The Social Relations of Accessibility: Explicating the Work of Accommodation for Students with Mental Health Problems in University

by

Roula Markoulakis

A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Graduate Department of Rehabilitation Science
University of Toronto

© Copyright by Roula Markoulakis 2014
The Social Relations of Accessibility: Explicating the Work of
Accommodation for Students with Mental Health Problems in
University

Roula Markoulakis
Doctor of Philosophy
Graduate Department of Rehabilitation Science
University of Toronto
2014

Abstract

Providing accessible education for students with mental health problems is an important aspect of social inclusion, as it increases educational attainment, subsequent employment opportunity and community participation. In universities, accommodations are provided where necessary with the intent of ensuring equal opportunity for all students. Despite the availability of accommodations, students with mental health problems continue to experience difficulty achieving academic success, suggesting a disjuncture between accommodations and their expected favourable outcomes within the social organization of the university.

This Institutional Ethnography explores the social organization of university accessibility for students with mental health problems. Sixteen students with mental health problems and eight staff members of a large university in an urban setting participated in interviews focusing on the processes of seeking and implementing accommodations. I explored institutional texts for their ability to coordinate the actions of people in this setting, as the social organization of this university is informed by numerous texts that guide participants’ work. Data analysis focused on
asking questions of the data and mapping work processes, in order to develop an understanding of the social organization of accessibility and accommodation for these students.

In the findings, I map and explicate what I have termed an “institutional accessibility mechanism”, the set of work and texts that guide the university’s social relations around accommodation and accessibility. These social relations involved staff and student work processes that maintained the mechanism and preserved institutional relations. Through the Institutional Accessibility Mechanism, the university appeared to place a focus on accommodation over accessibility and created work for individual students seeking access. This Mechanism also operated under assumptions of mental wellness and presented challenges for students with mental health problems. These findings have important implications for the development of higher education policies, which can enable students with mental health problems to have better chances of success in their academic endeavours. Promoting the inclusion of students with mental health problems in university can improve their educational and employment opportunities and further the prosperity of society as a whole.
Acknowledgments

Over the last few years, I have accumulated a lengthy list of incredibly inspiring and supportive individuals to whom I owe a great deal of thanks. First of all, I would like to thank my doctoral supervisor, Dr. Bonnie Kirsh. Despite her many commitments and busy schedule, she always found the time to meet with me when I just needed to talk things out, needed to make sure I was on track or had questions I could not find a way to phrase in an e-mail. Her thoughtful demeanour in our meetings and consistently constructive feedback helped me grow as a scholar. Without her constant encouragement, I might not have pursued many of the opportunities I was afforded throughout my doctoral journey. Dr. Barbara Gibson played an important role as a qualitative course instructor and advisory committee member. The perspectives she brought from critical qualitative health research were instrumental in helping me frame my proposal and plan my analysis as well as in the production of this dissertation. Dr. Judith Friedland was also very supportive as an advisory committee member. Through her background with research ethics and in student mental health, she contributed valuable guidance in developing the specific plans for this study and producing this dissertation. Drs. Dorothy Smith and Susan Turner were of great assistance through the Institutional Ethnography Workshops in the Summers of 2011 and 2012 and Autumn 2012. With their guidance, I was able to identify the problematic of this research and then ensure I was maintaining a focusing through the ‘lens of the social’ in my interviews with participants.

I was very fortunate to receive a number of scholarships over the course of my doctoral studies and am very thankful for the support received through these funding sources. I would like to express my thanks to the Social Sciences and Humanities Research Council of Canada for the
Doctoral Fellowship and the Canadian Association of University Teachers for the J.H. Reid Memorial Fellowship.

Many thanks to the university staff who sat down with me during their incredibly busy workdays for interviews or even to talk about the study and learn from each other. I also owe the student participants my sincerest gratitude, as without their courage in sharing their personal stories and their enthusiasm for the study, this work would not have been possible.

Finally, I am deeply indebted to all of my friends and family. In particular, my parents, Christina, Stephanie and Andrew knew when to leave me alone at my computer and when to tear me away. Their consistent support and encouragement the whole time I was ‘still’ in school will not be forgotten.
# Table of Contents

Acknowledgments .................................................................................................................. iv

Table of Contents .................................................................................................................. vii

List of Figures ........................................................................................................................ x

List of Appendices .................................................................................................................. xii

Chapter 1 Introduction ......................................................................................................... 1

1.1 Context of study .............................................................................................................. 1

1.2 Aim and Scope ................................................................................................................. 3

1.3 Overview .......................................................................................................................... 5

Chapter 2 Student Mental Health Problems in the University Setting .............................................. 7

2.1 Trends in University Student Mental Health Problems ......................................................... 8

2.1.1 Increased incidence and severity of student mental health problems ......................... 9

2.1.2 Characteristics of student difficulties ......................................................................... 11

2.1.3 Pursuing university education with a mental health concern .................................. 11

2.2 Characteristics of the University Setting ......................................................................... 12

2.2.1 Stigma and awareness of mental health problems .................................................... 13

2.3 Influences of Mental Health on Academics ..................................................................... 16

2.3.1 Mental health problems and grades .......................................................................... 17

2.3.2 Mental health problems and university completion ................................................... 18

2.4 Accessibility and Accommodation .................................................................................... 19

2.4.1 Applying for accommodations .................................................................................. 20

2.4.2 Faculty and peer perceptions ..................................................................................... 21

2.4.3 Making use of accommodations ............................................................................. 23

2.5 Help Seeking ..................................................................................................................... 23

2.5.1 Deterrents to help seeking ....................................................................................... 24
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5.2 Other helpful strategies</td>
<td>25</td>
</tr>
<tr>
<td>2.5.3 Recommendations in the literature</td>
<td>26</td>
</tr>
<tr>
<td>2.6 Introduction to the study</td>
<td>27</td>
</tr>
<tr>
<td>Chapter 3 Theoretical Orientation</td>
<td>30</td>
</tr>
<tr>
<td>3.1 Institutional Ethnography</td>
<td>30</td>
</tr>
<tr>
<td>3.2 Standpoint and Experience</td>
<td>33</td>
</tr>
<tr>
<td>3.3 Establishing the Problematic</td>
<td>34</td>
</tr>
<tr>
<td>3.4 A Generous Notion of Work</td>
<td>36</td>
</tr>
<tr>
<td>3.5 Textually-Mediated Social Organization</td>
<td>37</td>
</tr>
<tr>
<td>3.6 Summary</td>
<td>39</td>
</tr>
<tr>
<td>Chapter 4 Data Collection Methods and Analysis</td>
<td>40</td>
</tr>
<tr>
<td>4.1. Setting</td>
<td>40</td>
</tr>
<tr>
<td>4.1.1. Ethics</td>
<td>41</td>
</tr>
<tr>
<td>4.1.2. Participants</td>
<td>42</td>
</tr>
<tr>
<td>4.2. Data Collection</td>
<td>44</td>
</tr>
<tr>
<td>4.2.1. Interviews</td>
<td>44</td>
</tr>
<tr>
<td>4.2.2. Texts</td>
<td>47</td>
</tr>
<tr>
<td>4.2.3. Reflexivity</td>
<td>48</td>
</tr>
<tr>
<td>4.3. Data Analysis</td>
<td>51</td>
</tr>
<tr>
<td>4.3.1. Analysis of texts</td>
<td>53</td>
</tr>
<tr>
<td>4.3.2. Mapping</td>
<td>55</td>
</tr>
<tr>
<td>4.3.3. Memoing</td>
<td>57</td>
</tr>
<tr>
<td>Chapter 5 The Institutional Accessibility Mechanism</td>
<td>58</td>
</tr>
<tr>
<td>5.1. Accessibility for Students with Mental Health Problems: Policy at the Federal, Provincial and Institutional Level</td>
<td>59</td>
</tr>
<tr>
<td>5.1.1. Federal and provincial policy</td>
<td>59</td>
</tr>
</tbody>
</table>
5.1.2. Institutional commitment to accessibility ........................................... 64
5.2. The Institutional Accessibility Mechanism ........................................... 66
5.3. Summary ................................................................................................. 83

Chapter 6 Staff Work within the Institutional Accessibility Mechanism .......... 85

6.1. Connecting Students to the Institutional Accessibility Mechanism .......... 85
   6.1.1. Fairly determining student needs ....................................................... 86
   6.1.2. Meeting student needs by aiding in navigation of the Institutional
           Accessibility Mechanism ................................................................... 91
   6.1.3. Collaboration as a means of connecting students ......................... 98

6.2. Providing Resources within the Institutional Accessibility Mechanism .... 105
   6.2.1. Justifying distribution of resources .................................................. 106
   6.2.2. Evading the Institutional Accessibility Mechanism through creative practices 111
   6.2.3. Representing students’ eligibility for accommodation and legitimizing
           requests ....................................................................................... 117
   6.2.4. Addressing institutional assumptions ............................................. 122

6.3. Summary ................................................................................................. 126

Chapter 7 Student Work within the Institutional Accessibility Mechanism .... 128

7.1. Linking with the Institutional Accessibility Mechanism ........................ 128
7.2. Making use of the assistance available through the Institutional Accessibility
     Mechanism ............................................................................................. 135
7.3. Addressing questions of legitimacy ....................................................... 141
7.4. Disclosure and self-advocacy in the university environment ................. 147
7.5. Self-care .................................................................................................. 151
7.6. Student perceptions of institutional norms .......................................... 157
7.7. Summary ................................................................................................. 160

Chapter 8 Discussion ..................................................................................... 162

8.1. Summary of findings ................................................................................ 162
8.2. Accommodation versus accessibility ................................................................. 163
8.3. Eligibility for accessibility ................................................................................ 169
8.4. Diffusion of responsibility ................................................................................ 173
8.5. Limitations and future directions ................................................................... 177
8.6. Implications and conclusions .......................................................................... 180
References .............................................................................................................. 183
List of Figures

Figure 1 – The Institutional Accessibility Mechanism………………………………Appendix F
List of Appendices

Appendix A – Key Terms.............................................................................................................194

Appendix B – Memo of Understanding..................................................................................197

Appendix C – Informed Consent Materials..............................................................................199

Appendix D – Recruitment Materials....................................................................................207

Appendix E – Texts Reviewed..................................................................................................208

Appendix F – Figure 1..............................................................................................................210

Appendix G – Ontario Human Rights Code Definition of Disability....................................211
1.1 Context of Study

The importance of access to education for university students with mental health problems cannot be overstated. Enabling access to education is a means of social inclusion (Keyes, 2005) and serves to increase employment opportunity, income and access to social networks (Sayce, 2001). Social inclusion has been defined as “a virtuous circle of improved rights of access to the social and economic world, new opportunities, recovery of status and meaning and reduced impact of disability” (Sayce, 2001, p. 122). A glossary of key mental health, Institutional Ethnography and other terms used throughout the dissertation is provided in Appendix A. The Canadian Mental Health Association (2014) identifies social inclusion as one of the three most significant determinants of mental health in Canada. Ensuring access and support for students with mental health problems in the university setting is of importance in improving opportunities for their social inclusion.

In the province of Ontario, the social inclusion of persons with disabilities is ensured through legislation such as the Accessibility for Ontarians with Disabilities Act, enacted in 2005 (Accessibility for Ontarians with Disabilities Act (AODA), 2014) and the Ontario Human Rights Code (OHRC), enacted in 1990 (Ontario Human Rights Code (OHRC), 2014). The Canadian Charter of Rights and Freedoms, enacted in 1982 (Canadian Charter of Rights and Freedoms (CCRF), 2014) guides both at the federal level. Education is treated as a service under the OHRC, and must therefore be provided in a manner that allows access without discrimination. Through these legislative documents, universities have the duty to accommodate as a means of
ensuring barrier-free access to education for students with disabilities, including mental health problems.

Increases in the prevalence and severity of mental health problems among university students in North America have garnered growing attention toward student mental health in the university setting. Many universities have explored institutional frameworks and supports that can better assist students. In 2013, the Ministry of Training, Colleges and Universities of the province of Ontario released $27 million over three years for campus mental health projects, including, but not limited to peer support programs, train the trainer programs, the development of documentation standards for accommodation and the development of the Centre for Innovation in Campus Mental Health ("Backgrounder: Strengthening mental health supports for postsecondary students," 2013). This province-wide attention underlines the timeliness of this issue and the commitment from numerous post-secondary institutions to implementing supports for students with mental health problems.

The services students with mental health problems receive while on campus can be immensely valuable in helping them achieve their educational and future career goals. In the research literature, the positive outcomes of counselling (Illovsky, 1997) and academic support and interventions (Quinn, Wilson, Macintyre, & Tinklin, 2009) have been described. Although many positive outcomes of available services and supports have been documented, students with mental health problems continue to experience difficulties while attending university, such as difficulties with academics (Markoulakis & Kirsh, 2013; Storrie, Ahern, & Tuckett, 2010), stigma toward mental illness in the university environment (Eisenberg, Downs, Golberstein, & Zivin, 2009; Martin, 2010), and barriers to seeking support (Hunt & Eisenberg, 2010). There is thus a need to understand how students with mental health problems navigate the services
available to them in relation to the social organization of the university and services offered for accessibility.

1.2 Aim and Scope

Even with a growing awareness of student mental health on university campuses and with established measures for accessibility and accommodation of students with mental health problems, students with mental health problems continue to experience difficulties when pursuing higher education. Much of the existing literature, including that reviewed in Chapter Two, focuses on characterizing student difficulties or barriers to student success, thus placing the issue of student mental health within individual students. When student experiences are explored, researchers give voice to students’ experiences of difficulty, but have not yet extended their investigations to students’ experiences of the social relations of accessibility and accommodation in the university. I posit that the social organization of the university’s accessibility mechanism contributes to these difficulties and adds to the everyday work of student life. Thus, the aim of this study is to identify the social relations driving the interconnected work practices of students with mental health problems seeking access and university staff working with students with mental health problems.

In this study, mental health problems are necessarily understood as those conditions that are diagnosable (i.e., through DSM-V criteria) and eligible for consideration within a university’s Office for Students with Disabilities (OSD) (including anxiety, depression, obsessive-compulsive disorder, schizophrenia, eating disorders, or other mood or personality disorders). I adhered to these definitions of mental health problems for the purposes of recruitment through the university OSD, as only students who had met these criteria would be registered with the OSD and therefore participating in the university’s formal accessibility processes. However, in subsequent
chapters I question the requirement that students fulfill stringent criteria for diagnosis as well as
the viability of adhering to these definitions of mental health problems, as they pertain to
students’ experiences of seeking access.

Understandings of mental health and illness are complex and dynamic, with differing
definitions and ongoing discussions. Mental health is defined by the World Health Organization
(WHO) as the “state of well-being in which every individual realizes his or her own potential,
can cope with the normal stresses of life, can work productively and fruitfully, and is able to
make a contribution to her or his own community,” (2013, para. 1). This definition takes a broad
view of mental health and notes that the presence of mental health is more than merely the
absence of mental illness. Keyes (2007) has similarly highlighted the importance of considering
mental health as more than the absence of mental illness, and suggested that mental health exists
on a continuum from flourishing to languishing (Appendix A). He surmised that flourishing is
beneficial to individuals and to society, as those that are the most mentally healthy experience
the least disability, for instance, through factors such as workdays missed, resiliency and life
goals.

This research will contribute to an increased understanding of the many facets of
institutional relations that students with mental health problems encounter when attending
university. Thus, this research will not only advocate for students with mental health problems,
whose everyday work is conducted in this setting, but can also lead to the development of
policies, both within and external to post-secondary institutions, which will enable students to
have better chances of success in their academic endeavours.
1.3 Overview

Following this general introduction to the topic area and purpose of this study, Chapter Two recounts and positions this study in the larger body of literature pertaining to mental health in the university setting. In Chapter Three, I describe Institutional Ethnography, the theoretical orientation guiding this study. I describe the methods employed in data collection and analysis in Chapter Four. In Chapter Five, I present the policy documents that enact the university’s duty to accommodate, and map out and explicate what I have termed the university’s “Institutional Accessibility Mechanism.” This mechanism, identified through my analysis of the study data, maps out the institutional work practices performed by staff and students with mental health problems in accessing and obtaining academic accommodations. My references to the Institutional Accessibility Mechanism are not meant to reify it, but to draw attention to the social relations of accommodation as a whole as well as individual connections and work conducted that contribute to and result from these relations.

In Chapter Six, I discuss staff work within the Institutional Accessibility Mechanism, highlighting the tensions experienced between assisting the student and acting on behalf of the university. Chapter Seven will focus on student work, in which I describe the work students do to navigate and persist through the mechanism in place and the difficulties that result. In Chapter Eight, I provide my interpretation and discussion of the findings. I connect the Institutional Accessibility Mechanism to the roles of the staff and students within it, and call attention to the features of the mechanism that operate with assumptions of mental wellness, negating efforts toward assisting students with mental health problems as part of the group of students with disabilities. I address limitations to this study, future directions in this field of research, and the implications and conclusions drawn from this work. In describing the current state of the
accessibility of higher education for students with mental health problems at the particular institution under study, as well as highlighting successful and ineffective approaches, it is my hope that this work can be taken up by professionals, university administrators and by students with mental health problems to improve opportunities for social inclusion in higher education and beyond.
Chapter 2
Student Mental Health Problems in the University Setting

In this chapter, I frame the context of this study within the broader research literature. First, I explore the issue of student mental health in the university setting by highlighting trends and characteristics of student mental health and the difficulties experienced. I then explore the social environment in which students with mental health problems find themselves, by discussing characteristics of the university setting and the stigmatizing relations that students might encounter. I then move on more specifically to academic concerns, by discussing literature pertaining to the difficulties students might encounter and explore accessibility and accommodation in the university setting, along with the potential influences of the social environment on these processes. Next, I discuss the help-seeking practices of students with mental health problems more generally, along with recommendations made in the literature. Finally, I identify the gaps in the literature and approaches taken, and locate the current study within the body of research presented. It is worthy of note that the majority of the research reviewed in this chapter was conducted in the United States. Considerable research and scholarship has also been conducted in the United Kingdom, Australia and Canada, but not to the extent seen in the United States. Although there is recognition that there are subtle differences across international jurisdictions, Canadian students have been found to reflect the international trends seen in the literature (MacKean, 2011). I indicate the context of the literature wherever necessary.
2.1 Trends in University Student Mental Health Problems

Embarking on an undergraduate university education can be an exciting time in young adults’ lives. Increasing numbers of young adults are pursuing a university education, with over 350 000 registered undergraduates in Ontario in 2010, up from just over 225 000 in 1999 (Higher Education Quality Council of Ontario, 2013). There has also been a reported increase in the numbers of university students experiencing mental health problems (Eudaly, 2003; Hunt & Eisenberg, 2010; Storrie et al., 2010; Voelker, 2003), the number of students coming forward with mental health problems (Eudaly, 2003; Hunt & Eisenberg, 2010; Voelker, 2003) and in the complexity of these problems (Storrie et al., 2010; Voelker, 2003). The typical age at which students pursue an undergraduate education coincides with the age of onset for many severe mental health concerns (Cook, 2007; Kessler et al., 2005; Unger, 1992). Overall prevalence of mental health problems in the university setting has been estimated at approximately 20%, similar to that of the general population (Macaskill, 2013). Researchers have posited that university student mental health problem rates approach those of the general population due to the gradual changes in the diversity of the university population to become more representative of the general population, rather than the economically advantaged, who are typically less likely to report mental health problems than those of lower socio-economic status (Macaskill, 2013; Olohan, 2004). A higher incidence of mental health problems is reported in women than men in Canada and the United States, a trend also consistent with the general population (Adlaf, Demers, & Gliksman, 2005; Eisenberg, Downs, et al., 2009; Kessler et al., 2005; Macaskill, 2013; Verger et al., 2009). Men are, however, more likely to report suicidal thoughts than women (Adlaf et al., 2005). Anxiety disorders, mood disorders, eating disorders and alcohol and
substance abuse have been found to be the most common concerns in the university setting, while psychotic illnesses and suicide are less common but highly disturbing and disruptive (Kadison & DiGeronimo, 2004; Olohan, 2004). Such conditions may have pre-existed in the students or may emerge for the first time in university (Cook, 2007; Olohan, 2004). Megivern, Pellerito and Mowbray (2003) explored experiences of and barriers to higher education for individuals with mental health problems enrolled in an urban supported education research program in the United States. Through semi-structured interviews with 35 respondents, they found that just over half of students experiencing mental health problems reported that their illness began prior to beginning university, with the remainder experiencing first onset during the course of their university experience. Researchers have also reported that for some students, the condition may have been undetected or uncomplicated until entering university, where the demands exacerbated the condition (Cook, 2007; Tinklin, Riddell, & Wilson, 2005). Reports also indicate that the severity and/or complexity of student mental health problems is increasing in Canada (Cairns, Massfeller, & Deeth, 2010) and the United States (Watkins, Hunt, & Eisenberg, 2011). Student mental health problems tend to persist over time, yet their severity can vary over the course of the academic year and throughout the undergraduate career (Arthur, 1998; Bayram & Bilgel, 2008; Zivin, Eisenberg, Gollust, & Golberstein, 2009). Aside from acknowledging that the demands of university and changing requirements throughout a student’s academic career can influence the experiences of students with mental health problems, much of this work focusing on survey and descriptive experiential data does not consider the effects of the social realities in which students’ everyday experiences are situated.

2.1.1 Increased incidence and severity of student mental health problems.

Many possible reasons have been offered for the observed increases in the incidence and severity of student mental health problems. Researchers note higher populations of mature
students, international students and students in financial difficulty, groups which experience
greater competing and complex interests that can affect their mental health while attending
university (Brockelman, 2009; Cairns et al., 2010). Psychiatric medications and better treatment
options at a younger age have enabled students with more severe mental health problems to
pursue higher education goals. There is also better recognition of mental health problems in
students, leading more students to come forward (Cairns et al., 2010; Eudaly, 2003; Unger,
1992). There is controversy regarding these views, however, where some researchers indicate
that there has not been an increase in numbers of students with mental health problems, but
rather decreasing stigma as well as changing perceptions and better awareness of mental health
problems in this setting (Cairns et al., 2010; Hoeppner, Hoeppner, & Campbell, 2009). Watkins
and colleagues (2011) also noted the importance of psychosocial differences between this
generation and previous generations of students, which can affect experiences of mental health
problems. Today’s students are seen as ‘perfectionists’, living with social pressures that have
resulted in increased anxiety. Students have also grown up with so-called ‘helicopter parents’,
which have affected students’ growth, development, and preparedness for university. Finally,
increased reliance on technology has created differences in these students’ problem-solving
tactics and generally decreased their ability to tolerate stress (Watkins et al., 2011). Much of the
literature in this area, however, problematizes the students themselves, offering explanations of
the marked increases in student mental health problems as resultant of individual student
characteristics, and gives little or no attention to the social environment. Regardless of the
explanations offered for causes or incidence of these mental health problems, understanding the
nature and complexity of the mental health problems experienced by today’s students is of
importance in service provision and improving the student experience.
2.1.2 Characteristics of student difficulties.

Students have many competing concerns while attending university. Aside from the most common mental health problems mentioned above, students will often present to counselling centres or other services with life stressors or distress that have been referred to as “emerging mental health difficulties” (Olohan, 2004, p. 193). Such concerns commonly have to do with social relationships (Andrews & Wilding, 2004; Cairns et al., 2010), such as those with family or intimate relationships with a significant other, or loneliness and social isolation (Hysenbegasi, Hass, & Rowland, 2005; Oliveira, Dantas, Azevedo, & Banzato, 2008; Voelker, 2003). Students may also be dealing with grief and sadness (e.g., due to the death of a loved one) that contribute to experiences of depression (Cairns et al., 2010). Academic concerns, including low grades and difficulties with motivation and procrastination are also common, and can be related to experiences of stress and difficulties with stress management (Cairns et al., 2010; Hysenbegasi et al., 2005; Oliveira et al., 2008). Financial difficulties also present an important stressor for many students (Andrews & Wilding, 2004; Bayram & Bilgel, 2008; Hysenbegasi et al., 2005), and can create competing responsibilities in terms of time spent on part-time work and stress over loan debts (Mowbray & Megivern, 1999). Sexual abuse and other physical trauma are also of concern among university students, even though these concerns are not as prevalent as others presented (Andrews & Wilding, 2004; Oliveira et al., 2008). It is unclear if the low prevalence reported in the literature of students seeking assistance for these concerns is due to low reporting or occurrence; therefore possible effects of these concerns on mental health and academic performance have been difficult to ascertain thus far.

2.1.3 Pursuing university education with a mental health concern.

Research has shown that with the right combination of support from family, peers, counselling, medical interventions and university services, students with mental health problems
can be assisted in continuing to pursue their educational goals (Brockelman, 2009; Olohan, 2004). However, if left unrecognized and untreated, empirical work (e.g., Andrews & Wilding, 2004) and reviews (e.g., Cook, 2007) have shown that student mental health problems can lead to academic failure, dropping out, personal illness or injury, suicide attempts or completions or involvement in other risky behaviours. Enabling students with mental health problems to engage in their student roles can provide a sense of purpose and self-esteem, and is an important means to promote recovery and reintegration, as education can greatly improve social inclusion and opportunities in the community (Unger, 1992). However, many of the solutions offered in the literature rely on the student seeking care or assistance in order to succeed in university. Factors in the university environment are less frequently implicated, aside from, as will be shown, those factors which prevent students from coming forward to seek care.

2.2 Characteristics of the University Setting

Although general trends indicate similar levels of mental health problems among university students and the general population, one survey involving Ontario students indicated that they were more likely than their adult non-university counterparts to report elevated psychological distress (Adlaf et al., 2005). Such a finding is likely indicative of the stressful nature of the university environment. Students are placed under a great deal of pressure to succeed, and are dealing with multiple deadlines and exams. Larger class sizes and economic constraints have led to less contact with academic and student support staff, creating an isolating experience for students (Olohan, 2004; Tinklin et al., 2005). Researchers also note that attending university is accompanied by many life changes, where students are often living away from home and are independent of their families for the first time, along with managing their own finances and navigating a new social environment (Megivern, Pellerito, & Mowbray, 2003;
Olohan, 2004; Tinklin et al., 2005). Some students might even have to manage additional competing responsibilities, such as obligations to their partners, families and work (Olohan, 2004). Researchers have suggested that the university environment can also contribute to poor mental health in its normalization of unhealthy behaviours, such as lack of sleep and alcohol abuse (Olohan, 2004). For students with existing mental health problems, Unger has shown that entering this environment can be particularly distressing when combined with medications and psychiatric symptoms the student may be experiencing. Yet, students with mental health problems, like other students, place great value on their higher education, as it allows them to take part in the student role (Unger, 1992). This role, in contrast with the role of one who has experienced a mental health problem for a long while, ascribes a sense of normalcy and purpose through structure and routine and creates a sense of hope for the future (Mansbach-Kleinfeld, Sasson, Shvarts, & Grinshpoon, 2007; Weiner, 1999). Because of the pivotal role and impact of the university environment for students with mental health problems, it is of critical importance to identify and mitigate environmental factors that may marginalize students with mental health concerns and impede their academic success. However, understanding these environmental factors must done in a manner that does not place the onus on students alone, but holds the institutional accountable to students as well.

2.2.1 Stigma and awareness of mental health problems.

The Mental Health Commission of Canada (2014) describes stigma as a set of negative attitudes that create prejudice, fear and misinformation, and sustain stereotypes pertaining to the stigmatized group. These unfortunate results of stigma can limit opportunities for housing, employment, and even education, thereby creating barriers to full societal participation for individuals with mental health problems ("Stigma", 2014). Stigma on university campuses has been found to greatly contribute to the negative experiences of students with mental health
problems (Appendix A). These students tend to feel that universities lack a culture of openness and are intolerant of difference, leading students to evade the stigma associated with mental health problems by avoiding disclosure of their conditions (Quinn, Wilson, Macintyre, & Tinklin, 2009). Studies exploring the perspectives of administrators and students at American universities suggest that universities are not seen as environments where mental health can be discussed freely and experiences shared (Quinn et al., 2009; Watkins et al., 2011). Addressing campus culture has thus been highlighted as a means of reducing social isolation and encouraging help seeking when needed (Quinn et al., 2009). Students with mental health problems can feel as though they are viewed as inferior to other students and can feel alienated from their peers and from the academic environment as a result (Megivern et al., 2003). For example, a study of faculty attitudes at a university in the southeastern United States revealed that about half of faculty members surveyed would not feel comfortable dealing with a student who was showing signs of a mental illness, and 8% believed that students with mental health problems are ‘dangerous’ (Becker, Martin, Wajeeh, Ward, & Shern, 2002). At the same time, faculty tend to be unaware of the level of psychological distress present on university campuses and might even dismiss students’ concerns as normal stress. This situation suggests an opportunity to sensitize faculty to the issues their students may be dealing with in conjunction with academic pursuits (Macaskill, 2013; Tinklin et al., 2005).

Stigma can also be reproduced through university policy decisions, contributing to systematic institutional discrimination that can present barriers to students seeking assistance, such as policies mandating medical withdrawal or a lack of policies protecting confidentiality (Martin, 2010; Weiner, 1999). Stigmatizing practices and policies in this environment can lead to difficulties with disclosure, and contribute to feelings of social isolation experienced by students with mental health problems (Owen & Rodolfa, 2009; Weiner, 1999). None of this work,
however, addresses the particular ways the reproduction of stigma in administrative documents might contribute to the social relations of the setting and therefore the everyday experiences of students with mental health problems. Weiner (1999) did, however, explore these issues through interpretation of individual student experiences, and found that experiences of difficulty with disclosure and feelings of social isolation may reflect an internalization of the stigma experienced in the university environment, whereby students begin to attribute stigmatizing stereotypes to themselves. Through a grounded theory analysis involving individual interviews with students with mental health problems at a Canadian metropolitan university, Weiner (1999) identified internal social barriers to learning and participation in the university environment. She surmised that students internalized the stigma encountered in the university environment, making them feel more negatively about themselves as a result of their mental health problems. This vulnerability in the university environment and susceptibility to the negative perceptions of others, for example, through an inability to handle the misjudgments of others, was described as creating difficulties with disclosure, help seeking and social interactions (Weiner, 1999).

Conversely, research has shown when students perceive the availability of high quality social support in the university environment and from family and friends, the likelihood of mental health problems such as depression, anxiety, suicidality and eating disorders is lessened (Hefner & Eisenberg, 2009). Many authors have commented that university administration, academic and student services have an important role to play in supporting students and in ensuring safe and healthy campuses (Owen & Rodolfa, 2009; Schwartz & Kay, 2009). Thus, much of the literature exploring the effects of stigma at different facets of university settings, such as administrative decision-making and classroom interactions, suggests that alleviating stigma in universities can vastly improve awareness of student mental health problems and encourage supportive campus
environments. Moreover, Tinklin and colleagues (2005) suggest that improving the university environment in this way can improve all students’ learning experiences.

2.3 Influences of Mental Health on Academics

In a recent critical interpretive synthesis of ten articles (Markoulakis and Kirsh (2013), we found that mental health problems among students influence academic outcomes through internal difficulties, including physical, psychological, and social difficulties, and external difficulties, such as structural factors and the presence of stigma in the university environment. Academic impairment has been substantially noted in the literature, where students with mental health problems experience difficulty completing academic requirements through: decreased motivation and concentration (Martin & Oswin, 2010; Martin, 2010; Mowbray & Megivern, 1999; Weiner, 1999), absenteeism (Heiligenstein, Guenther, Hsu, & Herman, 1996; Hysenbegasi et al., 2005; Martin & Oswin, 2010; Martin, 2010; Mowbray & Megivern, 1999; Storrie et al., 2010), decreased academic productivity (Heiligenstein et al., 1996; Hysenbegasi et al., 2005; Martin & Oswin, 2010; Martin, 2010; Mowbray & Megivern, 1999; Storrie et al., 2010), decreased class participation and notetaking ability (Martin & Oswin, 2010; Martin, 2010; Mowbray & Megivern, 1999; Storrie et al., 2010), missed tests and assignments (Hysenbegasi et al., 2005; Martin & Oswin, 2010; Martin, 2010; Mowbray & Megivern, 1999), dropped or failed classes (Hysenbegasi et al., 2005; Martin, 2010; Storrie et al., 2010), and difficulty taking part in the social aspects of student life (Hysenbegasi et al., 2005; Martin & Oswin, 2010; Martin, 2010; Weiner, 1999). Furthermore, the side effects (e.g., lethargy) of medications students may be taking to alleviate mental health problems can sometimes play a role in causing symptoms that interfere with academic requirements (Megivern et al., 2003; Weiner, 1999). The difficulties
students experience completing their academic requirements can go on to influence their grades and likelihood of degree completion.

2.3.1 Mental health problems and grades.

Researchers dispute whether or not mental health problems can influence a student’s grade point average. Hysenbegasi and colleagues (2005) as well as Eisenberg, Golberstein and Hunt (2009) found a direct link between mental health problems, especially depression, and a drop in grade point average (GPA), particularly when the condition was untreated. On the other hand, Brockelman (2009) reported that having a mental health problem was not predictive of GPA. Brockelman (2009) speculated that observation of this effect might have been due to biased sampling, where students with mental health problems with low grades might have dropped out of school and were therefore not able to participate in the study, resulting in a small proportion of students in the sample with a psychiatric diagnosis. Furthermore, Unger, Pardee, and Shafer (2000) indicated that type of mental health diagnosis was not predictive of academic success. However, this study investigated the effects of a supported education program on academic outcomes, including grade point average, and any negative effects could have been mitigated by participation in the program and might have not been observable.

For students with mental health problems, academic performance and mental health can be linked. Hysenbegasi and colleagues (2005) noted that depression and academic performance were interrelated, with nearly half of student participants indicating that their academic performance contributed to their symptoms. Eisenberg and colleagues (2009) posited that students with persistent mental health problems, particularly depression, may be caught in a cycle whereby depression affects academic performance, which then affects a student’s perceptions of their own abilities and can decrease interest in academic pursuits and contribute to
depression in turn. By the same token, Burris, Brechting, Salsman, and Carlson (2009) noted that optimism among university students could help encourage perseverance in academic pursuits and positively impact mental health.

2.3.2 Mental health problems and university completion.

The National Comorbidity Survey, conducted in the United States in 1995, indicated that 4.7% of university students who do not complete their degrees have a history of mental health problems. The survey also revealed that having a mental health problem was associated with a 10% lower probability of university graduation than for those with no prior mental health problem (Kessler, Foster, Saunders, & Stang, 1995). In a more recent study of students with mental health problems who had left school, over one-third of students indicated their reasons for doing so were psychiatric symptoms, followed by one-fifth of students who reported a lack of integration into the academic community. These students did persist in continuing their education, with nearly two-thirds returning to university three or more times (Megivern et al., 2003). Failure to complete a university education is associated with many consequences for an individual, such as decreased employment opportunity. There are also societal consequences, such as a less trained workforce and greater demands placed on social welfare (Kessler et al., 1995). However, when educational support and modification is provided to students with mental health concerns, studies show that course completion rates can rise (Unger et al., 2000) to levels similar to the general population (Best, Still, & Cameron, 2008). Furthermore, such findings emphasize the importance of the integration of students with mental health concerns in the academic and social aspects of student life, in order to decrease educational attrition (Megivern et al., 2003). This research highlights the important benefits of supporting students with mental health problems in attaining their educational goals.
2.4 Accessibility and Accommodation

A common way of supporting students with disabilities, including mental health problems, in the university setting is through the provision of academic accommodations. Students with disabilities are entitled to such services by law. In the province of Ontario, these requirements are applied and sustained by the Ontario Human Rights Code (OHRC) (“Ontario Human Rights Code,” 2014) to ensure the accessibility of various organizations, meaning that their services can be utilized fairly by those wishing to do so. Accommodations are individual arrangements and are a typical part of a university’s “accessibility mechanism”, whereby students with disabilities are afforded “access to education equally, unless to do so would cause undue hardship” (Ontario Human Rights Commission, 2009; Appendix A). In the university environment, ‘undue hardship’ is a term that protects course requirements and the academic standards of the institution, allowing for the provision of accommodations insofar as the social organization of the university is maintained (Jung, 2003). Research has shown that the number of students requesting accommodations for concerns related to mental health problems is increasing (Brockelman, 2009; Unger, 1992), however, there is no known research that directly explores the effectiveness of academic accommodations for students with mental health problems. There is evidence to suggest that students with mental health problems experience difficulty making use of available accommodations, as will be shown in the following sections, and therefore in obtaining equal access to higher education. Moreover, much of the existing literature reviewed in the following sections does not explore the manner in which the experiences of students with mental health problems are coordinated by the social organization of the university when requesting accommodations. The social organization of the university can be an important factor in the provision of accommodations and has been explored by Jung (2002, 2003) with respect to female students with chronic illnesses seeking accommodations in university. Jung (2003)
accordingly observed that students requesting accommodations adapt themselves to the available services in order to navigate the institutional accessibility mechanism and continue their participation in the university environment. However, their experiences of access differed from the expectations created by the university’s disability policy. There is thus a need to further understand the process and outcomes of academic accommodations for these students.

2.4.1 Applying for accommodations.

Typically, students must formally apply for academic accommodation through a campus office for students with disabilities (OSD). It is up to an individual student to make the formal request for support and supply the office with the necessary documentation of disability (Ontario Human Rights Commission, 2009; Unger, 1992). This office will assess the student’s need and assign appropriate academic accommodations after a review of the student’s documentation and discussion of the student’s needs. Accommodations are intended to remove barriers to the student’s full participation in the university setting, and are assigned on a case-by-case basis (Unger, 1992). For students with mental health problems, accommodations might include: notetaking services; recording devices for lectures; seating arrangement modifications; testing accommodations such as extra time or a quiet space to write; extensions for assignments; altered assignments; peer support; tutoring; skill building in time management or study skills; priority parking; advocacy from someone on campus to assist with navigating services and accommodations (Martin & Oswin, 2010; Quinn et al., 2009; Unger, 1992; Weiner, 1999). OSD staff might be unfamiliar with the needs of students with mental health problems, including specific accommodation needs, and might not encourage service use by this group to the same extent as other groups of students with disabilities (Megivern et al., 2003). Many researchers have noted that implementing universal instructional design strategies, such as inclusive pedagogy that is respectful, provides clear communication and feedback, and accounts for
diverse learning styles, can improve the accessibility of the university, rather than a reliance on self-disclosure and individual accommodations (Higbee, 2009; Olohan, 2004). Universal instructional design, also referred to as universal design for learning, has been defined as “a set of principles for curriculum development that give all individuals equal opportunities to learn…a blueprint for creating instructional goals, methods, materials and assessments that work for everyone – not a single, one-size-fits-all solution but rather flexible approaches that can be customized and adjusted for individual needs” (“About UDL,” 2014; Appendix A). Most importantly, these accommodation and universal instructional design strategies are thought to have the potential to improve the accessibility of the university by ensuring students have the opportunity to learn and demonstrate their knowledge (Eudaly, 2003; Higbee, 2009).

2.4.2 Faculty and peer perceptions.

Oftentimes faculty are unaware of the needs of students with mental health problems for various reasons related to a general lack of understanding of the effects of mental health problems on academic functioning and the positive implications of extending flexibility to students with mental health problems. They may also be unaware of the existence of legislation mandating accommodations for students with mental health problems. Evidence suggests that for these reasons, faculty are sometimes unwilling or lacking in the knowledge needed to respond to accommodation requests (Backels & Wheeler, 2001; Milligan, 2010). Female faculty have been found to be more likely than male faculty to consider students with mental health problems eligible for accommodation, and are also more likely to discuss any concerns with the student and refer the student to seek help if necessary (Becker et al., 2002). Faculty attitudes toward implementing accommodation are likely to affect the outcome of the accommodation (Trammell, 2003), for instance, by affecting a student’s persistence in seeking the accommodation. One study found that students with mental health problems are stigmatized when making use of
accommodations, where peers would perceive a student who had made use of accommodations as less intelligent and less likeable, especially if test performance was better than their own (Egan & Giuliano, 2009). Egan and Giuliano (2009) noted that this places students in a “no-win” situation, where they can experience negative social consequences if using accommodations successfully, or avoid social consequences by foregoing accommodations but then experience lower grades that do not reflect their abilities. This results in a form of discrimination that does not go unnoticed by students with mental health problems. Quinn, Kahng, and Crocker (2004) found evidence to suggest that requiring students to disclose their history of mental health problems prior to a test led to decreased performance on the test, if the student did in fact have a mental health problem, indicating that perceptions of stigma could influence test performance. Nevertheless, research has shown that with appropriate training, campus members’ awareness and intentions around accommodations can be changed (Milligan, 2010). Following a faculty training program about accommodations, all areas of knowledge around accommodation increased, such as relevant laws, attitudinal barriers and instructional design implementations. The most reported intended change as a result of the training was to incorporate universal instructional design strategies. Faculty reported an increased willingness to accommodate students, although this difference was not statistically significant (Milligan, 2010). Salzer, Wick and Rogers (2008) also noted that efforts to educate a campus community around accommodations might have had an impact over time, as reported awareness among faculty, staff and students had increased. In this study, students with mental health problems reported that they were even able to make use of informal accommodations available directly from professors, rather than seeking assistance through formalized university processes (Salzer et al., 2008). The awareness and availability of accommodations can thus have an effect on a student’s likelihood of seeking out and implementing appropriate accommodations.
2.4.3 Making use of accommodations.

Students with invisible disabilities can face a great deal of scrutiny when applying for or making use of accommodations, as there can be an assumed lack of legitimacy of these disabilities by students’ peers, university administrators and teaching staff, and assumptions that students might be falsifying the disability in order to take advantage of the accommodation system (Jung, 2002). The nature of mental health problems makes it difficult to assess students for accommodation needs, due, in part, to their cyclic course and variable presentation (Megivern, 2002). Students with mental health problems may sometimes register for accommodations but not make use of them, using them instead for reassurance that there is a safety net in place if the need strikes (Trammell, 2003). Others might forego registering in order to avoid disclosure or because they are unaware that they are eligible for accommodation services as a student with a mental health problem (Megivern et al., 2003). Higbee has suggested that many students decide to first try working without accommodations and wait until a functional impairment, typically evidenced as a low grade or course failure, has set in before they seek accommodations or other services (Higbee, 2009).

2.5 Help Seeking

Even when students are experiencing a mental health concern, they may not perceive a need for support or seek support at all (Zivin et al., 2009). In Eisenberg, Golberstein and Gollust's (2007) web-based survey of help seeking among a large US public university student population, they found that 30% of students perceived a need for mental or emotional help in the previous year. Students who screened positively for a current mental health problem were significantly more likely to perceive a need for services and receive services. This is consistent with other research, wherein increased psychological distress has been consistently found to be
related to increased service use (Rosenthal & Wilson, 2008; Yorgason, Linville, & Zitzman, 2008). However, just under half of all students surveyed by Eisenberg and colleagues (2007) knew where to go for mental health service while attending university. Students who had used services were more likely to report believing that therapy, counselling, or medications were helpful, yet many students with an unmet need for services reported a belief that these would be unhelpful or only somewhat helpful. Furthermore, these survey findings revealed that likelihood to perceive need for service was strongly associated with being female, older, and gay, lesbian or bisexual (Eisenberg et al., 2007). Other findings indicate that these factors, along with religiousness, lower SES and international student status decrease the likelihood of accessing care (Hoeppner et al., 2009; Yorgason et al., 2008), and there is some speculation that this may be a result of higher personal stigma among these groups (Eisenberg, Downs, et al., 2009). Conversely, other research has found no connection between knowledge of or utilization of services and demographic variables, suggesting instead that use of services may reflect individual needs, values and attitudes (Megivern et al., 2003; Megivern, 2002; Rosenthal & Wilson, 2008; Storrie et al., 2010).

2.5.1 Deterrents to help seeking.

Reasons for students’ reluctance to seek support have been studied a great deal, and have often been attributed to stigma, parental influences and fear of discrimination both within the university environment and in the external community, including potential future work environments (Cook, 2007; Eisenberg, Downs, et al., 2009; Martin & Oswin, 2010; Martin, 2010; Storrie et al., 2010; Vogel, Wade, & Ascheman, 2009; Weiner, 1999). In a national online survey of 190 current and 318 former university students with mental health problems in the United States conducted by Salzer and colleagues (2008), nearly one-third of students who did not seek accommodation or support through their Offices for Students with Disabilities
expressed fears having to do with disclosure, citing apprehensions around discrimination from faculty and other students. Weiner and Wiener (1996) noted similar concerns, and also suggested that students felt undeserving of special consideration. This contributed to a lack of assertiveness in seeking help, which might have been linked to a lack of awareness about their rights as students with mental health problems in the university environment. Martin (2010) similarly reported students’ trepidation regarding privacy and confidentiality, and also noted that students did not wish to be seen as seeking undue privileges. However, experiences were positive for the majority of students that did disclose their concerns in some way, either by seeking help or requesting special academic consideration. Alternatively, there have been studies which indicate that stigma and discrimination may not be the main factors preventing service use, and that rather, students prefer to deal with their problems on their own or do not have time to seek care. They may also feel that stress is a normal experience in university and that their experiences are not serious enough to warrant care (Eisenberg, Hunt, & Speer, 2012; Eisenberg, Speer, & Hunt, 2012; Yorgason et al., 2008). Indeed, Quinn has shown that in some cases, students may not realize that they are experiencing a mental health problem, and will first need to recognize and admit to themselves that they are having difficulties before they can more formally disclose these difficulties (Quinn et al., 2009).

2.5.2 Other helpful strategies.

Students also often employ informal strategies, such as self-care and social support. Self-care strategies can include physical exercise, eating well and regular sleep (Martin & Oswin, 2010; Martin, 2010; Reavley, McCann, & Jorm, 2012). Relaxation and meditation have also been found to be helpful, as well as maintaining a general positive outlook (Martin & Oswin, 2010; Martin, 2010). Students might also implement strategies that help them cope with academic demands, such as selecting appropriate courses, taking a reduced course load and
avoiding early-morning classes (Weiner, 1999). Furthermore, staying connected, such as with a point-person at the university, and also with family and friends, can be beneficial (Martin & Oswin, 2010; Martin, 2010; Megivern et al., 2003). In some cases, students might employ avoidance techniques or maladaptive coping strategies, including social isolation, substance abuse and self-harm behaviours (Arthur, 1998; Martin & Oswin, 2010; Martin, 2010). The use of such approaches indicates a need to teach students more positive coping strategies that allow them to deal directly with their mental health problems and associated difficulties (Arthur, 1998).

2.5.3 Recommendations in the literature.

Numerous recommendations have been made around the promotion of help-seeking behaviours among students. Several authors have suggested that university administrators should consider implementing measures that protect students’ confidentiality and protect their status as a student, and ensure such measures are understood by students to alleviate apprehensions around seeking services (Cook, 2007; Eudaly, 2003; Megivern et al., 2003; Quinn et al., 2009). Researchers also suggest that campaigns for education and awareness can address students’ unmet needs for mental health services, since factors related to students’ knowledge and beliefs about services have been found to be strongly associated with awareness of need and subsequent use of services (Eisenberg et al., 2007; Quinn et al., 2009; Storrie et al., 2010). Researchers have also noted that increasing education and awareness on university campuses can improve faculty, staff and student recognition of the subtle early warning signs of mental health problems in students, thereby decreasing the lag between the onset of these concerns and first contact with services (Eisenberg, Hunt, et al., 2012; Megivern et al., 2003). Such efforts toward increased awareness are believed to reduce stigmatizing attitudes and beliefs among faculty, staff and student peers, thereby lowering perceived public stigma and personal stigma on the part of students experiencing mental health concerns (Eisenberg, Downs, et al., 2009).
Assisting students through peer support and skill-building, particularly around motivation, communication and problem-solving can build students’ confidence around approaching staff, improving help-seeking in times of difficulty (Arthur, 1998; Martin, 2010; Quinn et al., 2009). Yorgason and colleagues (2008) noted that personal factors preventing service use, such as lack of time, can be addressed through alternative modes of service delivery, such as online services and brief therapy. These can also be advertised to students in a way that emphasizes their flexibility and ability to be incorporated into a student’s schedule (Yorgason et al., 2008). The literature indicates that students express a greater likelihood of help-seeking when they feel they will be treated fairly and with respect and dignity by staff who are non-judgemental, understanding and supportive (Martin, 2010). Much of the work described above, however, problematizes students’ help seeking behaviours rather than exploring the social organization of the setting in which students access assistance. There are numerous factors that affect service access, which have not yet been adequately researched and were examined in my study.

2.6 Reflections on the Literature

As shown throughout the literature presented, student mental health is a complex issue affecting many aspects of a student’s experience and involving multiple facets of the university. University student mental health is not restricted to the responsibility of individual students alone, rather it is an institutional issue that requires coordination between students, staff, university services and university policies. Previous research has often focused on the standpoint of universities and service providers, conducting studies that reveal survey-type demographic information about service use or best practices in service provision (e.g., Collins & Mowbray, 2005). Little attention has been paid to the perspectives of students themselves, and when
student perspectives are in fact acknowledged, researchers tend to focus on ‘giving voice’ to student experiences, through thematic accounts of the experiences of students with mental health problems in postsecondary settings (see, for example Weiner, 1999). Thus, within the existing literature, quantitative studies tend to explore disparities in help-seeking behaviours and service utilization, without explanations of how services come to be sought and distributed the way they are. Qualitative studies identify the many layers of individual experiences with respect to stigma and exclusion, but fail to address how the social environment brings about such consequences. Overall, the manner in which disjunctures arise in the everyday world has been absent in the literature. Therefore, a study exploring the social relations of the university from the standpoint of students with mental health problems is necessary to begin to rectify the limited explanatory power of the current literature base in addressing the difficulties students with mental health problems experience when seeking access in the university setting.

Much of the existing literature objectifies student experiences through interpretations and characterizations of the difficulties encountered by students rather than challenging the existing mechanisms by which students seek and obtain support, which effectively marginalize this group of students. Rather than objectifying student experiences, I explore the interface of the interactions of students with mental health problems with the university, particularly when seeking access. Beginning from the standpoint of these students will allow for the exploration of the working knowledge of students with mental health problems, including how they navigate the services available in this setting and how this work is coordinated with institutional processes and procedures. Exploring students’ working knowledge in this way will allow for the elucidation of institutionalized practices of university accessibility mechanisms and the organization of these relations within the larger university setting in such a way that reveals the nature of the interconnected work practices of universities and students with mental health
problems. Institutional Ethnography can address these issues by turning to the lens of the social, as will be described in Chapter 3. Prior work has examined this relationship from the standpoint of university students with chronic illness. In particular, an Institutional Ethnography conducted by Jung (2002, 2003) explored a disjuncture between the objectives of a university’s disability policy and the practical experiences of its application for chronically ill women. By taking the standpoint of women with chronic illness with a critical perspective of the university’s disability apparatus Jung explicated the complex social relations coordinating accommodation for this group. Jung found that these women’s choices and actions were bound by larger institutional practices that preserved the existing social organization of the university even in the provision of accommodations. Health researchers have taken up Institutional Ethnography to explore disparities in health care access and the social organization mediating individual health behaviours and outcomes. For instance, Institutional Ethnography has been used to address why people do not obtain the cancer care services they are entitled to receive, in order to go beyond the existing cancer care research that identified disparities in service utilization and experiences of inclusion and exclusion, without any understanding of the processes creating inequality in care (Sinding, 2010). Institutional Ethnography has also been employed to explore the social organization of health work, that is, the activities individuals living with HIV/AIDS take part in to take care of their health. Through such an investigation, the ways in which people oriented themselves to the institutional relations guiding processes for accessing care were made clear (Mykhalovskiy & McCoy, 2002). This study will add to the body of literature around service access and disability in higher education by taking the standpoint of university students with mental health problems when exploring disjunctures in students’ experiences with university accessibility and accommodation systems.
Chapter 3
Theoretical Orientation

3.1 Institutional Ethnography

In order to elucidate institutionalized practices of accessibility for students with mental health problems, as discussed in the previous section, I conducted an Institutional Ethnography to explore the social organization of the university from the standpoint of students with mental health problems. In this chapter, I discuss the theoretical orientation lent by Institutional Ethnography, through a description of its origins and the foundational concepts of standpoint, experience, problematic, work and textually-mediated social organization.

Research aimed at empowerment or advocacy for marginalized individuals recognizes that power relations shape reality and therefore challenges what is ‘known’ about social relations (Gastaldo, 2008). Institutional Ethnography (IE) is a framework that allows for inquiry and discovery of social organization. It aims to “reorganize the social relations of knowledge of the social” (D. E. Smith, 2005, p. 29). The intention of this framework is to identify social relations: how peoples’ activities within an organization are coordinated; that is, to determine the social driving forces of an organization and the unseen coordination of these forces on people’s everyday lives (Smith, 2005) (Appendix A). Thus, it involves exploring and uncovering how institutional practices exist in and generate actual experiences (D. E. Smith, 1987). To this end, IE explicates the relations of multiple areas and situations within an institution, relations which can then be conceptualized as a “map” of institutional processes (DeVault, 2008).

Institutional Ethnography is “a sociology for people” (D. E. Smith, 2005, p. 1), developed in the 1980s by Canadian sociologist Dorothy Smith. As a strong supporter of the women’s movement, Smith began to think about the particularities of her everyday experiences from her
subject position as a woman. In one of her later publications, Smith (2005) describes how she came to consider the everyday world in a manner that led to the development of Institutional Ethnography. In her work at home and at the university where she worked, Smith noted two subjectivities that could not be consolidated. At home, she was attentive to housekeeping, childcare and other everyday tasks that were not of consequence to her daily work at the university. While conducting work at the university, however, her focus centered on administrative tasks as well as sociological readings and teachings. Although both sets of experiences presented cognitive and physical demands, and were therefore embodied experiences, each set was regulated and coordinated differently outside the body. For instance, her work at the university was coordinated by texts and sociological discourses, along with the many policies and procedures of the institution. Her work at home, however, was focused on her children and was organized by the requirements of their schools as well as the requirements of maintaining a household. When she began to pay attention to the particularities of her work at the university through her standpoint at home, she noted the unseen organization of her work at the university; the social relations driving her everyday experiences. In noting the influence of social processes on individual experience, she took up this method of inquiry that would allow her to preserve the standpoint of those whose experiences were being explored. Her novel approach, IE, stood in contrast to conventional sociology, which she felt objectified these experiences by relying on discourses of sociological theory to explain the phenomena under investigation rather than subjectively exploring participants’ experiences in a manner that maintained their standpoint (D. E. Smith, 2005). Thus, Smith contends, as a sociology for people, IE is a form of sociological inquiry that begins where people are and extends from these local activities to social dimensions that transcend and coordinate local realities (D. E. Smith, 2006).
Institutional Ethnography is an alternative sociology, providing both a framework and a method of inquiry (D. E. Smith, 2005). Permeating this methodology is the ontology of the social, where the “social,” which is the focus of investigation, is maintained throughout the study. This ontology, or belief in the nature of reality as inherently social, is what allows researchers to effectively investigate how people’s activities are coordinated (D. E. Smith, 2005). Smith views the social as the coordination of activities; a view shared by phenomenologists, symbolic interactionists and ethnomethodologists. Influenced by Marxist sociology, Smith expands on this view of the social and takes up the notion of social relations as the coordination of peoples’ activities on a large scale, across sites and in an unseen manner (DeVault & McCoy, 2006). Smith departs from these traditional sociologies, particularly ethnomethodology, by treating people and their talk as an entry point into the understanding of the translocal organization of knowledge, rather than objectifying their experiences (Campbell, 2006). Similar to other ethnographies, Institutional Ethnography focuses on local knowledges and explores social order. However, Institutional Ethnography extends this focus into the organizational linkages between individuals while participating in social relations. Furthermore, this translocal social organization is understood to be mediated by texts (D. E. Smith, 2005), a distinctive feature of Institutional Ethnography that will be described in Chapter 3.5.

In accordance with this basic premise of IE, in this study, I make the ontological assumption that the experiences of students with mental health problems seeking access in the university setting are produced and mediated by the social relations occurring within the organization of the university. In other words, the coordination of organizational processes interface with students’ interactions with the university, through texts such as policies or forms, contact with staff or other institutional processes and procedures. In keeping with IE’s focus on explicating social relations, the analysis taken up allows for the investigation of the relations in
question from the standpoint of those individuals with experience of the problematic within these relations, in this case students with mental health problems seeking accessibility in the university.

3.2 Standpoint and Experience

In IE, standpoint is considered to be “a subject position…. [which] creates a point of entry into discovering the social that does not subordinate the knowing subject to objectified forms of knowledge of society or political economy”, and is situated in people’s everyday lives (D. E. Smith, 2005, p. 10) (Appendix A). The notion of standpoint contrasts with the “perspectives” or “lived experiences” of participants which are typically investigated in interpretive qualitative work, including the majority of qualitative studies cited in Chapter 2. In this research, the standpoint of university students with mental health problems was taken. I as the researcher treated the student participants as expert knowers of these relations rather than objectifying their experiences. This involved maintaining the students’ subject position when investigating the social relations of the university, focusing on the coordinating effects of these relations on staff and student work as they pertained to the experiences of students with mental health problems seeking access. I investigated the activities of students with mental health problems in such a way to see how their everyday work is socially organized and subjected to ruling relations. Ruling relations are considered to be “translocal forms of social organization and social relations, mediated by texts of all kinds…objectified forms of consciousness and organization, constituted externally to particular people and places, creating and relying on textually based realities” (D. E. Smith, 2005, p. 227). In other words, ruling relations act between and across sites, and are mediated by texts, described in detail in Chapter 3.5, coordinating the actions of people within an organization (Appendix A). Taking the student
standpoint began with investigating the embodied experiences of students with mental health problems and allowed me to examine how these experiences were embedded in the social relations of the university setting. It therefore provided an understanding of how institutional relations of power are organized.

Experiences, as Smith (2005) describes, exist in and are therefore embodied in a knower, but emerge in the dialogue between the speaker and the listener. Experience therefore forms the basis for the data collected, through a knower’s dialogic account of embodied experience. People are experts in their own work and experiences, and it is through their accounts of this work that researchers can seek to understand the institutional driving forces of the social relations under exploration. Understanding these experiences as embedded in a set of social relations is what allows the ethnographer to proceed by engaging in a new dialogue with the whole of the data collected. Focusing on experience as data in this way allows the researcher to create an account of the social relations that coordinate and exist outside of these everyday experiences (Campbell, 2006).

Each phase of the investigation of social organization, as well as analysis and writing of findings, maintained the standpoint of university students with mental health problems, even when staff accounts were under focus. In this way, the following account does not generalize experiences, but rather aims to elucidate the very ruling relations under question, as well as their subjugating effects on the students with mental health problems, the people experiencing the problematic (Campbell & Gregor, 2002).

3.3 Establishing the Problematic

Beginning in a site of embodied experience allows for establishing a problematic, or focus of study, within this experience as a point of entry. The problematic arises within a
disjuncture in a set of experiences subjected to institutional organization. Smith (2005) defines the problematic as beginning “in the actualities of peoples’ lives with a focus of investigation that comes from how they participate in or are hooked up into institutional relations” (p. 226) (Appendix A). In other words, a disconnect between the actual and expected experiences of those participating in a set of social relations within an institution presents the research problem for an Institutional Ethnography.

Those experiencing the problematic provide the standpoint for examination of the coordination and relationship between activities, which encourages the researcher to consistently keep in mind how such processes have consequences for those individuals with these experiences. Investigation is therefore located in the everyday world (D. E. Smith, 2005). Identifying the problematic allows for investigation of the social relations at play in an organization, and involves going beyond what is readily known about a particular setting. What is determined to be the problematic in a set of experiences will remain central to investigation and analysis over the course of the study (Campbell & Gregor, 2002).

The problematic for this study explores the difficulty that students with mental health problems experience in pursuing higher education, particularly in light of available accessibility and accommodation measures put in place by universities. This problematic arose from my encounters with students with mental health problems, accounts related by peers, as well as through an examination of existing literature. As a volunteer Student Learning Strategist at an Office for Students with Disabilities (OSD) at an Ontario university in 2008-2009, I worked one-on-one with students experiencing a variety of difficulties, from acute injuries to enduring cognitive or physical impairments and mental health problems. It was during this time that I became particularly interested in post-secondary student mental health. Students with mental
health problems were admitted to university based on the same merits and qualities as their peers, yet experienced difficulties in keeping up with coursework and often faced academic failure, probation, or withdrawal as a result. These students were accessing, or in the process of gaining access to many of the services available to them. Yet, these students experienced barriers in obtaining the accommodations they required, and encountered what they felt were insensitive faculty, staff and administrators in their efforts to implement necessary accommodations or overcome the barriers imposed on them in their studies.

When considering the work that has been done in the area, it becomes increasingly evident that the ways the work of students with mental health problems and the social organization of universities are related remains to be determined. Previous work, as described in Chapter 2, has focused in general on trends in service use, faculty and peer perceptions of students with mental health problems or the experiences of students with mental health problems in the use of services and in the academic setting. No known work has explored the interface of the interactions between students with mental health problems seeking access and the university. As previously mentioned, Jung (2002, 2003) examined such relations between female students with chronic illnesses and the university, but the particularities of these relations for students with mental health problems have yet to be explored. Thus, the focus of this study is how the work of students with mental health problems is coordinated with university OSDs within the larger university setting. The interface between the social organization of the university, those “distinct forms of coordinating…that are produced again and again” (D. E. Smith, 2005, p. 227) and the everyday work of students with mental health problems will be considered in this way in order to determine where the disjuncture in students’ experiences is located in this set of relations.
3.4 A Generous Notion of Work

In taking up a certain standpoint, institutional ethnographers aim to explore “social, political and economic processes that organize and determine the actual bases of experience of those whose side we have taken” (D. E. Smith, 1987, p. 177). That is, we investigate the actualities of individuals’ working lives within an institution. In order to understand these actual experiences, IE takes on a generous notion of work, where work is not only considered to be any productive activity, but also anything “essential to the accomplishment of accountable order, that is not itself made observable-reportable as work” (D. E. Smith, 1987, p. 165). Thus, this notion involves anything that “people do that requires some effort, that they mean to do, and that involves some acquired competence” (p. 165), with a particular focus on the work people conduct as they are participating in institutional processes (Appendix A). For example, in McCoy's (2006) description of a patient’s triage work with respect to his HIV care, she identified his participation in antiretroviral therapy as work that entered him into a relationship with health care services. He conducted work by partaking in regular blood tests, in consultations to make adjustments to medication levels and in treatment of side effects. This work, she explained, highlighted the interface between the individual’s embodied experience and the social relations of the health care system (p. 112). This concept of work enables researchers to explore how people’s work practices in local settings are coordinated and organized by other work activities at different sites, thereby revealing the social relations in which the work process is embedded (D. E. Smith, 1987). Institutional Ethnography promotes recognition of the typically invisible work people engage in, and how this work is linked into institutional ruling relations (Mykhalovskiy & McCoy, 2002). By making invisible work visible, the unseen aspects of the coordinating power of ruling relations can be brought to the fore, enabling a better understanding of the social relations contributing to individuals’ experiences of the problematic.
3.5 Textually-Mediated Social Organization

In IE, texts are considered to be those documents that are replicable in nature, such as print, film, audio or electronic formats that can be copied, written, drawn or reproduced in some way. Texts are considered in this material form to draw attention to their presence in the everyday world. This presence and replicability allow for the coordination of actions across sites of an organization, and therefore contribute to the social relations of an institution (D. E. Smith, 2005). Texts are accordingly of great importance to the social organization of higher education settings, and in the case of this research, took the form of policies, medical documentation and the multitude of forms employed in implementing accommodations for students with mental health problems (Appendix A).

The social relations of an institution are text-mediated. The organization uses texts in coordinating individuals’ actions. Texts create a connection between the embodied knower and the translocal organization of ruling relations. The reader “activates” the text by taking it up and responding to it. In so doing, the reader becomes an agent of the text, performing actions ascribed by the text (D. E. Smith, 2005). The text-reader interaction is important in that it allows a text to be recognized as something being done, an activity accomplished by a person in a particular setting. Therefore, texts contain elements of power in that they can coordinate actions of people. Through activation by people using the texts, texts can coordinate actions between and across sites (Campbell & Gregor, 2002). The replicable nature of texts allows for the propagation of these relations throughout an institution. Texts are part of organizational action; they can exist in time and place when they are being activated. Recognizing that people can activate texts while they do the actions of their work allows researchers to explore institutional order (D. E. Smith,
2005). Thus, by tracing sequences of individuals work with and actions resulting from the activation of texts, social relations are made observable and traceable to the researcher.

3.6 Summary

Institutional Ethnography allows for the explication and mapping of the social relations that coordinate individual experiences. The investigation of work experiences and texts can describe the social driving forces of a problematic experienced by a marginalized group. In this study, I take the standpoint of students with mental health problems to explore their experiences of accessing accommodations in the university setting. In the following chapter, I describe how I applied this theoretical orientation alongside a description of the study design and methods of data collection and analysis.
Chapter 4
Data Collection Methods and Analysis

In the following section, I describe the setting under investigation, as well as ethics procedures and the study participants. I then discuss the methods of data collection and analysis in light of the theoretical orientation employed.

4.1 Setting

Data were collected from individuals involved with the accessibility apparatus at a large Ontario university. I began with a focus on the university’s Office for Students with Disabilities. Although this is not the actual name of this office, I refer to it as such in keeping with the Ontario Ministry for Training, Colleges and Universities, which widely refers to these offices at Ontario post-secondary institutions in this way. This service was selected because it seeks to promote an inclusive campus for students with a variety of disabilities, including mental health problems. Students with mental health problems comprise over one-third of primary disabilities identified by the service, and also represent approximately one half of students receiving accommodations from the OSD. As the investigation proceeded I extended my focus to other health and student services involved in accessibility for students with mental health problems at the university, in order to explore connections between these different services and how these connections operate to assist students with mental health problems. I did not aim to directly explore classroom experiences aside from those discussed by participants, to maintain a focus around the student services in place for accessibility. Controlling the scope of the project in this way allowed for a more detailed examination of the social organization of university accessibility resources. Institutional Ethnography “does not…depend on large scale projects” (D. E. Smith, 2005, p. 219), and a focused examination of this kind can inform work that later seeks to explicate the social relations of the entire university.
4.1.1 Ethics.

In the initial planning phases of this study, my supervisor and I participated in a number of meetings with a university administrator to discuss the purpose and scope of this project. It was agreed, through a memorandum of understanding with this administrator and the OSD represented, that: the name of the institution would not be revealed, the purpose of the study was not to evaluate the university services, participants would provide informed consent, confidentiality and anonymity would be maintained and necessary texts and documents would be made available to the researcher by the OSD. An anonymized version of this memorandum of understanding is available in Appendix B.

Ethics approval was obtained through all involved institutional Research Ethics Boards prior to participant recruitment. The rights of participants were maintained at all times, through appropriate measures such as maintaining participant confidentiality, the expectation of minimal risk (such as emotional discomfort in relating experiences) and the right to refuse participation at any time without consequences. The Informed Consent Statements that were provided to and signed by participants are available in Appendix C. Furthermore, university staff participants who expressed concern that they would be identifiable through their job titles were provided with the option to decide how their roles would be identified. Student participants were only asked to confirm that they were in undergraduate study and were registered with the OSD with a primary diagnosis of a mental health concern as opposed to an intellectual, developmental or physical disability. They were not asked to disclose the nature of the diagnosis, age, program of study, or any information that could be deemed identifiable. Full names were exchanged through email contact. In some cases, students chose to reveal their diagnosis and program of study of their own accord.
4.1.2 Participants.

Sixteen undergraduate students with mental health problems who registered with the OSD at the university participated in this study, as well as eight university staff. Beginning data collection with students was ideal because an IE “takes for its entry point the specific individuals whose everyday activities are in some way hooked into, shaped by, and constituent of the institutional relations under exploration” (DeVault & McCoy, 2006, p. 18). Students from all years of undergraduate study with self-identified mental health problems (including mood disorders, sleep disorders, anxiety disorders, eating disorders and psychotic disorders) were invited to participate through posters with tear-away contact information in the OSD as well as recruitment emails sent along with regular newsletters to students registered with the OSD. See Appendix D for recruitment materials. The condition may have existed prior to entering university or may have begun during the student’s university education, thus allowing for perspectives from students with varying onset circumstances to be included.

Of the 16 student participants, 11 were women (Lisa, Lucy, Gloria, Pamela, Rachel, Megan, Leslie, Sara, Kari, Kelly and Jess) and 5 were men (Ansar, Chad, Jason, Ben and Mark). All participants have been assigned pseudonyms. This distribution is similar to the ratio of women and men who seek mental health services in the general population. Students were not asked or required to disclose their program of study, although many chose to mention their programs or courses taken. These students represented a wide range of course and program experience, including, but not limited to: Music, Psychology, Engineering, Languages, Religion, Gender Studies, Philosophy, Biology, Chemistry, Astronomy, Sociology and Concurrent Education (a teaching degree sought concurrently with an undergraduate degree). I did not ask or require students to disclose their diagnoses. They were only asked to confirm that they were registered with the OSD primarily with a mental health concern, and they were provided with
examples such as anxiety, depression, psychosis, etc… However, all students except one chose to disclose their mental health problems in some way over the course of our conversation. The mental health problems disclosed included independent or concurrent depression, anxiety, bipolar disorder, trauma-related concerns, schizophrenia, histrionic disorder, borderline personality disorder and narcissistic disorder. Some students reported only one of these conditions, while others experienced two or three concurrently.

Institutional Ethnographies are exploratory in nature and as Smith (2006) asserts, data collection and ongoing analysis reveals appropriate paths for further collection, rather than predetermined research plans. Researchers tend to discover what needs to be examined step by step, and there may be potential participants or groups of participants that are not identified at the outset of a project (D. E. Smith, 2006). Staff informants were thus selected based on the accounts provided by students and for their ability to inform a portion of my developing understanding of the institutional relations at play in accessibility for students with mental health problems.

Student interviews were followed by interviews with staff of the OSD as well as other university staff involved in the accessibility apparatus for students with mental health problems. I purposefully recruited these participants, and sent personal invitations to participate via email and/or telephone (DeVault & McCoy, 2006) (Appendix B). A total of eight university staff participated, including staff at the OSD (n=3), the university counselling and health services (n=2), crisis response services (n=1), and academic administrators (n=2). All staff participants were women and have also been assigned pseudonyms (Joanne, Rose, Julie, Sharon, Tracy, Carolyn, Tina and Terry).

Institutional Ethnography focuses on obtaining a range of experience, yet it is important to note that the experience is not the object of study. Rather, a range of experiential accounts
were obtained in order to learn about the institutional processes individuals are involved in and how they are embedded in the organizational relations of the university. Exploring the everyday activities of these individuals allowed for the development of an account describing the social relations, within and external to the university accessibility service, that are of importance in the problematic of interest.

4.2 Data Collection

The aim of data collection was to develop my knowledge of this work setting and how social relations organize the university setting and its ongoing processes with respect to students with mental health problems.

4.2.1 Interviews.

Students: A two-stage model of Institutional Ethnography was taken in conducting this study (McCoy, 2006). Interviews were conducted with students with mental health problems to obtain ‘entry-level’ data, i.e., the data that provide entry into a set of social relations (Campbell & Gregor, 2002). In Institutional Ethnography, interviews are a method by which to discuss the organizational knowledge of those who are knowledgeable about the settings under investigation and actively participate in these settings. The aim of these interviews was to learn about the experiences of these students, the work they do, and how their activities are coordinated within a set of institutional relations. Interviews were geared at discovering how students accounted for their work processes; I was concerned with the work knowledge of participants, what they know about what they do as students and how they do it – the actual conditions of their working lives. Focusing on work knowledge allowed me to explore the ways staff work processes were related to student work processes in order to identify and describe the institutional order and ruling relations guiding this work. In general, participants were asked about their knowledge of the
work of accessibility and accommodation for university students with mental health problems. Work knowledge was therefore the focus of these interviews, where participants provided accounts of work knowledge through their experiential dialogues. The focus was on having a conversation with the students to learn how things work in the university setting, using open-ended questioning. The primary interview topic and relevant sub-topics were:

The work of being a student with a mental health problem:
- Routines and activities involved in being a student (academic work: classes, tests, studying, other aspects of student life)
- Accessing assistance (health work: accessibility, counselling, external help)
  - Types of accommodations obtained
- Experiences accessing assistance within the larger university experience
  - Speaking to others about concerns, effects on academic and health work

Using this open-ended guide allowed conversations to evolve naturally, and students discussed the work of seeking accommodations and mental health care, managing their academics as well as managing their social lives.

I also listened for traces of institutional processes in their accounts, which were explored and probed further. For instance, when a student would mention registering with the university OSD, I would ask for details around what this process entailed. The student would then reveal information around the required forms, documentation and meetings with various university staff, and the student’s work in complying with such requirements. Prior to these interviews, I had obtained copies of some of the relevant forms students may have encountered while seeking accommodation (such as intake forms, accommodation request forms, confidentiality forms,
etc…). I brought these forms to the interviews and asked the students to comment on how or why they used these documents and the work involved with completing such documentation. In this way, I could develop an understanding of where the participant’s experiences and actions fit into the higher coordination of relations, and determined which areas required further exploration (D. E. Smith, 2005). Overall, I sought to explore a range of participant experiences in order to explicate, in detail, all relevant sites and courses of action and experience for students with mental health problems in this setting. I thus focused on recruiting participants who could inform my developing understanding of the social relations of the university, rather than seeking particular participant characteristics. Although individual participant characteristics can influence the manner in which students approached their work and related their experiences, individual characteristics are not specifically sampled in Institutional Ethnography. Social relations are the focus of investigation and operate in a manner that supersedes individual actions or influences.

Interviewing continued until new sources began to lead to redundancy (Patton, 2002); in this case, meaning I had developed an understanding of student participants’ work knowledge with respect to seeking access at the university, and could proceed to investigating connections that would reveal the social driving forces of access and accommodation for these students.

Student interviews were carried out between May and July 2012. Each interview was recorded and transcribed. Following transcription and analysis of student interviews, questions and processes identified as warranting further study were investigated and generated second-level data. Second-level data are found outside the local level, beyond experiential accounts, and allow for conceptualizing connections between local and translocal sites and processes (Campbell & Gregor, 2002). In my study second level data sources consisted of staff interviews and texts, both of which were used to inform my understanding of the social relations driving students’ experiences.
**Staff:** Staff interviews were conducted between November 2012 and July 2013. Staff interviews followed a similar format to student interviews, with the same purpose of explicating work processes and how their activities were “hooked into” and coordinated within institutional relations, yet were specifically tailored to each service provider’s role. The second stage also involved the examination of institutional texts found to be of importance in participants’ work accounts (McCoy, 2006), described in the next section. These interviews were also recorded and transcribed. The primary interview topic and relevant sub-topics were:

- Experiences working with students with mental health problems
- Role-specific information, depending on position
- Coordination of their work with students with other parts of the university
  - Classrooms, other student services, administrators, etc…
- Policies and procedures guiding their work

I focused on listening for institutional traces in staff accounts as well, in order to explore and probe further as to what certain work processes entailed and how these might link with other areas of the institution. For instance, when a student crisis manager described obtaining relevant documentation from other areas of campus with which a student might have had contact, we were able to go on to discuss what such documentation might entail, what it would be used for, with whom contact might be made and what student outcomes might result from this process. This allowed me to explore the coordination of relations within the institution to lend to my developing understanding of the research problematic from the standpoint of the students.

4.2.2 Texts.

Considering how texts enter into institutional organization, texts necessarily comprise data because of their importance in peoples’ actions, and what they can reveal about social
relations. Universities employ many texts in their everyday actions; students fill out forms that are processed by a staff member, and perhaps entered into a computerized system by other staff members or filed for later reading, for a myriad of purposes. Furthermore, the social organization of universities is informed by countless policies and documents that are important in the work of all members of the institution. For the purposes of my research, I focused on those texts identified by informants as being of particular importance in their everyday actions and work processes. Relevant texts concerning the university and its policies, particularly those regarding students with mental health problems, were examined. Such texts included the institutional code of conduct, equity statement, accommodation policies, and human rights guidelines at both the institutional and provincial level. I also examined texts such as documents and forms involved in OSD student intake, forms required to request accommodations and other documents or forms used by staff in decision-making around a student case, such as lists of available accommodations. An exhaustive list of the texts reviewed is included in Appendix E. Although numerous texts were reviewed, only those directly mentioned by staff or students and found to contribute to the developing map of social relations were included in analysis (Appendix E, in bold). These texts were analyzed because of their mediating role in students’ experiences of the problematic, and provided information by which the social organization of the university’s accessibility resources was explicated.

4.2.3 Reflexivity.

Reflexivity is a “thoughtful, self-aware analysis of the intersubjective dynamics of the researcher and the researched. Reflexivity requires critical self-reflection of the ways in which researchers’ social background, assumptions, positioning and behaviour impact on the research process” (Finlay & Gough, 2003, p. ix). Reflexivity was an essential aspect of data collection and
analysis, as methods, data and the researcher are “reflexively interdependent and interconnected” (Mauthner & Doucet, 2003).

Establishing rapport and trustworthiness with participants was considered in light of my own roles and experiences as a student and as a researcher. I worked towards striking a balance between fostering interpersonal connections and maintaining professionalism throughout my interactions with participants, who appeared comfortable speaking freely with me about their experiences. Students seemed to view me as a peer, as they were aware of my own role as a student. When asked, I would also share information about my past volunteer experience at an OSD, as well as a personal interest in the topic stemming from family members’ prior experiences as post-secondary students with mental health problems. The informed consent process and continued assurances of anonymity and confidentiality were also of importance in creating and maintaining trustworthiness. This was particularly so with staff participants, who often expressed concern that they would be identifiable through their own descriptions of their work and interactions on campus. The memorandum of understanding struck with the OSD served to relieve staff members’ concerns regarding confidentiality, although the information shared may well have continued to be shaped by these concerns. This document, however, also entered me into the power relations of the institution, whereby ensuring the identity of the institution would be protected also quelled concerns that the repute of the university could be challenged through this work.

In my description of the problematic (Chapter 3.3), I mentioned my own experience at an OSD, and the role this played in my interest in student mental health in the university setting. Since beginning this project, I have also become involved with a number of post-secondary committees and other bodies exploring student mental health. Furthermore, I have been involved
in a number of informal conversations with individuals internal and external to the institution who were interested in my work and who would offer their own insights into student mental health in the university setting, but did not participate in formal interviews. I thus needed to remain constantly aware of my own familiarity and experience with post-secondary accessibility and accommodation service provision and frameworks as well as perspectives derived from these informal conversations in order to avoid “institutional capture”. This notion of “institutional capture” was proposed by Smith and suggests that familiarity with institutional discourse has the capacity to “subsume or displace description based in experience” (D. E. Smith, 2005, p. 225) and therefore presented the risk of taking participant accounts for granted. I aimed to avoid institutional capture by delving deeper into processes I already knew about, such as student intake into an OSD, in order to ensure the focus remained on the participants’ embodied experiences, rather than institutionally defined ways of knowing. Remaining aware of my position in relation to institutional discourse helped me to bring the institution and its processes into view in a way that identified the institutional processes and social relations at play in participants’ experiences (McCoy, 2006). As McCoy (2006) suggests, prior knowledge of the site was of importance in informing my reading of participant accounts, in that I was able to recognize institutional traces, or indications of the connections of their work with institutional ruling relations. I also remained cognizant of how insights gleaned from my own experiences and conversations informed my developing knowledge of the social relations of this setting. Although these informal experiences and conversations were very informative for the design of the study and interpretation of data, I worked towards remaining open and focused on representing and maintaining the standpoint of the student participants throughout the processes of data collection, analysis and presentation.
4.3 Data Analysis

Data analysis was initiated simultaneously with data collection. My prior experience working with university students accessing accommodations, as well as informal conversations held with university staff prior to formal data collection, contributed to the formulation of the early interview guide and also directed me to policies and forms that could be of importance. As data collection progressed, I continuously reviewed interview transcripts and my own field notes, noting how individuals talked about their everyday work, the institutional processes they took part in, and the texts, policies, and procedures of importance. These notes helped shape later interviews with students and staff, allowing for multiple perspectives of contributing work processes to be identified. In this way, the social relations, as explicated through the everyday experiences of the participants, were not only looked for in the data, but were used to “do the looking” (G. Smith, Mykhalovskiy, & Weatherbee, 2006, p. 177) in both data collection and analysis.

I thoroughly read each interview transcript prior to purposeful engagement with the interview material. This was done to familiarize myself with the data and gain a general sense of the whole of each interview, “without feeling pressured to move forward analytically” (Dierckx de Casterlé, Gastmans, Bryon, & Denier, 2012, p. 363). I noted the key features of each interview, along with my own reflections on how to approach the interviews in future readings. Following this general reading, the first detailed analytic reading of the transcripts focused on asking questions around the participants’ work, in order to develop an understanding of what work processes contribute to the social organization of accessibility and accommodation for students with mental health problems in the university setting.
McCoy (2006) suggests posing explicit questions to understand participants’ work, and many such questions were employed, including: “What is the work that these informants are describing or alluding to? What does it involve for them? How is their work connected with the work of other people? and “How is the work articulated to institutional work processes and the institutional order?” (p. 111). Addressing these questions involved paying particular attention to participants’ descriptions of their work, the interface of participants’ work with texts, and the coordination of work, particularly between students and staff and among staff members. A view of the institution was maintained while focusing on these questions, preventing unwanted “analytic drift” (p. 109) by focusing on institutional processes rather than the participants themselves, while maintaining the standpoint of students with mental health problems (McCoy, 2006). However, as an extension to the analysis of institutional processes expected in an Institutional Ethnography, one additional aspect of participants’ accounts of work was explored: that of the participants themselves as actors in the institution. I asked, “What is achieved by this participant doing her/his work in this way?” and “what is achieved by this participant talking about her/his work in this way?” As I asked these questions I began to realize that participants often shared their thoughts on why their work needed to be conducted in a certain way, and why they needed to participate in certain processes. In relating these ideas, they also often shared their perspectives on what these processes reflected about institutional organization, revealing their views on institutional coordination specific to students with mental health problems and their role in these relations. As such, participant perspectives were taken up and linked with the analysis of institutional organization.

Kvale (1996) suggests that asking different questions of interview texts can evoke different interpretations of and meanings within a text. Thus, the second detailed reading of
interviews examined questions that arose from having paid particular attention to how participants discussed their work in the first reading. These questions included:

- How do students indicate their mental health affects their academic work and the help they access?
- How do students go about accessing services and accommodations? Are there any discrepancies or problems that exist for students or staff in accessing or providing services, respectively?
- How do participants understand or rationalize such discrepancies? How do staff adhere to institutional expectations?
- How does staff members’ experiential knowledge contribute to decisions made around their work with students with mental health problems? And finally,
- What is the staff work that is largely “invisible” to students or conducted “behind the scenes”?

These questions allowed for an interpretation of participant accounts that went beyond explicating the ruling relations that imposed work sequences on members of the institution. I extended analysis to an exploration of the participants as members of the institution; the decisions they made and how they acted with respect to institutional organization of accessibility and accommodation for students with mental health problems.

4.3.1 Analysis of texts.

Consistent with Institutional Ethnography, I viewed texts as active in social relations (D. E. Smith, 2005), and conducted an analysis of texts in addition to participant accounts. Texts were considered in two ways. First, texts noted in participant accounts were highlighted and logged as sequences of work and texts for later mapping, described in the following section, as
these sequences help produce “an account of the day-to-day text-based work and local discourse practices that produce and shape the dynamic ongoing activities of the institution” (Turner, 2006, p. 139). I remained sensitive to processing interchanges; those points where participants’ work processes intersected with texts (DeVault & McCoy, 2006). These intersections were taken to be revealing of the textual coordination of work and the role of the text in the social relations of accessibility for students with mental health problems in the university setting. For example, students often mentioned the medical documentation required to register with the OSD. In being conscious of this type of processing interchange, I was able to trace the influence of provincial policy (i.e., the OHRC) on the provision of accommodation in the university setting and the work required of students and staff around intake and registration.

Secondly, textual analysis was conducted on all policies discussed by participants as being of importance. Textual analysis involved a line-by-line reading of the text with a dual purpose: first, to understand the social relations of the university embedded within the text; and second, to understand how the text enters into a larger set of social relations. For instance, the document informally referred to as the university’s Accessibility Policy was analyzed for its position in a textual hierarchy, meaning it answered to the OHRC and also prescribed a set of texts and actions associated with accommodating individuals with disabilities at the university. This document was also analyzed for the implicit assumptions present in the text and the influence of such assumptions on the accommodation process for students with mental health problems. As will be discussed further in Chapter 5, this document contributed to an institutional view of accommodation as something with the potential to compromise academic standards. Thus, the process of textual analysis also involved questioning of taken-for-granted concepts, by identifying and explicating ideological frames, those processes and practices that have resulted from dominant ideologies contributing to the text (Ng, 1995). Texts were analyzed in this way to
determine how university policies, as well as texts and forms employed in university procedures, are reflective of and contribute to the work processes of students with mental health problems and university staff around accommodations for students with mental health problems. It is worth noting that in some cases, participants, particularly students, were not aware of texts contributing to certain work processes. For instance, although some students mentioned human rights, most seemed unaware of the influence of the Ontario Human Rights Code (OHRC) on accommodation in the post-secondary setting. In other cases, some participants noted a lack of relevant institutional texts to guide their work, such as texts that would assist staff in assigning appropriate accommodations to students with mental health problems. These instances were also noted and considered in analytic mapping and memoing activities.

4.3.2 Mapping.

Mapping, another analytic activity in Institutional Ethnography, was conducted to visually explicate the institutional processes uncovered. According to Turner (2006), “mapping actual sequences of work and texts extends ethnography from people’s experience and accounts of their experience into the work processes of institutions and institutional action” (p. 139). This process was aimed at creating an analytic account that would allow for the portrayal of observable work processes, to help uncover the social organization connecting these processes. Textual activation can contribute to social activities, which taken as a whole become the work processes of the institution. Thus, mapping involved plotting work-text-work sequences to produce an account of how texts occurred (Turner, 2006), which could then be traced to decisions, policies, and outcomes within the university’s institutional actions. I noted references to texts in participants’ accounts as well as the work participants performed with the texts they described. I then visually detailed the work done with the text as it existed in the institutional order of accessibility and accommodation. One instance of this involved looking at blank copies
of the medical forms required by students registering with the OSD. These forms were to be filled in by a mental health practitioner, such as a general physician or psychiatrist. They would then be submitted to the OSD either directly or by the student, and were next used by the OSD advisor, in consultation with the student, in making informed decisions around which accommodations would be appropriate for the student. Although staff accounts informed the developing map, I maintained the standpoint of students throughout the map rather than focusing on staff perspectives of the work conducted with texts.

In addition, Clarke (2005) suggests that mapping exercises can also be informed by a researcher’s own experience in conducting the study. My experiences leading up to formal data collection and observations made in the process of data collection also informed the ways sequences and connections were determined in the mapping process, as was discussed in Chapter 4.2.3: Reflexivity. I constructed a map showing two linked systems in particular: the processes contributing to service intake, selected for its significance in connecting students to the university’s accommodation mechanisms; and the processes around the provision of services and accommodations to students with mental health problems, once a student had completed the intake process (Figure 1 – Appendix F). This map visually explicates how work is coordinated around texts and how work activities of staff and students at different sites and times are coordinated with each other. In cases where participants indicated that texts did not influence their work, the mapping device visually traces the unseen coordination accomplished by texts, or where applicable, decision-making processes that were not influenced by texts. This mapping activity allowed for interpretation of how the texts and practices in the university setting have real implications for students with mental health problems.
4.3.3 Memoing.

I kept detailed memos throughout the analytic process. I wrote analytic memos to record ideas and reflections that came about (Birks, Chapman, & Francis, 2008) while analyzing interviews, field notes taken during the interview process, and texts. I also wrote memos during the mapping process, noting points of connection or dissention between participant accounts as well as my own evolving ideas about the social organization of the university. Moreover, Campbell and Gregor (2002) note that analysis occurs through writing, which allows for the development of an account of how social relations organize participants’ experiences. For this reason, I continued to write analytic memos after my detailed readings of transcripts, analysis of texts, and mapping activities were complete, to continue to “articulate, explore, contemplate and challenge [my] interpretations” (Birks et al., 2008, p. 71) of the data while considering the whole of the data and the memos written up until that point. This aided in transitioning from concrete data to conceptual generalizations of the social organization of the university’s accessibility mechanism and how this influenced participants’ actions and experiences of their work in this setting.
Chapter 5
The Institutional Accessibility Mechanism

As described in Chapter 4.3.2, mapping is an analytic activity that allowed me to trace instances of the work conducted and texts utilized by students with mental health problems and staff in the university setting. Explicating the social relations of accommodation and accessibility in the university through the visualization and discussion of an institutional map is revealing of the manner in which students with mental health problems and staff orient themselves to the required processes and procedures when obtaining academic accommodations. In this way, mapping assisted in determining the circumstances in which difficulties arise for students with mental health problems seeking access in the university setting.

I conducted a textual analysis of institutional forms and policy documents used by students accessing accommodations and staff working to ensure the accessibility of the institution in order to explicate the role of these institutional documents in the larger set of relations guiding accessibility for students with mental health problems. The analysis revealed the influence of provincial and federal policy in the design and implementation of institutional policies used by university students and staff. This textual analysis was then linked to sequences of work and texts described by participants. First, I briefly describe the relevant government texts to establish the context in which policies at the institutional level were developed, and thereby demonstrate the coordination of the social relations of accessibility for students with mental health problems through multiple authorities. The description of texts is followed by an account of the coordination of institution-level texts and the work of students with mental health problems and staff within the university. Drawing on these analyses I outline in detail what I have termed the Institutional Accessibility Mechanism (Figure 1). The Institutional Accessibility Mechanism maps the local and extra-local processes and texts that collectively guided the
everyday work of these individuals at the university. This chapter is then followed by a description of staff work (Chapter 6) as well as student work (Chapter 7) in the Institutional Accessibility Mechanism.

5.1 Accessibility for Students with Mental Health Problems: Policy at the Federal, Provincial and Institutional Level

5.1.1 Federal and provincial policy.

The Canadian Charter of Rights and Freedoms is a constitutional document that ensures freedom from discrimination for all individuals, and explicitly extends this protection to individuals with mental health problems:

*Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.* (CCRF, 2014)

Each province also enacts its own laws and legislation. In the province of Ontario, two key documents safeguard the rights of individuals with disabilities: the Accessibility for Ontarians with Disabilities Act (AODA) (AODA, 2014) and the Ontario Human Rights Code (OHRC) (OHRC, 2014). Those with mental health problems are recognized as individuals with disabilities at all levels of government, and are therefore afforded the applicable rights and protections for individuals with disabilities by these policies.

The AODA encourages accessibility broadly, and calls on organizations in the public sector to purposefully take up and make provisions for accessibility standards. The specific provisions indicated in this document are less directly impactful for students with mental health
problems than they are for students with other physical or cognitive impairments (i.e., built environment, typically conceptualized, for example, as accessible entrances and bathrooms); however some provisions, such as providing class materials in accessible formats, can be helpful, for instance, to those students with mental health problems who receive adaptive technology accommodations such as reading software.

The OHRC ensures “equal rights and opportunities without discrimination,” (OHRC, 2014) including equal opportunity for access to services for individuals with disabilities. Disability is intentionally defined broadly within the OHRC. Disability “includes past, present and perceived conditions” (Ontario Human Rights Commission, 2009, p. 6) and specifically includes mental illnesses (Appendix G), recognizing that these conditions in particular may be non-evident and temporary or episodic in nature, but are nonetheless disabling for the individual. The OHRC is much more specific than the AODA regarding provisions to be made for accommodations in the educational environment. Education is considered a “service” under the OHRC, and therefore all educational institutions at all levels are subject to the OHRC. At higher levels of education, definitions of educational services are limited to academic standards and accreditation, rather than all aspects of a student’s social, physical and academic development, which are included at lower levels, such as elementary schools (Ontario Human Rights Commission, 2009, p. 5).

Pursuant to the OHRC, universities have an obligation to accommodate students with disabilities, including those with mental health problems, “to allow them to access educational services equally, unless to do so would cause undue hardship” (Ontario Human Rights Commission, 2009, p. 5). In fact, the OHRC was most frequently mentioned by staff as the document that guided their work around accommodations for students with mental health
problems; especially in terms of how it helped them ensure the university met its duty to accommodate students with mental health problems.

In the Guidelines, accommodation is depicted as a process intended to promote inclusion by meeting students’ individualized, unique needs with dignity, and without a set of universal solutions. As stated in the Guidelines: “blanket approaches to accommodation that rely solely on categories, labels and generalizations are not acceptable” because “different effects of a disability and different learning styles may call for different approaches” (Ontario Human Rights Commission, 2009, p. 7). Emphasis is placed on preventing and removing barriers first and then accommodating any remaining needs. The policy also emphasizes that accommodation is to be ensured up to the point of undue hardship, which is based on the cost of the accommodation, the availability of outside sources of funding as well as institutional health and safety requirements. If there is more than one option for accommodating a student, each of which is equally effective and dignified, the institution has the right under the OHRC to provide the option “that is less expensive or less disruptive to the organization” (Ontario Human Rights Commission, 2009, p. 23). One staff member indicated that cost was rarely an issue, stating “if the institution can’t accommodate, it has to be proven that it’s because of undue hardship. Which is basically financial. So at this university, they will never be able to say that they can’t accommodate” (Joanne). In the staff accounts, “undue hardship” was also considered in terms of possible disruptions, typically the potential risk to the preservation of academic standards. In order to ensure academic standards were upheld, participants noted that increased scrutiny was placed on a student’s documentation and deservingness of accommodations sought.

The issue of academic standards is also addressed in the OHRC, indicating that accommodation need not undermine the academic goals of the institution:
An appropriate accommodation at the post-secondary level would enable a student to successfully meet the essential requirements of the program, with no alteration in standards or outcomes, although the manner in which the student demonstrates mastery, knowledge and skills may be altered. In this way, education providers are able to provide all students with equal opportunities to enjoy the same level of benefits and privileges and meet the requirements for acquiring an education without the risk of compromising academic integrity. (Ontario Human Rights Commission, 2009, p. 24)

The OHRC Guidelines on Accessible Education specify the responsibilities of the institution as well as the responsibilities of the student and parents or guardians, who may be particularly involved at the elementary or secondary school level, to which the Guidelines also apply. The university is responsible for putting the appropriate measures in place for accommodation for students with disabilities, and doing so in a manner that upholds the students’ confidentiality and privacy. The university is to inform students of the availability of accommodations and how they might be accessed, and also to increase disability awareness on campus, which includes educating university staff, faculty and students about mental health problems. The Guidelines do not require the university to actively seek students who might require accommodation related to a disability, as the responsibility to come forward lies with the student. However, both the research literature and my own findings indicate that for students with mental health problems, acknowledgement of difficulty and awareness of the right to and availability of accommodations is complicated by many issues, such as the student’s own insight as well as stigma on campus.

The OHRC Guidelines on Accessible Education state:

*Education providers are not, as a rule, expected to accommodate disabilities of which they are unaware. However, some students may be unable to identify or communicate*
their needs because of the nature of their disability. In such circumstances, education providers should attempt to assist a student who is perceived to have a disability, by offering assistance and accommodation. Once disability-related needs are known, the legal onus shifts to those with the duty to accommodate (Ontario Human Rights Commission, 2009, p. 34).

It is unclear if this statement refers exclusively to those students whose disability impairs cognition or communication skills. Nonetheless, participant accounts indicated that in the university environment, offers of assistance and/or accommodation were inconsistent for students experiencing mental health problems, even when this disability was identified.

Within the Guidelines, students are responsible for informing the university of their need for accommodation in general as well as providing information regarding specific limitations and needs, including information from health care professionals. They are to be active participants in the process of determining solutions, and are to cooperate with individuals consulted in this process. They are also to actively manage the accommodation process along with the accommodation provider and are to inform the provider of any difficulties encountered in the accommodation process. Many of these requirements became evident in the manner in which students with mental health problems oriented themselves to the Institutional Accessibility Mechanism, as will be shown in Chapter 7.

In response to the requirements outlined in the aforementioned provincial and federal texts, the university approved and implemented numerous policies that guide accessibility and accommodation at the institution. These policies guide the implementation of a set of services and processes meant to address access needs for students who so require them. I have labelled this the Institutional Accessibility Mechanism, and use the term throughout this work. The
Institutional Accessibility Mechanism identified through my analysis explicates the work and texts driving the social relations of accessibility and accommodation interventions in the university.

5.1.2 Institutional commitment to accessibility.

The university has numerous policies that mandate the provision of services for students with disabilities and guide the work of staff working within the Institutional Accessibility Mechanism. Although no specific policies exist for students with mental health problems, the policies discussed below confer rights to these students as part of the group of students with disabilities.

The main policy referred to by staff was the Accessibility Policy. This document conveys the university’s commitment to an equitable and inclusive environment, indicating that such an environment consists of: support for individuals with disabilities and facilitation of accommodation as well as alleviation of barriers in all aspects of the environment, such as physical, communication and attitudinal barriers. This text emphasizes the institution’s responsibility to protect the privacy and confidentiality of individuals seeking support for disabilities, in direct relation to this stated requirement in the OHRC. The university community as a whole is called on to share responsibility in creating this open and accommodating environment. In addition, references to other relevant institutional documents, such as Equity and Human Rights statements, are provided to situate this text in the institutional culture aimed at equity and inclusivity. Relevant provincial policies are also listed at the end of this document, indicating the textual hierarchy in which this document exists. The OHRC definition of disability is also provided to identify the groups to whom this policy applies (Appendix G).
Specific institutional goals are imparted in the Accessibility Policy through description of the expectation that students satisfy the essential requirements of their programs of study. Although the need for reasonable accommodation to meet these requirements is recognized, the university’s unwavering commitment to academic standards is emphasized and described as protected throughout the accommodation process. The university’s commitment to academic standards was an important factor mediating the social relations of the Institutional Accessibility Mechanism for students and staff interviewed.

Other university policies are mentioned within the Accessibility Policy, but were not considered by staff to be as directly influential on their work within the Institutional Accessibility Mechanism. The university’s Human Rights Policy describes the institution’s respect for diversity and prevention of discrimination, in keeping with the Ontario Human Rights Code. The Equity Policy also emphasizes the university’s goal of an equitable, diverse and inclusive environment where all members of the university community can achieve their full potential. This document also emphasizes excellence in the academic goals of the university. The Academic Code is intended to avert threats to the academic process and to ensure respect, fairness and honesty in the teaching and learning that take place at the institution. The university’s Purpose Statement also describes a commitment to equity and diversity by meeting the various needs of students and assisting them in reaching their educational goals. Maintaining high academic standards is once again emphasized as an institutional goal in the Purpose Statement. Across the staff accounts, issues of tension and challenges in the accommodation process were linked to the university’s academic mission and standards, and will be explored in Chapter 6: Staff Work within the Institutional Accessibility Mechanism.
The goals of creating an equitable and inclusive environment university-wide are arguably achieved, in part, by ensuring an accessible and accommodating environment for individuals with disabilities. The university has enacted a set of services and processes to accommodate the needs of students with disabilities, which are realized through the Institutional Accessibility Mechanism. My focus is specifically on facets of the Institutional Accessibility Mechanism that are accessed by students with mental health problems and how these structures operate for these students, although the processes and procedures may be similar for students with a variety of other disabilities seeking access. I also specifically focus on elements of the Institutional Accessibility Mechanism which were highlighted by the students interviewed based on their own experiences. There may be other campus clubs, services and processes that also feed into the experiences of students with mental health problems seeking access in the university setting.

5.2 The Institutional Accessibility Mechanism

The central resource for students with mental health problems seeking accessible education at this university is academic accommodation. Academic accommodations are intended to allow students with mental health problems to participate fully in the academic environment by providing them with the resources and modifications they need in order to learn effectively and demonstrate their knowledge. Accommodations are sought through the Office for Students with Disabilities. Taking the OSD and its services as the central mechanism of access for students with mental health problems, the Institutional Accessibility Mechanism is depicted in Figure 1 (Appendix F). The following describes the Institutional Accessibility Mechanism, with bolded phrases corresponding to Figure 1.

Students were referred to the services available through the OSD in a number of ways. Students indicated that a knowledgeable friend was an important resource for referral, as were
university staff, including deans, chaplains, teaching staff, Registrarial staff, and staff at the university Counselling Service. The staff at the university Crisis Intervention service were also a possible referral point, as indicated through staff interviews, although no students interviewed had been referred to the OSD in this manner. External health care professionals were also a source of referral by encouraging students to explore the resources available to them within the university. Finally, students might also have taken notice of the availability of resources and thus referred themselves to the OSD. A number of texts also influenced the recognition and referral process by increasing awareness of the OSD. Among these were course syllabi and institutional and departmental emails, newsletters and even pamphlets in various departments, such as Student Life or Registrarial Services, which included a statement directing students with accommodation needs to the OSD. Although these had some influence, participants indicated that this messaging might be lost to students with mental health problems, who might not be aware that mental illnesses are considered disabilities warranting accommodation.

University workshops on such topics as preparing for first year and health and wellness were also a valuable referral source. In one case, a student registered for a university preparation workshop and upon attending, was made aware of the OSD and its services. University workshops also existed for university staff, faculty and teaching assistants intended to increase mental health awareness and referral for students in distress, within which the OSD would be mentioned as a resource. Finally, the university website was also a resource that students would turn to for information. They did note, however, that the website was not easy to navigate and that they would use external search engines instead to find the information needed.

Student and staff participants also noted the importance of the university Counselling Service (CS), the university Crisis Intervention (CI) service and Registrarial Services in
referring students with mental health problems to the OSD. The main service of note in this regard within the Institutional Accessibility Mechanism was the CS. Students would present to the CS through many of the same means as to the OSD, however students also noted that the physical presence of the CS office at a central campus location contributed to student awareness and access of the service. After walking in or phoning the CS office, students would be contacted for a phone interview, during which an intake specialist would assess the urgency of the student’s need. Depending on the level of need, students in urgent situations would be seen immediately or within days, and those with less urgency but with a need for individual support placed on a wait list for the next available appointment. Those assessed with lower need for individual support would first be directed to workshops, and if the need continued, they could then obtain an individual appointment.

The wait list for an individual appointment could last anywhere from weeks to months, depending particularly on the time of year care was sought, with the influence of midterm and final examinations on student distress creating longer wait lists. When students presented for an appointment, they filled in a brief assessment questionnaire. They were also informed about their rights to privacy and confidentiality as well as information specific to the service, such as the monetary charge for missed appointments and the maximum number of sessions that could be attended within the university. Although the intent was that all students be informed by their counsellors of the short-term nature of the counselling available - twenty sessions total for the duration of an undergraduate student’s career - there was in fact a great deal of confusion from students in this regard, indicating misinformation or a lack of information concerning the maximum number of sessions.
You only have so many visits with the university counselling service as well, I think it’s 100 visits or something like that over a period of time so your time runs out after, after a while anyway. – Pamela

I believe it’s twenty four sessions you have total or twelve some, twenty-four to twelve, I don’t know, and it’s over the course of your university career, four years or however long you take...I don’t really know what happens if you run out. I mean I’m sure if you give reasonable reason they’d probably extend them for you ‘cause I think that it would be inhumane for them to just cap it for you, you know. – Sara

In some cases, this had become troublesome for students who had unknowingly used all of the counselling sessions available to them and were left without access to therapy. Although CS had processes in place for connecting students with counselling services outside of the university community, wait lists for these services could last from months to years, leaving students without care unless they had access to financial resources for private care. Enactment of this process was inconsistent, as there were also students who indicated they had not received any support from CS in connecting with community services, and were left without any access to counselling.

I haven’t been seeing my psychiatrist because I used up all of my, like you only get a certain amount of time, which is actually a huge problem I think with the university ‘cause twenty two sessions is nothing. – Lucy

No. Really? I will have to call them back...It gets pretty frustrating and this time they just said good luck to you, find someone, and now you’re telling me that there’s someone that will help you...I will definitely look into that. – Mark
CS was a valuable resource for referring students with mental health problems to the OSD, as staff within this service dealt with large numbers of students disclosing mental health problems. Staff interviewed stated that students who indicated effects on academics as a result of their mental health problems would be referred to the OSD. There was no indication of any process in place for referring students who did not disclose academic difficulty or who were experiencing academic difficulty but had not yet been seen for counselling. Some students indicated that although they were seen by counsellors at CS for some time and were experiencing academic difficulty, they were not referred to the OSD in a timely fashion or received referral to the OSD through other routes. This inconsistency was troubling to one staff member, who indicated that such referrals are promoted through the relationship between CS and OSD, reminders about OSD services at CS staff meetings and even occasional OSD staff presence at CS staff meetings. This staff person indicated that students should be referred for accommodation: “that’s disappointing...they should be because it’s their right. There’s a human rights act here” (Julie).

The university Crisis Intervention (CI) service was described as a resource existing primarily for staff and faculty. These individuals could contact CI when there were particular student cases of concern, and CI workers would coordinate different individuals within the institution to ensure a coordinated and comprehensive response for the student or students in crisis. CI workers would also explore available resources in the university and community in order to better assist students and the staff and faculty working with them. CI staff worked to create practical connections with other areas of campus by publishing documents that presented resources for recognizing and referring students in difficulty and offering workshops on the same topic for teaching staff. This work could directly or indirectly result in a referral to the OSD.
Registrarial Services were involved in many components of a student’s academic experience, including adding and dropping courses, academic advising and academic petitions where necessary. Students and staff indicated that Registrarial staff could be an important source of referral for accommodations, particularly through academic advising services. These staff could also be involved in the accommodation process through involvement in dispute mediation between the OSD and academic staff regarding a student’s accommodation request. This role was described as consulting “with the academic side of the house” while the OSD advisor would work with the student, as registrarial staff were understood to be “first and foremost entrusted with the mission of the institution, with academic integrity” (Carolyn). There was an indication from both staff and student participants of perceived threats to academic integrity by accommodation within the university, particularly among academic staff. Therefore staff working within the Institutional Accessibility Mechanism negotiated these concerns where necessary.

Once students had been referred to the OSD, they could choose whether to pursue or forgo accommodations. Some sought accommodation immediately upon referral, while others indicated that it took some time to seek access from the OSD, typically waiting until detriments to grades and academic progress had been experienced. Some students might never pursue accommodation, however, these experiences were not represented in the group of students interviewed. Students would obtain the contact information for the OSD either themselves or through one of their referral sources, and would then walk into or phone the OSD. Some students had already downloaded and filled in the required intake package prior to making contact with the OSD, while others obtained the intake package directly from the OSD. The intake package was comprised of a general information form (requesting name, academic program information, contact information, etc…), a mental health issues questionnaire (information
about the health concern, medications, academic effects, student loan eligibility, etc…), a release of information (authorizing a health care professional to release medical information to the OSD), a confidentiality form (informing the student of the right to confidentiality; consent for information-sharing with other university services where appropriate), a statement explaining medical documentation (for the student and health care practitioner to understand the documentation required; description of OHRC Guidelines stating need for and use of documentation in accommodation requests) and a medical certificate (to be completed by a health care practitioner indicating the nature of the disability, medications prescribed, anticipated academic effects and accommodations suggested; to have been completed as recently as within the last year). One student indicated that the requirement to list medications on the form was troublesome for students with mental health problems, as there could be large lists of medications that could also change frequently: “I couldn’t possibly have done because my medication would change way too often. I’m on over fifteen different medications” (Ben).

Although many students, particularly those who were accessing ongoing mental health care, experienced no difficulty obtaining a confirmed diagnosis from a medical professional, the requirement of a confirmed diagnosis presented particular challenges for students who had not maintained regular mental health care or did not have any access to a health care professional at the time of OSD registration, leading to delays in registration.

They just wanted some paperwork, like medical records. So that actually took a while, that took a really long time. An unnecessary amount of time. Getting my medical records…But it actually took until the next term to get those records. There was no reason for that…So it was a bit of a bumble there, but otherwise they actually kind of like
had the service start immediately for me pending documentation. She was kind enough to say you know I’m sure it’s coming so don’t worry about it. – Megan

He was able to look into my records from 2009 and see that I was seeing somebody and I had issues back then with anxiety. So based on looking at that and talking to me for like 45 minutes that he just did a quick overview he was able to provide me a generic kind of doctor’s note…but the generic note did not work for the OSD because the OSD wants like a diagnosis, meds I was taking, kind of a more recent history of all the different, recent kind of account of all my symptoms of anxiety or symptoms of depression or what have you. They wanted recent account of all that and that psychiatrist that I saw was not able to provide that thorough kind of information because he was only seeing me for 45 minutes. – Jess

The registration process in and of itself was recognized as challenging for students with mental health problems, and was seen as a possible deterrent to seeking accommodation.

We’re also asking people who aren’t well to do a lot of work, right? Just the act of registering with our office can be a challenge. And if a student’s not well, to then add on that extra responsibility of it, it’s time consuming, it’s energy-draining, and so I think those are reasons that contribute. – Tracy

Having completed this package, the student could submit and book an intake appointment. Prior to this appointment, an OSD advisor would review the submitted intake package, which, in combination with the provincial Inter-University Disability Issues Association, which provides resources and best practices for a variety of disabilities, including some information about mental health and how to assist students with mental health problems,
the **OSD advisor’s own impressions** and the **conversation with the student** in the intake appointment, would be used to determine an **accommodation plan** for the student. Students indicated that the intake appointment involved discussion around the mental health problem experienced, academic effects and needed accommodations, but some indicated that they did not participate in determining accommodations as much as they would have liked. For some, the process of trial and error in determining accommodations meant time spent without the full support needed.

> It was very one-sided negotiating. She just said do you want this and I said yes, no, yes, no. – Mark

> It was just a trial and error. We tried for every hour, an hour and a half, that didn’t work out very well. And then now it’s like for every hour I get an extra hour. – Ben

> During that first meeting I did tell my OSD advisor that I needed extra time and we kind of decided together ok how much time do you think you need, I think I got forty minutes extra...For example if my exam is two hours I get forty minutes so two hours and forty minutes...Now actually I’ve asked for more time, because I felt the forty minutes was not enough...I remember the first time I had extra time and I was devastated because even with that extra time I couldn’t finish. And so I asked her and I wasn’t sure if I could get more time, but I asked her and she said oh sure. So now I have an hour and a half extra. Yeah. And still that’s not enough. – Gloria

The student’s file would be created in the OSD database and accommodations entered in by the OSD advisor. This would allow the OSD advisor to “**make sure they sort of exist officially in our records**” (Tracy), granting a student access for accommodations requested online as well
as creating a case history that could be accessed by OSD staff whenever necessary. For students who experienced delays in obtaining an official diagnosis, the OSD advisor would provide services to the student in the interim, pending documentation. The process was nonetheless distressing for these students, who were uncertain if their accommodations could be withdrawn at any moment if they failed to present diagnosis in a timely manner. OSD advisors also conducted a great deal of unseen work after the initial intake appointment, essential to getting accommodations in place for students:

Although the student may leave our office after that hour and sort of expect things are just magically in place, it takes a lot after they leave, right, and so that keeps us very busy...So, you know, do I need to be contacting the professors, if so, I need to then note has the student been going to class, have they handed in things late, so that I know what I’m dealing with when I contact the professor...it’s always, it’s just better to have more information than less, right, in doing that sort of thing...We need to enter in their accommodations, if we're doing a bursary request we either need to make sure that the documentation is in order, that the forms are filled out correctly...it varies so much student to student. – Tracy

Once accommodations had been assigned and entered into the OSD database, students could choose to activate any of the accommodations offered to them. Students might forgo any or all of these accommodations by not pursuing the work associated with activating an accommodation. The most common accommodations mentioned by students were notetaking, where a student volunteer would take and provide notes for the student requesting accommodation; test and exam accommodations, through which the student could write in a private, semi-private or small classroom space with added time and/or breaks; assignment
extensions when needed and a provincial Bursary for Students with Disabilities, that could be used for expenses associated with adaptive technology, tutoring, outside counselling or other expenditures associated with accommodation.

In order to activate a notetaking accommodation, the student would log on to the OSD website and submit a formal notetaking request. The OSD would then send information pertaining to the request to the course instructor, who could post a recruitment message to the online course message board, send an email to the class and/or make an announcement regarding the notetaking request to the class. If a volunteer came forward, then this individual would upload notes to the OSD website, and the student’s accommodation would be fulfilled. Students noted instances, however, where a volunteer would begin uploading notes but as the term progressed and became busier, notes were no longer provided. There were also occasions where no volunteer would come forward. In such cases, the student would ask the course instructor to remind the class of the request in hopes of a volunteer coming forward, forfeiting their anonymity with the instructor in the process. The student could also personally approach a classmate, and if successful in this request, the peer would upload the notes to the OSD website or an alternate accommodation could be arranged, with the peer providing notes privately. If no volunteer was found, a student might also choose to do nothing, foregoing the notetaking accommodation for that course. Students’ work around notetaking will be explored in more detail in Chapter 7: Student Work within the Institutional Accessibility Mechanism.

To activate a test and exam accommodation, the student would similarly log on to the test and exam accommodation website and submit a test and exam accommodation request. Many students noted that there were numerous deterrents to making use of the test and exam accommodation, such as the inability to ask the instructor questions during the test or the
possibility that friends would notice their absence from the class test. Students indicated they might choose to forego testing accommodations rather than face those concerns. Students were given timeframes within which to submit test and exam accommodation requests, typically two weeks prior to midterm tests and prior to a department-wide deadline for final examinations. Late requests required the submission of a separate form to be emailed in, rather than completed on the website. **Staff would review** these accommodation requests approximately one week prior to the scheduled test date in order to coordinate the required resources (i.e., testing space, technology) while accommodating maximal requests without need to rearrange schedules and resources.

So if students register on time, my view is we need to move mountains to accommodate. If they meet the deadline, even if we don’t have the space, we need to figure something out in order to facilitate that. If a student registers late we can’t guarantee accommodations because we haven’t given professors adequate notice, they may be out of the country, we may have missed that opportunity to obtain a copy of the test. We may not have space available. We may not have an invigilator available. We may not have the accommodations that we’re required by law to provide, and we also aren’t in a position to allow students to forfeit accommodation. – Tina

For this reason, if students did not meet these deadlines, the accommodation would not be guaranteed. If a late request was received and the required resources were available or could be arranged, the accommodation would be granted in the same manner as though the request had been received on time. A staff member responsible for administering test and exam requests indicated that a large majority of late requests were granted. If a late request could not be arranged, the **student would receive an email** indicating the request had not been filled and
providing the student with various options, such as requesting a make-up test or deferred exam, coming to an alternate arrangement with the instructor, involving the OSD advisor, or foregoing accommodation and writing with the class.

When requests were received on time or late requests could be accommodated, an email would be sent to the instructor requesting a copy of the test and any relevant administrative information, such as the use of aids or contact information. This information would be sent and staff would coordinate the material to have everything in order for the test date. Students would receive an email one or two days prior to the scheduled test, informing them of the date, time and location. The accommodated test would overlap with the scheduled class test in order to prevent information-sharing, ensuring academic integrity. If, for any reason (such as an afternoon test-writing accommodation), the student’s testing time differed from the class time, the student would sign an affidavit attesting that no information pertaining to the test had been or would be shared. The test would be completed and sent back to the instructor for marking.

When a student requested an extension from an instructor, it was typically up to individual discretion whether or not to approve the accommodation. If approved, the instructor and student, with possible involvement from the OSD advisor, would come to an agreement regarding the length of the extension and the accommodation would be complete. Students could make these requests in person or by email, sometimes carbon copying the OSD advisor on the message. Some students did, however, inform their instructors at the outset of every term that they were registered with the OSD and might need an extension at some point. Others chose not to, only mentioning their registration with the OSD if an instructor did not approve the accommodation, and involving the OSD advisor to advocate on the student’s behalf.
I guess it does depend on the prof, like, I would gauge the prof, I would say ok I think this is the kind of professor I could go up to and say you know I’m really not ready for this term test, can we reweigh the next one or something for whatever reason. There are others where I have been like can I get an extension and they’re like oh well you need a note, like you need a reason. And then at that point I’ll go through the OSD. – Megan

It’s not that I automatically qualify for extensions. I have to go through this whole thing of convincing of why I should get an extension. And it’s not even like a one stop thing, it’s like I have to talk to the professor and the OSD, or the OSD and the OSD talks to the professor. – Chad

In some cases, students would choose not to reveal their registration with the OSD or involve their OSD advisors, forging the accommodation instead.

For students eligible for provincial student loans under the Ontario Student Assistance Program (OSAP), based on income, savings and other assets as well as the post-secondary institution attended, funding for accommodations could be obtained through the Bursary for Students with Disabilities (BSWD). If ineligible for OSAP, a student would not be able to apply for the BSWD and access the desired accommodation, even if there were special circumstances concerning their household income.

I’m assuming it’s income. I work at the university and at the city. I have no choice. Well I’m pretty sure nobody would have a choice if they were like, it’s only me, my mother, my brother. My dad’s been dead for quite a while, and if we don’t work how are we going to survive, how am I going to survive. So I work. It keeps you entertained. It is what it is.

Now I just get my loans from the bank and I pay them off. – Ben
The BSWD is intended for students requiring an accommodation such as adaptive technology or equipment, tutoring or external counselling, without the financial means to obtain these resources on their own. There was occasionally confusion regarding this funding on the part of students.

_I qualify for a recorder to record lectures, but I don’t know how I get it. I mean there is a way. I think you have to inquire for that, like fill out some form probably._ – Chad

_I had the money for Cognitive Behavioural Therapy and my doctors told me there’s also pet therapy if you can’t do the courses. I didn’t have the stamina to go to the courses, right, so I did buy the dog with that money. Unfortunately they didn’t reimburse me so I had to pay them back. But that did help, that helped for me, so there are different therapies out there, I don’t think, even like the procedures that they have with these, even if they had mindfulness or CBT, like giving the money to the student to then find their own CBT therapist, that’s kind of difficult, you know._ – Ansar

The OSD advisor and student would complete a **funding application.** If **approved,** the student would receive the **cheque and instructions** regarding how the funds were allotted, as well as instructions for tracking hours and/or submitting receipts where appropriate. One student recounted an administrative error at this stage that created significant difficulties.

_You know that bursary for students with disabilities? Ok so last year my counsellor filled one out for me. And I never received it, and I was never notified that I was successful. So I had no idea that I’d gotten this money, and it was sent to the office of like student accounts, and it sat there and nobody notified me that it was there. Eventually what happened was like sometimes it’ll take me a while to pay off my tuition…somebody saw that I had money owing on my tuition and they’re like well she has this cheque, so take_
this cheque and we’ll apply it to her tuition. I’ve gotten scholarships before where they’ll just pay part of your tuition. And it said [school] cheque, so I was like sweet I got a two thousand dollar scholarship, I’m amazing. I need to celebrate with my boyfriend and I’m like hey mom guess what. And I couldn’t find out what this [school] cheque was and it took forever to actually find out what it was. And I only figured out after I got this letter from them being like hey guess what you owe us money for these things. And I was like what are you talking about I never received this. So there was, that’s really negative because I already am anxious so to be told that I will potentially have problems with my student loans or with getting bursaries in the future. Especially ‘cause you know once I thought I had that money I started spending it, ‘cause that’s what you do. Well I really need clothes ‘cause I don’t own any, or I’m going to go whatever, buy a bike, ‘cause my bike’s broken. And I would have said no like I owe somebody money. So they’re figuring that out, but that’s a really bad situation, like I feel like that could have been handled better…and that’s the thing is that I really wanted that bursary so I could seek help, so that I could go and see a psychiatrist. And now I don’t have that and I’ve been told I may not get it in the future because of that. – Lucy

Once the funding and instructions were received, the student would allocate the funds and track spending accordingly, submitting the required paperwork by the indicated deadline. The accommodation would thus be fulfilled. If, however, the student was not approved or the student was ineligible to begin with, the OSD advisor might seek alternate funding for students, providing they needed accommodation by those means. Otherwise, the student might forego the accommodation for which the funds were required.
Students interviewed also noted the importance of working to maintain ongoing communication and support. Students would maintain contact with their OSD advisors through email or by booking appointments.

*I contact my OSD advisor a lot more through email as opposed to going in all the time which is good, she’s a busy woman. Yeah, a lot of email communication she’s really great with.* – Megan

*I also got a business card with my OSD advisor’s name and email. And instead of booking appointments if it was a quick question I would send her an email instead. ‘Cause I found that their appointments, they take a while like I mentioned before and it was just a quick question so there wasn’t really a point.* – Leslie

Staff also described the importance of **ongoing communication and support**, and in recognizing that students would not always have the time to maintain contact, implemented a system of yearly check-ins with students to **renew accommodations**, satisfying OSD obligations to maintain up-to-date diagnosis documentation and obligations to funders that might audit the OSD. Staff work and subsequent student work around the possibility of audit will be explored further in Chapter 6.

*Our stats are required by the ministry on an annual basis...And so what we’ve always done in the past...students have all been archived at the end of April...And then as they returned we’d pull them out of archives and re-register, or sort of renew them. Basically that’s just doing a check-in with the student around how the year went, did your accommodations work, do they need to change, have there been any changes to your health. And then just renewing their accommodations for the upcoming year. Some*
students are really straightforward; we don’t need to see them, we just know everything’s working and that they’ll let us know if anything comes up. Other students, you know, if they struggled, if they had to withdraw from classes, or if they were unsuccessful in classes, then we kind of just want to do more of a check in around what was going on, what can we do differently this year. And so we wanna either do like a face to face or a phone call or something just to see how things are going. – Tracy

Staff did also note, however, the importance of maintaining consistent contact with students who were recognized to be at risk, in order to add an element of human support within the Institutional Accessibility Mechanism.

5.3 Summary and Conclusion

In fulfilling the duty to accommodate, findings indicate that the university implemented an Institutional Accessibility Mechanism that aimed to address the requirements outlined in provincial and institutional policies. Taking the standpoint of students with mental health problems in exploring the Institutional Accessibility Mechanism revealed the great deal of work students must accomplish in accessing and activating accommodations in the university setting. This standpoint also revealed that the Institutional Accessibility Mechanism may not operate optimally for students with mental health problems.

Staff were placed in a role of assisting students as a representative of the institution. Staff thus worked to help the institution fulfill its duty to accommodate and did so for the most part in a manner that protected the institution and its interests in terms of the obligation to accommodate up to the point of undue hardship, academic standards and the possibility of audit. These obligations created tensions for these staff, who were working in a dual role by helping students
but also maintaining the interests of the university. Staff negotiated these tensions in their navigation of the Institutional Accessibility Mechanism, as I examine in Chapter 6.

Students with mental health problems had difficulties finding the help that they needed, conducting the work required to keep up with all of the required documentation and activating accommodations. Thus, not all students with mental health problems would actively seek all available opportunities. The Institutional Accessibility Mechanism is only set in motion when directly accessed. When students were unable or uncomfortable doing the work required in activating accommodations, the presence of numerous exit points meant students could forego rather than more actively pursue accommodation. This was especially the case when actively pursuing accommodation was difficult in light of these students’ mental health problems and the difficulties encountered at different facets of the university. I discuss these issues in depth in Chapter 7: Student Work within the Institutional Accessibility Mechanism.
Chapter 6
Staff Work within the Institutional Accessibility Mechanism

Staff members working within the Institutional Accessibility Mechanism recognized the pivotal role they played in ensuring accessibility for students with mental health problems. As I expand upon below, analysis of staff accounts revealed how they oriented themselves to the Institutional Accessibility Mechanism in order to assist students who were navigating through it while also upholding institutional obligations for accessibility. Staff working within the Institutional Accessibility Mechanism were placed at the interface between the university and its students, and were thus constantly processing the needs and requirements of each. Staff described the importance of this role in the educational trajectory of students with mental health problems. Throughout the description of staff work, I demonstrate how staff worked toward ensuring the university fulfilled its duty to accommodate amid concerns over available resources and academic standards, thus deliberately furthering these institutional interests. I describe how staff conducted their work in a manner aimed at fulfilling student needs while serving institutional interests through their work of a) connecting students to and b) providing resources within the Institutional Accessibility Mechanism.

6.1 Connecting Students to the Institutional Accessibility Mechanism

The Institutional Accessibility Mechanism was set up in such a way that necessitated direct access by a student seeking accommodation. Without connecting to a service or resource in an institutionally mandated, official capacity, the student would generally not be granted accommodation in the university environment. Thus, staff working within the Institutional Accessibility Mechanism connected students to resources and services by determining student needs, assisting students in navigating the mechanism as it stood and collaborating with the many
resources and services within and outside the mechanism to connect students, so that students could then set the mechanism into action and access accommodations.

6.1.1 Fairly determining student needs.

Staff members were the gatekeepers for students entering into the social relations of the Institutional Accessibility Mechanism, and were therefore responsible for connecting students to accommodations. Once students presented themselves as requiring service, staff members would determine a student’s needs by considering a combination of documentation, including formal and localized ‘best practices’ such as those presented by the Inter-University Disability Issues Association as well as locally produced knowledge (see Chapter 5.2), and conversation with the student. Staff would then proceed to make what they described as the appropriate recommendations based on the information received.

*We interview them, and we get a sense of what part of their academic function is being impacted, whether or not it would be helpful for them to have some kind of accommodation in place so that they can succeed at the university and function better.* – Sharon

Staff described their work in terms of making fair determinations that would best help a student succeed, yet these decisions were based primarily on the provision of resources through an institutionally-mandated set of practices. Thus, staff working within the Institutional Accessibility Mechanism, particularly staff at the OSD, were dual agents – agents of the students and agents of the university - with potentially conflicting responsibilities. Staff would make determinations on behalf of the institution regarding an individual’s disability status and therefore whether the OHRC and the university’s accessibility policy were to be enacted. A student’s documentation of a mental health problem, as described in the intake process in
Chapter 5.2, was used to confirm a student was experiencing a disability and therefore qualified for consideration under the OHRC, meaning the university had the duty to accommodate the student. In this way, the medical documentation authorized the staff member to enter the student into the Institutional Accessibility Mechanism on behalf of the university. Staff members also indicated that this documentation played a central role in their decisions regarding accommodations required by the student, by guiding assessments of possible academic impacts and needed accommodations. There was space provided in this medical documentation for health professionals to provide information regarding possible cognitive impacts, academic impacts and needed accommodations. However, staff members indicated that their decisions were to be made in light of limitations in knowledge of academic accommodations by the health professionals providing the medical documentation.

So if we’re talking about psychologists, yes they would [understand accommodations], if we’re talking about psychiatrists’ reports I’ve seen say at hospitals or clinics, no. They want to understand, I find them very open, like we’ll have a conversation because they might write a letter and say this student has major depressive disorder and it’s going to be chronic and with episodes flaring based on their knowledge of the student and the nature of the disorder the student has, but they won’t be able to say what might help them, apart from maybe a quiet room or having notetaking services. But adaptive technology, no, they, they don’t have that kind of information, usually, the ones I’ve seen. Or things like the impact of specifically academic accommodations like might need extensions, might need the exams spread out...I don’t think they have assessments for how to measure something that pragmatic, that simple, you know it’s more medication-driven and therapy-driven. Which is great, ‘cause that has to exist as well, for sure. – Joanne
In making these decisions, staff also needed to determine a student’s needs by balancing what was indicated in the student’s documentation with the responsibility of the university to accommodate the student and the services offered and available in the university environment. Although decisions around a students’ access to services were made based on the students’ mental health problems and associated needs, staff also made decisions based on their role as an agent of the university, helping the institution fulfill its duty to accommodate within the Institutional Accessibility Mechanism and the resources made available by the university. Consequently, staff pointed to numerous obligations in making decisions pertaining to a student’s access to resources.

*So sometimes staff have to make sure due process has been followed, sometimes they’re supporting the student, and sometimes they have to say that violates the [academic] standard. So there’s this tri-role that we’re always in, and every conversation can take you into a different part of the role. So you have to stay clear. – Terry*

*So when the documentation comes we have guidelines and we’re trained how to pair up what’s recommended in the documentation. If things aren’t recommended in the documentation then theoretically through our clinical interview with the student and what’s indicated in the documentation about their illness disorder, then we would problem solve around with the student and a little on our own as well according to what the school offers based on their commitment to the Human Rights Code. – Joanne*

In addition to the medical documentation, information and judgments gleaned from meeting with the student and relevant policies, staff also employed experiential knowledge in making decisions around a student’s case. Although the institution addressed fairness in the provision of accommodations through a mandated set of considerations that were to be individualized for
each student, staff recognized that these considerations might not determine students’ needs in an equitable manner. Staff developed the capacity to make use of general impressions when determining a student’s needs and the services a student would receive. In this way, staff were able to exercise autonomy by making decisions that experience had shown might benefit a student, sometimes challenging accepted notions of accommodation in favour of student interests.

There are unwritten guidelines as well that have been passed on through training, counsellors training other counsellors over time. Because things aren’t static, they’re always changing, and certainly funding rules are changing, education around mental health is changing, thankfully, all the time. So there are guidelines but they’re not always simple to write down. So you sort of carry them in our head...sort of what I was saying around how a laptop could be integrated into the treatment of a student with anxiety. That’s an example. We get it, counsellors get it, and we’re also continuously getting feedback from the student. If it doesn’t help, it doesn’t help. It’s an unwritten guideline that the counsellor has the experience and the training to make some, some judgment calls I guess. I don’t wanna call it, it’s not judgment. To evaluate accommodations that may not be overtly obvious based on documentation...so in the training, and then in team meetings stuff will come up that people have dealt with that maybe we didn’t consider before, so new discoveries. – Joanne

This participant in particular hesitated to say that it was her own discretionary power (i.e., judgment) that came into play in the process of assigning accommodations, likely because of the positioning of individual staff judgments outside of the mandated set of accommodations. She instead framed her use of judgment in a manner that ascribed to institutional criteria for the
provision of accommodation. Within the context of our interview, she maintained her continued responsibility to the university while revealing the tension this could create with her responsibility to students.

Many staff noted that none of these processes would be set into motion unless a student or someone concerned about the student decided to come forward for assistance. The Institutional Accessibility Mechanism, and staff members’ roles within it, did not include purposeful identification of students requiring assistance. Unfortunately, staff also noted that students with mental health problems are the least likely to seek assistance, particularly academic accommodations.

*In other universities for example, small places, you know instructors send their marks in and somebody says, oh you’ve got fifty students and these five didn’t do so well on the midterm. Get them connected with somebody. We don’t have that process here. So we really do rely on the individual to come forward and identify themselves as being in jeopardy academically...It comes down to whether or not whatever signals are given, whether the student is comfortable enough disclosing, or if the student has already disclosed, or if the student has already found a person of contact to go to and say listen, I think I’m in trouble. ‘Cause things don’t kick in here unless that happens. – Carolyn*

*And the problem with the student who gets a diagnosis of a mental health problem, they’re the ones who are least likely to go to the OSD. I honestly couldn’t tell you [why] but my suspicion is they um don’t wanna ask for help. – Julie*

Thus, staff made determinations of students’ needs through a mandated set of considerations involving documentation, understandings of best practices and conversations with students,
ensuring fairness through adherence to this process. Staff did, however, note tensions in these practices and the resultant limitations in the support that could be provided to students. Staff thus emphasized the means by which they would evade or creatively work within the parameters of the Institutional Accessibility Mechanism in order to provide the assistance a student needed but that might not otherwise be granted. However, any help that could be provided to a student was constrained by the requirement that students come forward and make specific requests or indications of need.

6.1.2 Meeting student needs by aiding in navigation of the Institutional Accessibility Mechanism.

In order to assist students in more effectively connecting to the Institutional Accessibility Mechanism, staff also taught students to navigate the system for themselves. Although beneficial for students, this fulfilled institutional expectations and preserved the existing order of the mechanism. Part of the staff role in this regard involved maintaining an awareness of the available resources and accommodations that could address a student’s needs. In this way, they could more effectively link a student to the resources available in the Institutional Accessibility Mechanism.

*Part of my job is to know all the resources. And if I don’t, to do the research. And I’ve got the research skills to let me do that….Part of my own on the job training was getting really oriented to the resources. And there were some key people who had been here a long time and knew a lot about what was out there and how it worked that were very valuable resources for me. And I just made it my business to go and find out what was happening all over the university and who could do what and what kind of things seemed to be working and effective and who were other people referring to.* – Rose
Things like working in quiet rooms writing tests and exams in rooms that are less than ten people or with certain things that prevent distractibility or help kind of not increase anxiety, using computers, spell-check sometimes, what else, other accommodations.

Working with the learning strategist, funding, applying for funding for tutoring. If tutoring is indicated, that gives you sort of the go ahead to rationalize applying for government money to get tutors. – Joanne

One method of linking students to supports involved teaching students to identify resources and strategies outside of the formal accommodation mechanism that could be implemented to help them cope with the demands placed on them. Staff discussed strategies in helping students implement self-care strategies and make use of internal resources.

Well I think if someone’s mental health is impacting their functioning it’s going to be a barrier for them, and we try as much as we can to help them manage the situation better, manage their symptoms, improve their functioning so that they can succeed. – Sharon

I’d love to talk to students around hey, like, where do we need to help, but also, where’s the place where you gotta get tougher? ‘Cause you do need this, right? So it’s that, and it’s both. And when would a question be unacceptable and you’d phone us and we’d make a phone call on your behalf, or what do you say back. Like, just all that negotiating and living with difference, right? And understanding the strength it gives you in the world. Like our students are smart, the fact they got here, with stuff goin’ on, they’re smart, and they’re tough. They’re resilient. – Terry

Staff recognized limitations in the available resources within the university as well as limited mechanisms for relieving the demands and stress placed on students. Staff encouraged students
to employ other forms of care, thus decreasing students’ use of, but possibly not need for, institutional resources. In effect, focusing on students’ own internal resources could offload their reliance on the Institutional Accessibility Mechanism.

*I think one of the principles that I use, that I rely on most often to guide my work and how I work and how I shape interventions with students is to understand students who are struggling as experiencing a temporary imbalance between demands and resources. So it’s not about whether they have a mental health problem or not, whether they have a diagnosis or not, it’s not about their character, it’s not about their personality, it’s not about anything like that, it’s a situation that they’re currently in, the demands are greater than the resources that they have to address their demands…And that conceptualization immediately implies a solution, which is you reduce demands and you add resources. So it’s a nice little recipe…And the thing I like about it is that when I talk to students in that, using that framework, and I say ok, um, probably limited things we can do to reduce the demands, which is always true, but there are some. So let’s talk about those and see if we can’t buy you a little breathing room. But let’s look at resources and let’s look not just at external resources, but also internal ones. What internal resources can you cultivate, and can you look at your resources not just in terms of academics but your personal relationships, your resources in terms of cognitive resources, emotional resources, spiritual resources, interpersonal resources. Look at it in a really multi-faceted way. And I think invariably what happens in the kind of, in the course of that conversation is the student goes, oh, I use my sense of humour. I can do that some more. So it actually helps just that the act of identifying what already helps and that it’s already there tends to make people feel better about themselves because where they’ve gotten to most often is a place where they feel helpless and incompetent and incapable and completely*
unresourced. And it’s not true. They’ve always got some resources. And reminding them about ones that they already have allows them to use them. – Rose

Staff also noted the difficulties students with mental health problems might experience in processing the information about available services and resources and how to access them within the Institutional Accessibility Mechanism. Thus, staff needed to think carefully about the best methods for delivering information to students. In this way, staff assisted students in tailoring their access strategies to the existing structure of the mechanism.

What happens is when a student comes in for an intake, so they’re not registered yet with the OSD but they come for intake, you have an hour and there are five hundred thousand different things you need to tell the student. But the student’s coming in with a disability. And the way that information is delivered is mono medium. So some disabilities obviously, auditory processing is affected, concentration, auditory memory, so how else can we deliver this information so that students actually remember it, can make note of it. Some students can’t take notes so they’re not gonna take notes. And a lot of the time I’m finding students emailing me and saying what’d you say about the test and exam services? Six weeks after they’ve come and like now all of the sudden they have a test. So the delivery of information is really difficult. I don’t yet know if delivering information using multimedia is helpful. That’s why the OSD got me an iPad, ‘cause I wanted to see if at least giving some visual experience of where they can look at least on the internet to review what they’re entitled to is helpful. I don’t actually know yet. I mean in the moment it seems helpful. They’re like oh, oh yeah, right, but we’ll see, I don’t know. But there’s, like, how many students with mental health or other disabilities, when you talk to them about registering for tests and exams, it’s like, it’s like speaking another language. I
mean it took me about three or four weeks actually to process, what are all of these things people are telling me students have to do, how overwhelming must this be for the students. – Joanne

Staff also considered students’ preferred methods of communication, and sought to deliver information in a manner that would resonate with students so that they would be able to make use of the services available to them. The onus was placed on students to set the Institutional Accessibility Mechanism in motion by tapping into the resources available by the established methods. There was also mention of the student’s responsibility in being open to receiving this information.

This is a new medical record, it’s been updated, so we are now able to send emails out. That’s the other problem with connecting with students, nobody picks up voicemail messages anymore. Rarely, not so we’ll look at emails, it’s all texting, it seems. So our traditional methods of contacting people aren’t really up to date with what students’ traditional methods are. – Julie

I also know that staff who work with students struggle with how to get students to actually read the information that is provided. That quite understandably, the packages of materials that students got at orientation made their way into the recycling bin after week two and they were never read. So staff attempts to communicate aren’t successful because there’s so much information, students don’t think it’s going to be important, and why would they, ‘cause it’s never been an issue before. And then all of the sudden, six months down the road, it doesn’t even cross their mind that the reason that they’re not as oriented to the resources as they might be is because they failed to take advantage of the information that was provided back, you know, the first time they walked indoors. So I
think that’s a piece of it, and I know that it’s something that um student life staff work really hard on, and have extensive conversations, how do we get the students to get and to retain the information that we think is essential for their well-being and for their ability to thrive while they’re here. So it’s not like staff aren’t trying. It’s a challenge. It’s an acknowledged challenge, and it’s not, it’s really not I think that staff don’t care about how to communicate. And on an individual level, staff who are not sort of in student life but in other areas have varying degrees of comfort and ability to have those kinds of conversations. And they may not know. They probably don’t. – Rose

There was also mention of the implications of mental health problems on a student’s ability to make use of the information provided regarding available institutional resources. Staff were unsure how to ensure uptake of information by students who might be experiencing isolation as a result of a mental health concern.

I would say it is more probable that a student has a mental health situation that has forced them to become isolated, disengaged whatever. People who don’t have mental health concerns generally are not that isolated and not that disengaged. So there is definitely a correlation, whether we would have another way of reaching somebody like that, probably not. ‘Cause if you’re not engaging with the expectations of allowing the school to communicate with you, not a lot we can do. – Carolyn

Staff were also exploring avenues to encourage students to have more autonomy and confidence in sharing their concerns where appropriate, in order to more effectively navigate the inevitable challenges that would arise when trying to connect to needed resources in the university environment.
We are moving towards though giving students a template around some of the language to use so that they’re not feeling like they have to disclose a lot of information. I find that sometimes students, once they get in a room with a prof, sometimes they feel like they need to keep explaining things and information may come out that they didn’t really want to have to share but they felt like they were maybe needing to. And so certainly around providing them with information around language about how to ask for things is something that we do. – Tracy

Staff also noted the influence of institutional factors on their work. They described their role in helping students navigate the institution while working within the expectations and the setup of the institution. They saw the university as an environment that could generally be stigmatizing and sometimes unforgiving for students with mental health problems, and discussed how they worked with students in navigating this environment.

I think there’s a number of reasons why it may be difficult for a student to navigate, I think there’s still a lot of stigma, I think there is, as I say it’s hard to get here, it’s hard to have that conversation with your registrar or your prof, that you might need to have some help, and it’s, I’m not sure that, when I look at sort of across, I’ll see that the younger students coming in who are quite savvy they’re quite comfortable talking about depression and anxiety and this and that, and then I look at some of the profs who don’t get it at all. And so it’s this great big divide. Yeah. I think that we could do a better job if we had a more active peer group to be a voice out there. – Julie

So maybe it’s better to look at it from the point of view of the expectations of the institution. So the university doesn’t like to reward people who don’t learn from previous experience. And this is sometimes the biggest challenge for students with mental health
concerns, is getting them to behave differently, getting them to change their pattern of behaviour. So you can have somebody who you know, I feel really really good in September, ‘cause my meds are workin’ and it’s sunny outside and the leaves are green and I can take five courses. And come December, sun’s going away, my meds aren’t working as well, the stress of doing five exams, exacerbates my mental health problem...
So we’re gonna give that to you. But on the condition that the next time you’re in a situation, you assess better what you should have started with rather than take the five courses to the point of jumping off the cliff. So, the messaging is you are expected to reasonably assess what you can do and what you can’t do. And the student will say but I never know when my mental health concern is gonna flare up...So the second time around why wouldn’t you choose to do three courses rather than four, because really it’s what you can manage when the stress is at its maximum, was where you should start from. So, that’s sort of the way that the university, the decisions are always humane, but there is an expectation that people are going to learn from previous experiences, and apply their own reality to their academic decisions. – Carolyn

6.1.3 Collaboration as a means of connecting students.

Staff indicated the importance of collaboration with staff throughout the university, particularly as a method of getting students connected to the appropriate resources in a timely manner. Staff frequently implied that students might not connect to the Institutional Accessibility Mechanism on their own, and that without connecting to the mechanism, the process of activating resources for the student would not be set in motion. When there was a greater staff awareness of the services available through the Institutional Accessibility Mechanism, the likelihood increased that a student would be referred to services when experiencing difficulty.
So some psychiatrists, at the university counselling service for example, are getting to know and are familiar with the kind of accommodations that students can have access to here, so they will tend more and more to indicate. – Joanne

They might get to the university counselling service through knowledgeable professors, although I think those are few and far between. They’ll get to the university counselling service through interacting with their registrarial staff, they’ll get to us through the OSD, deans of students, chaplains. – Julie

Purposeful collaboration between services allowed those working within the Institutional Accessibility Mechanism to connect students to needed accommodations and services so that students could then proceed with the work necessary to access and activate accommodations.

My work here at the university is to provide opportunities for students in difficulty to get connected to the resources and supports that they need in order to succeed at the university and in their academic program...We’re actually designed as a consultation resource for faculty and staff. So the work that we do to help ensure our coordinated response to students with mental health challenges is to do that work as much as possible behind the scenes so that the existing services and resources are used to the best of their ability. – Rose

So we work with health services and the university counselling service. So the counselling service it’s usually around that they met with a student and they’re giving us documentation...health services again, usually around documentation and making sure a student is being followed and seen. We work a lot within Student Life. So Crisis Intervention, we work with them depending on the situation. Student retention around
helping students to be making some good decisions around their education, especially
when their decision-making abilities may not be optimum at the moment...and then we do
a lot of work with Career Services around how to disclose in a job, how to find a job,
how to do your resume, interviews. We do some stuff with athletics around having access
to personal trainers and setting up a health routine...Yeah there’s probably not an office
on this campus that we don’t deal with. – Tracy

Having different services working collaboratively with each other allowed staff, depending on
their role within the university, to oversee different aspects of the student’s experience, such as
academic concerns, health concerns and accessibility concerns. In this way, staff could manage
challenges that arose for students with mental health problems in the university environment,
while also ensuring that institutional interests, such as concerns over academic standards, could
be considered.

We do work closely with OSD advisors. So you know, the advisor would get permission
from the student and then they would phone and say so and so has an issue, what do you
think, how should we manage this. Frequently academic administrators are better
conduits to the academics than OSD advisors in my experience. Because if over time
you’ve created a reputation and despite the great leaps that we’ve made in embracing
students with mental health challenges in post-secondary, there are frequently
misunderstandings, there are frequently times where instructors really don’t wanna deal
with it, or they don’t understand what the complexities are, they don’t understand how
the mental health issues manifest themselves in the student trying to complete work, or
behaviour issues. So oftentimes the OSD advisor would feel that if the academic
administrator can negotiate with the academic side of the house that's sometimes more effective. – Carolyn

Working collaboratively with other services enabled staff to maintain open lines of communication, allowing them to share information and resources and work together in assisting students in need.

They call and say I have a student who and they’ll describe the particular situation. And part of my work will be to try to identify if that student is currently accessing resources, that the person who calls me isn’t aware of, so that we don’t reinvent the wheel...So together we do our best to determine what resources are currently being accessed, are there any barriers to accessing those resources that we can remove, and to be honest I think one of the things that helps remove those barriers most effectively is just communication. It’s the provision of information. – Rose

And so while there may not be sort of formal written documents, it’s a lot of informal information sharing that goes on in our office. We meet weekly as a group here and then biweekly as a larger group with all the counsellors just to talk about if there’s particular cases that we’re working with and we’re just not sure what to do, or we say you know we’ve tried this this and this, I’m feeling stuck, what are some other ideas. So there’s a lot of shared knowledge that we sort of go to each other for. – Tracy

Staff would purposefully create opportunities to share information with others working within the Institutional Accessibility Mechanism, but also indicated that such information sharing took place particularly for students that were deemed to be at high-risk. This allowed staff to remain
aware of potentially high-risk situations and respond accordingly not only to assist the student in distress, but also to ensure campus safety.

Well there may be, we can’t expect, but we can um, we’ll know that there are, there are cases that are currently percolating and it’s because they’ve popped up at the OSD and they’ve also popped up in let’s say the crisis intervention service because something’s happened somewhere on the campus. So we’ll bring them to the fore, we’ll talk about what we’re doing, we’ll make sure that everybody’s got a piece or doesn’t need a piece, but that all the things that have to be put in place have been put in place in order to avoid higher risk situations… So to make sure that, really to make sure that anybody who’s in psychiatric or psychological jeopardy is getting the right services. So we meet every two weeks and talk about these kinds of cases. And typically we’ve already been in contact with each other outside of this meeting, but this meeting then allows us to make sure that do we need campus safety to know about this or get involved, and should we be telling somebody else and so we’ll make those decisions at the table. But it’s an in-camera, this is not a meeting where we’re sort of exploiting information. What it is all about is preventing high-risk situations and maintaining safety. – Julie

There were, however, few practical avenues available to share information. Staff felt that the university was very decentralized, and that if opportunities were not created deliberately for information sharing and collaboration, such communications would not occur.

The other problem I have is that we aren’t on the same medical record. So let’s say patient, Student A was at one service doing counselling and seeing a counsellor and suddenly had a serious change in the way they were, and they needed emergency
services, they might access us, we won’t have access to those documents to give any
historical stuff...that’s this university, a bunch of silos. – Julie

Staff also noted that collaboration with other staff and with other services within the university
could promote policy change. Having connections with different facets of the institution allowed
staff to represent students’ interests when complex policies or procedures were encountered, but
there was indication that decisions in this regard were under the purview of other institutional
administrative bodies.

We work very collaboratively, which has always been a very good thing about our office
I think. With the registrarial service, financial aid, departments, and faculties, and so if
we’re able to influence changes at the policy level we certainly do that...like when you
suddenly encounter a policy where you’re like this isn’t right and here’s the reasons why.
Sometimes it can take a long time ‘cause it needs to go through all the different channels,
but other times things get resolved quickly and it’s really quite nice to see that you’ve
had an impact. – Tracy

Even with the many efforts for collaboration in ensuring accessibility for students with mental
health problems, there remained some uncertainty about the roles of different services. Staff
indicated that there was sometimes a disconnect between services that could translate to
difficulties for students seeking assistance, and needed to navigate these inconsistencies to
support students in connecting to needed services.

I’m actually not a hundred percent clear because I think there’s some stuff that the OSD,
the university counselling service, and local hospitals maybe even are trying to figure
out. So, you can write a referral, but the student needs to take that referral to the
reception desk. And depending, it seems, on the day and the phases of the moon, the student will either be able to get an appointment, be put on a waiting list, or be told they’re gonna have a phone conversation. – Joanne

So the OSD might really need us but the way that we’re set up might not be able to respond as immediately as they would like. But we also have our own stuff that we’re trying to manage and that we have to place that student in the context of all the students that we see. Whereas for them they’re just working within their own, so they don’t have necessarily a knowledge of what we’re doing. So it might seem like we’re not taking them as seriously as they might like, but again, we’re seeing it in the context of all our students who have mental health issues. I mean we’re all trying to work together, it’s just that everyone has a, can have a slightly different frame and perspective of how soon a student needs to be seen. I mean, if we could see students very quickly we’d love that, but we don’t have the resources for that. – Sharon

It was also noted that staff working within the Institutional Accessibility Mechanism face a great deal of stress and competing responsibilities when working with students with mental health problems. Creating opportunities to support these staff was seen as of great importance.

It’s also just to support the staff in keeping up morale, because they’re often the people who get the systemic discrimination. So the professors or other staff may sound off to the OSD, and they might be careful with the student, so there’s kind of a vicarious response staff have to always being in the front of people’s anger and lack of understanding that takes its toll...And on the mental health side, students are constantly going down, so how do we stay strong and well in the face of people whose lives are coming apart. Like every phone call, it’s another insurmountable problem. So how do people stay well in the face
of that would be something I spend a lot of time thinking about and doing stuff. I do a lot of listening...there’s a kind of open door come by, there’s a willingness to go to meetings, there isn’t a kind of, well that’s your job so go and do your job. There’s I’d be happy to come...So it’s about staff knowing that they have a hand on their back and they are supported. And the first thing when we hire I say I know you’re gonna make some gigantic mistake. Like I’ve hired you and I know in the next year you’re gonna make a mistake, and when you do, know you'll be supported, and we’ll fix it together. They don’t believe me, but they do remember the conversation. And when they make the mistake, and they do, ‘cause it’s hard work and it, and people screw up just like I do, they come and say ‘member that conversation? I just say what happened (chuckles)? And then we fix it. But there’s we fix it, I don’t fix it. – Terry

In summary, staff were placed in a role in which they were responsible for connecting students to the Institutional Accessibility Mechanism and aiding them in navigating the mechanism to connect more effectively to needed supports. Staff assisted students with mental health problems in linking with the resources needed while allowing the university to fulfill the obligations put forth in the OHRC and subsequent institutional policies. They highlighted the importance of doing so fairly and protecting the integrity of the Institutional Accessibility Mechanism by ensuring access would only be granted to students who formally qualified for consideration. They noted that more effective collaborations and communication translated to better access to resources for students with mental health problems. By working to assist students in connecting to the Institutional Accessibility Mechanism, staff allowed for the preservation of the structure and operation of the mechanism.
6.2 Providing Resources within the Institutional Accessibility Mechanism

Once students were connected with the Institutional Accessibility Mechanism, they could access the accommodations afforded to them. As I expand upon below, staff were responsible for providing these resources and justifying the manner in which resources were distributed, in some cases employing creative practices to provide resources that were not available through traditional avenues within the Institutional Accessibility Mechanism. Staff also addressed questions around the legitimacy of students’ requests that would arise in the university environment and would address institutional assumptions that could affect students’ access to needed accommodations and resources.

6.2.1 Justifying distribution of resources.

Staff working within the Institutional Accessibility Mechanism took on a role of managing the university’s resources. Staff saw themselves as responsible for distributing institutional resources fairly, for instance, by not concentrating resources on one student, and thus represented institutional interests in assisting students through the provision of resources. Staff also expressed their responsibilities in helping to fulfill the university’s obligations under the OHRC. The roles they took in providing resources to students were geared toward ensuring this institutional duty was not compromised.

*Well the human rights code is first and foremost. And it is, now I don’t know if this is a written mandate, but our director and the way we’re trained, our mandate is to help the university fulfill its duty to accommodate. But it’s based on the Ontario Human Rights Code. And in fact, if there’s a situation where let’s say a professor’s having difficulty*
understanding why the student in question is going to get an accommodation, sometimes we have to refer to the human rights code, very rarely. – Joanne

There’s also wanting to make sure that the university has met its obligations under the OHRC, and also supporting that process. Like have we done, it’s not did you make a decision that agrees with the OSD, it’s about has there been a good due process to get to that decision. So that would probably be my number one job, to make sure there’s a really good due process that’s been followed, and then that students are supported in ways that make sense. So the OHRC says people with disabilities have a right to education, and that they need to meet the same standard as other students once they’re accommodated. So it’s what accommodations are effective, what’s reasonable. – Terry

Staff acknowledged the limited availability of resources within the university, such as accommodations and funds to provide accommodations, and recognized the important role they played in allocating these resources equitably. For this reason, the university counselling service provided a short-term service with a limited number of appointments, in an effort to serve a larger number of students. This was, however, troublesome for students who required a longer course of therapy and were not able to access this care in the community.

It was about trying to maximize the amount of time, of hours that we had available to students and so that we didn’t have some two or three students taking up a hundred sessions over the course, and trying to provide equal playing field for everybody to have access. It does and doesn’t work. – Julie

We are short term, we’ve never said that we’re long term. And we do that because again, to be accessible to as many students as we can, we can’t provide sort of long term care.
So in those cases, from the intake, they seem to have a situation where long-term care is indicated, we try to facilitate referrals. Or if they’re wrapping up treatment here with us, then we do also try to facilitate referrals for ongoing care. – Sharon

In seeking and providing resources for students, staff often sought funding sources to help supply the accommodations needed. However, in order to apply for funding, staff needed to be able to provide justification for the student’s need for the accommodation requested, and do so with the possibility of audit in mind. Many staff also indicated that this would translate to work required of the student, in order to obtain the documentation necessary for staff to warrant the request being made and justify the allocation of funds in event of audit.

There’s some tricky stuff around it because to access accommodations you often need to apply for funding. If you apply for funding you’re going to be audited. So the government will audit our files at some point. So you don’t have documentation that validates why you’ve applied for funding, say for tutoring, again it’s that hierarchy of what do you mean tutoring, they’ve got bipolar disorder, how does that go together? If they don’t see justification in the documentation they’re gonna ask, they’re gonna probe. I think it’s government, it might be the school, I’m not sure who actually audits. But it’s so that they can do their checks and balances. – Joanne

There are standards around what’s required, a lot of those standards are imposed on us by our funder, which is the government. Around say if we’re going to be asking for bursary funding. We have to have really strong documentation to back up what it is we’re asking for. And so we may then say to a student, you know, because they’re going to get counselling through the bursary we need something in writing from your doctor that says that you require that. – Tracy
So there’s something called the bursary for students with disabilities, it used to be a very flexible piece of funding, or very good envelope for funding. They’re tightening it, and Ontario basically has gone audit crazy given some of the recent things that have happened in the province. So that piece of funding’s a lot less flexible, and subject to a lot more audit. So now, they’re taking a lock step approach. If it isn’t in the documentation, then the student can’t have it. So we’re having to ask for more information and documentation because if the student needs funding, then the student doesn’t have to go back and do it again, we got it the first time. – Terry

In some cases, managing resources was conducted in a hands-on manner, with staff distributing physical resources for the implementation of test-taking accommodations according to students’ needs.

So we can define each room with what equipment is in that room. So whether it’s an adjustable desk, whether it’s software...Some spaces are large private rooms, some are small private rooms, some are soundproof, some are close to the washroom, some have windows, the natural light...My colleague, she has an impeccable eye for detail and scheduling is her forte and she’s fantastic at it. She primarily does the scheduling, so assigns students rooms, and that’s how we ensure that those accommodations are met and how our staffing levels need to be. – Tina

Staff indicated that they would also arrange the distribution of resources in special situations, particularly when students with mental health problems were unwell and unable to access resources as expected of them by the university. Staff indicated that they would make decisions around what was most fair and reasonable, typically dependent on students’ efforts to conduct the work required of them in accessing resources and accommodations. In this way, fairness was
likened to deservingness, and staff were tasked with making decisions regarding students’
deservingness of special consideration as a means of determining fairness.

*I think a lot of the other accommodations, they work well, but they work well when*
*they’re used appropriately and when everybody is taking responsibility for their own*
situation. *Certainly there are challenges around some of the students that we work with*
in which *their symptoms are such that they’re so debilitating that it can be you know,*
*hard to leave their home. And so then you’re dealing with a student who’s absent quite a*
*bit and you’re trying to negotiate what’s reasonable. While making sure that it’s*
equitable and fair to everybody, and so that can be a challenge.* – *Tracy*

*So they would fill [the late test or exam request] out, provide it to our office, there is a*
*section on this to indicate why you would be submitting this late, and the reasons vary. It*
could be disability related, it could be that they forgot, it could be that professors didn’t*
*announce the date or changed the date. Anyways, almost regardless, we process them.*
*But occasionally when we’re in a tight position, those reasons really do play a factor in if*
*we only have one space left and we’ve got two registrations, that’s when those are*
*reviewed. But typically we just process them anyways.* – *Tina*

Thus, staff encountered many difficulties allocating resources for students within institutional
expectations, and noted that this sometimes meant that they would not be able to do as much for
students as they would like. Systemic discrimination, both within and outside the university, was
seen as driving a lack of resources and services that led staff to view the potential of their work
for students as limited.
I believe we’re trying to do a good enough job and given the resources we have, that’s what’s possible. I would never say we’re excellent, or we’re doing a wonderful job, I would never say that. Because of the discrimination that people with disabilities face and the resources we have, and disability is chronically underfunded in Canada, all over the place. I’m aiming for good enough. I don’t wanna live under a fallacy that what we’re doing is excellent, ‘cause I think that’s very far away. – Terry

Furthermore, this staff member noted, the university environment was set up in such a way that meant students accessing assistance constantly deviated from the norm. Students accessing assistance needed to disrupt the status quo and ask for something different than ‘typical’ students. For this reason, accessibility in university could never be perfect, and the focus instead became helping students persevere.

I believe when you’re faced with systemic discrimination and when you build a system and then retrofit it for people with disabilities, and they always have to ask for something different from everybody else, that system is not one that’s ever gonna succeed. It’s are they getting through, are they managing, is it good enough? Because it’s backwards. You should build systems that work for everybody and a range of learner needs and a range of human experience. But since we don’t, the system’s never gonna work...But actually to survive it, you have to know that and understand that the work you do is making some lives possible that would be impossible without your work...So the problem is not the person, the problem’s the system. – Terry

6.2.2 Evading the Institutional Accessibility Mechanism through creative practices.

In recognizing that the Institutional Accessibility Mechanism did not function optimally, staff suggested that students sometimes required additional assistance not typically indicated
within the mechanism. Accordingly, staff revealed that they sometimes needed to resolve competing interests - student needs on the one hand, and rationing limited resources, on the other - and that students would often require accommodations that were more extensive than initially determined through their documentation. Staff worked to find ways of providing these unofficial accommodations.

_I can say from my experience, like I have a student who has undiagnosed, or it’s possible anxiety disorder. So what happens to her is her fear of disappointing her professors is so profound that she gets all agitated and then she worries then she hides. She doesn’t go to class, she doesn’t attempt the projects, so I got an academic strategist to work with her who is gonna work however many hundreds of hours, it doesn’t matter. The mood, the difference in that person’s mood when she has support and when she gets her assignments in, it’s phenomenal. It’s like night and day. So I don’t know enough about how people regard mood disorders and treatment and stuff but seems pretty obvious to me. And I know that doesn’t mean she no longer has an anxiety disorder, but the impact of the disorder when she’s left on her own and just offered accommodations that are kind of static like adaptive technology, or you know, go to the writing centre, or these things that require her to pull herself out of her disorder. It’s human support. So how are you gonna justify that? How am I gonna justify her getting some money to have an academic strategist? I just will. You know. I don’t know if it’ll be considered legitimate. So yeah._

That, those are unwritten kind of guidelines. – Joanne

Obtaining funding for the provision of accommodations was an important component of staff work. In recognizing that the Institutional Accessibility Mechanism did not readily enable staff to make funds available for accommodations that might not be indicated in a student’s medical
documentation or based on documented financial need, staff often employed creative practices to help procure funding for students. These strategies were not specific to students with mental health problems, however, were of great importance to these students who might experience greater difficulty navigating the Institutional Accessibility Mechanism and gaining access to the resources needed. In the above example, Joanne recognizes these limitations and works loopholes in the system to get the student needed resources even if her actions are “not considered legitimate”. These practices which operate within the Institutional Accessibility Mechanism function to both sustain its organizing power and to evade its limitations.

*The other thing that can make a student eligible for OSAP is if we are able to demonstrate that their need for the bursary is greater than the difference between what will make them eligible for OSAP, so OSAP may come back and say you’re not eligible, you have six thousand dollars of resources or something like that. If we are able to show that they need seven thousand dollars of BSWD funding, that will make them eligible for OSAP. So there are a few tricks up our sleeve that we have, right, and it’s just about, it takes a lot of work to get to the bottom of it sometimes. Sometimes there’s outstanding stuff from other universities that a student needs to deal with, sometimes they’ve been on OSAP probation, and so, it’s helping students navigate a really complicated system.* – Tracy

*Our immediate attachment is to let’s see what we can do to help the student, without breaking rules, but let’s see what we need, let’s see what you need in place. Some of our team meetings are, you would pitch an idea to the director and if it’s something that say the government wouldn’t fund, the OSD has a very teeny tiny little budget that keeps*
changing, the director will fund it if it is the difference between a student accessing something that can make their academic experience better, yup. – Joanne

Thus, staff indicated that they were careful not to break any rules imposed by the Institutional Accessibility Mechanism. However, in cases where the rules and procedures in place did not adequately serve students, staff found ways to creatively work within the parameters of the Institutional Accessibility Mechanism to ensure students could access the services they need.

Staff would also coordinate across sites within the Institutional Accessibility Mechanism in their creative practices toward obtaining funding for students.

And the OSD people will phone me and say listen, you know what, this person qualifies for this number of tutoring hours, but if you could throw in five hundred bucks and we could give them more tutoring hours boy this would really make a difference for them. So the money can sometimes be a really interesting factor. It can solve a lot of problems. – Carolyn

Many staff also employed other creative practices in order to provide students with resources. These often involved alternatives to services, increased access to services or the direct provision of resources to help the student cope. Some of these alternatives were indirectly linked to financial concerns, where university staff volunteered their own time for students with inadequate financial resources or provided direct funding for students needing to alleviate competing demands on students’ time.

But yeah, our academic strategists are amazing in the way that they try to fit as many people as they can in. One academic strategist we have works as an academic strategist with the OSD and she’s a prof who teaches five courses. The demands on people. I have
a really good academic strategist who’s new to the field, and she has tons of time. And that forty dollars an hour, which is actually a cap, you know the BSWD, if you work with a tutor, the BSWD will pay only up to forty dollars an hour. So this academic strategist will do that, but she’ll give ten hours a week and get paid for one hour. Because it makes a difference. – Joanne

So you need somebody to help you strategize how to protect the academic record. Sometimes that involves me buying a student’s hours, right. So I have to work because I, my mom’s sick, or I have to work because my family needs the money, or I have to work to pay the tuition or whatever. So I will sit down with somebody, I’ll say well how much you make in an hour. I’m making ten bucks an hour. How many hours are you working, I’m working twenty hours a week. Well that’s two hundred dollars and if I gave you a thousand dollars, if I bought a hundred hours of your time... money can sometimes solve a whole bunch of problems. – Carolyn

Staff also took advantage of available opportunities with students who made contact with services but were placed on wait lists and added services within the Institutional Accessibility Mechanism, thus providing resources to students during a time that would otherwise have been spent waiting without any service.

We generate very long waiting lists, which are very troublesome to me. So what we did this year is...we’ve created a webinar series of skills, how to build skills. In there is coping, emotional regulation, behavioural patterns and just living life. So what we’ll do is when the waiting list starts to get out of hand, everybody presenting or being determined to be [low urgency] needs to go to workshops first. Because we’re hoping that maybe that’s enough to get them over the hump to get enough tips on how to manage
various aspects of their mental health, mental distress at that point that allow them to get over the hump. We won’t miss the teachable moment. We’ll actually be giving them something while they’re on the wait list. Some students may at that time decide they don’t need anything more, take that away, others may decide they need to come back on the wait list. But that does give us an opportunity to actually get them, give them something to work with so that’s been helpful. – Julie

Despite staff members’ efforts to employ creative practices within the Institutional Accessibility Mechanism, staff indicated that the OSD’s efforts to manage resources meant that not all students would know about the possibility that staff could put creative practices in place. As will be shown in Chapter 7, students indicated that they did not know about all that was available to them. When asked about this, staff suggested that they would try their best to help students but were ultimately limited by institutional procedures.

*Now why students haven’t heard about it is probably because of the OSD trying to balance that offering with what we’re permitted to offer without breaking rules. If we can sort of push the marker a little bit, we’re gonna do that if it’s gonna help the student.* – Joanne

Many creative practices appeared to exist outside the formal Institutional Accessibility Mechanism, with no official access point for students to use. The need to constantly manage institutional resources within the mechanism created tension, where staff indicated they would like to be able to more extensively support the students but lacked the resources to do so.

*Sometimes you meet a student and you know that if you’re not in regular contact, they’re gonna go down. Like you just know that. So then you set up with the student regular*
check-ins. The problem is you’ll have more students to do that with than you’ll have time, because our numbers are so high. I think that our biggest problem is our numbers are too high. So three hundred on a caseload is too high. That’s the basic problem. So we do identify students who we think’ll go down and arrange check-ins with them. And that’s fine. But we don’t do that enough. – Terry

Overall, staff made considerable efforts in providing resources to students, particularly when there was a perceived need for more than would typically be offered to a student through the Institutional Accessibility Mechanism. Staff did so by implementing creative practices in their own navigation of the Institutional Accessibility Mechanism to provide resources to students. Despite these efforts to evade the Institutional Accessibility Mechanism when necessary, staff found themselves ultimately restricted in these efforts by institutional procedures as well as the resources available to them. Staff were thus instrumental in sustaining the Institutional Accessibility Mechanism by reproducing the social relations of the mechanism and conducting their work in a manner that could impede challenge to the existing relations.

6.2.3 Representing students’ eligibility for accommodation and legitimizing requests.

Once staff had verified students’ requests for and provided accommodation, questions pertaining to a student’s eligibility for accommodation often arose in the university environment, creating difficulty in activating assigned accommodations. Staff saw themselves in a role of legitimizing students’ requests for accommodation. Due to their role within the Institutional Accessibility Mechanism, and the authority granted to the OSD to evaluate a student’s documentation under the OHRC, staff were able to represent a student’s eligibility for accommodation without revealing the diagnosis itself.
So the documentation, the Human Rights Code says you get accommodation if you have a
disability. But step one in the human rights code is do you have a disability or not? And
you gotta prove it through medical documentation. Which is a pain in the butt. It isn’t
what, it’s not the first message I wanna send the student. But on the other hand, on behalf
of the university, we’re saying this person has a disability and has a right to this
accommodation. So we’ve gotta be thorough around who has a disability. I take that
seriously because we’re actually authorizing a bunch of changes that people need to do
based on our say so. So they have to trust that we’ve done our job around the
documentation thoroughly and well. – Terry

[Students] can email the professors, some people are really afraid to do face to face. And
they can copy us, if that helps, if the professor sees us copied, ‘cause it legitimizes it,
maybe. We’re more than happy to call the professor or email and copy the student if they
want that. They really get to kind of drive what that looks like. – Joanne

Therefore, accommodations could be implemented based on a student’s registration with the
OSD, without the need for further information from the OSD. Information pertaining to a
student’s diagnosis would only ever be shared outside the OSD on a need-to-know basis. For
instance, one staff member stated that no information was required about the student’s diagnosis
in order to implement a test accommodation for a student registered with the OSD and granted
access to a test and exam accommodation. All that was needed was the list of criteria for
applying the accommodation appropriately, which were available through the OSD departmental
database.

I don’t know the student’s diagnosis, right. It’s confidential, and it’s kept with their OSD
advisor. – Tina
Staff discussed the importance of maintaining a student’s confidentiality. They also noted that they would share information, where appropriate, with the student’s permission, as required of the university under the OHRC. In this way, staff also enabled the university to meet OHRC guidelines that a student’s confidentiality be maintained.

*Well we just reiterate our confidentiality clause. – Sharon (when asked if professors ever ask questions about specifics regarding a student’s diagnosis)*

*And for individuals who don’t do this kind of work all the time, they sometimes don’t appreciate that with permission, it’s possible and appropriate and helpful to share information about a student across different services...all you need to do is ask the student if that’s ok with them. And explain to them what you think the benefits of that might be. And if they say no you respect their wishes. – Rose*

In some cases, students with mental health problems encountered difficulty from faculty who refused to grant accommodation requests or requested access to confidential student information. Staff would problem-solve by legitimizing the student’s medical concerns and their rights to accommodation as students with mental health problems.

*We get profs who write us saying what’s the diagnosis, well I’m sorry, you can’t have that information, you’re not a doctor, you know...I honestly think, the ones that are problematic, I don’t think it would matter what you did, they wouldn’t get it. They’re too caught up in their own world and, and it’s inconvenient to have to set another exam or extend a paper or you know make, prove it to me that this is really worth it, and you know, if I have a diagnosis then it’s gonna be meaningful to me. But really, is it? No. So that’s the problem. – Julie*
So if there’s an acute situation due to a mental health issue, the university counselling service kind of supports that with documentation [verifying the existence of a medical concern]...so that would be for more acute situations, like an extension or deferring an exam sometimes. But if they need more formal accommodations that would be looked after at the OSD. – Sharon

Professors ask for medical documentation because a student has missed something. And in the faculty handbook it says that they’re allowed to request that. But it’s always been our understanding that if a student’s registered with us they don’t need to disclose the reasons. And so there’s sometimes a tension there, and it’s just about working it through with professors as to why students registered with the OSD should not have to go and get medical documentation every single time something happens. – Tracy

Staff sometimes encountered tension from faculty who did not understand or might not have been aware of the OHRC and the university’s legal requirements in this regard. Staff working within the Institutional Accessibility Mechanism would then guard these legal interests by legitimizing a student’s request for accommodation, thereby protecting the institution and students’ rights to accommodation.

The student can say no I don’t want you talking to my professors, I don’t want you to go there. Just help me out here. I want an extension. I don’t wanna tell them why I want an extension. Just say it’s for OSD reasons. I think that can frustrate academics, because they don’t know what the diagnosis is, they don’t know why they should be doing this. They’re not used to, especially in an institution like this, not being able to make decisions in their course about their own students and the evaluation process. So having somebody come on from a sideways thinking no no no no you’re gonna evaluate it this way, you’re
gonna give a student this consideration et cetera et cetera. Hmmm sometimes doesn’t sit so well. – Carolyn

We have students who come in and say that my professor doesn’t agree with the academic accommodations and will not mark a test that comes from exam services…So for those students who report it to us, we immediately report it to the advisor, and ask them to act. But for those students who never report it to us and who just write with the class, I don’t know what percentage that is, but I can only imagine that there would maybe be some that have had that happen. I feel that oftentimes professors don’t understand disability and don’t understand academic accommodations, and don’t understand the legislation around it…So I’ve seen, you know, the distress that students go through when confronted by a professor who doesn’t understand their legal obligations. – Tina

There were, however, also cases where staff encountered very supportive faculty and did not experience difficulty implementing the accommodation a student needed. When staff encountered supportive academic staff, they were better able to support students in gaining access to needed accommodations.

They, the profs that I have communicated with on behalf of the student, and the way we would do it is let’s say a student, let’s say they have depression. And they got bed bugs. And they’ve got three tests coming up. And it’s too much, they’re overwhelmed. And they’ve gone to their therapist, whatever and they’re getting support, so they maybe need an extension, or they want to try to write the makeup test as opposed to the scheduled test. So I would write a letter on behalf of the student and cc the student. And so far it’s been amazing. – Joanne
6.2.4 Addressing institutional assumptions.

In order to ensure that accommodations and other resources could be provided effectively, staff needed to address assumptions in the university that could be preventing access to accommodation for students with mental health problems. By addressing possible negative assumptions around accommodation and students with mental health problems, staff could enhance participation in elements of the Institutional Accessibility Mechanism dependent on input from the university community, such as extensions, which required the instructor’s support, and notetaking, which relied heavily on peer volunteers.

*We also have work-study students who go to some of the larger classes or classes where we’re having trouble getting notes and they make the announcements themselves. We find that works because the students are then relating to somebody who is usually their age or looks like them or whatever. And the students are able to sort of explain a little bit more about why we need this type of service. But I think a lot of it is just around not understanding. Or thinking that students are lazy and if they can’t take notes, then, you know, why are they even here, and it just sort of snowballs, this idea.* – Tracy

*There’s also helping educate the community that disability, that people have tremendous gifts and talents and need to be part of our community. There’s education about how the accommodations process works. There’s education around how difficult it is for people on campus...And some of it is to think service-wide how to balance the medical requirements that are embedded in the human rights code but also to build a sense of community, a sense of equity with, among students.* – Terry

One commonly identified institutional concern was academic integrity. Staff indicated that concerns existed over the potential of accommodations to compromise academic standards.
These concerns, along with a lack of understanding and fear of mental health problems, resulted in misplaced concerns over the appropriateness of the participation of students with mental health concerns in the university environment and placed students under further scrutiny when accessing assistance in the academic setting.

This university is really really attached to academic integrity. That’s what they call it. So the test and exam service is totally handcuffed to academic integrity. So if a student comes in they are not gonna let that student start a nanosecond before they’re allowed, and they’re not gonna let them you know, look up too long or out the window. Academic integrity is huge, and it’s gonna come down on tests and exams. So it’s a bit of a fear thing going on here I think. – Joanne

Many mental health problems impact our capacity to think clearly and well. And that’s an ability that is essential to academic success. So there can be a perception of individuals with mental health problems that those problems prevent them from doing the kind of thinking that’s required and that they shouldn’t be here. You and I both know that that’s not the case. Although there are some individuals with challenges that are severe enough in the moment that being at university isn’t what they should be doing right now. I think that part of the hold over for people who might otherwise be more compassionate is that they have a concern, you know a misplaced concern for academic integrity and the idea that accommodating the student with a mental health problem somehow compromises the academic integrity and the academic standards of the university. So I think that’s one piece. And I think the other piece is rooted in fear. Fear of the unknown, fear of unpredictable behaviour. That’s just not unique to the university, but when individuals are talking about killing themselves, when they’re, that’s scary, it’s just scary
to people, it’s like ahh, I don’t wanna have to deal with this, make this person, unfortunately the response sometimes is make this person go away because they’re frightening me. Not, this person really needs some help. – Rose

In light of widespread concerns over the participation of students with mental health problems and academic integrity within the institution, staff also took on the role of protecting academic standards in their provision of accommodations. Staff were aware of unfounded perceptions of accommodations by university community members as something that could provide students with an advantage. Staff thus needed to negotiate a responsibility to individual students versus concerns over the academic integrity of programs and of the institution.

Then there’s this question of undue hardship where a student has to meet the standards, with accommodation, unless the standards to the program are compromised. So then it’s working with departments to say what’s the essential requirement of the course...it’s about negotiating what is reasonable accommodation to meet the standard given the course requirements. – Terry

I think that some instructors feel that the OSD advisor is operating in an advocacy role, whereas the person that’s playing my role, I am first and foremost entrusted with the mission of the institution with academic integrity, with a loyalty to that part of the role. Not necessarily to the individual. – Carolyn

We have a responsibility because we are administering exams, tests and exams that are not ours, that are the property of professors and are the property of faculty. We have a responsibility to uphold that and ensure that our processes ensure that academic integrity remains intact. – Tina
Staff were thus placed in a role where they put services in place for students while also ensuring institutional concerns were met. They discussed the relevance of this role to the reputation of the university.

*Plus, you have to be really careful that you’re not getting someone through university who is then gonna go on with their degree from this school, perhaps not be able to reproduce what seemed to be produced in the university say out in the workforce. Or if they’re like on a job in the government or something it’s like what do you mean, you’re from that school? Well I guess we don’t wanna hire people from that school or, you know what I mean, if this is the reality of what’s coming out of that university. It’s tricky business.* – Joanne

In light of their responsibility to students, staff acknowledged the importance of promoting education, awareness and understanding of the complexity of student mental health problems across the university community. Staff indicated that an improved understanding of and acceptance of mental health problems in students was needed to prevent intolerance toward students showing signs of mental health problems.

*So that education to the broader community, and some clarity around people are people. The other thing that kills me is staff and faculty think all people with disabilities are, need to be mature responsible adults. And of course, they’re not, ‘cause they’re just people...If you don’t behave as a responsible adult and you see this with students with mental health stuff, so if you’re irrational or irresponsible, and your reputation goes down in your program, it’s very difficult to get yourself reinstated as a responsible rational person. So there’s work to do there around the expectations of behaviour...I can set limits, I can have expectations, and then we can start again.* – Terry
Many staff maintained a positive outlook for students with mental health problems in the university setting. They noted that mental health awareness and services were constantly improving and that more and more administrators were increasing their own awareness and taking action for students with mental health problems.

"I’m encouraged by the trend that I see since I’ve been here. I do see across the board in the university, not just this university, and out in the community, an increased appreciation for coordinated, comprehensive service provision. And that wasn’t what a lot of people were thinking when I first started. The idea of working with students in difficulty, the idea of working with students with mental health issues, there was still a fairly significant response that was kind of like well that’s not my issue, you know, I’m not trained to do that. And there’s, I still encounter it every once in a while, but more often what I’m hearing across the university is no, students are human beings, you know, there’s a more holistic perspective...I just find that really encouraging, so I think we’re headed in the right direction. – Rose"

6.3 Summary

Overall, staff conducted the work of providing students with mental health problems access to resources within the Institutional Accessibility Mechanism, but by and large did so in a manner that reflected the university’s obligations and interests. Staff were faced with numerous institutional requirements in their work with students, and thus went about connecting students to the Institutional Accessibility Mechanism and providing resources for students in a manner that allowed for the preservation of the mechanism, ensuring the institution had fulfilled its requirements while mediating demand on resources and without upsetting the academic standards and expectations of the university. There were, however, also moments of resistance
and creative practices that operated outside the Institutional Accessibility Mechanism and evaded the social relations in place for accessibility and accommodation. As a whole, staff work was of great importance in providing students with mental health problems access to needed resources, but did not always help alleviate the difficulties students encountered and created work for students seeking access to assistance within the Institutional Accessibility Mechanism.
Chapter 7
Student Work within the Institutional Accessibility Mechanism

Much like the university staff interviewed, students with mental health problems learned to orient themselves to the Institutional Accessibility Mechanism in a certain way in order to navigate through it. They took on specific roles and learned what was required of them in order to obtain the assistance they needed as university students with mental health problems. As I discuss in detail below, students highlighted the difficulties they encountered in doing so. They identified several areas in particular, including the work required to: a) link to the Institutional Accessibility Mechanism; b) make use of the services available through the Institutional Accessibility Mechanism; c) disclose their difficulties in the university environment to legitimize their requests and d) take care of themselves, all in light of e) perceived institutional norms on these roles.

7.1 Linking with the Institutional Accessibility Mechanism

The Institutional Accessibility Mechanism operates under specific circumstances and only when activated through direct access by the student, as discussed in Chapter 5. Thus, students needed to know that help exists in order to be able to enter into the social relations of the Institutional Accessibility Mechanism. Many student participants noted, however, that they were not aware of assistance available through the OSD or of the accessibility mechanism more broadly. They indicated that a great deal of academic time was spent struggling without assistance because of their own lack of awareness.

*I think it’s very hit or miss for people to even know that the OSD exists…I think that students who are in trouble are not looking around at Student Life and whatever else.*
They are just trying to figure out how to get through the day and they’re looking at their textbooks. I don’t think that people tend to reach out very much. – Lisa

In first year you don’t really know where to go. I didn’t know there was something called the OSD in first year. Nobody told me about it in first year either. The office is actually so hidden. You would never walk back there and see the OSD. – Kari

Students also indicated the importance of staff helping students understand the purpose of the OSD in order to address any confusion around eligibility for services, but also suggested that more purposeful outreach was avoided by the institution to prevent misuse of the available services.

I think it would be good maybe for first year classes to have a representative from the OSD go up and say this is what we do, these are the benefits, ‘cause not everybody knows that. I understand that maybe there might be some abuse of the system, so you don’t want maybe everyone going and being like oh I have anxiety, ‘cause that’s kind of easy to fake. – Megan

I think that maybe outreach is not done as well as it could be because people don’t consider themselves to be eligible for things when they are. I feel like there could be reforms in that sort of thing, helping people understand that they are eligible for things. – Lucy

Although many student participants noted that the institution could do more to inform students of the availability of services for those with mental health problems, one student noted the university’s reliance on students’ networks and connectedness as a means to lead them to
pertinent services. He, like other participants, indicated that more needed to be done on the part of the institution to inform students about services available to them.

_I think for me I didn’t know how that process went, and if I didn’t have my friend there that I wouldn’t know what to do. That’s what I told one of the executives in the student union, he’s like oh that’s what we rely on is people, word of mouth and I’m like that’s what you rely on? For people to get to know that there’s a service, this is a service that’s definitely essential to somebody in my situation. You should be doing a little bit more than that, and his response is oh you know we can’t do everything. I’m like oh well you could do something, that would be nice._ – Jason

In many instances, students described situations where the more unwell one might feel, the less likely one would be to be able to seek out and access needed assistance. There was thus a disconnect noted between the set-up of the Institutional Accessibility Mechanism and its student users. The mechanism only operates when activated, but students with mental health problems were often unable to undergo the processes required to activate the services available to them, such as obtaining the required forms and documentation. In some cases, this was also linked with the time point in the academic term, as students were likely to be under variable amounts of stress depending on the tests, exams and assignments required at any given time. For students with mental health problems, these effects were amplified even more, leading to difficulty taking the additional work required to access assistance.

_What I guess I feel like ends up happening is the people who benefit from the OSD the most are the people that need it the least. The people who need it the most struggle with accessing it._ – Chad
What do you do if you were trying and you expected to make the deadline and at the last minute you’re freaking out and not making the deadline? It’s kind of like a phantom illness, it’s hard to explain to a professor or a teaching assistant. They might say ok where’s the documentation. Well, a doctor wasn’t assessing me at that second, so that’s the point. – Megan

It actually took me a while to take advantage of that because one of the problems I have is that I’ll avoid, I’m not as bad as I used to be but I’ll avoid taking care of bureaucratic things because they make me anxious, so I would just avoid everything. So it took me actually about six months to take advantage of that, or more actually to get the ball rolling. – Lucy

In fact, many students noted that the more distressed they felt at any given time, the more likely they might be to avoid seeking assistance. The reasons varied, but many students discussed feeling overwhelmed and unmotivated to seek help, and tried to cope on their own instead.

I was avoiding my psychiatrist at that point just ‘cause like I didn’t wanna talk about this so I was trying to just avoid everything, so I think Latin had like taken over my life at that point. – Lucy

So the effects were snowballing, it was really affecting me so I ended up dropping it. And then after that, that’s when I finally went to the OSD, I finally asked for help. ‘Cause I never, I tried to do it on my own before that. – Gloria

The way accessibility is set up is not ideal. It’s ‘cause when you need the help you’re expected to like get it immediately. So say I’m really depressed and I can’t write an essay or do an assignment that’s due, I’m expected to go at that time and talk to someone or
get some kind of medical note, but I don’t feel like doing anything, I don’t feel like getting out of bed. I’m not gonna find the motivation to go through all this bureaucracy of making appointments and seeing people and talking about stuff. And so what ends up happening is that by the time I do come out of that and I’m able to seek help it’s already too late and the professors and registrar and all those people will not accept any explanations, even though I’m registered as having a chronic illness that affects me in that way. I dunno it flares up and it goes away and it flares up and it goes away. – Chad

Many students, as the one quoted above, indicated that not only were they unlikely to be able to access the appropriate help when it was most crucial, but also that this help was not always available at times of need. Difficulty with scheduling appointments meant students needed to plan their access to assistance, such as counselling appointments or OSD appointments, ahead of time. Students noted that the requirement to make appointments ahead of time meant that they might access these services while feeling well, with detrimental effects arising as a result of reflecting on their mental health problems at times of mental wellness.

*Well if you need to see your counsellor weekly, they always tell you ok well book an appointment at the front desk or call anytime you need us. But I do find that their appointments are a bit hard to come by. I’ve had to wait two and a half or three weeks sometimes.* – Leslie

*When you’re in school you don’t wanna go there and then feel like shit the rest of the day. You wanna just kind of keep everything in the back of your head. Then it catches up with you but at the same time it allows you to just go through the regular stuff of being in school without getting caught up in all kinds of crises and stuff.* – Chad
What was really a hassle with the service was that I have an appointment every two weeks and I might be feeling like I wanted to do my schoolwork and I’d go in and I’d get this counselling and I’d get all worked up about my issues and I’d be distressed through the whole weekend. But when I actually was distressed about something and needed help there was no help to be had. – Lisa

Since, as the above quotations indicate, students found it very difficult to time their appointments to access support in times of need, they valued the availability of drop-in times, which allowed them access to assistance while in distress.

You can sign up for drop-in like a half an hour before, so it’s first come first serve... For instance one day I was having an anxiety attack, I couldn’t read and it just so happens that it was my OSD advisor’s drop in day and I went to her office just a mess. And she took me right away...So if she wasn’t there I don’t know what I would have done. So that was nice, it just so happened that was her drop-in day. – Pamela

Other deterrents to accessing assistance were also present in student accounts, having to do with the student’s perceptions of the meaning of accessing help, which students described led to initial hesitations in seeking help. One such perception was that of accessing help as weakness, in that students felt weaker than other students for needing help that others might not.

It was recommended right away, but I naively thought I was stronger and didn’t need it, but it was helpful, so. – Mark

Students also indicated that accessing assistance, particularly knowing that other students might not need to access the same help, could be seen as an ‘unfair’ advantage or an ‘undeserved’ resource. This perception presented a deterrent to seeking help.
I guess I’m just always afraid that they sort of will think that I’m just using it as an excuse. But I haven’t encountered a prof who thinks that way yet, so. – Leslie

I feel bad, like I’m taking advantage of it or I don’t deserve it or something, so that’s why I always make sure to do my assignments on time, but if I don’t I just feel really bad about needing to request an extension. I guess I feel very out of place already being registered with the OSD. And then I guess like everyone else having to write it for the day and then me being able to get an extension, just feeling like it’s unfair. Even though I do have other things to deal with that maybe these people don’t, I don’t know. Just kind of like in day to day life you’re kind of forced to deal with things other people may not have to deal with so you can feel like you have to apply that to handing in assignments too. – Kari

Students also hesitated to accept the label of a disability. However, participants noted, they were required to identify themselves as disabled in order to receive assistance.

I feel sort of odd about identifying myself as having a disability. In many ways I don’t feel disabled, I don’t always declare it...when I actually have the appropriate accommodation it’s not a disability, right? And the wording kind of matters. – Lisa

Overall, patterns of accessing assistance varied from student to student. Students indicated they might visit their OSD regularly or only when difficulties arose, might book appointments ahead of time or make use of drop-in hours. Student participants also discussed the importance of having systems in place that would direct students with mental health problems to the appropriate services in a timely manner, as well as the importance of providing services in a way that would encourage students to seek assistance in times of distress.
7.2 Making Use of the Assistance Available Through the Institutional Accessibility Mechanism

Once students had found a way to link into the Institutional Accessibility Mechanism and the services available, they were then able to make use of academic accommodations. The majority of students saw value in accessing accommodations and noted the positive effects on their academics.

_It’s helped so much. It’s completely changed everything because I know that if I needed notes, I could get them…knowing that it’s there makes me feel a lot better. Knowing that if I can’t get something done I can get an extension. I also know that I get extra time, so if I need extra time I can take it, and I also get to write in a private room, so I’m not stressed out by having people around me, which I find distracting. So the funny thing is that all of that stuff makes me less likely to have to take more time because I’m not stressed to begin with, so it’s actually very rare that I end up taking more time, because I don’t really need it once I’m not stressed out._ – Lucy

Despite these positive effects, the Institutional Accessibility Mechanism required constant input and work from the student, as seen in Figure 1. Even once students were registered and connected, they found they were not always aware of or able to access all available resources, such as funding for assistive technology or tutoring. Specific processes for accessing available resources would only be set in motion when students activated them. This meant that unseen work was created for students around knowing where to go, who to talk to and what to ask for in order to receive assistance.
I find that to get access to those forms you definitely have to go through, you sort of have to know where to go, like the registrar or on-campus counselling service or OSD. And whenever you talk to a representative from each they’ll sort of guide you. – Leslie

Because I’m like normally resourceful, I believe that some students wouldn’t know what resources are available unless they actually seek for it. I feel like it’s all hidden. A lot of things that are available, like help mostly that’s available for students, there’s a lot, but you have to dig really really deep. And if I wasn’t the way I am, like if I wasn’t always crying for help, then I sense it wouldn’t be available for some students. So I don’t know if they should, how they should market it or let students know what’s available. – Kelly

I dunno it’s like an office, you just go there, I need this, ok we’ll try to help you with it. It’s not like we have this, come, it’s like the opposite. You have to know what you want. We’ll try to provide it for you. But students don’t know what they want, ‘cause they don’t know what you have. They need to reverse that. But I guess they run the risk, like if they were to advertise oh if you have a mental health issue you can get a free computer or something like that it would kind of backfire, it would create that demand which they don’t want. They want the demand for these things to be for people who really need it. So it’s kind of a balancing act between those two. – Ansar

Students shared the perception that service providers within the Institutional Accessibility Mechanism were intentionally hesitant to share information about available resources as a strategy to manage demand.

The advisor I had before this one, she was suggesting all these things I could potentially use bursary funding for and I was like wow yea that sounds actually like something I can
use. And then this person I have now isn’t suggesting anything and so I’m like whatever doesn’t matter ‘cause I would use it for therapy anyways. It’s just, she’s not being very, offering me any suggestions. – Rachel

I know I didn’t want to ask for things, you know the things I got was mainly because of the conversations I had with my OSD advisor and she would say well do you know that you’re going to get this. Or do you know that you can get that. And there was um, an air of reluctance there. Which I can understand again. I don’t point fingers and blame her for that but at the same time, if you’re here to help us, help us. – Pamela

Even when students were aware of available accommodations and resources and accessed them on a regular basis, they acknowledged that there was work associated with activating these accommodations. Texts such as online accommodation request forms had to be located and completed. The students understood that this work was part of the process of accessing accommodations.

There’s a lot of red tape that you have to follow in order to get your accommodation – Pamela

I think the resources are pretty good. It’s a matter of me taking advantage of those resources. – Gloria

Although students understood the work required of them to access needed accommodations, they described this work as an additional stressor that could sometimes trigger their mental health problems.
Sometimes I think with this process it becomes an extra stress, like oh I gotta show up, I gotta have an appointment, oh I have to make sure to get to that appointment or else it’s gonna be two more weeks, and that becomes an extra stress, whereas this is supposed to be taking away stresses. – Jason

And then of course there’s the paperwork I have to do before every test where, which I always seem to apply late for some reason, I can’t seem to do it on time. So I’m always doing like the late application, not sure why. Yeah, so you just have to go online. I think they try to make it easy for you, but for some reason I always have to do the late form…it’s just like I put things off, it’s not like an immediate anxiety-inducing issue. So I’m always dealing with something else I’m like oh I have this essay to finish and I don’t want to think about anything else. And I’m like oh, that test’s in a week, ok, I need to take care of that. But that’s me that’s not really the OSD. – Lucy

In some cases, the work required on the part of the student acted as a deterrent to activating an accommodation. Many students did not mind filling in online accommodation requests, but encountered difficulty when more was required of them to activate an accommodation, such as independently seeking information and assistance, making requests and following up on these requests. Accommodations that were less easily set in motion created challenging experiences for the students and made it less likely that they would actively seek and successfully receive the accommodation, sometimes with negative consequences to their academic progress.

I’m coming to you because I kinda, I need some help, and I have to go home with all this information and be like ok before I start my homework and before I start catching up I gotta sign up for this, I gotta sign up for this, I gotta sign up for this, right. So I’m doing work so that I can do my work. I didn’t mind it because I have to come halfway too, but it
just seemed like you have all the stuff, all the stuff that I’m inputting is stuff you have right in front of you in the office. – Jason

They leave it up to you, they make you call. I would have to call everybody and find out and I’m not gonna do that. It’s something that’s so anxiety-provoking there’s no way I would do that. So actually they’re offering me a service I’m never gonna use because of the process to find the tutor. I would never take advantage of that service. – Rachel

One example of such an accommodation was notetaking, which required numerous processes out of the student’s control to come together; a professor would need to make a request to the class and a student peer would then have to come forward as a volunteer to take notes. Volunteers were not offered any incentive aside from a certificate at the end of the term and possible improvements to the quality of their own notes as a result of greater diligence in notetaking. Students noted a great deal of difficulty in finding a notetaker, particularly in smaller or upper year classes.

I never in the ten classes I’ve signed up for it, have a single person take notes. If someone were to take notes, I might have completed more courses this year, but I think it’s also a matter of, a lot of my classes I think as you get into higher years are more specific courses, they’re smaller classes. Your odds in that, the kind I took in first year had a lot of students, so I mean if you look for notes in that, someone in there is gonna write notes. But in a class of twenty two, no one’s gonna do it. – Mark

Notetaking is not very good, because a lot of times the professor doesn’t announce it or anything. It’s usually just a student who wants to volunteer for notetaking and then sees
the list and volunteers. So a lot of the time if it’s a smaller course you don’t get a notetaker. – Kari

When difficulty was encountered in finding a notetaker, students often needed to ask and then remind their professors to announce the student notetaker request to the class, or make a request of their student peers. They felt this process opened them up to scrutiny in the academic environment and as a result, described the experience as embarrassing at times.

The OSD behind the scenes get someone to take notes and they’re just there and all of a sudden my notes appear. But it’s happened where they couldn’t find someone, and I’ve had to keep asking the professor if he could please make an announcement to the class, I really don’t like that, but it’s happened. It’s happened for one of my courses especially and it’s just, it was just embarrassing. But I didn’t know what to do because there was no notetaker. – Rachel

It depends on the professor. Some professors try to be persistent and you know remind people please if you haven’t, somebody hasn’t signed up you know somebody needs the notes et cetera. But other professors kind of don’t really ask many more times or they’ll post a note online saying well we need a volunteer notetaker and that’ll be it. Sometimes the professor really tries to get volunteers but nobody signs up and that’s just unfortunate. I’m finding it happens more and more in the upper years. I feel like in, in the lower years since you have more students in the class then the likelihood statistically of getting somebody is much higher. But I mean when you get to like you know, three hundred, four hundred level classes, nobody signs up so you might as well just kind of befriend everybody and like kind of try to share notes. But it’s more difficult because I
don’t really wanna necessarily explain why… So it’s not easy. It’s definitely kind of, and in some ways it’s kind of embarrassing occasionally. – Sara

In sharing that they were not aware of all that was available to them, students would often ask me during our interviews about services, options and accommodations that they might access. They suggested that they wanted to learn about the resources available to them but were not always sure where to go.

How does it, maybe you could tell me how that works. – Ben (when asked if had accessed the on-campus counselling service)

Now is that something that’s available from the OSD? I wasn’t told that. – Mark

Students were curious and interested in what was available to them, but due to their work as a student and the work of managing their mental health problems, they sometimes had trouble also balancing the work required to seek and activate the accommodations that would help them succeed in the university setting.

7.3 Addressing Questions of Legitimacy

The Institutional Accessibility Mechanism was put in place for individuals with disabilities and thus access to services requires proof of disability. In this way, the legitimacy of a student’s request was queried from the onset of their relationship with the OSD. Students were required to obtain an official diagnosis of a mental health problem in order to access accommodation services.

What happened was I had to get a letter from my therapist that I was already seeing who had diagnosed me, on her stationary and whatever, the certified way. – Sara
Well because my doctor wrote the referral and he basically wrote everything I think I just went in and she looked at it and then she was just, she asked me a few questions…So I actually found that it was very easy to get the accommodations that I needed, like I didn’t have to plead for them. – Kari

I had attached that generic doctor’s form that I had got from the psychiatrist at the campus counselling service but they said that was not enough information and I had to get something else. I had to get somebody to actually diagnose me and give me all the very detailed information because that was the information that would help them to tailor my accommodations to what my issues were. – Jess

The requirement to substantiate claims of disability by providing a diagnosis of a mental health concern added work to the student’s process of seeking accommodation. This work was often complicated by other factors in the university environment and in the student’s own life, and students felt that these difficulties obtaining the required documentation were interpreted by the institution as evidence of deceitfulness. One student had been diagnosed with anxiety in the past and was having trouble obtaining an updated diagnosis due to scheduling conflicts with counselling office hours. The process of obtaining diagnosis proved to be frustrating and created delays in accessing accommodations. She felt that there were suspicions as to the truthfulness of her disclosure of mental health problems.

I can understand that you know maybe I could be making it up or something like that but at the same time I do have a history with the campus counselling service and I did see somebody and it is anxiety, anxiety doesn’t necessarily just go away forever, it’s an ongoing thing. Given that knowledge I feel like it should have been easier…I know they really want that formal diagnosis, that doctor’s information but I mean if I have that
history and I can get it now I feel like it should be enough for me to tell them look, I’m struggling with these issues…I don’t know if that’s right to say though because I could see how they could think I’m lying or something like that it’s made up information. – Jess

The legitimacy of accommodation requests was often challenged in the university environment, particularly by professors. Students sensed a lack of understanding of mental health problems by professors, which students indicated resulted in difficulty obtaining accommodations.

I think there’s too much room for the professor to use their discretion and make the decisions about the policy, the university policies I mean there is a standard procedure and beyond that it’s up to the professor to decide whether you deserve or need accommodations. And I don’t think that that’s fair because it’s such a subjective thing and yeah I mean maybe some teachers are too nice but that is not the case most of the time. Most of the time, in my opinion, they’re too harsh for no reason really other than to flex their power and show that they are in a position of authority, which is a normal thing, but it’s not fair and it doesn’t make sense because it doesn’t really affect them in the long run whether a student passes or fails. I mean if they’re doing the work anyways, what do they care, you know. And I find that more often than not, teachers don’t wanna accommodate because like what I said before where it’s like oh but it’s not fair to the other people. They don’t take it seriously…Like they’ll say that you know if you’re really sick then yeah I understand, if you have the flu, can’t get out of bed because of that then I understand. But it’s not like a visible thing, and especially because you can be depressed and still be smiling and there’s all kinds of stuff like that. They don’t take it seriously, they’ll be like well I saw you, you’re not depressed, and they’ll decide for you… I know in medicine it’s important that people are always up to date and they always do little
seminars and classes and stuff like that to expose people to the situations in the modern world as it’s changing. And it would be cool if they did that also for professors where they kind of had to like as a requirement they had to learn about mental illness and other disabilities. Because I don’t feel like they really understand what it is and what it does. I mean some do and some don’t. – Chad

When a student was put in a position where disclosure of a mental health problem might be expected, for instance, by a professor or teaching assistant, the OSD could grant authority to a student’s accommodation request on his or her behalf. Since registration with the OSD required confirmation of the student’s diagnosis, registration verified the presence of a mental health issue and the need for assistance without the need to disclose the specific diagnosis to individuals outside the OSD. This took the onus off students to disclose their mental health problems to professors when requesting accommodation.

Even now I don’t tell teaching assistants or profs. The furthest I go is like when I’m asking for an extension well you know, if you need documentation you can ask my OSD advisor. – Gloria

If I need an extension on a paper, I can contact my OSD advisor and say ok these are the circumstances, can you help me out, go petition my professor and we go from there...usually if my OSD advisor’s on board, I get it, which is very fortunate – Ben

I’ll email my OSD advisor and let her know, but she’ll draft up an email to my professor and teaching assistant saying that I will need an extension, I’m with the OSD, it’s none of your business why. And you know no one would ever turn me down, right, like it’s just unheard of, right. It’s like a golden ticket. – Megan
Students indicated that repeated instances of scrutiny toward mental health problems and need for accommodation in the university setting led them to question their own need for accommodations and the purpose of services geared toward accessibility. These misunderstandings could affect a student’s assessment of their own need for support as well as their willingness to access support.

> And it's, some people, there's still a lot of stigma with mental illness it's not treated the same. It's invisible I guess, so some people don’t take it seriously. I've had professors say oh like you can’t just use it as an excuse or whatever. – Chad

> You always feel like you’re doing something wrong. Or like, you’re somehow not telling the truth even though it’s clear there’s a problem...so like this service isn’t gonna help me ‘cause it’s not for me, but it is. So I think there’s difficulty with packaging the service to let people know it is for them and there isn’t something dreadfully wrong with them. I think there’s a misconception about what people with disabilities are like. – Lucy

> I wasn’t sure if being depressed and having anxiety would qualify me. I guess when one thinks of the OSD I mean the obvious thing is the visible disability, so maybe that had something to do with it...I wasn’t sure if they would assess me as someone who really needed the services. – Gloria

Calling the legitimacy of need for accommodations into question caused students to doubt their deservingness of this support as a student with a mental health problem. Student participants also indicated that the use of accommodations was perceived as divergent from typical academic efforts and progression and expressed guilt around making use of accommodations even when there was need.
Sometimes I feel like maybe I’m not even sick. Because it’s not visible it also affects me because sometimes I feel like well there’s nothing wrong with me really. It’s kinda like someone decided that there’s something wrong with me and I went along with it. And especially with bipolar disorder because it’s, everyone has mood swings, but just mine are more extreme. Sometimes I feel like I am within the regular range, because I’m on medication and I do have periods of like being normal, I dunno, I guess I doubt deserving the extra, the privileges and it’s a hassle anyway so I don’t end up going for it. – Chad

Because I was struggling very much to finish if I had an essay exam to write, I’d freeze, I can’t write them, and so I couldn’t get them done. And so I had that increased to the absolute maximum, which is about two point five or something. But then last year, when I met with her she asked me if I still needed that same. She said wow, that’s a lot of time, I don’t usually give that to anybody. Do you still need that? And I felt so guilty and I just was like no it’s ok I don’t need it…I think part of it was me feeling like oh, I felt really greedy and kind of guilty for getting that, you know. – Rachel

Students also described doubtfulness of their own capabilities and successes experienced while making use of accommodations.

I was really reluctant to go because I didn’t want to be treated special or different or be labeled…that’s one of the biggest problems you get actually, it’s like oh you just did well because you had extra time. And you never escape that feeling of wondering oh maybe I don’t really deserve this wonderful mark that I have because I had more time than everybody else. You never really escape wondering that. – Lisa
As a result of this guilt and self-doubt, students emphasized that they did not ask for too much by way of accommodations. They provided assurances within the context of the interviews that they were deserving of the accommodations received and that they were not taking advantage of what the university offered.

*I don’t think, anything I asked for I, I mean I didn’t ask for anything I didn’t feel I really needed, but um, I, it didn’t seem to be too difficult to get the accommodation I felt I needed. – Rachel*

As noted in Chapter 5, the university frames accommodation as something to be provided only in exceptional circumstances and only to those claiming disability within the mandated OHRC definition. This sets up the institution and individuals working within it to constantly call into question the legitimacy of accommodation requests and creates a role for the OSD in substantiating student requests. Students must constantly support their claims, either by presenting a diagnosis or proving their registration with the OSD as a proxy for presenting a diagnosis. In this way, students are set up to question their own deservingness of accommodations, and may begin to experience doubt and guilt around their use of accommodations.

### 7.4 Disclosure and Self-Advocacy in the University Environment

Students wished to avoid disclosure of their mental health problems and/or tried to find ways to circumvent the requirement to disclose in order to obtain accommodations. They perceived a lack of support in the university environment and suspected they would be viewed differently if they identified themselves as a student with a mental health problem. However, access to institutional accommodation resources was based on disclosure. Students therefore acknowledged the institutional requirement that they disclose in order to obtain needed help.
I may or may not tell a professor at the beginning of the semester I’m registered with the OSD. I mostly do now; it’s not always a good thing to. If you have an invisible disability, drawing attention to yourself before there’s a problem isn’t necessarily a good thing. – Lisa

There’s a little bit of stigma still. And like it may just be me but I’m sort of hesitant for letting my classmates know. I think it would be much easier for them to understand if they could actually see it. And I feel like I’m just always like, my profs know because I’ve also approached them about it just so they would be aware if I was just feeling really stressed or something. But I’m always nervous when I’m approaching them because I’m, I’m just, I guess I’m just afraid that people are gonna be more judgemental of the mental health problems, because I guess they’re less understood and there’s a lot of stigma around it. – Leslie

I actually didn’t say exactly what, I gave them a watered down version of what I had. I didn’t want to discuss it with them, so my medical form is correct, but when my OSD advisor asked me, I didn’t want to discuss it, so I came up with something. They obviously have my whole file, I just didn’t want to [discuss it.] – Rachel

Although the university placed an expectation to disclose on students seeking access, students did not feel that the university created the accompanying environment of acceptance that would be needed to facilitate disclosure. Students also shared that they had dropped courses, dropped majors or even withdrawn from other universities in the past, consequences that they attributed to delayed disclosure or help seeking.
I was at another university for two years and in the second year I had to drop out of my classes and not write my exams or anything, and I took a year off to go home and I was diagnosed. – Mark

In many of these cases, students had encountered what they saw as a lack of support in the university environment, and as a result, avoided disclosing their mental health problems and/or asserting their right to accommodation in these difficult situations.

I had a professor who would not let me record his lectures...ok what are you gonna say that’s so, you know what I mean, I dunno what you’re gonna do. I mean I ended up dropping that class, I didn’t like that professor, he was not progressive to the situation I was in. – Jason

I had a seminar and it was a very small class, and I applied for notetaking and nobody signed up. But I already knew people in the class. I thought maybe if somebody had signed up for the notetaking it would have been easier because I didn’t want to ask other students to share their notes with me, I think that’s a little weird. Maybe if they had signed up I probably would have kept [the course]. – Sara

I asked if I could have an extension, he said no. And the weight of the assignment was just, I was gonna fail the course. So I dropped the course. Said forget it. – Ben

First year I actually did have a late exam request because I was so anxious and they didn’t accommodate my request and I actually ended up dropping the course because I couldn’t deal with, it was a mess actually. But I learned very quickly after my first year, don’t ask for late requests. – Rachel
In the final quote above, Rachel’s experience with a lack of support in the university environment actually resulted in self-blame, in that she indicated it was her fault that she did not receive accommodation because of a late request. As a result she modified her future behaviour to comply with the Institutional Accessibility Mechanism that did not honour such requests. These examples were pervasive across the accounts wherein students described encountering rigid requirements within the Institutional Accessibility Mechanism, and foregoing accommodation rather than seeking alternative avenues for support. As in the examples presented above, when asked if there was help available that could have prevented dropping courses students saw withdrawal as their only option. As Sara stated:

*No. Unless the services tell the professor to do his job properly. There is no such service unfortunately. No I definitely felt like there was nothing I could do there.* – Sara

However, one student, Ben, shared a story about advocating for himself when a professor was unwilling to grant an accommodation, even though he had been reluctant to persist in accessing accommodations in the past. The required documentation did not immediately allow him the access it was meant to, so he took an extra step by identifying himself as a student with a mental health problem to his professor and asserting his right to accommodation.

*My professor, I asked him for an extension, I had the letter, and he’s like no. So I took his pen away from him and was like, write. He’s like you have my pen. Well write anyway, keep writing. He’s like but you have my pen. Yeah, I do, that’s how I feel if I don’t have, if I don’t have the ability to write. He just looked at me and is like well do you have a letter. Yeah, I have a letter, you have a letter, you have a copy too. And when he realized, he’s like, well ok, he thought about it, it was an awkward moment of silence, he’s like ok, fine. How long do you need. I’m like, two weeks and it should be done. He’s like ok. Two*
weeks later I had it done….Obviously it’s legitimate, I’m ill, I was hospitalized. What more does a guy have to go through to get an extension. Just give me the extension so I can succeed. – Ben

It is evident from these accounts that disclosure, a key feature of the Institutional Accessibility Mechanism, influenced the manner in which students sought resources. Students were required to disclose their mental health problems and sometimes, as in the case of Ben presented above, did so assertively in order to access support. Students recognized that the ability to self-advocate was necessary for connecting with the Institutional Accessibility Mechanism and thus could influence the availability of accommodation, but did not always perceive support in doing so in the university environment.

7.5 Self-Care

Students recognized that their mental health problems could interfere with the efforts required of them to seek accommodations and succeed in the university setting. Once help was accessed, service providers offered a number of suggestions around strategies students could use to care for or help themselves in the accommodation process, such as reducing their course loads, individual coping strategies, or medical interventions where necessary. Some of these suggestions would come up through conversations with OSD advisors or counsellors, as these professionals would offer individualized strategies that would help students manage their own mental health and academic requirements.

I only take three courses since I find five to be a lot – Leslie

He’s taught me a lot of ways to like deal with my stress that like I don’t have to see him every week, I don’t have to hash out my stuff every week to get through the next week. So
now I have just ways to calm down a little bit better and I feel that the drugs work a lot so yeah. – Jason

I must say there was one time I needed to do a paper and I wasn’t feeling well. And instead of getting an extension, this was a really good idea. I took off, and I stayed at a hotel for the weekend, and I actually managed to finish my paper…My psychiatrist helped me with this….He goes we’re going to send you to a hotel and see if you can get the paper done…And I’m telling you, it was much cheaper than sending me to the hospital ‘cause I wasn’t feeling well. – Ben

After I was like well should I tell them, my profs, my OSD advisor’s like yeah you can send them an email and be like yeah I’m registered, I may need an extension on my assignments or whatever. Just in case, just so that the prof knows beforehand so that if I’m like, two days before it’s due and I’m like oh yeah I’m registered and I need an extension. So yeah, she said that, but I’m actually surprised that that’s not a policy that they have, that you can introduce yourself to the prof. – Kari

In recognizing that there was sometimes a lack of support in the university environment, some students found other ways to manage their needs rather than ask for and risk being denied an accommodation. This included rule-breaking behaviours and choosing courses that may not be optimal but were more manageable for the student.

I just record it ‘cause I have to do it…So I just don’t ask. And then if I don’t ask I don’t get a no. And I don’t know if that’s right or wrong but I figure listen I have to do this. I know that some students have asked their profs, some students do ask their profs and some students, some profs have said no. Last summer I took a course and before we even
started the course the professor announced that she doesn’t want anybody recording her class. I still recorded it. I just sat somewhere she couldn’t see my recording, which is hard I mean because I don’t want to defy her. You know, but at the same time I need to do it. – Pamela

Even if it’s hell or high water, I’ll make it to class, set the recorder and forget it. Even if I have to sleep, I’ll sleep during lecture. – Ben

It’s kind of scary the things that do come up like forty percent papers and thing like that where it’s kind of you know I usually take exam-based courses because I can’t do papers. I’m serious, if I see a course that has exams I take that one. I started to take more statistics courses, before I never took them, it’s not my field. Well it helps my field so that’s my excuse, but really I take math-based courses because they’re exam-based and not paper-based. – Sara

Many students conveyed that they generally understood if some accommodations could not always be granted. They spoke of the importance placed on self-care in the accommodation process, but were sometimes thwarted by perceptions of stigma in the environment and blamed themselves when they were unable to put accommodations in place within the Institutional Accessibility Mechanism.

I don’t blame anyone for not taking notes for me, it’s a hassle, but it’s also your personal academic skills being shown to someone you don’t know…But I think it also would be good just to have. I mean again it’s kind of my own fault. If I’d made it to class for the first couple of times and made friends and said look can we meet like for coffee once a week I’ll buy coffee and you could just show me your notes or we could discuss what
happened, I’m not able to go to class. But again, I didn’t have the bravery or the strength to do that and to try to go up to somebody you don’t know and say look I have a mental health issue, I can’t be in class, can you give me your notes once a week. It’s hard for me but it would also be a burden on them. – Mark

One student found that she was able to make a special request to deal with tests that are scheduled during class time rather than as a separate test or exam session. Many other students were not aware they could do this, and indicated that tests scheduled this way created difficulties. These students would forego their test-taking accommodation in these cases rather than miss the lecture that followed the test.

_Sometimes if I have a test in the first hour of class or something and the class resumes, I ask the test and exam service to start earlier or to cut my possible break time so that I don’t have to miss class._ – Kari

_My midterms were in class and I just wrote them in the class._ – Leslie

_There’s a lot of like midterms that are done in class that I can get accessibility for but I choose not to just ‘cause it’s a pain…it’s not worth the time and the effort you know to leave class in the middle of it and walk to the testing office, and then have to go back._ – Ansar

Another student would forego the test-taking accommodation because the instructor would not be available to answer questions during the test. This student would write with the class instead in order to have access to the instructor while writing the test, even when she sensed it would be a detriment to her performance.
I used it maybe a couple of exams but then I realized that my professor wasn’t there to ask questions, so that kind of caused me a lot of problems on particular exams so then I said well there’s no point in doing this. So I just stopped using the accommodation. Although sometimes, like this last semester I could have really used it for one particular class, but if you can’t ask questions it’s not useful. – Sara

Students also scheduled their appointments in a way that worked for them, but within the constraints set by the university. For instance, the requirement for yearly renewals of accommodations as well as a maximum placed on on-campus counselling service sessions caused students to manage their appointment bookings in a certain way.

Well like for this coming year, before school starts I’m already gonna make an appointment with my advisor, ‘cause every year I have to reapply for the test and exam accommodation. So I’m gonna do that. It’s like a yearly process...So I guess, just sorting things out for the year...Like I usually see her once and then, it’s usually I might see her one more time during the year, but I tend to try to get everything done in the first interview and that’s it because I don’t really enjoy her. I don’t find them that great, our meetings. – Rachel

I’ve only seen my on-campus psychiatrist twice. I think I started last year. I’ll continue, it’s just this is my last year so you get a certain number of sessions so I’m trying to save most of the sessions for the last year ‘cause I think I’m going to freak out. – Gloria

Troubled by limitations in the accessibility mechanism within the university environment, students employed self-care strategies in a number of ways. However, students also recognized the implied expectation of self-care in the university setting.
I found my OSD advisor’s instructions to be kind of confusing sometimes, since she doesn’t actually contact the registrar for me, like she always asks me to do it for myself, which is helpful ‘cause I mean I would never learn that way so…and then yeah so I would go to the registrar and kind of fumble my way through my question and then explain to them like what I wanted. So I ended up like learning more from the registrar like directly. – Leslie

In the university atmosphere we’re supposed to be adults and there’s this whole idea that like we have to deal with things, right, and not deal with things in the sense of hash them out, talk about them, we’re supposed to just like suck it up. Like this whole idea that you’re supposed to just suck it up and deal with whatever emotional problems you have. But like I don’t think it’s necessarily true. Like if you go and you sit down and talk to somebody I think you do a lot better than you trying to suck it up and deal with things. – Jason

I do like the fact that the OSD advisors encourage you to be more proactive and take initiative and you know approach professors in regards to extensions for example, I think that’s good. Although sometimes I feel anxious about that even. But I understand why they do that and I know that’s beneficial. – Gloria

Student participants also perceived a lack of assistance through accessibility measures or accommodations outside of the university and thus viewed expectations of self-care as preparation for the real world outside the university.

I didn’t choose to have this illness, it just kind of happened. It’s in my like genetic makeup and it’s in my family and so it happened and I’m dealing with it the best that I
can so I don’t think it’s fair for them to say, to penalize me for something that isn’t really my fault. But I do understand that you know they can’t do everything for me and it’s my responsibility. And it’s a good thing that I’ve been coached to grow because I am part of society and I can’t rely on accommodation all the time. When school’s over there isn’t going to be any accommodation for me. – Chad

In recognizing limitations in the Institutional Accessibility Mechanism, students took steps to manage their accommodations and academic progress for themselves, although they also indicated that additional support in this regard would have been beneficial. Students indicated these self-care techniques were expected of them as a student of the university, even when these expectations presented difficulty for them as students with mental health problems. By reproducing notions of the independence and self-sufficiency expected of them as university students and as members of society, students sustained the status quo of the Institutional Accessibility Mechanism. Student participants’ perceptions of the expectations placed on them are discussed further in the following section.

7.6 Student Perceptions of Institutional Norms

Students shared that they felt they were different from the typical student. The students interviewed felt that institutional assumptions around typical academic participation and progression meant the academic environment was set up in a manner that created barriers for students with mental health problems. Students wanted to be able to participate in what they viewed as the typical student role without the need for accommodations, but indicated that the implicit expectations placed on them in the university environment did not allow for this.

*It just seems like everyone is, you just sort of expect to be normal and act kind of normal and anything that kind of deviates from what someone assumes, imagines is normal gets*
kind of like labeled, and I guess the whole university environment isn’t really set up for people who kind of deviate from normal...Whenever I get a syllabus it usually says if you have disability requirements please go to the OSD or whatever. It says it, but then, it still feels like the environment, the way they talk to you or the things professors expect of you, or the fact that even they’ll schedule a test during class time, because I have double time I can’t make it back to class in time, I miss the class. So there’s all these things that are, you know maybe not too glaring to someone else but to me is like, basically it’s little things that make having mental health disability really, it just, it’s awful. I never really feel like I fit in because I don’t feel like I fit that stereotype of the normal university student, so yeah, it is pretty challenging...If you’re in university, you’re normal, you’re supposed to act normal, just be normal. And don’t have all these needs. – Rachel

It’s hard to express but it’s deeply embarrassing for me to withdraw from a course, especially that late, and to need all of these people’s help to do it and to have to go to these people and ask for all these accommodations is humbling and embarrassing at the same time. – Mark

Things need to be set up so they’re good for everybody’s mental health. The way I look at it is the students with mental health [problems] are the canaries in the mine, we’re the people who burn out first. – Lisa

Students suggested that the institutional expectation based on ‘the normal’ was that accommodations are not required. Experiencing a mental health problem and needing accommodations thus deviated from the perceived norm. These perceptions affected the social relations encountered throughout a student’s interaction with the Institutional Accessibility Mechanism. Ansar in particular spoke of interactions that affected his perception of his
difficulties and of mental health problems in the university setting. Based on these views, he perceived his experience as a student with a mental health problem disparagingly, and was hesitant to use accommodations, for fear of using them as a ‘crutch’. He placed himself in a no-win situation by viewing himself as undeserving of accommodation and also viewing accommodation as a tool that could deter academic progress, which resulted in negative academic consequences.

He worked with students who are bipolar and he just told me you have it easy, your condition compared to some other students is nothing like that, you don’t really need that it’s more like, I guess laziness or something personally, it wasn’t my mental health issue and I’m thankful for that, to have that kind of perspective, someone else seeing another student, how they perform, and then myself. ‘Cause when you have this is when you think like oh it’s the worst but when you see some other students, you know gives you perspective in the sense like oh you don’t have it that bad and you won’t use it as a crutch.

…I dunno how to explain it but like when you get that extra time on tests it kind of makes you lazier, you know what I mean, like knowing that you have this doesn’t make you study as hard knowing that you can get the doctor’s notes easily. It’s kind of counterintuitive to being a successful student, it kind of gives you a crutch. So it helps you cope but at the same time I don’t think it’s really helping me excel as a student. I dunno, I’m not able to describe it. I ended up dropping all my courses a year ago and I think it had to do with just being lazy, having all these accommodations, not really caring. There was really no penalty. – Ansar
When students encountered assumptions about the typical university student, they experienced embarrassment and guilt around needing services and not being able to fulfill the typical student role. Ansar seemed unaware that he was reproducing these implicit assumptions, referring to himself as ‘lazy’ throughout his interview and his use of accommodations as a sign of laziness. It is also important to acknowledge, however, that for this one student and perhaps others, traditional accommodations provided through the OSD may not have been helpful or could have multiple effects. It was clear that Ansar continued to struggle academically even after accessing accommodations, highlighting the need for individualized solutions.

These understandings of the typical or ‘normal’ student were not intentionally created by the university through any texts or processes but are reflective of wider social discourses of mental health and disability. Nevertheless, putting measures in place for accessibility and accommodation realized through the Institutional Accessibility Mechanism, and otherwise proceeding with the status quo in the academic environment, implicated the process of seeking accessibility as deviation from the norm. Students’ perceptions of institutional norms influenced the social relations experienced in the university setting by affecting their likelihood to make use of the Institutional Accessibility Mechanism as well as their perceptions of their interactions with others in the university setting, particularly those who played a role in the provision of accommodations and other services.

7.7 Summary

Overall, students with mental health problems proceeded through their university education in a manner that required they orient themselves to the Institutional Accessibility Mechanism in order to avail themselves of accommodations and services. The requirements imposed by the Institutional Accessibility Mechanism shaped the work conducted by students
with mental health problems through their approaches to linking with and making use of the available assistance, disclosing their mental health problems and advocating for themselves, validating the legitimacy of their claims and their responses to perceived institutional norms. Students thus oriented their work to the Institutional Accessibility Mechanism, allowing the existing social relations to remain unchallenged. In the following section, I will discuss the findings pertaining to the work of staff and students with respect to the broader ruling relations guiding the social organization of accessibility and accommodation in this setting.
Chapter 8
Discussion

8.1 Summary of Findings

The objective of this study was to explicate the social relations driving the problematic experiences of students with mental health concerns seeking accommodations in the university setting. Throughout the analysis, I explored the work of enabling accessibility for students with mental health problems: first, through a description and map of the work and texts driving the Institutional Accessibility Mechanism; second, through a description of the staff role within the Institutional Accessibility Mechanism as well as the institutional and student interests driving this work; and finally, the student role within the Institutional Accessibility Mechanism, including how students availed themselves of needed resources to progress in their academic pursuits.

In these findings I highlighted the tensions between student needs and the mechanism for providing accommodations, and argued that institutional interests take precedence over student needs and create unnecessary work for students accessing assistance. The students interviewed expressed gratitude for the services received and described the value of accommodations in allowing them to continue with their academic pursuits. However, throughout the description of my analysis and findings as well as this discussion, I maintain focus on the objective of explicating the social relations that create experiences of the problematic for this group of students. I do not endeavour to be critical of the institution under investigation; rather I critically analyze approaches to accessibility for students with mental health problems more broadly. Through the discussion below I draw attention to the underlying practices and assumptions that create difficulties for these students in accessing higher education. I focus on the key tensions noted in the findings and describe the driving forces for these tensions within the institution as
well as in larger societal discourse. I discuss the manner in which notions of accessibility and accommodation have been taken up in implementing the Institutional Accessibility Mechanism and implications for students with mental health problems; issues of eligibility for accessibility and the particular difficulties created for students with mental health problems; and the diffusion of responsibility throughout the Institutional Accessibility Mechanism that typically results in work for students with mental health problems wishing to gain access to needed supports.

8.2 Accommodation versus Accessibility

Although the documents and work processes reviewed in this study focused on and were enacted with a goal of institutional accessibility, the overwhelming focus of the Institutional Accessibility Mechanism was placed on individual accommodation. Processes of accessibility and accommodation are routinely obscured, although they are in fact distinct approaches with related goals. Accommodations are individual arrangements that serve to alleviate barriers to full participation in the university environment (Unger, 1992). Accommodations thus serve to provide solutions to problems for individual students as a means of ensuring accessibility, but do not in and of themselves create an accessible institution (Price, 2011). Price explains that “true accommodations are not added on to a classroom environment; they are built into its infrastructure, with flexibility and ongoing revision part of its very foundation.” (Price, 2011, p. 102). If an institution is fully accessible, such as through the use of universal design strategies (Dolan & Hall, 2001; Higbee, 2009), the need for individual accommodation can be mitigated. Accessibility is typically conceptualized as those measures that contribute to ease in the physical navigation of an environment. Educational institutions ensure the physical accessibility of their buildings through structures such as ramps and elevators. Accessibility in the social relations of the institution, such as accessible curricula and pedagogy in the academic environment, have not
been brought about as readily (Dolan & Hall, 2001). Rather, the academic environment of the university is one in which learning materials and methods are not readily accessible for individuals with disabilities. This claim concurs with what Storey (2007) has associated with ableism in schools, in that the environment of learning is one in which it is “superior not to have a disability than to have one and that it is better to do things in the way that nondisabled people do” (p. 56) (Appendix A). Although the university’s Accessibility Policy made reference to barriers beyond the physical environment, in reality, the academic environment of the university imposed expectations that students would be able to deal with the non-physical demands of the environment; for example, that they would be able to keep up with the pace of the lecture, hear the instructor and see the slides. If a student was unable to fully participate on the grounds of disability, an accommodation was provided as a solution to participation.

Price (2011) suggests that the accommodations typically provided in the university environment need to be reconsidered, as they may focus on fixing student difficulties in a way that aspires to an idealized notion of the able student, rather than focusing on individual learning needs and difficulties. In this study too, accommodations were geared towards an idealized student rather than the particular issues at hand. For instance, students interviewed noted difficulties they attributed to their mental health problems for which accommodations were non-existent or not readily available. These difficulties included assumptions that wakefulness and attention could be maintained for the entire length of a lecture without a break; that the student could cope with the size of the class, be it large or small, without alternatives to participation and attendance; and that the student could be successful even when assessment was weighted heavily on one method of evaluation, such as essay exams, without the opportunity to discuss alternative methods of evaluation. The standard set of accommodations, such as notetaking or test accommodations were meant to level the playing field so that the accommodated student’s
participation in the academic environment mirrored that of the student’s peers. Academic standards were thus based around particular constructions of the able student, and accommodations provided in a manner that aspired to this image of the able student without accounting for individual differences and did not compromise academic standards.

Placing a greater focus on accommodation rather than accessibility also allowed the institution to maintain a system of checks and balances that ensured academic standards. The default academic system was unaccommodating and perhaps because of this was thought of as a system that maintained academic rigour. Jung (2003), in an institutional ethnography exploring accommodations for female university students with chronic illnesses, similarly surmised that accommodations were provided to maintain the existing social organization of the institution. Resistance to accommodation was accomplished through an unnecessary and disproportionate focus on academic standards, undermining the participation of students seeking access.

The Institutional Accessibility Mechanism presented ingrained ableist assumptions, particularly for students with mental health problems, even though the mechanism was in place to assist students with any disability. Students were assumed to have the mental wellness associated with the capacity to complete multiple forms, take part in bureaucratic processes, manage numerous appointments and deadlines and advocate for themselves when necessary, difficulties which were highlighted by all students interviewed in some aspect. The Institutional Accessibility Mechanism was also frequently described as a system that was difficult to navigate for students with mental health problems, requiring numerous checks and balances to ensure eligibility and implement accommodations, processes that created a great deal of work for students and could marginalize the most mentally unwell. By presenting a mechanism that created difficulty for an entire group of students it was meant to assist, the university in effect took an ableist approach to accessibility.
The OHRC Guidelines on Accessible Education (Ontario Human Rights Commission, 2009) do not explicitly require that universities become universally academically accessible, but do encourage that universal design measures, such as inclusive teaching and assessment methods, be considered first and foremost. These are not direct requirements placed on the institution but are instead a consideration to be promoted throughout the university. There was no indication within the Institutional Accessibility Mechanism that universal design was mandatory, and it did not appear to be taken up intentionally within the Institutional Accessibility Mechanism, instead leaving universal design considerations to instructors’ discretion. Kurth and Mellard (2006) noted differences between institutions in the United States that followed the letter of the law rather than the spirit of the law. Institutions that focused on fulfilling legal requirements instead of embracing the spirit of the legislation in promoting accessibility failed to consider contextual factors in student life and universal design implementations that could have longer term benefits for the institution. The university in this study similarly applied a solution to academic accessibility comprised of a focus on individual accommodation. Focusing on accommodation undermined the university’s goals of accessibility by endeavouring toward accessibility in a manner that did not in fact result in equitable access.

Accommodation in itself is an organizational process rather than an instance of a “fix” for a student, and therefore creates work for students seeking accommodation through the Mechanism. The classroom environment remained tailored to normalized expectations of the “normal” or non-disabled student, allowing the university to preserve a traditional classroom framework that is not accessible to the changing student body described in Chapter 2 (Macaskill, 2013; Olohan, 2004). If the university were to choose instead to focus on creating an accessible institution, considerable work and expense would likely be created for the institution and the entire university community, a possible deterrent for university administrators seeking a
universal design model. Aiming for accessibility rather than accommodation, however, would create less work in the longer term for students and staff, with organizational infrastructure in place that would reduce the need for case-by-case accommodations (Higbee, 2009).

Typically, courses are designed with the average student in mind. Taking a universal design approach instead would mean that a learning environment would be made flexible, rather than a one-size-fits-all approach to teaching and learning (“Teaching persons with disabilities: Part VI: Mental illness,” 2013). Such measures could involve inclusive pedagogy that is respectful and accounts for diverse learning styles. The essential requirements of a course would be determined at the outset, with flexibility in teaching methods and students’ demonstration of these requirements. More practically, this would translate to a welcoming learning environment; clear communication of expectations; the use of diverse teaching methods, classroom supports and evaluation methods; constructive feedback and interactivity between the instructor and students and among students (Higbee, 2009). Higbee (2009) notes that these considerations are no different than those made in good teaching practice, but need to be considered deliberately by instructors and with students of all backgrounds and spectra of ability in mind.

Students indicated that they felt subjected to an inherent assumption of “normalcy” in the university environment, and that to require, let alone request, accommodation was an unwelcome deviation from the norm. The norm of the university was not to incorporate a focus on accessibility, but rather, to require those deviating from the norm to come forward and identify themselves as “different” to qualify for eligibility for accommodation. Students indicated that disclosing their mental health problems or identifying themselves in this manner was not desirable and rather than helping them feel successful, often caused them embarrassment. This requirement, then, presented a deterrent to seeking or activating resources, a difficulty also noted in the literature (e.g., Yorgason et al., 2008). For this reason, Price (2011) asserts, many students
do not want accommodation, and would prefer that ordinary course organization accommodate for their needs. Not only would such an arrangement be beneficial for all students, regardless of learning needs, but it would also ensure that students with mental health problems would no longer be required to stray from the academic norm. Students interviewed expressed dissatisfaction in this regard, indicating that although accommodations were helpful, considerations that could benefit all students would be preferable. Frequent suggestions included designing tests and exams that could be completed at a comfortable pace, audio or video recording lectures to be made available online and making course notes available to students.

Dolan and Hall (2001) accordingly note that the goal of “leveling the playing field” with accommodations is limited by retrofit solutions, such as extended time on tests, and this goal would be better achieved by focusing on accessibility through universal design. Suggestions for applying the principles of universal design are discussed further in Chapter 8.5: Limitations and future directions.

Promoting accessibility through universal design in the non-physical domain is a daunting task and accordingly many staff described a goal of helping students navigate the Institutional Accessibility Mechanism rather than seeking to change the mechanism itself. Although staff sometimes described seeking policy change when troublesome procedures were encountered, the seemingly indelible nature of the Institutional Accessibility Mechanism meant that more often than not, staff focused on changes specific to individual students as opposed to system-wide changes, which fell outside their purview. The consequence of focusing on individual students rather than the environment, however, was that students with mental health problems were marginalized, attributing the difficulties they experienced to individual selves, dealing with them out of sight of the rest of the university community and ultimately internalizing these difficulties. These processes served to keep the students and difficulties they
experienced invisible to the rest of the university community. Correspondingly, Saks (2008) raises an interesting quandary, in that it is unclear if accommodation can have a positive or negative effect on stigma. She surmises that accommodations can create positive views of successful students with mental health problems, or negative, resentful views of students receiving accommodation. Students interviewed in this study described perceived negative views of accommodation in the university environment, which sometimes prevented them from fully availing themselves of the accommodations provided to them. Accessibility thus needs to be reconsidered in the university environment, to turn focus away from individual accommodations that “fix” problems and thus frame students seeking accommodations as a problem to be “fixed.” Although implementing system-wide accessibility is a daunting undertaking, “we must try, think, query, flex, observe, listen, and try again…Access is not going to happen overnight” (Price, 2011, p. 101).

8.3 Eligibility for Accessibility

The Institutional Accessibility Mechanism was a system that focused on fixing individual difficulties through accommodation for students with mental health problems, rather than encouraging universal accessibility throughout the institution. By placing a focus on individual accommodation, students were put in the uncomfortable position of declaring and then constantly affirming their differences in order to obtain support. Focusing on an accommodation framework that operates in this manner allowed the institution to implement a verification process, stating that an individual must be eligible for accommodation. By requiring individual students to apply for consideration and then consistently perform the work required of the Institutional Accessibility Mechanism to activate needed accommodations, the university ensured its defined
eligibility criteria were met, an assurance that the individual is deserving of the accommodation accessed.

By virtue of an accommodation-focused Institutional Accessibility Mechanism, the university was able to enact a verification process that required a student qualify for accommodation and repeatedly substantiate the legitimacy of the request throughout the mechanism. In order to qualify, students needed to first identify themselves as having a mental health problem and assume the label associated with a diagnosis. The desire to diagnose prior to making adjustments in the academic setting further reflected the ableist assumptions of the Institutional Accessibility Mechanism, presuming and privileging particular abilities in all students, and creating work for students to meet institutionally mandated criteria when seeking consideration based on disability. Price (2011) notes these assumptions stem from a medical model of disability based on beliefs that disability is a problem residing in the individual; assumptions that extend to teaching and learning in the academic environment. The university thus placed staff focus on presumed accommodation requirements based on diagnosis, which, based on student accounts appeared to take precedence in the intake appointment. This manner of determining accommodations drew attention away from or delayed addressing individual needs in the accommodation process, failed to highlight students’ strengths and failed to acknowledge the importance of accessible teaching, learning and evaluation methods (Kurth & Mellard, 2006; Price, 2011). These presumptions of needs based on diagnosis also fed into staff members’ determinations of fairness and reasonableness of accommodations, along with, as they described, knowledge of best practices and discussion with the student. Diagnosis remained a highly influential factor in determining what could be considered fair and reasonable for a student and in making recommendations and justifying resource allocation to a student. Making the presence of illness the deciding factor in eligibility for accommodation enabled the institution to focus on
accommodating a difficulty resulting from an illness, making students prove they were disabled enough based on medical criteria to warrant accommodation, rather than accommodating the nature of the difficulty itself. As Saks (2008) asserts, focusing on diagnosis rather than need privileges medical criteria. Doing so could in fact counteract staff members’ identified aims of ensuring fairness and reasonableness in the accommodation process.

Students with mental health problems navigating the Institutional Accessibility Mechanism needed to prove their difference to qualify for accommodation, then repeatedly substantiate their label and therefore difference from other students. Price (2011) highlights the troublesome implications of such a model for students, in that many students have learning needs - some with documented disabilities and some without, thus blurring the putative distinction between disability and ability. Within the Institutional Accessibility Mechanism, only those who can identify learning needs stemming from a diagnosable medical concern were able to access accommodations. The requirement to document disability was artificially created by the university, based on the criteria outlined in the OHRC. Obtaining documentation was repeatedly shown to create difficulty for students with mental health problems for a number of reasons: first, the complex and episodic nature of mental illness; second, a lack of access to flexible, inexpensive and ongoing treatment options and finally, interruptions to treatment during university disrupting students’ access to a medical professional who could supply the needed documentation immediately upon request. This requirement did, however, serve institutional purposes, enabling the university to treat accessibility as something that is only offered to a select few who are ‘disabled enough’ and therefore qualify based on medical criteria. In this way, the institution was accommodating only to those who were able to and did request accommodation and had access to the required documentation. It was thus not universally
accessible for students with mental health problems. The very process of proving eligibility created tensions and delays for students and led to deterrents to academic progress.

In ensuring eligibility for accommodation through diagnosis, students were required to accept an assigned label, and then integrate this label into various aspects of their student experiences. Accommodations were sought and granted on the basis of the diagnosis. If a student chose to resist the label or resist disclosure of the existence of a diagnosis by revealing registration status with the OSD, the student would forego accommodation and create possible detriments to academic progress. Students did, however, express a desire for a sense of normalcy, not wanting to identify themselves as having a disability or as being different, or needing to ask for something different. The existing stigma toward students with disabilities in the educational environment likely contributed to students’ expressed desire for normalcy (Storey, 2007). The ableist learning environment thus created difficulties for students with mental health problems, not only in requiring that they formally declare their difference from other students in order to gain access to the Institutional Accessibility Mechanism, but also by creating pressure to resist difference.

Even with the changing composition of the student population to one that might include more students with mental health problems, university environments are resistant to welcoming and accommodating students with mental health problems. As Price (2011) notes, there exists a “popular conception that unsound minds have no place in the classroom” (p. 33). Jung (2003) more broadly asserts that the inclusion of groups of students who historically were unable to access higher education can be regarded as disruptive to the “existing institutional order” (Jung, 2003, p. 178) within the university environment. Universities are faced with the duty to accommodate despite this notion, yet such beliefs can create a rift that drives the allocation of resources. Providing accommodations can be resource intensive, and can sometimes create
resentment toward accommodations and those who use them. Moreover, there can be organizational pressure to carefully manage the resources allocated to providing accommodations (Storey, 2007). Students sensed hesitation from staff in providing resources, and this impression was not unfounded. Staff members were placed in a position that required they constantly justify the provision of resources, typically based on students’ eligibility, and then were also required to manage the distribution of resources. These expectations on staff by the university further necessitated diagnosis and based eligibility criteria on medical certification, a text that could be authorized and traced, rather than on perceptions of needs. This tension had a large impact on the student experience and contributed to feelings of guilt and questioning of their own deservingness, acting as a deterrent to seeking and then making use of accommodations even once they had been assigned.

8.4 Diffusion of Responsibility

The university calls on all members of the institution to share responsibility for creating an accessible community for individuals with disabilities, including mental health problems. Within the Institutional Accessibility Mechanism, however, responsibility was diffused rather than shared. In other words, staff members collaborated with one another, advised students and managed and distributed resources, yet ultimately, the responsibility for accommodation was concentrated on individual students. Student responsibility for accommodation was also considered by Price (2011), who provided the example of “disability statements” in course syllabi at a US university, which were similar to those appearing in course syllabi at the university in this study. These statements, Price described, tend to be written in the second person and place responsibility on the student to register with the OSD to obtain accommodation. If a student did not activate this text, or any other referral sources in the Institutional
Accessibility Mechanism by proceeding with registration, fault would lay with the student rather than the university if impediments to academic progress were then experienced. Students in my study in fact blamed themselves when reflecting on courses that were dropped or saw poor performance prior to seeking assistance, thereby accepting the obligation the university placed on them to assume responsibility within the Institutional Accessibility Mechanism. However, the framework of the mechanism itself, as described, was such that students with mental health problems would have difficulty taking up the responsibility brought on them. The university framed access as something to be sought, rather than something that could be built into the set of social relations of the institution.

Saks (2008) states that students must first be aware of their rights to request consideration, and also points out that students with different sets of disabilities may learn about the services available to them via differing pathways. The students with mental health problems interviewed in my study often described their own initial lack of awareness of services, which delayed their connection into the Institutional Accessibility Mechanism. The OHRC Guidelines on Accessible Education (Ontario Human Rights Commission, 2009) indicate that students are responsible for identifying themselves to receive services, thereby releasing the university from any legal obligation in this regard. The university did not take this responsibility into its purview and no work was explicitly required by staff to increase students’ awareness of and bring them to the Institutional Accessibility Mechanism, although some work was taken on in terms of promotion of the services available and awareness-raising of mental health problems on campus. Students nevertheless critiqued these promotional efforts as inadequate. Student experiences of referral to the mechanism were thus sporadic and not easily mapped, suggesting a lack of a coordinated institutional response to the identification and referral of students with mental health problems that can be assisted with accommodations. For similar reasons, Eisenberg and
colleagues (2012) suggest implementing a system that defaults to mental health care. The default bias, they note, predisposes individuals to proceed with the status quo if they do not have strong preferences about their options. This is evident in countries where individuals are given the choice to opt-out of organ donation, rather than opt-in, resulting in higher likelihood an individual is registered as a donor. In this case, students would be scheduled for mental health checkups and would have the choice to opt-out rather than opt-in to care. Creating a systemic framework in which supporting mental health is the norm can improve student experiences through intentional monitoring, connection and assistance for student needs (Eisenberg, Hunt, et al., 2012). As it stands, however, students must identify themselves as needing support, even if contact has been made with a referral source, and can be dissuaded when faced with the ‘red tape’ of proving eligibility and activating accommodations. Once students were connected, staff conducted work to help them connect to different facets of the mechanism, yet the responsibility largely remained on the student to activate or make use of these services or accommodations. In fact, students were sometimes even responsible for activating the deployment of the creative practices described by staff, but were unaware such solutions were an option. Creative practices were put in place for students who were maintaining connection with staff within the mechanism and consistently vocalizing their needs and concerns, proving that ‘the squeaky wheel gets the grease’ and creating an additional unseen responsibility for students.

Part of the staff role described was that of teaching students with mental health problems strategies for managing their own care and access in the university. This particular role was posed as one that could directly benefit students, but also served to alleviate demands on accommodation resources. The students interviewed recognized the expectation placed on them to manage their needs and accommodations. They described instances where they even implemented their own accommodations outside of the Institutional Accessibility Mechanism,
such as recording lectures without permission or booking a hotel room to work on an assignment rather than requesting an extension. These strategies were often employed at an exit point in the Institutional Accessibility Mechanism, where students would forego formal accommodation and would then choose to implement a strategy of their own. Students were thus cognizant of the set of institutional relations that placed them at fault if they could not manage in the university environment. Students described the success of these strategies in surviving academic demands, but were also dismayed by the lack of support in the university environment that culminated in the need for such strategies. Hill (1996) asserts that there are benefits to encouraging these kinds of self-care strategies, including promoting student independence and development, which can place the student as an equal partner in care instead of a service delivery model which places the student as inferior and deferent to those in positions of power in the university. Hill (1996) also suggests that an outcome of an institutional focus on self-care can result in decreased student reliance on services. However, the findings presented in this study suggest that although students implemented successful self-care strategies, the implicit expectation of self-care may have been detrimental to students with mental health problems, while relieving the university of responsibility for a more purposeful focus on accessibility throughout the institution. Students perceived an institutional expectation that they manage their own mental health and be able to access accommodations independently, within or outside of the Institutional Accessibility Mechanism. In effect, students were placed in a system that presented a set of responsibilities that were difficult to meet while also experiencing a mental health problem. Students related feelings of guilt and self-blame associated with reliance on support and would often forego accommodation instead. A more appropriate focus might be to increase student confidence and independence without placing normalized expectations on students regarding reliance on service
use. Placing expectations on students based on an ableist accessibility framework served as a deterrent to accommodation and corresponding goals of accessibility.

8.5 Limitations and Future Directions

A particular strength of this study is the range of experiential accounts provided by study participants. Unfortunately, time constraints for completion of the study limited the opportunity that could be provided for these participants to provide feedback after the interview stage on the developing analysis of their work and the social organization of the setting as was originally intended (Appendix C). However, informal conversations with students and staff indicate that the analysis presented of the work of participants within the Institutional Accessibility Mechanism fairly explicate the social relations of the university setting. Students interviewed represented a range of programs and undergraduate years of study and had experienced a variety of mental health problems with varying perceived effects on their academic experiences. Likewise, the staff interviewed represented various facets of the university’s Institutional Accessibility Mechanism as well as a range of experience in terms of both background and years of work at the university. However, only students with mental health problems who had accessed the Institutional Accessibility Mechanism were reachable via the recruitment methods employed. I was therefore unable to include the experiences of students who were not aware of or had not gained access to the OSD and other services relevant to the Institutional Accessibility Mechanism. Although some students were able to represent these experiences retrospectively, I cannot provide an account of the experiences of students who were in some way prevented from entering into this particular social relation with the university, or of those who chose not to volunteer for the study and share their experiences of accessing assistance. Similarly, although a range of staff accounts were represented, the perspectives of professors, instructors or teaching
assistants could have added an experiential account of institutional expectations in the classroom. However, the focus of this study was maintained around service provision. Future research might explore the social organization of accommodation in the classroom in terms of the particular mediating effects of the work conducted by university teaching staff and of students who do not formally access an Institutional Accessibility Mechanism.

Exploring the work of accommodations for students with mental health problems through an Institutional Ethnography framework allowed for the explication of the social relations and institutional driving forces of these experiences. Focusing on the organization of individual experiences, rather than the experiences in and of themselves, prevented a deeper exploration of the meaning and value of accommodation and accessibility for students with mental health problems, and the implications of these experiences for students’ participation in the academic environment. I extended my analysis to include an exploration of participants’ roles as members of the institution, but did so in association with the ruling relations of the institution. A more purposeful exploration of the social forces contributing to individual significance ascribed to access in higher education can be of importance in the planning and implementation of accessibility for students with mental health problems, and presents a valuable future research direction.

Additionally, as highlighted in the above discussion, a number of recommendations can be made regarding accessibility for students with mental health concerns in the university setting and require further research. Firstly, the notion of the default bias as it pertains to student mental health, as described by Eisenberg and colleagues (2012) is worth consideration. Automatically enrolling students in regular mental health checkups can increase awareness and connectivity with services and normalize mental health care and access in the university setting. The
feasibility of this approach as well as its effectiveness presents a significant future research direction.

Through my discussion of the need for an institutional focus on accessibility over accommodation, I indicated that universal design approaches can support goals of accessibility while alleviating the need for individual accommodation. The Council of Ontario Universities (2013) makes specific suggestions for ways in which universal design approaches can be taken in the university environment. These suggestions include, but are not limited to, measures such as: providing a clear and complete syllabus to students prior to the start of a course, encouraging civility and inclusivity in the classroom environment, providing course materials in various formats, including various evaluation methods in the course design, encouraging students to share accessibility concerns, highlighting the major points in a lecture and placing the lecture in real world context, providing students with individualized feedback, allowing opportunities for breaks, allowing preferential seating, allowing audio-recording of lectures, allowing for flexibility in deadlines, etc… (“Teaching persons with disabilities: Part VI: Mental illness,” 2013). Measures such as these would limit the need for individual accommodation through retrofit solutions, but it is important to acknowledge that the need for individualized considerations may not be eliminated entirely as unique and unprecedented needs might always arise. In a universally accessible setting, however, the responsibility to identify these needs and activate solutions might be shared with the institution rather than resting on the student alone. Although this study has begun to explore the social relations of accessibility for students with mental health problems in the university environment, further research is needed to understand the social relations of institutional practices by which universal design approaches can be implemented systemically.
8.6 Implications and Conclusions

This study outlines the work of students with mental health problems navigating the Institutional Accessibility Mechanism, and can help students better understand the work imposed on them by the university as well as the factors contributing to this institutional approach to accessibility. Understanding the requirements of the Institutional Accessibility Mechanism can help students with mental health problems progress academically, particularly through understanding the importance of making connections, maintaining contact with staff and making sure their needs are represented to those working within the mechanism. However, this implies a focus on navigating the system as it stands, rather than more appropriately focusing on institutional factors that can be implemented to improve the experiences of students with mental health problems attending university.

Educating university staff, particularly teaching staff and faculty, was frequently mentioned as a necessary but often overlooked approach to improving accessibility for students with mental health problems in universities. Suggestions pertaining to faculty in-service and campus-wide awareness raising are also prevalent in the literature (e.g., Eisenberg, Hunt, et al., 2012; Hill, 1996; Quinn et al., 2009). In implementing these trainings or programs, care must be taken not to train staff to place expectations on students based on peers who are not experiencing mental health problems, normalizing assumptions of ableness. Members of the university, particularly those working with students with mental health problems, must be aware of individual contexts, strengths and limitations, and must understand how to work with these to arrive at solutions that work for all individuals within the university community.

In aiming to create an inclusive environment and provide opportunities for individuals with disabilities, the university, and the policies that guided access in this setting, created a focus on individual accommodation rather than universal accessibility. Accommodations were
undeniably of value to students, and all students interviewed were thankful for the support received through academic accommodations. Within the Institutional Accessibility Mechanism, however, the focus on accommodation and subsequent work created for students contributed to the challenges experienced by students with mental health problems. Many of these difficulties could be alleviated by a focus on universal design, as was alluded to in the texts explored, particularly the OHRC Guidelines on Accessible Education (Ontario Human Rights Commission, 2009), and also in staff and student interviews. This study allowed for discussion of factors contributing to continued focus on individual accommodation and resistance to universal design specifically from the standpoint of students with mental health concerns, and these factors should be investigated as they apply to all individuals with disabilities in the university environment. Universities should purposefully explore options for universal design not only as a means toward physical accessibility, but toward accessible curriculum and pedagogy as well.

This study has shown how a mechanism of accessibility for individuals with mental health problems, and disabilities more broadly, actually imposed ableist assumptions on those seeking access through the mechanism and deterred from academic progress, the very undertaking it was meant to allow individuals to access. Institutional Accessibility Mechanisms in numerous settings should thus be considered, to explore the work imposed upon individuals with disabilities and work toward inclusivity and accessibility in all aspects of society.

The difficulties experienced by students with mental health problems have been previously attributed to barriers to help seeking, a lack of resources or a lack of understanding and awareness of mental health in the university, yet these factors alone do not create or account for the difficulties experienced by these students. The findings of this study as a whole suggest that the approach taken to accessibility in the university in itself creates experiences of the
problematic for students with mental health problems. Although some element of individualized accommodation is beneficial for students, taking a more purposeful, institution-wide approach to accessibility not only in the built environment but in the social environment will go a long way to improving the experiences of students with mental health problems. Supporting students with mental health problems in this way can improve educational attainment and encourage rehabilitative goals of social inclusion and societal participation.
References


APPENDIX A: Key Terms

Ableism - the assumption that it is “superior not to have a disability than to have one and that it is better to do things in the way that nondisabled people do” (Storey, 2007, p. 56)

Accessibility - within the context of education, those measures that are meant to provide students with “access to education equally, unless to do so would cause undue hardship” (Ontario Human Rights Commission, 2009).

Accommodation - within the context of education, individual measures intended to remove barriers to a student’s full participation in the university setting, which are assigned on a case-by-case basis (Unger, 1992).

Mental Health - defined by the World Health Organization (WHO) as the “state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community,” (2013, para. 1).

Problematic - a disjuncture in a set of experiences subjected to institutional organization. Smith (2005) defines the problematic as beginning “in the actualities of peoples’ lives with a focus of investigation that comes from how they participate in or are hooked up into institutional relations” (p. 226)

Ruling Relations - “translocal forms of social organization and social relations, mediated by texts of all kinds…objectified forms of consciousness and organization, constituted externally to particular people and places, creating and relying on textually based realities” (Smith, 2005; p.
Social Inclusion - “a virtuous circle of improved rights of access to the social and economic world, new opportunities, recovery of status and meaning and reduced impact of disability” (Sayce, 2001, p. 122)

Social Relations - how peoples’ activities within an organization are coordinated; the social driving forces of an organization and the unseen coordination of these forces on people’s everyday lives (Smith, 2005). The manner by which institutional practices exist in and generate actual experiences (D. E. Smith, 1987).

Standpoint - “a subject position…. [which] creates a point of entry into discovering the social that does not subordinate the knowing subject to objectified forms of knowledge of society or political economy”, and is situated in people’s everyday lives (D. E. Smith, 2005, p. 10)

Stigma - a set of negative attitudes that create prejudice, fear, and misinformation, and sustain stereotypes pertaining to the stigmatized group. These unfortunate results of stigma can limit opportunities for housing, employment, and education, thereby creating barriers to full societal participation for individuals with mental health problems ("Stigma", 2014)

Texts - those documents that are replicable in nature, such as print, film, audio or electronic formats that can be copied, written, drawn or reproduced in some way. This presence and replicability allow for the coordination of actions across sites of an organization, and therefore contribute to the social relations of an institution (D. E. Smith, 2005)
Universal instructional design/Universal design for learning – “a set of principles for curriculum development that give all individuals equal opportunities to learn…a blueprint for creating instructional goals, methods, materials and assessments that work for everyone – not a single, one-size-fits-all solution but rather flexible approaches that can be customized and adjusted for individual needs” (“About UDL,” 2014).

Work - anything that “people do that requires some effort, that they mean to do, and that involves some acquired competence” (p. 165), with a particular focus on the work people conduct as they are participating in institutional processes (D. E. Smith, 1987).
APPENDIX B: Memo of understanding (de-identified)

Memo of Understanding between University of Toronto Accessibility Services and Roula Markoulakis, PhD Candidate, Graduate Department of Rehabilitation Science, University of Toronto

Project Information

Institutions of higher education are tasked with the duty to provide accommodations for students who so require, in order to ensure equal opportunity for all students. Within the complex of social relations of the university, however, there may be a disjuncture between accommodation and the expected outcome of student success. At stake is the educational attainment of students and eventual workplace participation associated with social inclusion and community prosperity.

The purpose of this study is to explore the social relations within the university environment from the standpoint of students with mental health problems in order to elucidate institutionalized practices and the organization of these relations. Examining social relations through this lens is important in understanding the impacts of institutions of higher learning on students with mental health problems. In this way, the manner in which the interconnected everyday work practices of students and universities give rise to student experiences may be revealed. Thus, I will conduct a three-pronged project involving interviews with students with mental health problems, interviews with staff and examination of institutional policies.

Ethics approval will be obtained through the Research Ethics Board at the University of Toronto prior to participant recruitment. This document outlines the understanding between Accessibility Services at the University of Toronto and the researcher, Roula Markoulakis, regarding the ethical standards to be upheld and the information to which access is requested.

Informed Consent

All individuals who choose to participate in this research will be provided with an information letter and will sign an informed consent statement, each of which outlines the following: purpose of the study, an invitation to participate in the study, the voluntary nature of participation, the risks and benefits of participation, confidentiality and anonymity, contact information, rights of participants including the right to withdraw from the study, the use of quotations, consent to observation, as well as feedback upon study completion. A copy of a draft Informed Consent statement is attached.

Confidentiality & Anonymity

All interviews and information will be kept confidential by all members of the research team (i.e., the interviewer/transcriber - Roula Markoulakis, as well as the supervisor and two faculty advisory committee members).

Participant anonymity will be maintained at all times. Participants will be assigned a numbered identifier so that individual identifying information will never appear in conjunction with their data. Transcripts will use numbers rather than participant names and the document that associates this numbered identifier with the participant name will be stored in a separate locked cabinet in
the Diversity and Inclusion lab in the Rehabilitation Sciences Building, University of Toronto. The name of the service and university will not be mentioned in any final written work, posters, presentations or other dissemination activities. Participants will never be identified by name, and no information that could be used to identify them will be included.

All responses will remain confidential, and de-identified data will be kept on a password-protected computer. Only the primary researcher will have access. Informed consent statements will be kept in a locked cabinet in the Supervisor’s Diversity and Inclusion lab in the Rehabilitation Sciences Building, University of Toronto. Portions of data may be shared only with members of the research team who will be aiding in analysis. Those members will be bound by the same rules of confidentiality as the primary researcher.

Participant names or any other identifying information (aside from status as staff or student, to provide context for the reader) will never be used within any publications or presentations resulting from this research. Publication of the data will take place in a PhD Thesis, and may also take place in peer-reviewed scientific journals and at conference presentations.

**Subjectivity**

The researcher will keep a diary to reflect on any of her subjective thoughts, opinions or experiences related to the topic, and will discuss such reflections with her supervisor and advisory committee. The researcher will ensure that the data collection and writing reflect the purpose of the project, which is to explore the interconnected work practices of students with mental health problems and university Offices for Students with Disabilities. By no means will evaluation of the service enter into data collection or writing stages, or any other work that comes out of the dissertation.

The interviewer has conducted numerous one-on-one interviews with participants with a range of backgrounds. She has also volunteered as a Learning Strategist with an Office for Students with Disabilities in the past, and has experience working one-on-one with students registered with Offices for Students with Disabilities. This work will be supervised by Dr. Bonnie Kirsh, a member of the Mental Health Commission of Canada, whose research focus lies in community and workplace integration of individuals with mental illnesses. She will provide a great deal of expertise and guidance in conducting this study.

**Access to be requested**

Access is requested to the following:

- participants (staff and students) by way of recruitment materials (i.e., posters for student recruitment, scripted emails, telephone calls, and personal contact for personal invitation for staff recruitment) in the centre, to which they can choose to respond on an individual basis.

- Templates of forms, or other documents used during the course of a student’s involvement with the office. These documents will be blank.

- copies of policies and guidelines issued by the Office, or those issued by the University and influencing the Office.
APPENDIX C: Informed Consent Statements (de-identified)

INFORMED CONSENT STATEMENT

An examination of work coordination between students with mental health problems and university OSDs within the institutional setting

Roula Markoulakis, MSc., Bonnie Kirsh, PhD.
Graduate Department of Rehabilitation Science
University of Toronto

You are invited to participate in a research study. The purpose of this study is to evaluate how students with mental health problems interact with [REDACTED] and how this work is accomplished in the university setting.

INFORMATION

This study will look at the social relations of the university environment from the perspective of students with mental health problems (MHP), in order to discover the organization of university practices and procedures. Examining social relations through this lens is important in understanding the barriers experienced by students with mental health problems in universities. Thus, the aim of this research is to determine how the work of students with MHP is coordinated with [REDACTED] within the larger university setting.

Interviews will be conducted with approximately 8-15 students with mental health problems and 8-15 [REDACTED] staff. As a member of the staff, you will be asked to participate in a one-on-one interview, which will be conducted in person and will be arranged at a time most convenient for you. Your interview can take place in your office, [REDACTED]. Interviews will cover information pertaining to experiences working with students with mental health problems. Interviews will be tape-recorded and transcribed verbatim by the interviewer (Roula Markoulakis). The interviewer will also be taking notes during the interview. Following preliminary analysis, you will be given the choice to review aggregated themes that have been determined, and provide the researcher with your feedback. Interviews will require approximately 1.5 hours of your time. Interviews will be scheduled flexibly, and if you need to postpone for any reason, you may simply reschedule. The optional review of preliminary findings will take approximately 20-30 minutes. As such, you will be asked to participate for approximately 2 hours in total. You may be invited for a follow-up interview at a later date, if there was information in your first interview that the researcher wishes to learn more about. This interview will take approximately 1 hour to complete.

__________________________
participant's initials
RISKS

You may worry about the loss of privacy, and may feel hesitant to reveal information about your work at [redacted]. Your responses will be kept completely confidential, as described on the following page. Distress and regret may result from being required to thoroughly reflect on your employment and the work involved in it, and share this information with the interviewer. You will be able to refrain from answering any questions that make you uncomfortable, and will also be able to withdraw your participation at any point in time. If adverse effects are experienced, the interviewer will have contact information for support organizations that you can choose to be given. In addition, you will be given the opportunity to review the themes revealed from preliminary analysis.

BENEFITS

It is anticipated that you not directly benefit from this research. However, you may find discussing your experiences working with students with mental health problems with the researcher to be helpful. The research community at large will benefit from a greater understanding of the institutional influences on the efforts of staff who work with students with mental health problems. This has further implications in that findings can potentially be used to streamline the work processes of staff who work with students with mental health problems, and may lead to the development of policies that benefit students with mental health problems and the university staff who work with these students.

CONFIDENTIALITY

All interviews and information will be kept confidential by the involved researchers (the interviewer/transcriber - Roula Markoulakis, and her supervisor – Dr. Bonnie Kirsh). Your anonymity will be maintained at all times. You will be assigned a number so that identifying information will never appear in conjunction with your data. De-identified data will be stored on a password-protected computer. Hard copies of informed consent statements and numbered participant identifiers will be stored in a locked cabinet in the Rehabilitation Sciences Building at the University of Toronto. Only the researcher (Roula Markoulakis) and her supervisor (Dr. Bonnie Kirsh) will have access to the data, and data will be destroyed three years following project completion. Your name or any other identifying information will never be used within any publications or presentations resulting from this research. Your responses will be kept confidential, and your data will be kept anonymous. Revealing information (such as quotations that reveal your position at the university) will not be presented in any written or oral work. Publication of the data will take place in a PhD Thesis paper, and may also take place as a summary for [redacted], in a peer-reviewed scientific journal and at conference presentations.

__________________________
participant's initials
CONTACT

If you have questions at any time about the study or the procedures, you may contact the researcher, Roula Markoulakis, at roula.markoulakis@utoronto.ca. Alternatively, you may also contact her faculty advisor, Dr. Bonnie Kirsh, at bonnie.kirsh@utoronto.ca. This project has been reviewed and approved by the University Research Ethics Board. If you have any questions about your rights as a participant, if you feel you have not been treated according to the descriptions in this form, or if you feel your rights as a participant in research have been violated during the course of this project, you may contact the Office of Research Ethics at 416-946-3272.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your interview data will be returned to you or destroyed. Observation data will be returned or destroyed wherever possible. You have the right to omit any question(s)/procedure(s) you choose. If data collection is completed and it is too late to fully withdraw, you will have the choice not to have any of your quotations presented in any oral or written work that results from this project. In addition, you will be able to choose not to be contacted for any follow-up work or feedback on findings, publications or presentations that stem from this work.

FEEDBACK AND PUBLICATION

A summary of results can be made available to you if you so choose. Results will be written up as a PhD Thesis paper. As well, a summary may be provided and publication of the results may occur in an appropriate peer-reviewed scientific journal. Results may also be presented at appropriate conferences. Feedback will be available near or before December 2013. If you wish to receive feedback concerning this study, please note your name and email address below:

Name: _________________________________________

Email: _________________________________________

_____________________________________________________

participant's initials
CONSENT

I have read the above information and had the opportunity to ask any questions. I understand that as a participant in this study, I will (to be filled in by participant):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I have received a copy of this form. I agree to participate in this study.

Participant's signature ___________________________ Date ________________

Investigator's signature ___________________________ Date ________________
INFORMED CONSENT STATEMENT

An examination of work coordination between students with mental health problems and university accessibility centres within the institutional setting

Roula Markoulakis, MSc., Bonnie Kirsh, PhD.
Graduate Department of Rehabilitation Science
University of Toronto

You are invited to participate in a research study. The purpose of this study is to explore how students with mental health problems interact with and how this work is accomplished in the university setting.

INFORMATION

This study will look at the social relations of the university environment from the perspective of students with mental health problems (MHP), in order to discover the organization of university practices and procedures. Examining social relations through this lens is important in understanding the barriers experienced by students with mental health problems in universities. Thus, the aim of this research is to determine how the work of students with MHP is coordinated with university within the larger university setting.

Interviews will be conducted with approximately 8-15 students with mental health problems and 8-15 staff. As a student who has experienced MHP, you will be asked to participate in a one-on-one interview, which will be conducted in person and will be arranged at a time most convenient for you. The interview will take place, or a quiet on-campus location. Interviews will cover information pertaining to being a student with a mental health problem. Interviews will be tape-recorded and transcribed word for word by the interviewer (Roula Markoulakis). The interviewer will also be taking notes during the interview. Following preliminary analysis, you will be given the choice to review combined themes that have been determined, and provide the researcher with your feedback. Interviews will require approximately 1.5 hours of your time. Interviews will be scheduled flexibly, and if you need to postpone for any reason, you may simply reschedule. The optional review of initial findings will take approximately 20-30 minutes. As such, you will be asked to participate for a total of approximately 2 hours. You may be invited for a follow-up interview at a later date, if there was information in your first interview that the researcher wishes to learn more about. This interview will take approximately 1 hour to complete.

_________________________
participant's initials
RISKS

You may worry about the loss of privacy, and may feel hesitant to reveal information about your experiences at [University of Toronto], however, your responses will be kept completely confidential, as described on the following page. Distress may result from you being required to thoroughly reflect on your personal situation and share this information with the interviewer. You will be able to refrain from answering any questions that make you uncomfortable, and will also be able to withdraw your participation at any point in time. Participating in this research will in no way affect the support you receive from [Accessibility Services]. If adverse effects are experienced, the interviewer will have contact information for counselling services and support agencies available for you. In addition, you will be given the opportunity to review the themes revealed from preliminary analysis.

BENEFITS

It is anticipated that you will not directly benefit from this research. However, you may find that describing your individual experience with the interviewer is helpful. The research community at large will benefit from a greater understanding of the institutional influences on the educational trajectory of students with mental health problems. This has further implications in that findings can potentially be used to advocate for students with mental health problems, and may lead to the development of policies that benefit students with mental health problems and the university staff who work with these students.

COMPENSATION

You will be offered a $25 coffee gift card as thanks for your participation.

CONFIDENTIALITY

All of the information that you share will be kept confidential to the extent that the law allows. In some cases, there will be a legal requirement to report a student’s intent to harm themselves or others. You will be assigned a number so that identifying information will never appear in conjunction with your data. De-identified data will be stored on a password-protected computer. Your anonymity will be maintained at all times. Hard copies of informed consent statements and numbered participant identifiers will be stored in a locked cabinet in the Rehabilitation Sciences Building at the University of Toronto. Only the researcher (Roula Markoulakis) and her supervisor (Dr. Bonnie Kirsh) will have access to the de-identified password-protected electronic data and locked hard copy informed consent statements and participant identifiers, and data will be destroyed three years following project completion. Your name or any other identifying information will never be used within any publications or participant's initials.
presentations resulting from this research. Publication of the data will take place in a PhD Thesis paper, and may also take place as a summary for [redacted], in a peer-reviewed scientific journal and at conference presentations.

CONTACT

If you have questions at any time about the study or the procedures, you may contact the researcher, Roula Markoulakis, at roula.markoulakis@utoronto.ca. Alternatively, you may also contact her faculty advisor, Dr. Bonnie Kirsh, at bonnie.kirsh@utoronto.ca. This project has been reviewed and approved by [redacted]. If you have any questions about your rights as a participant in research you may contact the [redacted].

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled, such as the compensation offered. Participation in this study will in no way affect your academics or the support you receive from [redacted]. If you withdraw from the study before data collection is completed your interview data will be returned to you or destroyed whichever you prefer. Observation data will be returned or destroyed wherever possible. You can choose not to answer any question(s). If data collection is completed and it is too late to fully withdraw, you will have the choice not to have any of your quotations presented in any oral or written work that results from this project. In addition, you will be able to choose not to be contacted for any follow-up work or feedback on findings, publications or presentations that stem from this work.

FEEDBACK AND PUBLICATION

A summary of results will be made available to you. Results will be written up as a PhD Thesis paper. As well, a summary may be provided to [redacted], and publication of the results may occur in an appropriate peer-reviewed scientific journal. Results may also be presented at appropriate conferences. Feedback will be available near or before December 2013. If you wish to receive feedback concerning this study, please note your name and email address below:

Name: _________________________________________

Email: _________________________________________

__________________________
participant's initials
CONSENT

I have read the above information and had the opportunity to ask any questions. I understand that as a participant in this study, I will (to be filled in by participant):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I have received a copy of this form. I agree to participate in this study.

Participant's signature ____________________________ Date _______________

Investigator's signature ____________________________ Date _______________
APPENDIX D – Recruitment Materials (de-identified)

Student Office for Students with Disabilities listserv email and poster recruitment text

Are you an undergraduate student experiencing a mental health problem?
Are you registered with the Office for Students with Disabilities?
Do you wish to share your experiences?

If you answered yes to all of the above questions you are invited to participate in a study examining the influences of the university environment on your experiences accessing accommodations.

This study is being conducted by Roula Markoulakis, PhD Candidate, under the supervision of Dr. Bonnie Kirsh, Graduate Department of Rehabilitation Science, University of Toronto. This project has received [ethics approval].

If you are interested, please contact Roula Markoulakis at roula.markoulakis@utoronto.ca

Staff in-person/email/phone recruitment script

I would like to invite you to participate in a study being conducted to examine how university Offices for Students with Disabilities work with students with mental health problems, within the larger university setting. As part of this study, I wish to speak with [university] staff, particularly those who work with students with mental health problems.

Your participation is completely voluntary and there is no penalty to you choosing not to participate. If you agree to participate then I will schedule a one-on-one recorded interview with you at a time of your convenience. You can refuse to answer any question or end the conversation at any time. You will also have the opportunity to review preliminary study findings and provide feedback. All responses will be kept confidential. A total of approximately 2 hours of your time is required.

If you are interested in participating, please let me know in person or by contacting me at roula.markoulakis@utoronto.ca. This research is being conducted as part of a PhD project under the supervision of Dr. Bonnie Kirsh, Graduate Department of Rehabilitation Science, University of Toronto. This research project has received [ethics approval].
APPENDIX E – List of texts reviewed

*Federal:*

- Canadian Charter of Rights and Freedoms

*Provincial:*

- Ontario Human Rights Code
- Ontario Human Rights Commission Guidelines on Accessible Education
- Accessibility for Ontarians with Disabilities Act
- Inter-University Disability Issues Association (website, best practice guidelines)

*Institutional:*

*Policies:*

- Accessibility Policy
- Human Rights Policy
- Equity Policy
- Academic Code
- Code of Conduct
- Purpose Statement

*Service-specific:*

- Office for Students with Disabilities Intake Package, including:
  - Information form
  - Mental health issues questionnaire
  - Release of information
  - Confidentiality form
  - Explanation of medical documentation
  - Medical certificate
- Notetaking request form (online)
- Test and exam accommodation request form (online)
- Student introduction/disclosure email
- Office for students with disabilities website
- Test and exam accommodation student guide
- Office for Students with Disabilities database (format only – no individual student information viewed), including:
  - Student information and contact information
- Case notes
- Accommodation checklist
• University verification of illness form
• Counselling service phone interview schedule
• Counselling service confidentiality agreement
• Counselling service website
• University guide for staff and faculty responding to distressed students (online guide webpage and electronic document)
Figure 1. The Institutional Accessibility Mechanism
APPENDIX G: Ontario Human Rights Code definition of disability

A) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

B) a condition of mental impairment or a developmental disability

C) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

D) a mental disorder, or

E) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997