

Academic Accommodations for Postsecondary Students with Mental Health Disabilities in Ontario, Canada: A Review of the Literature and Reflections on Emerging Issues

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Abstract

An increasing number of students with mental health disabilities (MHDs) are enrolling at Canadian colleges and universities. This review examines the challenges and complexities of meeting the unique needs of these students at Ontario's postsecondary institutions, with a specific focus on the issue of academic accommodations. These complexities include: delays in receiving a diagnosis, the episodic nature of MHD-related symptoms, and challenges in determining functional impairments. The present review highlights the current factors influencing the integration and academic success of this population of students, the importance of faculty education, stigma-reduction programs and the development of a "welcoming culture" on campus. Accommodation issues are also discussed such as the need for retroactive accommodations, which are more likely to be required by this population because of the intermittent and episodic nature of many MHDs. Retroactive accommodations are not currently included in the typical formal academic accommodation procedures used in Ontario. The authors conclude by pointing to the need for the development of documentation practices and effective policies to assist postsecondary institutions in designing the most appropriate academic accommodations for in-class and fieldwork essential requirements.

Keywords: Mental health, postsecondary education, academic accommodations, stigma, equity in education, retroactive accommodations

There has been a well-documented increase in the number of students with mental health disabilities (MHD) who are involved in postsecondary education. For example, the number of students with MHD registered with Offices for Students with Disabilities (OSD) at colleges and universities in Ontario, Canada, increased by 67% in the five years between 2006 and 2011. Over the same period, the overall number of students with disabilities in the postsecondary system in Ontario increased by 31.5%¹ (J. Pyett, personal com-

munication, June, 2013). This pattern is not limited to Canada; it has been noted also in the United States (e.g., Castillo & Schwartz, 2013), the United Kingdom (e.g., Quinn, Wilson, MacIntyre, & Tinklin, 2009; Tinklin, Riddell, & Wilson, 2005), and Australia (e.g., Manalo, Ede, & Wong-Toi, 2010). A similar trend has been reported in campus health and counselling services in

Colleges and Universities of Ontario. In this report OSDs summarize the number of students registered with their offices and who are receiving accommodations or services during that year. This does not reflect the total number of disability categories receiving services or accommodation because students with more than one disability may be accessing several services from OSDs.

1 These data are not audited and are based on information provided by college and university OSDs in their annual report under the Accessibility Fund for Students with Disabilities (AFSD), to the Ministry of Training,

the United States where the phrase a “rising tide” was used in 2002 to describe the increase in the number of students with mental illnesses who were seeking services (Eudaly, 2002, p. 1).

A number of factors may account for this development. Student enrollment in postsecondary education has steadily increased from decade to decade. As well, access to education for persons with disabilities is now protected by human rights law; the relevant legislation in Ontario is the provincial *Human Rights Code*. Finally, Castillo and Schwartz (2013) suggest that the availability of increasingly effective psychopharmacological and psychotherapeutic treatments has facilitated access to postsecondary education for students with MHD.

The substantial increase in the number of students with MHD has resulted in significant systemic and administrative challenges for postsecondary institutions. For example, it has underscored the need for postsecondary institutions to develop a more sophisticated and comprehensive awareness of mental health and an understanding of how problems in this area may affect academic performance. As this review will demonstrate, faculty and staff express a strong interest in increasing their understanding of mental health and how to best support students with MHD (Brockelman, 2011; Collins & Mowbray, 2005). There are apparent benefits to providing such education; students report that a lack of awareness on the part of faculty and staff can pose a significant barrier to their success and can deter help-seeking behaviour.

Postsecondary institutions are also challenged in the provision of academic accommodations for students with MHD. The Ontario *Human Rights Code* requires that universities and colleges accommodate students with disabilities, including those with MHD. While there is substantial accumulated research, clinical expertise and experience in accommodating students with other disability types, those with MHD comprise a relatively new and under-served group. As a result, for the postsecondary sector there is still a great deal to learn in this area. The upsurge in students with MHD has put pressure on institutions to develop effective strategies, policies, and guidelines to accommodate this population.

This review will outline the specific challenges involved in responding to these needs. We begin with a description of the legal context for academic accommodations. Following this, we outline the complexities involved in the academic accommodations process from the perspective of students, faculty, and administrators. We conclude by providing some direction for further investigation and development in order to

bring consistency and fairness to the accommodations process for students with MHD.

The Legal Context for Academic Accommodations

The Canadian Charter of Rights and Freedom guarantees persons with disabilities the right of freedom from discrimination at the federal level (Department of Justice, 1982). At the provincial level, the Ontario *Human Rights Code* (1990) outlines an accommodation provider’s responsibility to ensure that persons with disabilities receive appropriate accommodations. The *Code* focuses on the need to accommodate on the basis of functional impairments (disturbances in performance as a result of a disability), whether these are permanent or temporary. As well, to provide guidance in the area of mental health, the Ontario Human Rights Commission recently introduced *A Policy on Preventing Discrimination Based on Mental Health Disabilities and Addictions* (OHRC, 2014).

Although the *Code* does not distinguish between permanent and temporary disabilities with regard to the duty to accommodate, this distinction does play an important role in the scope of activities undertaken by OSDs and postsecondary institutions. For this reason, a clarification of these terms is merited. An MHD is considered to be permanent if it involves ongoing symptoms (which may be chronic/continuing or episodic). The designation of a disability as permanent follows a thorough assessment of the person by a health care professional (physician, psychiatrist or psychologist), with findings that show that the condition is ongoing and that the functional limitations are likely to be continue indefinitely. An MHD is considered temporary if (1) the symptoms and the impairments are likely to be time-limited, or (2) the disability is currently being investigated and there is not yet sufficient information to determine conclusively if the symptoms are likely to be permanent.

Students are entitled to receive accommodations if their disability results in a functional impairment that impacts their ability to participate in academics, regardless of whether the disability is permanent or temporary. The distinction being made here relates to the likely duration of the difficulty and points to the fact that “not all forms of mental illness represent lifelong conditions” (Liebert, 2003, pg. 1).

While the Ontario *Human Rights Code* does not make a distinction between temporary and permanent disabilities and instead focuses on functional impairment(s) as the basis for determining appropriate accommodations, most OSDs in Ontario require documentation substantiating a formal diagnosis of a

permanent disability. Students who experience symptoms of MHDs for the first time and who have not received a formal diagnosis may request accommodations directly from their professors or from on-campus health or counselling services. This process may result in inconsistencies in the provision of accommodations across the institution. Irrespective of whether the impairments are considered permanent or temporary, there are concerns about determining how to identify and provide the most appropriate academic accommodations in relation to the functional impairment(s) that directly affect academic functioning. Added to this dilemma is the fact that “the term impairment is used differently by medical, mental health and educational professionals” (Goldstein & Naglieri, 2009, p. 2), which may make the evaluation of impairment in the context of academic functioning difficult.

Mental Health and the Postsecondary Student

In *A Report on Mental Illness in Canada*, Health Canada (2002) reports that youth (ages 15-24) are the most likely demographic to experience certain MHD or substance abuse/dependency problems (e.g., Belch, 2011; Health Canada, 2002; Rae, 2009; Reavley, Ross, Killackey, & Jorm, 2013; Shaddock, 2004; Storrie, Ahern, & Tuckett, 2010). This is the stage of life when many young people participate in postsecondary education. The most common MHDs in this group are depression, anxiety disorders, and eating disorders (Eisenberg, Golberstein, & Hunt, 2009). The joint incidence of these three disorders greatly exceeds that of all other MHDs combined (Kessler et al., 2005). This age of onset pattern is also documented in a study by Megivern, Pellerito, and Mowbray (2003), who found that 49% of students with an MHD experienced onset while participating in postsecondary education. Although symptoms of MHD often emerge during this time, there is sometimes a delay in obtaining a formal diagnosis or access to treatment and supports (Shaddock, 2004). Students may be unaware that the changes in their health are due to a mental health condition. As well, some mental health conditions develop slowly, and it may take a year or more to reach a conclusive diagnosis.

While these statistics illustrate that the numbers of students with MHD registered with OSDs in Ontario are increasing, this is not an accurate measure of the total number of students with MHD attending postsecondary education because some choose not to disclose their MHD to the institution (Gallagher, 2012). One possible reason that students make this decision may be that they see the transition to postsecondary education as a new beginning, one free of their disability identity

(Getzel & Briel, 2006). Among those who develop a MHD while attending college or university, there may be a reluctance to acknowledge mental health concerns because of fear of the implications of doing so, thus leading to a delay in diagnosis.

The Ontario Postsecondary Accommodations Process

The established accommodation practice at all Ontario postsecondary institutions is that the OSD processes requests for academic accommodations from students with documented disabilities. Colleges and universities have established protocols and documentation requirements that guide the process. Some postsecondary institutions have separate procedures for accommodating students with temporary disabilities. Students requesting academic accommodations for an MHD must first register with the OSD and provide documentation from a qualified mental health professional (such as a physician, psychiatrist, or psychologist). The documentation must include a diagnostic statement and a description of the functional impairment(s) resulting from the disorder that interfere with academic functioning. By itself, the documented diagnosis of an MHD does not necessarily establish the need for accommodation or identify the most appropriate accommodations in an academic environment (Rae, 2009). Accommodation planning involves an appraisal of the extent of the functional impairment associated with the diagnosed disorder and how it impacts academic functioning.

Determining the degree of functional impairment caused by an MHD is challenging since often there are no objective measures of impairment. The current accommodation model works most effectively for students who need consistent and continual accommodations, such as those with sensory or learning disabilities. The present process also facilitates accommodation planning for all parties involved; students are aware of their accommodations entitlements and professors are usually informed of these needs early in the term. In addition, sufficient notice is provided to arrange and administer accommodated examinations. However, this process may not be as effective for students with MHDs, where fluctuation in symptoms and functional impairment is likely to occur.

There is no uniform process for granting academic accommodations for temporary disabilities in Ontario; each institution typically follows its own guidelines or processes. Symptoms of MHDs may emerge acutely as the result of an incapacitating crisis. Consequently, there may not be sufficient time to access mental

health services prior to needing academic accommodations. The requirement to obtain a diagnosis before academic accommodations are implemented may present difficulties due to long waiting lists for service in some regions and the lack of available psychiatric or psychological services in others. As a result, students may need accommodations for temporary disabilities that may or may not meet the criteria for a permanent disability at a later date.

Rae (2009) reports that there are currently no standardized guidelines for providing academic accommodations to students with MHD, nor is there a framework for determining which accommodations are the most appropriate and effective. The focus of any accommodation should not be on trying to ensure that the student is successful but instead on “[determining] which accommodation would correct or circumvent functional impairments that might otherwise preclude a fair opportunity to access a course or a test” (Lovett, Gordon & Lewandowski, 2009, p. 99). This approach is taken in arranging accommodations for permanent MHDs and should also be considered a key ingredient in accommodating students with temporary MHDs.

Challenges for Postsecondary Students with MHD

The transition from high school and life at home to postsecondary education presents adjustment stresses for all students. These stresses are magnified for students with MHD who may experience a unique set of challenges in accomplishing their academic goals in a new academic environment. Effective functioning in a postsecondary environment requires a high level of cognitive, behavioural, and affective self-regulation (Medalia and Revheim, 2002). Disruption in these functions (e.g., problems in attention and concentration, emotional regulation, and motivation) may cause significant difficulties in learning. These disruptions may result in difficulties fulfilling academic requirements such as reliably attending classes/labs/tutorials, adhering to deadlines, and working effectively with peers.

The complexities of effective treatment for MHD may also raise barriers for these students. The need for some experimentation with medications in order to find the most effective treatment may mean that students are temporarily unable to function at their best academically. As well, many psychotropic medications have unpleasant and disruptive side effects (Megivern et al., 2003) that affect skills such as concentration and motivation which underlie successful academic functioning. The varying level of support (practical and academic) that students with MHD may receive from postsecondary institutions is also a potential barrier to

equal access. This is in part a reflection of the challenge that institutions face in dealing with a relatively new phenomenon (the increase in the number of students with MHDs) for which many academic institutions are often ill prepared.

Students who experience symptoms of a mental health problem for the first time while attending postsecondary education initially fall into the temporary accommodation category because it may not be possible to determine the permanence of their symptoms. At this stage, there may be no clear evidence of the prognosis or the potential resulting functional impairment(s). Current accommodation practices do not take into account the episodic nature of some MHDs, the sudden onset of symptoms, and the barriers preventing certain students from following established academic accommodations policies and procedures. One such policy is that institutions expect students to inform their professors before an examination or an assignment due date if they are unable to write a test or hand in an assignment. Due to the episodic nature of many MHDs, a student may be incapable of predicting when and if they require an extension or alternative arrangements.

The discrepancy between the accommodation needs of students with MHD and current academic accommodations policies and procedures administered by the majority of Ontario postsecondary institutions suggests that alternatives for this group of students need to be considered. Collins and Mowbray (2005) argue that accommodations for students with MHD are low-cost and straightforward and could include flexible course loads and timing, alternative ways to meet degree requirements, or additional time to complete assignments. In a study examining the perspectives of faculty members (n=107) regarding the effectiveness of accommodations for students with MHD, Brockelman (2011) reported that extended deadlines, extra time to write exams, approved class absences, and a private testing room were the most frequently used strategies.

According to Getzel (2008), underuse of academic accommodations seriously impacts the persistence of students with MHD in their studies. Studies have shown that students with MHD were less likely to graduate than those in other disability classification (e.g., Cavallaro, Foley, Saunders, & Bowman, 2005; McEwan & Downie, 2013; Moisey, 2004). Overcoming both the challenges that inhibit institutions from providing appropriate academic accommodations for this population of students, and the barriers to receiving such accommodations, will be important to ensure that these students have opportunities to participate equitably in academic activities.

Many students with MHDs are not aware of the on-campus resources that are available to them. This lack of information and awareness of available services is a barrier that prevents the use of available accessibility resources (e.g., Megivern, 2002; Milligan, 2010; Mowbray et al., 2006; Quinn et al., 2009; Salzer, Wick, & Rogers, 2008). Students report that they do not know how to access these services (Quinn et al., 2009). Importantly, students may not understand that they are legally entitled to accommodations under the Ontario *Human Rights Code* and the Canadian Charter of Rights and Freedoms (Milligan, 2010). Students also report that a lack of mental health resources prevents them from receiving the services they need (Mowbray et al., 2006).

Stigma - "The Hidden Burden"

An examination of the barriers that prevent students from seeking existing support points to access issues beyond the actual accommodation process or underlying formal policies. Broader societal values regarding mental health, and how people internalize these values, play a significant role in determining the academic success of these students. The literature indicates that stigma is a significant factor affecting whether a student will seek support (Belch, 2011; Quinn et al., 2009; Stevenson, 2010; Storrie et al., 2010).

Two forms of stigma have been identified: *social stigma* and *self-stigma*. "Social stigma is characterized by prejudicial attitudes and discriminating behaviour directed towards individuals with MHD as a result of the psychiatric label they have been given" (Davey, 2013, p. 1). Social stigma originates from sources outside the individual, such as friends, family, institutions and the media. Self-stigma "is a belief in or personal acceptance of negative stereotypes about a group to which one belongs and then applying this belief to oneself" (Patterson, Barnes, & Duncan, 2008, p. 132). Self-stigma can have far more destructive consequences for people with MHD than the experience of social stigma alone (Ritsher & Phelan, 2004). The internalization of stigma results in feelings of fear, shame, and fatigue, all of which can exacerbate the MHD (Stevenson, 2010). Many of those with MHD also report that self-stigmatization and shame can be worse than the most extreme symptoms of the disability (Stevenson, 2010; Stuart & Arboleda-Flórez, 2012).

Students may self-stigmatize and feel that they do not belong in advanced degree programs (Getzel, 2008). These students fear experiencing a lack of understanding along with stigma from staff, faculty, friends, and family (Quinn et al., 2009; Storrie et

al., 2010). Salzer et al. (2008) found that 30% of the students in their study did not request accommodations due to the fear of disclosing their disability to instructors and 20% feared stigmatization by their peers. Stigma remains a major factor that prevents this population from disclosing their disability, even if doing so will provide access to support and academic accommodations (e.g., Belch & Marshak, 2006; Brockelman, Chadsey, & Loeb, 2006; Brockelman, 2011; Collins & Mowbray, 2005; Megivern, 2002; Mowbray et al., 2006; Quinn et al., 2009; Rae, 2009; Shaddock, 2004; Stevenson, 2010; Storrie et al., 2010).

While some students have had positive outcomes after disclosing their MHD, negative responses are not uncommon, including the trivialization of their illness, accusations of faking or "scamming," feelings of unworthiness, and discrimination (Collins & Mowbray, 2005). Mowbray et al. (2006) explain that the "stigma associated with mental health produces shame, fear, and guilt on the part of individuals who have these diagnoses" (p. 233). In a study by Quinn et al. (2009), participants expressed concerns about stigma as a barrier to accessing accommodations due to the fear that disclosing a MHD could negatively affect future career prospects.

Stigma Reduction on Campus

On-campus stigma reduction and awareness campaigns can help demystify and normalize MHD while also educating the campus population about mental health (Belch, 2011; Mowbray et al., 2006; Quinn et al., 2009; Rae, 2009). Rae (2009) argued that "awareness campaigns can assist in promoting a culture of acknowledgement and trust on campus, and encourage more students, faculty, and staff to seek treatment if they are experiencing symptoms of mental illness" (p. 99). Likewise, Stuart and Arboleda-Flórez (2012) cited the success of "contact-based education" as a stigma reduction initiative in schools. This approach involves the delivery of training/workshop sessions by speakers who have recovered from a MHD. These types of stigma reduction strategies can provide personal models of effective recovery for students and help normalize help-seeking behaviour. Direct contact, in the form of an interaction or a relationship with a person who has a MHD, is an effective method of combatting stigma because individuals are confronted with the incongruence between their own beliefs and fears on the one hand, and the experience that occurs via direct contact on the other.

General mental health awareness on campus is another component in reducing the stigmatization of

students with MHD. In a qualitative study conducted in the United Kingdom, Quinn et al. (2009) interviewed students with MHD (n=12) to understand their perspectives and experiences related to university student health services. Participants identified the importance of increased mental health awareness initiatives to provide students with the opportunity to share their experiences more easily with the university community. In addition, some respondents expressed a belief that creating a “culture of openness” will acknowledge the experiences of students with MHD. Such a culture is characterized by widely disseminated information about mental health, encouragement of help-seeking behaviour and support for the provision of services. This culture would help to achieve other highly desirable goals including normalizing help-seeking, as well as guiding students towards mental health services in a supportive and inclusive environment.

Academic Accommodation Challenges for Institutions

Many MHDs emerge gradually; this pattern can add to the complexity of determining appropriate accommodations. Specific changes in levels of functioning associated with the onset of a MHD may be subtle, or difficult for the individual to discern, until the cumulative effect results in a significant, marked disruption. This is particularly the case for the first episodes of an MHD. The pervasive stigma surrounding mental health makes it more difficult to attribute these changes to the presence of a MHD. Consistent with this pattern, students in a study by Quinn et al. (2009) reported that they often did not recognize their symptoms as MHDs and some did not identify with having a disability. This speaks to the importance of education and outreach to enable all members of the campus community to recognize the signs of poor mental health in themselves and in others.

As the number of postsecondary students with MHD has increased, a number of institutional challenges have arisen regarding how to determine and provide appropriate academic accommodations for this population (see Milligan, 2010; Mowbray et al., 2006; Quinn et al., 2009; Reavley et al., 2013; Salzer et al., 2008; Stevenson, 2010; Storrie et al., 2010). Currently, Ontario’s postsecondary sector requires that students provide documentation to the OSD prior to receiving an academic accommodation. This approach is effective when the functional impairment is relatively stable. However, it presents challenges for some MHDs where symptoms and the resulting functional impairments may fluctuate over time. The gradual onset of symptoms may mean that a student will seek an accom-

modation prior to having a formal diagnosis; in effect, an accommodation without documentation. As well, many MHDs are episodic in nature; symptoms, and the associated disruption, may vary over time. When symptoms worsen students may be unable to conform to the expected institutional practices as a result of disruption in their functional ability.

Since a diagnosis and a statement of functional limitations are typically required for students to gain access to continuing academic accommodations, those in the early stages of developing an MHD may be unable to access these supports. Students without a diagnosis, or those who have been recently diagnosed, may have limited awareness and understanding of their MHD and how this will impact their academic performance (Belch & Marshak, 2006). Consequently, these students may be unable to self-advocate for appropriate accommodations (Shaddock, 2004). Undiagnosed disorders present challenges to campus staff, students, and families when symptoms become evident in the form of behavioural crises such as acute suicidality or acting-out behaviour.

Students with an MHD without a formal diagnosis or appropriate treatments and supports are at a greater risk for episodes of acute illness and worsening behavioural problems (Rae, 2009). As a result, such students may be unable to access accommodations at the time when they most need help. For instance, individuals with first-episode psychosis may often go undiagnosed for a year or more (Shaddock, 2004). In the interim, symptoms may interfere with a student’s ability to concentrate and process information, attend class, meet assignment deadlines, and generally fulfill the academic and social demands of student life.

Some students seek academic accommodations directly from their professors without contacting the OSD. In these situations, many professors struggle with deciding if they should provide the academic accommodation based on the student’s self-report or seek assistance from the OSD. Documentation of an approved accommodation plan from the OSD provides professors with reassurance that such requests have legitimacy. Most often, professors have the discretion to grant temporary academic accommodations based on their own best judgment. Faculty need specific support and education about managing accommodations for MHDs, especially when they fall outside the institution’s formal accommodations process.

Retroactive Accommodations

There are circumstances in which students seek accommodations outside the typical framework of the OSD. Perhaps the most challenging example of these is requests for *retroactive accommodations*. This term refers to accommodations sought “after the fact,” such as after an examination has taken place or the deadline for an assignment has passed. This type of accommodation may be requested where the unexpected, sudden emergence or re-emergence of symptoms disrupts the student’s functioning. For instance, students may develop an MHD for which they have never sought professional help; they may not attribute changes in functioning to changes in their mental health. As a result, they may delay seeking help until their symptoms are quite disruptive to their academic and personal functioning; they may be quite incapacitated by the time they seek help and request academic accommodation (Quinn et al., 2009).

Very little information is available on the concept of “retroactive accommodation” in the literature. In fact most institutions in the province and in other jurisdictions indicate that they do not grant accommodations of this type. However, for this group of students, it may be important to reconsider this position. Retroactive accommodations, while they might not be labelled as such, are provided in cases of other disability types in instances where a disruption of functioning has occurred. For example, a student whose work is disrupted by an unexpected “flare up” of their Irritable Bowel Syndrome symptoms or a student who is injured in a car accident and is unable to meet academic deadlines both have a basis for requesting retroactive accommodations and are likely to receive these. In the case of mental health disabilities, an acute emergence of disruptive symptoms may result in the same need for retroactive accommodations. In this case, the difficulty is compounded by the fact that students may not be in a position to think clearly and plan ahead making it difficult to provide advance notice of their accommodation needs.

A major concern regarding the provision of retroactive accommodations is the amount of time that has elapsed between a missed deadline and the request for accommodation. This is an issue that merits discussion at both the administration level, since any change would impact current policies, and within OSDs, as any change would impact current practices. Whether retroactive accommodations become part of accepted policy or are provided on a case-by-case basis will likely hinge on issues such as the amount of time that has elapsed and the extent to which the student’s func-

tioning was disrupted in the interim and in what way, if any, this can be documented or verified.

Based on interviews with mental health service providers at Ontario universities ($n=26$), Rae (2009) found that students with MHD often seek assistance late in the semester after a long period of feeling overwhelmed or after a crisis. The participants, who were disability service providers, reported that if a student does not have an accommodation plan in place in the event of a crisis, accommodation may be needed retroactively after an episode of acute illness (Rae, 2009). In a U.S. study, Collins and Mowbray (2005) examined the practices among staff at OSDs at universities in 10 states ($n=275$). Respondents felt these institutions should be more flexible in accommodating students with MHD and called for “academic forgiveness” and transcript adjustments when academic performance could be shown to have been disrupted by a MHD (Collins & Mowbray, 2005).

In all jurisdictions in North America qualified postsecondary students with MHDs have access and participation rights to educational opportunities that are protected by human rights legislation. In Ontario, the Human Rights Commission does not identify retroactive accommodations as a separate category; it regards all requests for accommodation as requiring due consideration irrespective of when the request is made (C. Robertson, personal communication, July 2014). Where the request is made only on the basis of the student’s self-report after the fact, the Commission recommends the exercise of “good faith” in determining whether or not to accommodate.

When considering retroactive accommodations, it is worth reviewing the parameters within which accommodations must be provided. As outlined in the Ontario *Human Rights Code* and in similar human rights legislation across Canada, postsecondary educational institutions have a duty to accommodate to the point of undue hardship. According to the *Code*, “undue hardship” is evaluated based on three factors: cost, external funding, and health and safety (Ontario Human Rights Commission, 2014). Based on a comprehensive website search in 2013, no Ontario postsecondary institution has a formal policy for granting retroactive accommodations; in fact, most state that they do not grant such accommodations. Among those institutions surveyed, only McMaster University identifies the need for retroactive accommodations and acknowledges that determining the appropriateness of these “is challenging and highly fact-specific” (McMaster University, 2012, p. 1). A number of postsecondary institutions have policies permitting make-up examinations and deadline extensions that apply to all students. These

requests are often related to sudden crises (e.g., death of a family member). The grounds for granting these accommodations fall outside the human rights requirement of “duty to accommodate” and are largely based on institutional willingness to make these adjustments.

The provision of retroactive accommodations is challenging for educational institutions. Concerns centre on issues such as determining the credibility of student self-reports, procedural fairness, academic integrity, and the administrative and workload challenges of providing these accommodations. In these situations, institutions endeavour to balance the rights of students where circumstances have made pre-arrangement of academic accommodations not possible, with the need to satisfy academic integrity requirements. This is an area where a “case by case” approach to granting retroactive accommodations is likely to be required.

Faculty Understanding of Mental Health

Faculty attitudes have been shown to be a key determinant of the sense of inclusion experienced by students with disabilities (Milligan, 2010). Students often receive a significant amount of informal support from professors without contacting the OSD (Salzer et al., 2008). Research examining the attitudes of faculty to MHD shows mixed findings. In a study of faculty members ($n=107$) at a university in the United States, Brockelman et al. (2006) found that faculty perceptions of students with MHD are generally positive. However, many faculty reported that they felt uncomfortable interacting with these students. Faculty and staff sometimes hold negative attitudes towards postsecondary students with MHDs (Hindes & Mather, 2007; Milligan, 2010; Quinn et al., 2009; Rae, 2009; Shaddock, 2004). In some cases, these negative attitudes are based on a lack of awareness about how to provide appropriate accommodations for students with MHD (Milligan, 2010). Some faculty may believe “mental illnesses necessarily produce cognitive deficits and/or disruptive behaviours” (Mowbray et al., 2006, p. 232). Students report that some postsecondary staff members hold more negative attitudes about students with MHD than about those with learning or physical disabilities (Quinn et al., 2009).

In a study of professors ($n=83$) at a Canadian university conducted by Hindes and Mather (2007), many participants expressed the belief that postsecondary education is not an appropriate environment for individuals with MHD and indicated that they are less willing to provide accommodations to these students. Faculty also expressed a number of concerns

about teaching these students including maintaining academic standards, the extra workload involved in accommodating this group, students’ capacity to succeed academically, and the negative consequences of perceived differential treatment (Shaddock, 2004).

The literature suggests that faculty and staff report a strong desire for increased awareness and understanding of mental health and the accommodations process (Collins & Mowbray, 2008; Milligan, 2010; Mowbray et al., 2006; Reavley et al., 2013; Stevenson, 2010; Storrie et al., 2010). They also report that they are ill-equipped to respond effectively to students with MHD (Collins & Mowbray, 2005). Faculty and staff are also challenged by the need to provide equal educational access while ensuring that academic integrity is maintained (Storrie et al., 2010). Like many in the broader society, faculty and staff members may experience fears of students with MHD. Many authors link these fears to misunderstandings and misperceptions about MHD and accompanying behaviours (Angermeyer, 2000; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999).

The fears experienced by faculty members are often compounded by their lack of knowledge about the rights of students with MHD, the services available to them, and appropriate accommodations (Mowbray et al., 2006). Faculty are unsure about their roles in supporting students with MHD; they feel they are not qualified to counsel students and are not comfortable assuming such a responsibility. They express concerns that by intervening they may worsen the student’s problem. Many faculty are unfamiliar with how to respond to at-risk students and feel unable to assist them in seeking additional support. It is important for institutions to support faculty and staff in broadening and deepening their understanding of mental health because of their role in the academic development of students with MHD (Stevenson, 2010).

There is evidence to suggest that mental health education and training for postsecondary faculty and staff contributes to the success of students with MHD (see Brockelman et al., 2006; Brockelman, 2011; Collins & Mowbray, 2008; Hindes & Mather, 2007; Milligan, 2010; Mowbray et al., 2006; Rae, 2009; Reavley et al., 2013; Shaddock, 2004; Stevenson, 2010; Storrie et al., 2010). Providing general information about students with MHD can help faculty and staff develop adequate knowledge and resources for providing academic accommodations. Individuals with knowledge about the academic accommodations process are more likely to provide students with the accommodations that they need (Milligan, 2010).

Training is an important aspect of accommodating students, since a lack of knowledge about and fear of MHDs can be significant barriers to student success (Stevenson, 2010). To make training successful and sustainable, mental health education for faculty and staff should be designed to address their particular interests and concerns. Since students have contact with professors on a weekly basis, any training for professors should include: (a) concrete examples of the types of behaviours students with MHD may exhibit, (b) specific information on how best to support students in distress and in crisis, (c) confidentiality policies, (d) contact information if they have a question or a concern about a student, (e) contact information for emergency situations, (f) the process for granting temporary accommodations, and (g) which campus resources are available to them for guidance and assistance (Mowbray et al., 2006; Rae, 2009).

Storrie et al. (2010) suggest that “staff with mental health skills and interest could provide one-to-one support to students, rather than leaving academic staff with little interest or expertise to cope on their own with students’ behavioural manifestations of emotional distress” (p. 6). To improve communication and foster closer relationships with student services, a number of postsecondary institutions have delegated a “departmental liaison” to campus mental health services. In this approach, a member of the academic department facilitates referrals, collects information and is responsible for relaying this to others in the department (Mowbray et al., 2006). Mental health training provides faculty and staff with knowledge and resource information and increases their confidence in working with students with MHD. As well, it demonstrates an institutional commitment to supporting students (Collins & Mowbray, 2008).

Emerging Themes

Safeguarding privacy and confidentiality and the need for policies to support students with MHD have emerged as areas of concern in the literature (Belch, 2011; Belch & Marshak, 2006; Collins & Mowbray, 2005; Quinn et al., 2009; Rae, 2009). Due to the stigma experienced by persons with MHD, an assurance of privacy and confidentiality is critical to students who are seeking professional help and/or requesting academic accommodations (Rae, 2009). Aside from emergency situations, OSDs are prohibited from sharing personal or health-related information about a student without the student’s expressed consent. In communicating with faculty members, OSDs relay only information about the approved accommoda-

tions. Other personal or health-related information, including the diagnosis, is not disclosed.

The concept of the *circle of care* is applicable to providing services to, and sharing personal/health information about, students with disabilities. This term is used to describe the capacity of certain health information custodians to assume an individual’s implied consent to collect, use or disclose personal health information for the purpose of providing care. The circle involves those individuals who are providing services to the student. Faculty and most general staff members are not a part of a student’s circle of care and therefore do not know, or need to know, information about the specifics of a student’s mental health status. However, as described above, they do need information about accommodations and support (e.g., guidelines) on how to handle specific mental health-related issues/situations that may arise in the classroom, laboratory or fieldwork setting.

With respect to policy development and implementation, institutions need a formal process for establishing and reviewing policies and procedures related to supporting students with MHD (Belch, 2011). Policies and procedures should be established for all students, including those with MHD, regarding appropriate accommodations, medical leave, voluntary and involuntary withdrawal, return-to-class, training for staff and faculty, and circumstances in which parental notification of mental health concerns is permitted (Belch, 2011; Quinn et al., 2009).

Another emerging area of concern relates to fieldwork accommodations. Fieldwork encompasses clinical experience, internships, and work placements and is a component of many professional programs. It requires different behaviours and skills than those needed for success in the classroom; as a result, a student’s functional impairments may be location- and task- dependent. The student completes fieldwork with either direct supervision from agency staff or with oversight from the educational institution. In either circumstance, the student is vulnerable if effective communication and supports are not in place between the institution and the placement site.

Managing accommodations in fieldwork requires a thorough understanding of the program’s “bona fide” essential requirements by disability advisors and by the on-site fieldwork personnel. It also may be an iterative process, calling for effective communication between the institution’s OSDs, supervising faculty and the placement site, an understanding of the need for accommodations and flexibility in their implementation. On-site professional staff may be uncomfortable with the perception that students are receiving “special treatment” and may

need information about the site's duty to accommodate under the Ontario *Human Rights Code* and other relevant legislation without disclosure of the student's confidential information. Certain programs of study, such as Medicine, Nursing, Education, Occupational Therapy and Early Childhood Education, all require that students complete fieldwork in "safety sensitive" settings (hospitals, long-term care facilities, prisons, forensic units, schools, daycare centres). In these circumstances, the level of scrutiny is increased and the careful design of appropriate accommodations is essential.

In circumstances where fieldwork involves contact with vulnerable populations such as children, persons with disabilities, and older adults, students are required to provide a clear vulnerable sector police record check. For students with MHD, in some jurisdictions in Ontario, this may pose a problem since these police checks may include mental health-related information such as contact with emergency services. Such incidents typically do not involve criminal charges. This requirement represents another barrier for some students with MHD who in the past have accessed support from emergency services through a 911 call or during a crisis situation where ambulance and police support were needed.

Conclusion

The increasing number of students with MHD in postsecondary education has exposed some challenges for institutions in the provision of equitable educational opportunities. These students encounter a number of barriers in accessing their education that are not faced by their peers or those in other disability groups. Academic institutions may not be fully prepared to meet this group's academic and support needs. This review focused primarily on concerns related to academic accommodations; however, it is clear that there are other areas that underpin the equitable treatment of this population and require attention. For example, there is a need for faculty and staff training aimed at raising awareness of mental health and the needs of this population of students. This training should also cover appropriate academic accommodation for students with MHD in the classroom and in fieldwork. Both of these are components of an "accessible and welcoming campus" where all members of staff are aware of and responsive to the circumstances of students with MHD.

This review highlights a number of specific challenges that arise in accommodating this group of students. Table 1 provides an overview of the issues, implications and considerations.

An overarching theme relates to the mapping of this population's needs onto models previously developed

for students with other types of disabilities, where the functional impairments are more stable and where alterations to academic accommodations may not be required for the duration of the study period. By contrast, MHD, both permanent and temporary, may emerge acutely and result in sudden and significant functional disruption. MHD-related symptoms and functional impairment may be intermittent and fluctuate over time. For instance, the need for medication adjustment(s) may temporarily and negatively affect a student's functional level. In these circumstances, accommodation planning is more challenging and requires both flexibility and a sound awareness of the complexities of mental health. Our review also indicates that, in some instances, students may be unaware of the availability of accommodation services on campuses. They may also be reluctant to disclose the presence of a MHD and to obtain support as a result of self-stigma.

David Turpin, President of the University of Victoria, has predicted that by 2020, "mental health issues are going to be the leading cause of disability at Canadian universities" (cited in Hanlon, 2012, p. 1). The increase in the number of students with MHD in postsecondary settings over the last five years suggests that we may reach this situation much sooner than Turpin suggests. Additionally, changes to the diagnostic system outlined in the revised Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) may also contribute to the pace of change. A number of new diagnoses appear for the first time in DSM-5; as a result, more postsecondary students may become eligible to apply for academic accommodations. It is clear that the "rising tide" referred to by Eudaly (2002) is well on its way to becoming a "tidal wave."

Since the introduction of accessibility funding in Ontario in the late 1980's, the postsecondary sector has adjusted to be inclusive to each new group of students with disabilities as they gained access to postsecondary education. How the sector shifts to a new paradigm to provide support to students with temporary and permanent MHD will influence and determine this group's integration into the campus community and ultimately their opportunities for success. All stakeholders, faculty, staff, students and administrators have a role to play in this process. To transform the current system from one focused on compliance with human rights regulations to one of full access and integration requires a significant cultural shift. The ultimate goal is that each institution is welcoming to all students and access for students with MHD is part of each institution's mission, strategic plan, and core values.

Table 1

Challenges in Accommodating Students with MHD

Issues	Implications	Considerations
Increasing number of students with mental health disabilities attending postsecondary education	<p>Increased need for effective faculty and staff education on mental health, academic accommodations, and how to respond to students in distress</p> <p>Need for effective stigma-reduction programs</p> <p>Challenges to the existing academic accommodations model because of the fluctuating nature of some mental health disabilities</p>	<p>Effective education and stigma-reduction programs ensure increased student support and retention</p> <p>Availability of services and reluctance of students to seek help may delay the process of receiving a diagnosis for a mental health disability.</p> <p>Students may experience mental health symptoms for the first time while at college or university. Their symptoms may preclude them from following established accommodation procedures (i.e. making arrangements in advance of not meeting an academic requirement)</p>
Temporary versus permanent mental health disabilities	<p>The requirement for documentation of a permanent disability based on a diagnosis in order to obtain accommodations does not reflect the reality of mental health conditions. In some instances, there are good reasons to believe that the impairment is temporary; in others, it may take months to arrive at a conclusive diagnosis.</p>	<p>What types of documentation should be considered suitable for students with temporary mental health disabilities?</p> <p>How should professors respond when students seek accommodation relating to a mental health disability directly from the professor? Often professors struggle with the decision to grant accommodations in these situations because of concerns about fairness to other students.</p>
Determining the nature of the functional impairment resulting from a mental health disability	<p>Identifying specific impairments can be a challenge since this is mostly done on the basis of self-report.</p> <p>The term “impairment” is used differently by mental health and education professionals.</p> <p>Medications used to treat mental health symptoms may impact concentration and motivation which in turn compound the functional impairment.</p>	<p>Determining the boundary between “predictable and normal” anxiety/mental health problems that are commonly experienced by the general population and a mental health disability resulting in a functional impairment requiring accommodation can be difficult.</p> <p>What impairments need to be accommodated and how?</p>
Social and Self-Stigma	<p>Both Social Stigma and Self-Stigma are relevant to students’ experiences and can delay help-seeking, diagnosis, increase fatigue and decrease motivation.</p>	<p>Reduce social stigma within the academic environment by offering on-going and effective stigma-reduction campaigns.</p>

(Table 1, continued)

First Episode Psychosis	Psychotic symptoms may severely disrupt a student's academic performance/progress and require their withdrawal from studies for a period of time	It may take months for a student to receive a formal diagnosis. In the meantime, there is significant functional impairment and often a severe disruption in academic functioning A need for increased flexibility regarding requirements needed for progress in a specific program of study, withdrawal and return-to-class policies in order to fairly accommodate this group of students.
Retroactive Accommodations	How to accommodate students when they are not able to provide documentation, or notification, in advance of missing tests or assignments. Issues such as the credibility of a student's self-report, procedural fairness, academic integrity.	Administrative challenges in providing such accommodations.
Faculty understanding of Mental Health	Faculty play a key role in supporting a student's sense of inclusion and creating a welcoming environment. Fear and ignorance can be a significant barrier to student success	Determining the type of education and training that would be beneficial to faculty
Policy Development and Implementation	Policies and procedures need to be in place to manage the needs of students with mental health disabilities and to ensure that they receive equitable accommodations.	Policies and procedures should be established that cover areas such as: medical leave, voluntary and involuntary withdrawal, return-to class, training for staff and faculty and parental notification in emergency situations
Fieldwork	Accommodation requirements in fieldwork are often different than those required for classroom or laboratory participation. Determining "bona fide" essential requirements of fieldwork is an important component.	In "safety sensitive" environments, the careful design of appropriate accommodation is essential. This may have to be an iterative process, requiring effective communication between the institution and placement site.

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