the voices, experiences, and perspectives of Indigenous learners to inform how institutions and policymakers approach mental wellness in post-secondary education.

Looking Ahead

Drawing on insights gathered across both phases, we will synthesize the findings into an informed, evidence-based position statement that outlines recommendations for the sector. This statement, along with the four interrelated research reports, will serve as a guiding resource for post-secondary institutions, government bodies, and community organizations working to strengthen mental wellness supports for Indigenous students across Canada.



ABOUT INDSPIRE

Indspire is a national Indigenous registered charity that invests in the education of First Nations, Inuit, and Métis people for the long-term benefit of these individuals, their families, and communities. In partnership with Indigenous and private- and public-sector stakeholders, Indspire educates, connects, and invests in Indigenous people to help them achieve their highest potential. Indspire provides resources to students, educators, communities, and other stakeholders who are committed to improving success in education for Indigenous youth. Since 1996, Indspire has awarded over \$250 million through more than 70,000 bursaries and scholarships to First Nations, Inuit, and Métis youth, making it the largest funder of Indigenous post-secondary education outside of the Canadian federal government.

ACKNOWLEDGEMENT

We would like to begin by acknowledging and thanking our *Building Brighter Futures* program recipients who shared their experiences with us and provided valuable insight into the experiences of Indigenous students across Canada. We also wish to acknowledge Indspire's staff, funding partners, and other stakeholders, whose support has enabled us to provide thousands of bursaries, scholarships, and awards each year to students pursuing post-secondary education and training. At Indspire, it is important for us to provide space for Indigenous communities to feel seen, represented, and celebrated. The success experienced by Indigenous students, and the ways they use their education to demonstrate reciprocity in giving back to their communities, are truly inspiring and tell the story of how brighter futures can be built when we work in partnership.

Chi-Miigwetch for all of the hope and encouragement that you all bring.

RESEARCH SPONSORS



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of Canada

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ABSTRACT

Indspire is strongly committed to enhancing mental well-being support for Indigenous post-secondary students. To gain insights into Indigenous students' mental wellness and their access to support services at post-secondary institutions, Indspire developed and administered the *Mental Wellness Survey* to past Building Brighter Futures program recipients. To identify trends within the Indigenous student population, the findings were disaggregated by demographic group. Age emerged as a significant determinant of mental wellness, cultural connectedness, sense of belonging, and feeling accepted at their post-secondary institutions ($ps < 0.01$). Specifically, younger respondents (aged 18 – 24) had significantly lower average scores in mental wellness and cultural connectedness and higher scores in sense of belonging and stress compared to older respondents (aged 45+). Gender also emerged as a significant determinant, with gender-diverse individuals exhibiting lower mental wellness and higher stress levels compared to men and women. Indigenous identity also revealed significant trends; specifically, Métis respondents reported higher sense of belonging and lower cultural connectedness than Inuit and First Nations respondents. Inuit respondents reported lower satisfaction to Indigenous services compared to Métis and First Nations respondents.

The findings highlight how respondents' demographic characteristics may affect their well-being. These results show the need for support systems that are tailored, culturally relevant, and account for specific individual needs.

KEY TAKEAWAYS

- There was an age-related increase in mental wellness. 55- to 64-year-olds had significantly higher mental wellness and lower stress than 18- to 24-year-olds.
- Gender-diverse respondents had lower mental wellness scores than men and women and the highest rate of access to support services. Women had lower mental wellness scores than men.
- Respondents with a higher education had higher mental wellness scores than those with lower education levels.
- First Nations respondents had the highest use of Indigenous services (54%) compared to Inuit (45%) and Métis (43%). Inuit respondents had the lowest satisfaction rate with Indigenous services (55%) compared to First Nations (76%) and Métis (78%).

INTRODUCTION

Background

Mental health is a significant global health concern, with millions worldwide impacted by mental disorders (*World Mental Health Report, 2022*). Mental health issues often begin in adolescence and young adulthood, with research indicating that approximately 75% of mental health disorders emerge before the age of 25 (Kessler et al., 2005). Mental wellness can profoundly influence the educational experiences and overall development of youth. This is particularly critical for Indigenous students, as research has revealed they are significantly more likely to face mental health challenges compared to non-Indigenous students across Canada (Hop Wo et al., 2020). Indigenous youth in Canada experience depression and suicide rates five to seven times higher than their non-Indigenous peers (Barker et al., 2017). According to the Aboriginal Peoples survey, nearly one in five Indigenous youth have been diagnosed with a mood disorder, and one in four with an anxiety disorder (Anderson, 2021). Moreover, discrimination, racism, cultural disconnection, and intergenerational trauma may exacerbate mental health issues (Beshai, 2022; Bunting, 2022; Tu et al., 2019). Rates of suicide and substance abuse are also high in Indigenous communities, highlighting the urgent need for mental wellness support for Indigenous youth (Hus & Segal, 2024). Although all students experience barriers to accessing mental health support, Indigenous students face additional challenges which prevent them from accessing or benefitting from mental health support at their post-secondary institutions (Indigenous Post-Secondary Mental Health Needs Assessment, 2024; see also Sidorova et al., 2026 and Gray et al., 2026 from this report series).

Through an Indigenous perspective, mental wellness is understood as living in balance and harmony, with a focus on inner strength and resilience rather than on illness or weakness (Kirmayer et al., 2003). The *First Nations Mental Wellness Continuum Framework* emphasizes that mental wellness is deeply supported by culture, language, Elders, family, and connection to the land and creation. This perspective underscores the importance of traditional knowledge, culture, and community-driven healing approaches, while also acknowledging the ongoing impacts of colonization. Research conducted by Indspire's Research and Impact Department identified cultural connectedness and sense of belonging to be key factors related to mental wellness in Indigenous people (Bunting, 2022; see also Ayson et al., 2026 from this report series). Cultural connectedness refers to a strong identification with one's cultural traditions, values, and community (Chandler & Lalonde, 1998) and sense of belonging refers to the feeling of acceptance and connectedness within community (Snowshoe et al., 2017). To understand the mental wellness of Indigenous students, it is essential to examine their experiences within each of these areas.

INTRODUCTION

The urgency for targeted mental wellness support for Indigenous peoples is well established. However, a comprehensive understanding of the nuances in supporting this population is needed. There is a research gap in understanding how demographic factors such as age, gender, Indigenous identity, and place of residence influence mental wellness, cultural connectedness, sense of belonging, and access to support services. Notably, literature in this area is primarily with First Nations, with inadequate attention given to the experiences of Inuit and Métis (Bunting, 2022). This knowledge gap hinders the ability to fully comprehend the diverse needs and challenges encountered by different groups within the Indigenous population. By examining patterns between demographic characteristics (e.g., Indigenous identity, age, gender, education level, and area of residence), this report provides disaggregated, group-specific insights on Indigenous student mental wellness. These findings can inform program development, target interventions, and support the creation of inclusive practices that better address the needs of diverse populations.

Purpose

This study is part of a broader initiative to better understand the mental wellness of Indigenous post-secondary students. This report specifically examines demographic differences in students' mental wellness and their use of support services. Findings from this research will be used to develop recommendations to improve institutional support of Indigenous student mental wellness.

METHOD

Research Question

This report investigates differences in mental wellness, general health, cultural connectedness, sense of belonging, stress level, and support service utilization across demographic subgroups (e.g., age, Indigenous identity, and education level) within the Indigenous student population.

Methodology

The *Mental Wellness Survey* was administered in March 2023. It used a non-probability purposive sampling method to include First Nations, Inuit, and Métis Building Brighter Futures award recipients from 2020 – 2022. Employing a mixed-method design, the survey gathered both quantitative and qualitative data through 35 items, including skip logic and optional items, and took roughly 20 – 25 minutes to complete.

Participants

The *Mental Wellness Survey* was sent to 10,104 previous Building Brighter Futures award recipients who received awards from 2020 – 2022. A total of 2,989 participants responded to the survey, representing a 30% response rate. Ninety-one percent of respondents provided complete responses. The number of respondents (n) varied across analyses due to the inclusion of both complete and partial responses, as well as the use of skip logic in the survey design. For analyses with fewer than 2,989 participants, the sample size is noted.

Data Analysis

Quantitative data were analysed using SPSS v.31. Prior to analysis, survey data were screened for outliers, typographical errors, and inconsistencies to ensure data quality and accuracy. Five to six statements (e.g., “I have a clear sense of my Indigenous identity or culture and what it means to me”) were provided for each latent construct: mental wellness, cultural connectedness, and sense of belonging. Participants rated their level of agreement to each statement using a five-point Likert scale, (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, and 5 = *Strongly Agree*). The agreement scores were then averaged to produce a mean score for each construct, with a higher score representing a stronger expression of that construct. Normality was assessed for all analyses, which informed the decision to use non-parametric tests for analyses with three or more groups. Independent-samples t -tests and Kruskal-Wallis H -tests were conducted to examine variations in mental wellness, sense of belonging, cultural connectedness, stress, and accessing support services across demographic groups. Post-hoc analyses were performed where necessary to further explore significant

METHOD

differences identified among these groups. A Bonferroni correction was applied to control for Type I error across multiple comparisons dividing the alpha level by the number of tests performed. Accordingly, significant p -values from post-hoc analyses are Bonferroni-adjusted, with only those meeting the corrected significance threshold considered statistically significant.

Ethical Considerations

Indspire seeks to frame research in a way that empowers Indigenous communities, using a strength-based approach that emphasizes resilience and positive cultural practices. All individual information shared by survey participants remained confidential with the project's core research team, and responses were anonymized prior to analysis. Participants were informed that by voluntarily participating in the survey, they were giving Indspire consent to use their responses for research purposes that benefit Indigenous students. Participant data is held on a secure cloud drive shared only with the research team. To maintain confidentiality, only aggregate data is presented. More information on how participant data is used at Indspire can be found in our [Privacy Policy](#).

RESULTS

Demographic Characteristics

Most participants were between 18 and 24 years old (41%), identified as First Nations (68%), and resided in an urban area (70%), in Ontario (27%). A comprehensive breakdown of the full sample by demographic group can be found in [Appendix](#).

Mental Wellness

Six statements in the *Mental Wellness Survey* related specifically to respondents' overall mental wellness (e.g., "I have been thinking clearly"). Table 1 presents descriptive statistics and differences in average mental wellness across demographic groups.

The mean mental wellness score for all respondents was 3.4, indicating that respondents generally perceived their mental wellness slightly above "Neutral". Indigenous identity, province of residence, and first-generation attending post-secondary education showed no significant difference in mental wellness.

Age

Mental wellness improved with age, peaking at mean of 3.7 in the 55 – 64 age group ($p < .001$). Pairwise comparisons with a Bonferroni correction showed that the oldest two groups (aged 45 – 54 and 55 – 64) reported significantly higher mental wellness than the two younger groups (aged 18 – 24 and 25 – 34; adj. $ps < .05$). The oldest age group (aged 55 – 64) also had significantly higher mental wellness than the 35 – 44 age group (adj. $p < .05$), who had higher mental wellness than the youngest age group (aged 18 – 24; adj. $p < .05$).

RESULTS

Gender

Men reported the highest average mental wellness, while gender-diverse individuals (defined as those who identify as non-binary, Two-Spirit, or transgender) reported the lowest. Specifically, men¹ reported higher mental wellness compared to women and gender-diverse individuals (adj. $ps < .001$). Additionally, women had significantly higher mental wellness than the gender-diverse group (adj. $p < .05$).

Education Level

Mental wellness increased with higher educational achievement. Individuals with a graduate degree demonstrated significantly higher mental wellness than all other levels of education (adj. $ps < .05$). Individuals with no certificate (i.e., no post-secondary nor secondary diploma) demonstrated significantly lower mental wellness compared to those with an undergraduate degree or a post-secondary certificate (adj. $ps < .05$).

1 Acknowledging that the gender-diverse group includes transgender men and women, the “men” group represents cis-men only and “women” represents cis-women only.

RESULTS

Table 1: Demographic Differences in Mental Wellness

Demographic Group	<i>n</i>	Mental Wellness Score	
		Mean (SD)	<i>p</i> -value
Total	2,899	3.4 (.71)	-
Indigenous Identity	First Nations	1,968	3.3 (.71)
	Métis	856	3.4 (.70)
	Inuit	75	3.3 (.73)
Age	18 – 24	1,179	3.3 (.71)
	25 – 34	1,046	3.3 (.70)
	35 – 44	418	3.4 (.70)
	45 – 54	190	3.5 (.75)
	55 – 64	59	3.7 (.69)
Gender	Men	607	3.5 (.74)
	Women	2,136	3.3 (.69)
	Diverse	156	3.1 (.74)
Area of Residence	In Community	325	3.4 (.66)
	Urban	2,010	3.3 (.71)
	Rural	514	3.3 (.75)
First Generation to Attend Post-Secondary Education	Yes	1,125	3.4 (.72)
	No	1,774	3.3 (.71)
Highest Level of Education	No Certificate	77	3.1 (.79)
	Secondary Diploma	830	3.3 (.71)
	Post-Secondary Certificate	879	3.4 (.73)
	Undergraduate Degree	771	3.4 (.67)
	Graduate Degree	342	3.5 (.72)
Province	AB	611	3.4 (.71)
	BC	489	3.3 (.69)
	MT	326	3.4 (.69)
	ON	781	3.3 (.74)
	QC	60	3.4 (.62)
	SK	360	3.4 (.67)
	Atlantic (NL, NB, NS, and PEI)	201	611
	Territories (YT, NWT, and NU)	48	489
	Outside Canada	23	326

RESULTS

Mental Health Status

Respondents were asked how they rate their mental health using a 5-point Likert scale (1 = *Poor*, 2 = *Fair*, 3 = *Good*, 4 = *Very Good*, and 5 = *Excellent*). While this measure is related to mental wellness (see Ayson et al., 2025 from this report series), “mental health” in this context captures how respondents were feeling at the time they completed the survey. In contrast, the mental wellness measure described in the previous section reflects respondents’ typical, longer-term pattern of mental health. Table 2 summarizes the average mental health across demographic groups. The total sample reported a mean of 2.5 and median of 2.0, indicating that, on average, respondents rated their mental health between *Fair* and *Good* but skewed towards *Fair*.

There were no significant differences in mental health across area of residence (urban, rural, or in community) or being a first-generation post-secondary student.

Indigenous Identity

A comparison of mental health across the three Indigenous groups First Nations, Inuit, and Métis revealed statistically significant differences ($p < .05$). Post-hoc pairwise comparisons with a Bonferroni correction showed that Métis had significantly higher mental health than First Nations (adj. $p < .05$). However, despite Inuit having the lowest average mental health, no significant differences were found between Inuit and First Nations or between Inuit and Métis respondents.

Age

Mental health increased with age, peaking at a mean of 3.1 in the 55 – 64 age group. Pairwise comparisons showed that the oldest age group (aged 55 – 64) reported significantly higher mental health compared to the three youngest age groups (18 – 24, 25 – 34, and 35 – 44; adj. $ps < .05$) but not to those aged 45 – 54. Those aged 45 – 54 had significantly higher mental health than the two youngest age groups (aged 18 – 24 and 25 – 34; adj. $ps < .01$).

Gender

Men reported higher mental health compared to women and gender-diverse individuals (adj. $ps < .001$). Additionally, women had significantly higher mental health than the gender-diverse group (adj. $p < .01$).

Education Level

Mental health increased with higher educational achievement. Respondents with a graduate degree rated higher mental health than all other education levels (adj. $ps < .001$), except those with an undergraduate degree. Those with an undergraduate degree had significantly higher mental health than those with a post-secondary certificate, a secondary diploma, and no certificate (adj. $ps < .05$).

RESULTS

Table 2: Demographic Differences in Self-Rated Mental Health

Demographic Group	<i>n</i>	Self-rated Mental Wellness Score		
		Mean (SD)	Median	<i>p</i> -value
Total	2,899	2.5 (.94)	2	-
Indigenous Identity	First Nations	1,968	2.5 (.94)	.013
	Inuit	75	2.4 (.95)	
	Métis	856	2.6 (.96)	
Age	18 – 24	1,179	2.5 (.96)	<.001
	25 – 34	1,046	2.5 (.94)	
	35 – 44	418	2.6 (.92)	
	45 – 54	190	2.8 (.85)	
	55 – 64	59	3.1 (1)	
Gender	Men	607	2.8 (1)	<.001
	Women	2,136	2.5 (.9)	
	Diverse	156	2.2 (.91)	
Area of Residence	Urban	2,010	2.5 (.94)	.968
	Rural	514	2.5 (1)	
	In Community	325	2.5 (.89)	
First Generation to Attend Post-Secondary Education	Yes	1,125	2.6 (.96)	.257
	No	1,774	2.5 (.94)	
Highest Level of Education	No Certificate	77	2.3 (.96)	<.001
	Secondary Diploma	830	2.5 (.93)	
	Post-Secondary Certificate	879	2.5 (.98)	
	Undergraduate Degree	771	2.6 (.91)	
	Graduate Degree	342	2.7 (.95)	

RESULTS

Stress Level

Respondents' self-reported level of stress was measured through the item, "Thinking about the amount of stress in your life, how would you describe most of your days?". Respondents answered using a 5-point Likert scale (1 = *Never Stressful*, 2 = *Rarely Stressful*, 3 = *Sometimes Stressful*, 4 = *Often Stressful*, and 5 = *Always Stressful*). Table 3 presents the average self-rated stress level across demographic groups. The overall sample had an average score of 3.4, indicating that, on average, respondents experienced a *Moderate to High* level of stress most days.

Average stress level did not significantly differ by Indigenous identity, being the first-generation to attend post-secondary, or area of residence.

Age

Stress level was significantly higher in younger age groups (aged 44 and under) compared to older age groups (aged 45+). The oldest age group (aged 55 – 64) reported significantly lower stress levels compared to the three youngest age groups (adj. $p < .01$), but not to those aged 45 – 54. Furthermore, the 45 – 54 age group had significantly lower stress levels compared to the 18 – 24 group (adj. $p < .01$).

Gender

Stress level significantly differed by gender. Gender-diverse individuals had a significantly higher average stress level than both men (adj. $p < .001$) and women (adj. $p < .01$). Moreover, women had a significantly higher stress level than men (adj. $p < .001$).

Education Level

Stress levels also differed by level of education ($p < .05$). Pairwise comparisons with a Bonferroni correction indicated no significant differences between groups. However, individuals with no certificate exhibited the highest average stress levels, with stress decreasing as educational attainment increased.

RESULTS

Table 3: Demographic Differences in Stress Level

Demographic Group	<i>n</i>	Stress Level Score		
		Mean (SD)	Median	<i>p</i> -value
Total	2,899	3.4 (.76)	3	-
Indigenous Identity	First Nations	1,968	3.4 (.78)	.237
	Inuit	75	3.3 (.69)	
	Métis	856	3.4 (.74)	
Age	18 – 24	1,179	3.4 (.75)	<.001
	25 – 34	1,046	3.4 (.77)	
	35 – 44	418	3.4 (.76)	
	45 – 54	190	3.3 (.73)	
	55 – 64	59	3.0 (.78)	
First Generation to Attend Post-Secondary Education	Yes	1,125	3.4 (.78)	.856
	No	1,774	3.4 (.75)	
Gender	Men	607	3.2 (.78)	<.001
	Women	2,136	3.4 (.75)	
	Diverse	156	3.6 (.75)	
Area of Residence	Urban	2,010	3.4 (.75)	.085
	Rural	514	3.4 (.77)	
	In Community	325	3.3 (.75)	
Highest Level of Education	No Certificate	77	3.5 (.88)	.017
	Secondary Diploma	830	3.5 (.75)	
	Post-Secondary Certificate	879	3.4 (.77)	
	Undergraduate Degree	771	3.4 (.75)	
	Graduate Degree	342	3.3 (.75)	

RESULTS

Sense of Belonging

Six statements in the *Mental Wellness Survey* related to feeling a sense of belonging. To allow for a more general interpretation of sense of belonging, statements of belonging and support were not specific to any community (e.g., Indigenous or post-secondary). Table 4 presents average sense of belonging across demographic groups.

The overall sample reported a mean sense of belonging score of 3.8 ($Med=4$), indicating that respondents generally had a moderate sense of belonging. No significant differences in sense of belonging were found between gender groups or province of residence.

Indigenous Identity

Métis individuals had significantly higher average sense of belonging compared to First Nations (adj. $p<.001$). No significant differences were found between First Nations and Inuit, and Inuit and Métis.

Age

Sense of belonging was highest for the youngest age group (aged 18 – 24). Specifically, the youngest age group (aged 18 – 24) demonstrated significantly higher sense of belonging than all other age groups (adj. $ps<.05$), except the oldest (aged 55 – 64).

Area of Residence

Individuals living in urban areas had significantly higher sense of belonging than those living in community (adj. $p=.05$).

First Generation to Attend PSE

Respondents who were a first-generation post-secondary student had significantly lower sense of belonging than those who were not first-generation ($p<.05$).

Education Level

Sense of belonging significantly differed by education level, although the trend was not linear. Respondents with no certificate had significantly lower sense of belonging compared to those with a secondary diploma, undergraduate degree and graduate degree (adj. $ps<.05$). Individuals with a post-secondary certificate had significantly lower scores compared to those with a secondary diploma (adj. $p=.001$), and those with undergraduate and graduate degrees (adj. $ps<.001$). Finally, those with a graduate degree had significantly higher sense of belonging compared to those with a secondary diploma ($p<.05$).

RESULTS

Table 4: Demographic Differences in Sense of Belonging

Demographic Group	<i>n</i>	Sense of Belonging Score	
		Mean (SD)	<i>p</i> -value
Total	2,849	3.8 (.75)	-
Indigenous Identity	First Nations	1,934	3.8 (.77)
	Métis	841	4.0 (.70)
	Inuit	74	3.8 (.81)
Age	18 – 24	1,159	4.0 (.67)
	25 – 34	1,028	3.8 (.77)
	35 – 44	410	3.7 (.85)
	45 – 54	186	3.7 (.86)
	55 – 64	59	3.8 (.69)
Gender	Men	601	3.9 (.77)
	Women	2,094	3.8 (.74)
	Diverse	154	3.7 (.86)
Area of Residence	In Community	312	3.8 (.73)
	Urban	1,981	3.9 (.75)
	Rural	507	3.8 (.78)
First Generation to Attend Post-Secondary Education	Yes	1,108	3.7 (.80)
	No	1,741	3.9 (.71)
Highest Level of Education	No Certificate	77	3.5 (.85)
	Secondary Diploma	815	3.9 (.75)
	Post-Secondary Certificate	869	3.8 (.77)
	Undergraduate Degree	752	3.9 (.72)
	Graduate Degree	336	4.0 (.73)
Province	AB	602	3.9 (.79)
	BC	483	3.9 (.72)
	MT	319	3.9 (.74)
	ON	764	3.8 (.76)
	QC	57	3.9 (.78)
	SK	356	3.8 (.75)
	Atlantic (NL, NB, NS, and PEI)	197	3.9 (.70)
	Territories (YT, NWT, and NU)	48	3.8 (.74)
	Outside Canada	23	4.0 (.78)

RESULTS

Cultural Connectedness

Five statements in the *Mental Wellness Survey* related to cultural connectedness. Table 4 presents average cultural connectedness across demographic groups.

The mean cultural connectedness score for the overall sample was 3.5, suggesting respondents generally had moderate connection to their culture. Cultural connectedness did not significantly differ by gender group, being the first generation to attend post-secondary education, or level of education.

Indigenous Identity

Métis reported significantly lower cultural connectedness than both First Nations and Inuit (adj. $ps < .001$). However, no significant difference was observed between Inuit and First Nations.

Age

Cultural connectedness was relatively lower for younger adults. Specifically, the youngest age group (aged 18 – 24) had significantly lower cultural connectedness compared to the 35 – 44 and 45 – 54 age groups (adj. $ps < .01$). The 25 – 34 age group had significantly lower cultural connectedness than the 45 – 54 group (adj. $p < .05$).

Area of Residence

Respondents living in community had significantly higher cultural connectedness than respondents living in rural and urban areas (adj. $ps < .001$).

Respondents from the Territories (Yukon, Northwest Territories, and Nunavut) had collectively higher cultural connectedness than respondents from British Columbia and Alberta (adj. $ps < .05$). Those from the Atlantic provinces (New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island) had collectively higher cultural connectedness compared to respondents from British Columbia, Alberta, Manitoba, and Ontario (adj. $ps < .05$).

RESULTS

Table 5: Demographic Differences in Cultural Connectedness

Demographic Group		<i>n</i>	Cultural Connectedness Score	
			Mean (SD)	<i>p</i> -value
Total		2,824	3.5 (.72)	-
Indigenous Identity	First Nations	1,916	3.6 (.74)	<.001
	Métis	834	3.4 (.64)	
	Inuit	74	3.7 (.75)	
Age	18 – 24	1,148	3.5 (.67)	<.001
	25 – 34	1,023	3.5 (.73)	
	35 – 44	404	3.6 (.77)	
	45 – 54	183	3.7 (.77)	
	55 – 64	59	3.7 (.76)	
Gender	Men	598	3.5 (.76)	.269
	Women	2,073	3.5 (.70)	
	Diverse	153	3.6 (.75)	
Area of Residence	In Community	308	3.9 (.69)	<.001
	Urban	1,965	3.5 (.71)	
	Rural	504	3.5 (.71)	
First Generation to attend Post-Secondary Education	Yes	1,099	3.5 (.74)	.745
	No	1,725	3.5 (.70)	
Highest Level of Education	No Certificate	76	3.4 (.75)	.310
	Secondary Diploma	805	3.5 (.72)	
	Post-Secondary Certificate	863	3.6 (.72)	
	Undergraduate Degree	747	3.5 (.69)	
	Graduate Degree	333	3.6 (.76)	
Province	AB	599	3.5 (.72)	<.001
	BC	477	3.5 (.70)	
	MT	315	3.5 (.69)	
	ON	754	3.5 (.73)	
	QC	57	3.7 (.80)	
	SK	355	3.6 (.71)	
	Atlantic (NL, NB, NS, and PEI)	196	3.7 (.67)	
	Territories (YT, NWT, and NU)	48	3.9 (.70)	
	Outside Canada	23	3.4 (.71)	

RESULTS

Acceptance and Support at Post-Secondary Institutions

The survey explored whether respondents feel accepted by their post-secondary institution by answering “Yes” or “No” to the item, “Do you feel accepted and supported at your post-secondary institution?”. Table 6 presents respondents’ experiences of acceptance in their post-secondary institution by demographic group.

Feelings of acceptance did not significantly differ by place of residence or whether the individual is a first-generation post-secondary student.

Indigenous Identity

Feelings of acceptance significantly differed across Indigenous identity; however, pairwise comparisons with a Bonferroni correction showed no significant differences. Notably, Métis respondents had a higher proportion of individuals who felt accepted and supported in their post-secondary institution compared to First Nations respondents, with this difference approaching significance (adj. $p=.056$).

Age

The youngest age group (aged 18 – 24) had a significantly higher proportion of respondents who felt accepted at their post-secondary institution compared to the 25 – 34 age group (adj. $p=.01$).

Gender

Gender-diverse individuals had a significantly lower proportion of respondents who felt accepted at their post-secondary institution compared to both men and women (adj. $p<.001$). There was no significant difference in acceptance between men and women.

Education Level

A significantly lower proportion of those with a graduate degree reported having felt accepted, compared to those with a post-secondary certificate ($p<.05$).

RESULTS

Table 6: Demographic Differences in Acceptance and Support from Post-Secondary Institution

Demographic Group		<i>n</i>	Do You Feel Accepted and Supported at Your Post-Secondary Institution?		
			Yes (%)	No (%)	<i>p-value</i>
Total		0	81%	19%	-
Indigenous Identity	First Nations	1,934	80%	20%	.032
	Métis	841	84%	16%	
	Inuit	74	86%	14%	
Age	18 – 24	186	84%	16%	.004
	25 – 34	1,028	79%	21%	
	35 – 44	410	82%	18%	
	45 – 54	1,159	76%	24%	
	55 – 64	59	85%	15%	
Gender	Men	601	84%	16%	<.001
	Women	2,094	82%	18%	
	Diverse	154	67%	33%	
Area of Residence	In Community	312	84%	16%	.091
	Rural	507	84%	16%	
	Urban	1,981	80%	20%	
First Generation to Attend Post-Secondary Education	Yes	1,108	80%	20%	.196
	No	1,741	82%	18%	
Highest Level of Education	No Certificate	77	79%	21%	.018
	Secondary Diploma	815	83%	17%	
	Post-Secondary Certificate	869	84%	16%	
	Undergraduate Certificate	752	79%	21%	
	Graduate Certificate	336	77%	23%	

RESULTS

Accessing Support Services

Respondents were asked to select from a list of support services, which (if any) they accessed at their post-secondary institutions (“What types of services do you access at your post-secondary institution?”). From the total sample, 2,731 respondents provided a response to this item. Tables 7 and 8 list the number and percentage of individuals who accessed mental health services (Table 7) and Indigenous services (Table 8) by demographic group.

Table 7: Mental Health Service Use

Demographic Group		Total Respondents	Accessed Mental Health Service (n)	Accessed Mental Health Services (%)
Total		2,731	767	28%
Indigenous Identity	First Nations	1,848	540	29%
	Métis	809	205	25%
	Inuit	74	22	30%
Age	18 – 24	1,123	340	30%
	25 – 34	985	287	29%
	35 – 44	388	94	24%
	45 – 54	175	38	22%
	55 – 64	54	8	15%
Gender	Men	585	156	27%
	Women	1,995	558	28%
	Diverse	151	53	35%
Area of Residence	Urban	1,904	566	30%
	Rural	485	126	26%
	In Community	296	67	23%
First Generation to Attend Post-Secondary Education	Yes	1,065	302	28%
	No	1,666	465	28%
Highest Level of Education	No Certificate	71	19	27%
	Secondary Diploma	792	254	32%
	Post-Secondary Certificate	841	224	27%
	Undergraduate Degree	711	212	30%
	Graduate Degree	316	58	18%

RESULTS

Table 8: Indigenous Service Use

Demographic Group		Total Respondents	Accessed Indigenous Service (n)	Accessed Indigenous Services (%)
Total		2,731	1,371	50%
Indigenous Identity	First Nations	1,848	989	54%
	Métis	809	349	43%
	Inuit	74	33	45%
Age	18 – 24	1,123	557	50%
	25 – 34	985	509	52%
	35 – 44	388	192	49%
	45 – 54	175	88	50%
	55 – 64	54	22	41%
Gender	Men	585	291	50%
	Women	1,995	984	49%
	Diverse	151	96	64%
First Generation to Attend Post-Secondary Education	Yes	1,065	557	52%
	No	1,666	814	49%
Area of Residence	Urban	1,904	982	52%
	Rural	485	216	45%
	In Community	296	154	52%
Highest Level of Education	No Certificate	71	36	51%
	Secondary Diploma	792	409	52%
	Post-Secondary Certificate	841	418	50%
	Undergraduate Degree	711	367	52%
	Graduate Degree	316	141	45%

In general, a higher proportion of overall respondents accessed Indigenous services (50%) compared to mental health services (28%). Notably, a higher proportion of gender-diverse individuals accessed Indigenous (64%) and mental health (35%) services compared to men (50 and 27%, respectively) and women (49 and 28%, respectively). A higher proportion of First Nations (54%) access Indigenous services compared to Métis (43%) and Inuit (45%). Finally, a lower proportion of respondents from rural areas (45%) accessed Indigenous services compared to those from urban areas (52%) and in community (52%).

RESULTS

Needs Met from Support Services

Respondents were asked whether mental health services met their needs (“Do the mental health services meet your needs?”) with options to respond “Yes”, “No”, or “Not Applicable”. Table 9 lists the percentage of those who accessed mental health services who reported their needs to be met by the service. Notably, a lower proportion of those with no certificate (37%) reported their needs to be met by mental health services compared to all other education levels (48 – 52%).

Table 9: Needs Met by Mental Health Services

Demographic Group		Accessed Mental Health Services (n)	Needs Met by Mental Health Service (n)	Needs Met by Mental Health Services (%)
Total		767	390	51%
Indigenous Identity	First Nations	540	270	50%
	Métis	205	109	53%
	Inuit	22	11	50%
Age	18 – 24	340	172	51%
	25 – 34	287	135	47%
	35 – 44	94	57	61%
	45 – 54	38	22	58%
	55 – 64	8	4	50%
Gender	Men	156	74	47%
	Women	558	293	53%
	Diverse	53	23	43%
Area of Residence	Urban	566	287	51%
	Rural	126	65	52%
	In Community	67	34	51%
First Generation to Attend Post-Secondary Education	Yes	302	150	50%
	No	465	240	52%
Highest Level of Education	No Certificate	19	7	37%
	Secondary Diploma	254	129	51%
	Post-Secondary Certificate	224	117	52%
	Undergraduate Degree	212	109	51%
	Graduate Degree	58	28	48%

RESULTS

Respondents were asked whether Indigenous services met their needs (“Do the Indigenous services meet your needs?”) with options to respond “Yes”, “No”, or “Not Applicable”. Table 10 lists the percentage of those who accessed Indigenous services who reported their needs to be met by the service.

A lower proportion of Inuit respondents (55%) reported their needs to be met by Indigenous services compared to First Nations (76%) and Métis (78%) respondents.

Table 10: Needs Met by Indigenous Services

Demographic Group		Accessed Indigenous Services (n)	Needs Met by Indigenous Services (n)	Needs Met by Indigenous Services (%)
Total		1,371	1,043	76%
Indigenous Identity	First Nations	989	752	76%
	Métis	349	273	78%
	Inuit	33	18	55%
Age	18 – 24	557	441	79%
	25 – 34	509	378	74%
	35 – 44	192	140	73%
	45 – 54	88	64	73%
	55 – 64	22	18	82%
Gender	Men	291	215	74%
	Women	984	750	76%
	Diverse	96	78	81%
Area of Residence	Urban	982	759	77%
	Rural	216	164	76%
	In Community	154	109	71%
First Generation to Attend Post-Secondary Education	Yes	557	419	75%
	No	814	624	77%
Highest Level of Education	No Certificate	36	22	61%
	Secondary Diploma	409	314	77%
	Post-Secondary Certificate	418	311	74%
	Undergraduate Degree	367	294	80%
	Graduate Degree	141	104	74%

RESULTS

Accessed Accommodations by Students with Mental Health Conditions

Respondents were asked to identify which medical conditions, if any, they had and, if so, whether they accessed accommodations for their condition. Overall, 32% ($n = 951$) of all respondents reported having a mental health condition. Of these respondents, 35% ($n = 437$) reported accessing accommodations at their post-secondary institution. Table 11 compares individuals with a mental health condition by demographic group and whether they accessed accommodations.

Indigenous Identity

First Nations and Métis had similar proportions of respondents with a mental health condition (33% and 30%, respectively). However, a slightly higher percentage of Métis respondents with a mental health condition received accommodations (39%) compared to First Nations (33%). Inuit had the lowest proportion of respondents with a mental health condition (22%) and the lowest rate of those accessing accommodations (24%).

Age

The two youngest age groups (18 – 24 and 25 – 34) had the highest proportions of respondents with a mental health condition (34% and 35%, respectively), while the oldest age groups (45 – 55 and 55 – 64) had the lowest proportions (20% and 18%, respectively). Correspondingly, a larger proportion of the youngest groups received accommodations (53 – 56%) compared to the oldest age groups (37 – 46%).

Gender

The gender-diverse group had a higher proportion of respondents with a mental health condition (60%) compared to men and women (16% and 34%, respectively). However, less than half (41%) of the gender-diverse respondents with a mental health condition accessed accommodations at their post-secondary institution—comparable to access rates of men (38%) and women (34%).

Area of Residence

Respondents residing in urban areas had a higher proportion with a mental health condition (34%) compared to respondents living in rural areas and in community (21% and 22%, respectively). A higher proportion of those from urban areas received accommodations (36%), followed by rural (33%), then in community (23%).

RESULTS

Table 11: Respondents with a Mental Health Condition and Whether they Accessed Post-Secondary Institution Accommodations

Demographic Group		n	Have a Mental Health Condition (%)	Accessed Accommodations at Post-Secondary Institution	
				Yes (%)	No (%)
Total		2,989	32%	35%	53%
Indigenous Identity	First Nations	2,031	33%	33%	55%
	Métis	880	30%	39%	49%
	Inuit	78	22%	24%	65%
Age	18 – 24	1,210	34%	32%	56%
	25 – 34	1,086	35%	35%	53%
	35 – 44	434	25%	37%	51%
	45 – 54	192	20%	50%	37%
	55 – 64	60	18%	46%	46%
Gender	Men	624	18%	38%	53%
	Women	2,205	34%	34%	54%
	Diverse	160	60%	41%	49%
Area of Residence	Urban	2,069	34%	36%	53%
	Rural	529	21%	33%	54%
	In Community	338	22%	23%	56%
First Generation to Attend Post-Secondary Education	Yes	1,156	34%	38%	51%
	No	1,833	31%	32%	55%
Highest Level of Education	No Certificate	81	35%	25%	71%
	Secondary Diploma	856	36%	38%	54%
	Post-Secondary Certificate	909	29%	37%	52%
	Undergraduate Degree	790	33%	34%	52%
	Graduate Degree	353	25%	25%	54%

Note: Respondents could also select “Prefer Not to Say” on accessing accommodations, thus percentages do not always add to 100%.

RESULTS

Preference on Indigenous-Specific Mental Health Support

Respondents were asked “Would you prefer to access Indigenous-specific mental health supports?” and could respond with “Yes”, “No”, or “I do not have a preference”. Figure 1 displays the percentage of students expressing interest (i.e., “Yes”), categorized by demographic group.

Indigenous Identity

A lower proportion of Métis respondents (36%) preferred Indigenous-specific mental health support, compared to Inuit (57%) and First Nations (62%) respondents.

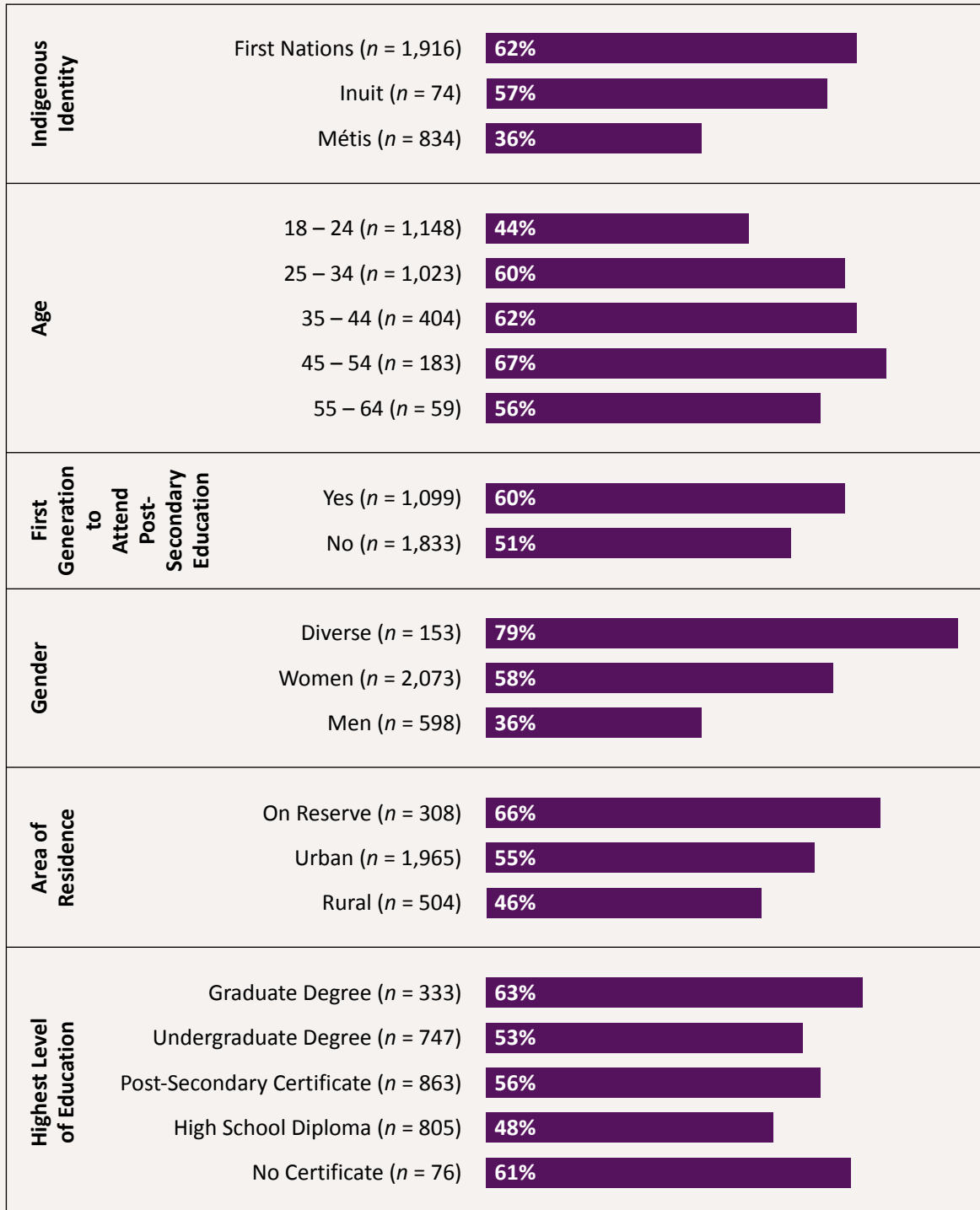
Age

A lower proportion of the 18 – 24 age group (45%) preferred Indigenous-specific mental health support compared to all other age groups (56 – 67%).

Gender

A higher proportion of gender-diverse individuals (79%) preferred Indigenous-specific mental health support services, compared to women (58%), and men (36%).

RECOMMENDATIONS

Figure 1: Demographic Differences in Preference for Indigenous-Specific Mental Health Support

DISCUSSION

Significance

Research conducted in this report fills a critical knowledge gap in demographic differences across key variables related to Indigenous student mental wellness. Reporting disaggregated data is crucial to health equity (Garvey, 2024; Ponce et al., 2025). Disaggregating data from the Indigenous student population provides insight into trends and patterns within the population that would not otherwise be captured by analysing the sample as a whole. Such findings can be used in tailoring supports to specific Indigenous sub-populations to provide effective and relevant care.

Indigenous Identity

Indigenous identity groups differed significantly in their sense of belonging and cultural connectedness. Specifically, Métis respondents had higher sense of belonging and lower cultural connectedness than First Nations and Inuit respondents. A possible explanation for this difference is that Métis feel higher sense of belonging toward their post-secondary institution community than toward their Indigenous community. Indeed, a high proportion of Métis (84%) felt accepted and supported by their post-secondary institution. Social inclusion and institutional support play a critical role in fostering belonging among ethnocultural groups (Walls et al., 2022). Moreover, Métis had the lowest preference for Indigenous-specific mental health services and the lowest rate of access to Indigenous services, suggesting that they do not turn to culturally relevant support. This said, for Métis who do use Indigenous services, their needs are predominantly met (78%).

Indigenous identity groups showed further significant differences in their access to, and satisfaction with, Indigenous services. First Nations respondents had the highest use of Indigenous services (54%) compared to Inuit (45%) and Métis (43%) respondents. First Nations also had the highest preference (62%) for Indigenous-specific mental health services. Notably, Inuit respondents had the lowest satisfaction rate with Indigenous services (55%) compared to First Nations (76%) and Métis (78%). Collectively these findings suggest that Indigenous services are better tailored to the needs of First Nations and expanding them to encompass Inuit and Métis ways of knowing and being could foster higher engagement and more effective support for these groups. Indeed, prominent works on Indigenous mental wellness are from a First Nations lens (e.g., the *First Nations Mental Wellness Continuum Framework*), with minimal published works specific to Métis and Inuit mental wellness (Bunting, 2022). Thus, findings from this research highlight the impacts of such gaps in literature and knowledge on Métis and Inuit students' mental wellbeing and their access to effective support in post-secondary.

DISCUSSION

Age

Age emerged as a significant factor, with every variable revealing differences between age groups. Older respondents (aged 45 and older) reported higher mental wellness and mental health, and lower stress than younger respondents (aged 34 and younger). One possible explanation is that older adults develop greater emotional regulation and resilience through life experience (Charles & Carstensen, 2010). This aligns with broader literature on mental wellness in later adulthood (Gupta, 2016) and recent work with older Indigenous adults (Black, 2025). Collectively, these findings suggest that older adults are more likely to be settled in their careers, supported by established social networks, and guided by a clearer sense of purpose—factors that contribute to their mental wellbeing (Black, 2025; Gupta, 2016). In contrast, emerging adults aged 18 to 25, are at a critical developmental stage in their lives marked by increasing autonomy and financial independence, and forming new relationships. As such, this transitory period can be associated with high levels of stress and mental health challenges (Graupensperger et al., 2022; Roisman et al., 2004). Indeed, young adults are more likely to be diagnosed with a mental illness than any other age groups (Leitch, 2007). Contributing factors may include having less experience managing stress and fewer established support networks and coping strategies—issues which have been further exacerbated by the COVID-19 pandemic and subsequent restructuring of the socio-environmental landscape (Graupensperger et al., 2022; Murray & Knudson, 2023). These insights underscore the importance of providing targeted resources and programs to help young adults manage stress and build resilience to mental health challenges during post-secondary.

While these supports are critical, it is also important to recognize that younger respondents (aged 18 – 24) may integrate into the post-secondary community more easily than their older counterparts. This may be because most post-secondary entrants are within this age range (Statistics Canada, 2025). This is supported by the high proportion of respondents aged 18 – 24 who feel accepted and supported by their post-secondary institution (84%). Moreover, these respondents reported higher sense of belonging and lower cultural connectedness than middle-aged respondents (aged 44 – 54). Reflecting their lower cultural connectedness, young respondents also had lowest preference for Indigenous-specific mental health services of all age groups (44%). Thus, their sense of belonging may be to their school community rather than their Indigenous community.

DISCUSSION

Education Level

Respondents' highest completed level of education also emerged as a significant factor. Individuals with a high level of education (i.e., graduate degree and undergraduate degree) reported higher mental wellness and mental health than those with lower educational attainment. In line with this, previous research suggests that education enhances psychological resources (e.g., problem-solving and emotional regulation) which can contribute to improved well-being and resilience (Lee & Yang, 2022). However, our study did not find a significant relationship between education level and cultural connectedness. This suggests that while education may improve individual mental wellness and sense of belonging, it does not necessarily translate into stronger ties or connections within one's culture. This may reflect the complexity of engaging with one's community or culture, which can be influenced by other factors such as geographic mobility, cultural values, or opportunities for involvement. Moreover, it highlights the need for post-secondary institutions to promote Indigenous culture or visibility on campus to enhance students' cultural connectedness.

Gender

Gender groups significantly differed in mental wellness, mental health, and stress. Gender-diverse respondents reported the lowest mental wellness and mental health, while men reported the highest. Relatedly, gender-diverse respondents reported the highest stress level, while men reported the lowest. These findings are consistent with Wittlin et al. (2023), who indicate that gender-diverse individuals often face elevated mental health challenges due to stigma and marginalization. To further support this, the gender-diverse group reported the lowest percentage of feeling accepted and supported by their post-secondary institution (67%) compared to men (84%) and women (82%). Despite challenges to their mental wellness, gender-diverse individuals are seeking support at their post-secondary institution. Gender-diverse respondents had the highest rate of access to mental health services (35%), Indigenous services (60%), and accommodations (41%) of all gender groups. Moreover, culturally relevant support benefits gender-diverse individuals, who reported the highest satisfaction for Indigenous services (81%) and strongest preference for Indigenous-specific mental health support (79%). These findings suggest that such services effectively meet their needs.

Area of Residence

Respondents' areas of residence showed interesting differences in cultural connectedness and sense of belonging. Those living in urban areas showed higher sense of belonging and lower cultural connectedness than those in community. These findings are at odds with findings in previous research which show sense of belonging to be high among those who live in community and in rural areas (Kitchen et al., 2012; Richmond & Ross, 2009). It is possible that the sense of belonging felt by urban residents comes from support networks outside of their Indigenous community. Urban settings typically offer more resources and avenues to develop social support and belonging than rural and reserve settings, though such social support might not be based in Indigenous culture or community. It is also possible that those in community, while culturally connected, relocated from their reserve to attend school, and find difficulty integrating into their post-secondary community (D'Antimo et al., 2025).

Those from urban areas also reported the highest rate of mental health conditions, compared to residents in rural areas (21%) and in community (22%).

LIMITATIONS AND FUTURE DIRECTIONS

The research in this report presents disaggregated findings on Indigenous post-secondary students across different demographic variables, addressing a critical gap in the literature. While this work is imperative, limitations to this research should be acknowledged. While interesting differences were found in sense of belonging, our survey did not capture to which community respondents reported they felt belonging to, as the purview of this work was to understand whether sense of belonging, more generally, related to student mental wellness. Future research could better understand differences in sense of belonging to one's Indigenous community versus their post-secondary community. Moreover, the number of respondents within each demographic subgroup varies greatly (e.g., 68% are First Nations, 29% Métis, and 3% Inuit). We addressed this issue by using non-parametric analyses (i.e., Kruskal-Wallis H -tests); however, further research can better understand significant findings related to underrepresented groups in this sample (e.g., gender-diverse and Inuit).

Future research could also help in gaining a greater understanding of Indigenous student mental wellness from an intersectionality lens. Intersecting identities, such as Indigeneity, gender, and age, play an important role in the mental health of Indigenous students (Weerasinghe et al., 2023). Moreover, an intersectionality lens incorporates the inevitable impact of structural and institutional inequities, colonialism, and systematic racism on Indigenous student mental wellness (D'Antimo et al., 2025; Hop Wo et al., 2020; St. Germaine, 2022; Weerasinghe et al., 2023). For example, future research could help in gaining a greater understanding of differences in wellness between older and younger gender-diverse students, and how their experiences may differ if they reside in an urban setting or in community.

RECOMMENDATIONS

Based on the findings, the following recommendations are proposed:

- **Further Research for Groups with Lower Mental Wellness Scores**
Conduct research on Indigenous groups who reported lower mental wellness (e.g., young adults and gender-diverse) to develop targeted interventions to identify and address the specific challenges they face.
- **Expand Culturally Relevant Support Services**
Increase the availability and accessibility of culturally relevant support services. Expand supports to be representative of all Indigenous identities, particularly Inuit, who report the lowest satisfaction from Indigenous services.
- **Increase Student Use of Institutional Support**
Implement policies and practices within post-secondary institutions to ensure that youth with reported mental health conditions receive appropriate accommodations and support, with special attention paid to younger adults and gender-diverse individuals, who reported higher rates of mental health conditions and lower accommodation rates.
- **Improve Mental Health Service Utilization**
Identify and address the barriers to mental health service utilization among younger individuals, residents in community, and those with graduate degrees through targeted outreach, awareness campaigns, and accessible service delivery models.
- **Strengthening Community Connections**
Explore strategies to foster strong cultural connectedness in post-secondary, particularly among younger students, Métis, and those from urban areas.
- **Ongoing Evaluation and Feedback Mechanisms**
It is recommended that post-secondary institutions establish a regular evaluation process to assess the quality, relevance, and impact of mental health and Indigenous services. Evaluation models that track experiences, outreach, and retention can drive ongoing improvement and ensure services effectively respond to the diverse and evolving needs of Indigenous students.

CONCLUSION

This survey examined the influence of key demographic variables across five core dimensions of mental wellness, mental health, sense of belonging, cultural connectedness, and stress level—among Indigenous post-secondary students. Age and level of education emerged as significant factors, with groups within these demographics differing across these dimensions. Additionally, Indigenous identity and area of residence significantly differed in sense of belonging and cultural connectedness, suggesting they play an important role in shaping individual experiences of connectedness and inclusion. Gender groups significantly differed in mental wellness, mental health, and stress, with gender-diverse individuals reporting lower mental wellness and higher stress than men and women. Moreover, despite a high rate of having a self-reported mental health condition, utilization of mental health services was low across all groups. This finding highlights a concerning gap between mental health need and service uptake and may reflect persistent barriers such as stigma, lack of culturally relevant services, or limited awareness of resources. In sum, findings from this report highlight the need for targeted interventions that account for demographic diversity and cultural backgrounds to enhance well-being and improve access to mental health resources among underserved populations.

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APPENDIX: NUMBER AND PERCENTAGE OF RESPONDENTS BY DEMOGRAPHICS

APPENDIX:
NUMBER AND PERCENTAGE OF RESPONDENTS BY DEMOGRAPHICS

Demographic Group		Total Respondents	Proportion (%)
Indigenous Identity	First Nations	2,031	68%
	Métis	880	29%
	Inuit	78	3%
Age	18 – 24	1,210	41%
	25 – 34	1,086	36%
	35 – 44	434	15%
	45 – 54	192	6%
	55 – 64	60	2%
Gender	Men	624	21%
	Women	2,205	74%
	Diverse	160	5%
Area Live In	On reserve	338	12%
	Rural	529	18%
	Urban	2,069	70%
Level of Study	No Certificate	81	3%
	Secondary Diploma	856	29%
	Post-Secondary Certificate	909	30%
	Undergraduate Degree	790	26%
	Graduate Degree	353	12%
First Generation to Attend Post-Secondary Education	Yes	1,156	39%
Province	AB	625	21%
	BC	501	17%
	MT	338	11%
	ON	805	27%
	QC	64	2%
	SK	377	13%
	Atlantic (NL, NB, NS, and PEI)	205	7%
	Territories (YT, NWT, and NU)	51	2%
	Outside Canada	23	1%



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