



Policy paper presented by

Breaking Down Barriers: Mental Health and Canadian Post-Secondary Students



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Canadian Alliance of Student Associations
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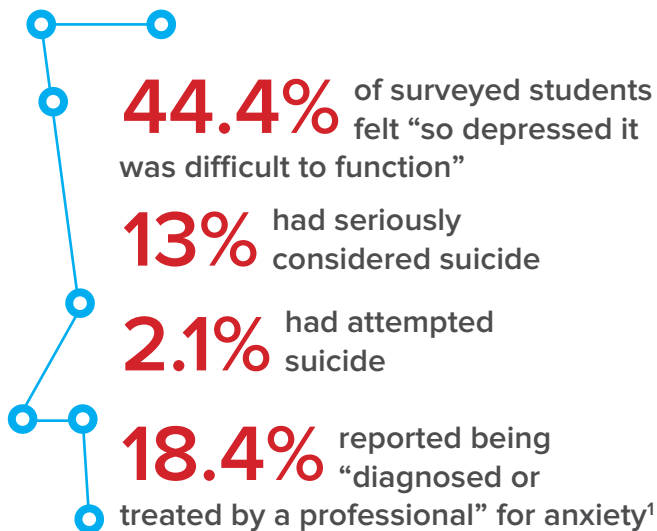
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Introduction

Mental health is a pressing concern for post-secondary students in Canada. The 2016 National College Health Association survey of Canadian post-secondary students demonstrates that a significant number of students are experiencing mental health problems and illnesses: 44.4% of surveyed students report-



ed that at some point in the previous twelve months they felt "so depressed it was difficult to function"; 13% had seriously considered suicide; 2.1% had attempted suicide, and 18.4% reported being "diagnosed or treated by a professional" for anxiety.¹ The growing prominence of mental health issues among post-secondary students is not limited to Canada – it has been noted by practitioners

"About half of post-secondary students with mental health disabilities will experience the onset of their condition over the course of their post-secondary education."

and researchers in the United Kingdom and Australia, and authors in the United States have called the increase in students with mental health issues a "rising tide."² It should come as no surprise, given these experiences on campus, that so many student advocacy organizations are calling for attention and action on student mental health.³ As more students gain access to higher education, and the mission of institutions encompasses more of Canada's diverse population, supports must be made available to ensure that all students can succeed in academic environments that promote good mental health.

The shocking statistics on mental health in post-secondary education (PSE) described above align with expert understandings of age and mental health. As the Mental Health Commission of Canada (MHCC) explains, "[t]he highest rate of mental health problems and illnesses is among young adults ages 20 to 29, a time when young people are generally beginning post-secondary education and careers."⁴ The MHCC further notes that "[r]esearch shows that up to 75 per cent of mental health problems have an age of onset occurring in childhood, adolescence or young adulthood."⁵ About half of post-secondary students with "mental health disabilities," according to research in Ontario, will experience the onset of their condition over the course of their post-secondary education.⁶ For this reason, the MHCC has identified post-secondary institutions as an important setting for prevention and intervention, and advocates for increased support for people with mental health problems and illnesses to pursue education.⁷

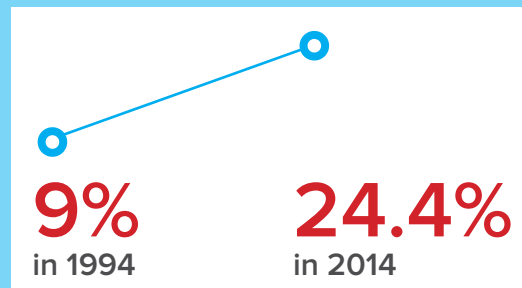
- 1 American College Health Association. *National College Health Assessment II: Canadian Reference Group Executive Summary* (Hanover, MD: American College Health Association, 2016). Accessed online: <http://www.acha-ncha.org/docs/NCHA-II%20SPRING%202016%20CANADIAN%20REFERENCE%20GROUP%20EXECUTIVE%20SUMMARY.pdf>
- 2 M. Condra, M. Dineen, S. Gauthier, H. Gills, A Jack-Davies & E. Condra, "Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues," 28 no. 3 (2015): 278.
- 3 See for example *Postsecondary: The Pathway to Prosperity* (New Brunswick Student Alliance, 2016). Accessed online: https://aenbnbsa.files.wordpress.com/2016/11/nbsa-2016_2017-lobby-doc_final-1.pdf; *Mental Health* (Council of Alberta University Students). Accessed online: <http://caus.net/advocacy/mental-health/>; *Inclusivity and Innovation* (Canadian Alliance of Student Associations, 2016). Accessed online: https://d3n8a8pro7vnm.cloudfront.net/casaacae/pages/1162/attachments/original/1479056144/2016_Advocacy_Week_Document.pdf?1479056144; "Shared Perspectives": *A Joint Publication on Student Mental Health* (StudentsNS, CAUS, NBSA, OUSA, August 2017). Accessed online: https://d3n8a8pro7vnm.cloudfront.net/ousa/pages/464/attachments/original/1501593637/Shared_Perspectives_Joint_Publication_on_Student_Mental_Health_document.pdf?1501593637
- 4 *Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations* (Mental Health Commission of Canada, March 2017). Accessed online: https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf
- 5 *Consensus Statement on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada* (Mental Health Commission of Canada), 2017. Accessed online: <https://www.mentalhealthcommission.ca/English/mental-health-emerging-adults>
- 6 Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, "Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues," 28, no. 3 (2015): 278.
- 7 *Changing directions, changing lives: The mental health strategy for Canada* (Mental Health Commission of Canada, 2012). Accessed online:

In 2014, the Canadian Alliance of Student Associations (CASA) published A Roadmap to Federal Action on Student Mental Health, a comprehensive look at the role of the federal government with respect to mental health in

“The issue of mental health on campus is more important than ever.”

post-secondary education. This report highlighted a number of facts that demonstrate the importance of including mental health in discussions about post-secondary issues and best practices: reports of significant increases in students with severe psychological problems accessing student services, an increase in the number of students in Canada and the United States being prescribed psychiatric medication for pre-existing conditions (from 9% in 1994 to 24.4% in 2014) and the potentially detrimental effects of mental health problems and illnesses on educational achievement, employment outcomes and the formation of personal relationships.⁸

Students Prescribed Psychiatric Medication



The issue of mental health on campus is more important than ever. Recent years have witnessed an increase in discussions around the prevention of mental health problems and efforts to promote mental health, for example by counteracting stigma. While important goals, they alone do not meet the needs of all

students. On-campus accessibility offices have been part of student support services for some time, but the sharp rise in students seeking accommodations, including those related to mental health, has left many campus services struggling with how to best support students facing these issues.⁹ The effects of mental health problems and illnesses can be overwhelming, and a lack of support structures can make or break the post-secondary experience for students who are struggling. This is why it is imperative that Canada's federal and provincial governments examine how best to ensure that adequate supports are provided to these students.

This paper examines the barriers to post-secondary education for students confronting mental health problems or illnesses, as well as potential strategies for change focused on federal jurisdiction and the pan-Canadian level. Following a discussion of terminology and the responsibilities of the federal government regarding post-secondary education and mental health, this paper provides contextual information around mental health on Canadian campuses by offering an overview and background discussion of the subject. It also looks at how education can promote mental health for all Canadians. Following that is a section focused on the needs of students regarding mental health supports and some of the barriers currently in place that prevent students from having their needs met. Finally, this paper concludes with a series of recommendations for how the federal government can better address and improve mental health on campus.

<http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

8 Viviane Bartlett, *A Roadmap for Federal Action on Student Mental Health* (Canadian Alliance of Student Associations, 2014). Accessed online: <http://casa-acae.com/wp-content/uploads/2014/10/CASA-A-Roadmap-for-Federal-Action-on-Student-Mental-Health.pdf>

9 Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, "Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues," *Journal of Postsecondary Education and Disability* 28, no. 3 (2015).

Terminology

The World Health Organization (WHO) describes mental health as “a state of well-being in which the 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.”¹⁰ It is essential that the Canadian post-secondary environment be conducive to, and supportive of, this understanding of mental health. The term “mental health problems and illnesses,” the MHCC further explains, “refers to the full range of patterns of behavior, thinking or emotions that bring some level of distress, suffering or impairment in areas such as school, work, so-

cial and family interactions or the ability to live independently.”¹¹

This paper draws on these definitions when discussing the federal government’s role in supporting mental health on Canadian campuses. In general, it attempts to discuss mental health in broad terms that allows space for considering both the multiple ways in which prospective and current students encounter barriers related to mental health problems and illnesses, and the diverse opportunities for facilitating accessibility and promoting good mental health in Canadian post-secondary education.

While generally employing the term “mental health problems and illnesses,” there are instances when this paper also uses the term “mental health disability.” In the context of post-secondary education, student accessibility offices provide services aimed at ensuring the accessibility of a given campus and all aspects of campus life. Part of this mandate usually includes facilitating academic accommodations for those students who need them to pursue and complete their studies. While the specifics vary across campuses and jurisdictions, accessibility services generally require students seeking academic accommodations to provide documentation of a disability. This often includes a professional assessment describing the ways a disability impacts a student’s academic pursuits and the accommodations required to support them in their studies. As the term disability is often employed by post-secondary institutions to define eligibility for academic accommodations, this paper sometimes reflects this language in its discussion of student accessibility services. This paper also uses the term “mental health disability” when citing specific sources that use it. For example, the Canadian Survey on Disability is an important statistical resource on mental health in Canada. The 2012 survey “identified adults with a mental health-related disability as those whose daily activities were limited because of difficulties caused by a psychological or mental health condition.”¹²

Overall, this paper aims to take a broader, more inclusive approach when discussing student experiences with mental health. It recognizes that students have a wide spectrum of experiences and needs related to mental health. As a result, many encounter undue challenges and barriers to accessing post-secondary in the first place, and to accessing the services needed to succeed once there.

Drawing on the WHO and MHCC’s language to describe mental health problems and illnesses, this paper offers a series of recommendations at the federal level with the goal of ensuring that the Canadian post-secondary environment promotes and facilitates good mental health, and that all prospective and current students can access the varied supports they need to achieve their academic potential and realize their post-secondary goals.

¹⁰ *Mental Health*: a state of well-being (World Health Organization, August 2014). Accessed online: http://www.who.int/features/factfiles/mental_health/en/

¹¹ *Changing directions, changing lives: The mental health strategy for Canada* (Mental Health Commission of Canada, 2012). Accessed online: <http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

¹² Christine Bizier, Carley Marshall and Gail Fawcett, *Canadian Survey on Disability*, 2012: , 2012 (Statistics Canada, 2014). Accessed online: <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2014002-eng.htm>

The Federal Government's Role in Mental Health and Post-Secondary Education



While education (including at the post-secondary level) is generally a provincial responsibility in Canada, the federal government has an active and very important role to play. The federal government spends over \$12 billion annually on post-secondary education, investing billions through various mechanisms and tools, including through the Canada Social Transfer, student financial aid with the Canada Student Loans Program, support for First Nations and Inuit students through the Post-Secondary Student Support Program, investments in research through the Tri-Council Agencies and Canadian Foundation for Innovation, major infrastructure investments, and more.¹³

“While education is generally a provincial responsibility in Canada, the federal government has an active and very important role to play.”

The federal and provincial levels of government share similarly overlapping responsibilities regarding mental health. While the provinces generally have jurisdiction over

health care delivery, the federal government's spending powers and ability to “legislate with respect to a matter of ‘national concern’ also ensure it is active on the issue.”¹⁴ Mental health funding was an important element of recent negotiations between the federal and provincial governments on the Canada Health Transfer (which transfers funds to the provinces for health care costs).¹⁵

Broadly speaking, the federal government is involved in “funding pan-Canadian initiatives that focus on mental health promotion, research and data collection, policy development and improved access to mental health services across the country.”¹⁶ It is also directly responsible for the delivery of services to specific populations, including First Nations and Inuit communities, and members and veterans of the Canadian Forces. The Mental Health Commission of Canada (MHCC) has a mandate from the federal government to lead “the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians.”¹⁷ The Public Health Agency of Canada (PHAC) also has a role to play in mental health across Canada through its mandate “[t]o promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.”¹⁸

Though both post-secondary education and mental health are often viewed only as provincial jurisdictions, this paper outlines a number of ways in which the federal government can play an important role in promoting, supporting and improving mental health on campuses across Canada.

¹³ *Federal Spending on Postsecondary Education* (Ottawa: Office of the Parliamentary Budget Officer, 2016). Accessed online: http://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/2016/PSE/PSE_EN.pdf

¹⁴ Martha Butler and Karin Phillips, *Current Issues in Mental Health: The Federal Role in Mental Health* (Library of Parliament, August 2013). Accessed online: <https://lop.parl.ca/Content/LOP/ResearchPublications/2013-76-e.htm>

¹⁵ Kelly Grant, “What you need to know about the Canada Health Transfer,” *Globe and Mail* (December 18, 2016). Accessed online: <https://www.theglobeandmail.com/news/politics/what-you-need-to-know-about-the-canada-health-transfer/article33360624/>

¹⁶ Martha Butler and Karin Phillips, *Current Issues in Mental Health: The Federal Role in Mental Health* (Library of Parliament, August 2013). Accessed online: <https://lop.parl.ca/Content/LOP/ResearchPublications/2013-76-e.htm>

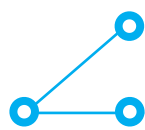
¹⁷ *About Us* (Mental Health Commission of Canada). Accessed online: <https://www.mentalhealthcommission.ca/English/about>

¹⁸ *About the Agency* (Public Health Agency of Canada). Accessed online: http://www.phac-aspc.gc.ca/about_apropos/index-eng.php

The Canadian Post-Secondary Environment

Mental Health and Post-Secondary Students

Data on the number of students dealing with the full continuum of mental health problems and illnesses, whether a “mild to moderate condition”¹⁹ or a diagnosis of mental illness, is limited. One possible measure is the number of students registered with campus accessibility programming, but there is no formal national reporting process for post-secondary institutions for this. According to an annual survey of graduating university students in Canada, 17% of those surveyed self-identified as having a disability, with mental health as the most commonly self-identified category.²⁰



Students registered as having a “psychiatric” disability in Ontario:

67% increase between 2006 and 2011

A Higher Education Quality Council of Ontario (HEQCO) report identified a 67% increase in the number of students registered under the “psychiatric” category of disabilities at Ontario post-secondary accessibility offices between 2006 and 2011. The same report revealed that, according to “[p]rovincially reported data from disability service offices in Ontario PSE [post-secondary education] institutions... the three most common disabilities are learning disabilities, followed by psychiatric disabilities

and chronic illness.”²¹ At post-secondary institutions in New Brunswick, there was a 300% increase in the number of students seeking a mental-health related accommodation between 2012 and 2015.²²

While statistics on mental health and campus accessibility offices is indicative of a growing demand for mental health supports in post-secondary, they also offer an incomplete picture. Given that “[m]ost people with a mental health problem or illness have a mild to moderate condition,” the number of post-secondary students dealing with mental health problems and illnesses is undoubtedly much higher than the accessibility service numbers suggest.²³ Those dealing with “mild to moderate” conditions are also in need of support, but the supports they need might not come through the “student accessibility office” structure found on most Canadian campuses.

When the full spectrum of mental health problems and illnesses is considered, including those who self-identify at campus accessibility offices and those who do not, it is clear that significant numbers of post-secondary students encounter mental health problems and illnesses at some point during their studies. Given this, it should come as no surprise that the need for diverse supports and services to address mental health on campuses continues to increase.

“The need for diverse supports and services to address mental health on campuses continues to increase.”

19 For more information on a “mild to moderate condition,” see *Strengthening the Case for Investing – Background* (Mental Health Commission of Canada). Accessed online: <http://www.mentalhealthcommission.ca/English/case-for-investing-background>

20 2015 *Graduating University Student Survey* (Canadian University Survey Consortium, July 2015), 1. Accessed online: http://www.cusc-ccreu.ca/CUSC_2015_Graduating_Master%20Report_English.pdf

21 Ursula McCloy & Lindsay DeClou, Disability in Ontario: *Postsecondary education participation rates, student experience and labour market outcomes* (Toronto: Higher Education Quality Council of Ontario, 2013), 14. Accessed online: http://www.heqco.ca/SiteCollectionDocuments/At%20Issue%20-%20Disability%20in%20ON_ENG.pdf

22 *Postsecondary: The Pathway to Prosperity* (New Brunswick Student Alliance, 2016). Accessed online: https://aenbnbsa.files.wordpress.com/2016/11/nbsa-2016_2017-lobby-doc_references.pdf

23 *Strengthening the Case for Investing – Background* (Mental Health Commission of Canada). Accessed online: <http://www.mentalhealthcommission.ca/English/case-for-investing-background>; For data on “levels and intensity of need” see *Strengthening the Case for Investing in Canada’s Mental Health System: Economic Considerations* (Mental Health Commission of Canada, March 2017), 23. Accessed online: https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

Benefits of Post-Secondary Education

The importance of ensuring that all prospective, current and future students, including those with mental health problems and illnesses, can participate in higher education and achieve post-secondary credentials is borne out in statistics. The relationship between education levels, employment opportunities and income is well established. Across the general population, the employment rate for Canadians with a post-secondary credential, whether from a college, polytechnic or university, is consistently higher than those whose highest educational credential is high school.²⁴

“More than 40% of adults reported being unable to work due to their mental health-related condition, while another 8% were unemployed but looking for work.”

Given the clear economic benefits of post-secondary education, it is concerning that Canadians with mental health problems and illnesses appear to have lower rates of post-secondary credentials than the general population. The 2012 Canadian Survey on Disability reports that “adults aged 15 to 64 who were not in school and who reported a mental health-related disability were more likely than those without any type of disability to have not completed high school (23.3% versus 13.1%).” Furthermore, “those aged 15 to 64 with a mental health-related disability were also less likely (46.3%) than their counterparts without a disability (61.1%) to have completed post-secondary qualifications.”²⁵

Statistics Canada highlights the relationship between post-secondary education and higher rates of employment, noting that in 2011, “[t]his was true for both individuals without and with disabilities, regardless of the severity of

the disability.”²⁶ Beyond employment rates, the evidence points to a direct relationship between education and income levels. The Canadian Survey on Disability found that among working age adults, those that identified as having a mental health-related disability “had a lower median employment income than those without any reported type of disability (\$19,400 versus \$34,100 respectively).”²⁷ The same survey observed that more than 40% of adults reported being unable to work due to their mental health-related condition, while another 8% were unemployed but looking for work. One quarter of adults in the survey identified inadequate training or experience as a barrier to finding a job further confirms the connection between education and employment outcomes.²⁸

Median Income in 2011

Individuals with a mental health-related disability

\$19,400

Individuals without a mental health-related disability

\$34,100

According to the MHCC, mental health problems and illnesses cost the Canadian economy a minimum of \$50 billion per year. This includes direct costs (such as health care), as well as indirect costs “in lost productivity (from absenteeism, presenteeism and turnover).”²⁹ Related to this, the MHCC also high-

24 *The Price of Knowledge: Access and Student Finance in Canada* (Montreal: Millennium Scholarship Foundation, 2009), 9. Accessed online: <http://www.yorku.ca/pathways/literature/Access/The%20Price%20of%20Knowledge%202009.pdf>

25 Christine Bizier, Carley Marshall and Gail Fawcett, *Canadian Survey on Disability, 2012*; 2012 (Statistics Canada, 2014). Accessed online: <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2014002-eng.htm>

26 Martin Turcotte (Ottawa: Statistics Canada, 2014). Accessed online: <http://www.statcan.gc.ca/pub/75-006-x/2014001/article/14115-eng.htm#a3>

27 Christine Bizier, Carley Marshall and Gail Fawcett, *Canadian Survey on Disability, 2012: Mental health-related disabilities among Canadians aged 15 years and older*, 2012 (Statistics Canada, 2014). Accessed online: <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2014002-eng.htm>

28 Christine Bizier, Carley Marshall and Gail Fawcett, *Canadian Survey on Disability, 2012: Mental health-related disabilities among Canadians aged 15 years and older*, 2012 (Statistics Canada, 2014). Accessed online: <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2014002-eng.htm>

29 *Making the Case for Investing in Mental Health in Canada* (Mental Health Commission of Canada), 1. Accessed online: http://www.mental-healthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf; see also *Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations* (Mental Health Commission of Canada, March 2017). Accessed online: https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

lights the issue of “personal opportunity costs, such as lost income.”³⁰ A Canadian Human Rights Commission (CHRC) report similarly notes that “[m]ental health problems and illnesses are often associated with difficulty in finding and keeping a job and with both absenteeism and presenteeism.”³¹

“Mental health problems and illnesses cost the Canadian economy a minimum of \$50 billion per year.”

Besides improved employment and income levels, education can also play a positive role in contributing to positive mental health. Employment has been found to contribute to the recovery of people with mental health problems and illnesses.³² Those with higher educational attainment are significantly more likely to access mental health services.³³ The evidence also indicates that early intervention in mental health contributes to better long term outcomes. “Effective intervention at first onset,” an MHCC paper explains, “reduces the risk of increased impairments in day-to-day functioning and significantly increases the probability of recovery. Early intervention programs must be a key component of any continuum of services for children, youth and EA [emerging adults].” By contrast, the same paper highlights the research showing that “[u]ntreated mental health issues in early adulthood may indicate increased risk of developing severe and enduring mental health problems.”³⁴

“Early intervention in mental health contributes to better long term outcomes.”



Intervention while at post-secondary helps students succeed in their education while also developing the resiliency that will serve them well throughout their careers and other lifelong pursuits. It is also a worthwhile investment for Canada as a whole, undoubtedly helping to offset the estimated \$50 billion in annual economic costs related to mental health problems and illnesses. Given the pressing needs of Canada's post-secondary students, there is no excuse for not taking steps to address the issue now.

30 *Making the Case for Investing in Mental Health in Canada* (Mental Health Commission of Canada), 17. Accessed online: http://www.mental-healthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

31 Eric Diotte, *Mental Health and Equality Rights: Mood disorders* (Ottawa: Canadian Human Rights Commission, 2012), 9. Accessed online: https://www.chrc-ccdp.gc.ca/sites/default/files/report_on_mood_disorders_0.pdf

32 H.L. Provencher, R. Gregg, S. Mead, & K.T. Mueser, “The role of work in the recovery of persons with psychiatric disabilities,” *Psychiatric Rehabilitation Journal* 26 no. 2 (2002): 142.

33 L.S. Steele, C.S. Dewa, E. Lin, K.L.K. Lee, “Education level, income level and mental health services use in Canada: Associations and policy implications,” *Healthcare Policy* 3 no. 1 (2007).

34 Jenny Carver, Mario Cappelli, Simon Davidson, Warren Caldwell, Marc-André Bélair and Melissa Vloet, *Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults* (Mental Health Commission of Canada, 2015), 11. Accessed online: https://www.mentalhealthcommission.ca/sites/default/files/Taking%252520the%252520Next%252520Step%252520Forward_0.pdf

What Do Students Need?

Mental Health and Barriers to Full Participation and Success on Canadian Campuses

Having established why mental health is such an important issue to post-secondary students, this section explores the specific challenges students commonly encounter related to mental health on campus. These include obstacles related to obtaining the academic accommodations needed to succeed in courses,

experiences with stigma, limited mental health care options and financial barriers. This section also offers recommendations for concrete actions at the national level that will help improve student mental health across Canada.

Academic Accommodations



Most students who register with student accessibility offices on campus do so, at least in part, to access academic accommodations. These accommodations provide additional services

and support, as well as alternative learning and assessment formats. An American survey on mental health at colleges provides a list of the types of accommodations students identified as most important to them, including “excused absences for treatment, medical leave of absence, course withdrawals without penalty, adjustments in test setting, homework deadline extensions, adjustment in test

times, [and] increased availability of academic advisors.”³⁵

Each institution has different rules for accommodation, generally guided by provincial or territorial legislation, policies and standards.³⁶ According to some researchers, the ideal educational goal should be universal instructional design – that is, designing education that is accessible, and thus beneficial, for all students, regardless of individual student ability. For example, certain accommodations commonly granted to post-secondary students with learning disabilities, such as visual aids, accessible class notes and varying test formats, can be incorporated into instruction to benefit all learners and create an inclusive environment for students who require such accommodations.³⁷ As of now, however, the standard in Canadian post-secondary education is focused on individual accommodation.

Research shows that success in post-secondary education for many students is linked to the presence of accessible and sufficient accommodations. Studies of students with “invisible disabilities” have revealed that students felt accommodations were imperative to their success.³⁸

“Research shows that success in post-secondary education for many students is linked to the presence of accessible and sufficient accommodations.”

35 Darcy Gruttadaro and Dana Crudo, *College Students Speak: A Survey Report on Mental Health* (Arlington, VA: National Alliance on Mental Illness, 2012), 13. Accessed online: https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf

36 S.A. Thompson & W. Lyons, *Review of literature on education and disability* (Canadian Disability Policy Alliance, 2009).

37 P. Silver, A. Bourke & K.C. Strehorn, “Universal design in higher education: An approach for inclusion,” *Equity & Excellence in Education* 31, no. 2 (1998): 48

38 C.M. Kreider, R.M. Bendixen & B.J. Lutz, “Holistic Needs of University Students with Invisible Disabilities: A Qualitative Study,” *Physical & Occupational Therapy in Pediatrics* 35, no. 4 (2015): 427; L. Mullins & M. Preyde, “The lived experiences of students with an invisible disability at a

The term “invisible disability,” refers to “a disability that is not immediately noticeable. They can include brain injuries, chronic pain, mental illness, gastro-intestinal disorders, and much more. Because they’re not obvious to spot, invisible disabilities may be overlooked and misunderstood.”³⁹

Accommodations are an integral part of ensuring adequate support for some students with mental health problems and illnesses. As an American survey puts it, “[f]or students with mental health conditions, accessing appropriate accommodations can make the difference in academic achievement and earning a degree.”⁴⁰

“Students might be hesitant to identify themselves as suffering from a mental health problem or illness due to fear of stigma.”

Most post-secondary institutions require documentation with proof of a formal diagnosis of permanent disability, including the type of disability, in order to access these types of academic accommodations. This can prove problematic for students who are experiencing symptoms of a mental health problem or illness for the first time and who need immediate support. They may be unable to access an assessment from a psychiatrist or psychologist due to long wait times or financial barriers. They might also be hesitant to identify themselves as suffering from a mental health problem or illness due to fear of stigma.⁴¹

This is a reasonable concern. Documentation standards for mental health-related accessibility were recently challenged in Ontario, when a PhD student at Toronto’s York Uni-

versity filed an application with the Human Rights Tribunal of Ontario after being repeatedly asked to disclose a specific mental health diagnosis when attempting to access accommodations on campus. The student challenged the need for post-secondary institutions to have access to this personal information, and the Ontario Human Rights Commission (OHRC) ruled in the student’s favour. This resulted in revised documentation standards at York University. The new standards require a medical certificate stating the student has a formal mental health diagnosis and describing the restrictions or limitations that may require accommodation, without requiring disclosure of a specific diagnosis.⁴² The intervention in this matter suggests that post-secondary institutions across Canadian jurisdictions may not be adequately respecting student privacy during the accommodation application process.

It is important to note that students are only able to access formal accommodations if they go through the accessibility office of their school. Research suggests that despite being aware of on-campus accessibility services, many students with mental health problems and illnesses are not aware that they might be eligible to use these services.⁴³ Additionally, some studies have suggested that staff and faculty may be unfamiliar with addressing the mental health of students, and thus may be less likely to encourage the use of accessibility services by these students.⁴⁴ Final say for academic accommodations, such as extensions for individual assignments, are often left to the discretion of professors. This presents another barrier for students who may be dealing with professors who lack information about the appropriate services for students with mental health problems and illnesses, hold

Canadian university,” *Disability & Society* 28 no. 2 (2013): 153.

39 C.M. Kreider, R.M. Bendixen & B.J. Lutz, “Holistic Needs of University Students with Invisible Disabilities: A Qualitative Study,” *Physical & Occupational Therapy in Pediatrics* 35, no. 4 (2015): 427; L. Mullins & M. Preyde, “The lived experiences of students with an invisible disability at a Canadian university,” *Disability & Society* 28 no. 2 (2013): 153.39 *Let’s Talk About Invisible Disabilities* (Rich Hansen Foundation, July 17, 2015). Accessed online: <http://www.rickhansen.com/Blog/ArtMid/13094/ArticleID/81/Lets-Talk-About-Invisible-Disabilities>

40 Darcy Gruttadaro and Dana Crudo, *College Students Speak: A Survey Report on Mental Health* (Arlington, VA: National Alliance on Mental Illness, 2012), 12. Accessed online: https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf

41 Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, “Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues,” *Journal of Postsecondary Education and Disability* 28 no. 28 no. 3 (2015).

42 *New documentation guidelines for accommodating students with mental health disabilities* (Ontario Human Rights Commission, January 2016). Accessed online: http://www.ohrc.on.ca/en/news_centre/new-documentation-guidelines-accommodating-students-mental-health-disabilities

43 R. Markoulakis, *The social relations of accessibility: Explicating the work of accommodation for students with mental health problems in university* (PhD thesis, University of Toronto, 2014), 67.

44 D. Megivern, S. Pellerito, & C. Mowbray, “Barriers to higher education for individuals with psychiatric disabilities,” *Psychiatric Rehabilitation Journal* 26, no. 3 (2003): 225.

prejudicial attitudes, or are unwilling to put in extra work to accommodate students.⁴⁵ Even without overt prejudicial attitudes, professors or other students might express concerns about academic integrity and ensuring the student is meeting the requirements of the course or program, as well as the perception of giving “preferential treatment”.⁴⁶ As in the York University case, students might be asked to disclose personal information that is not pertinent to their accessibility requests.

“Some students may need to temporarily withdraw from classes or from their programs for reasons related to mental health. When such situations arise, it is essential that policies are in place to facilitate their return to studies after time away.”

In some circumstances, academic accommodations in specific courses are not enough. Some students may need to temporarily withdraw from classes or from their program for reasons related to mental health. When such situations arise, it is essential that policies are in place to facilitate their return to studies after time away. A United Kingdom working group on mental health and post-secondary education recommended “[d]eveloping supportive but robust procedures that allow health-related breaks in study or work, with assessment of readiness to return after such a break and facilitation of return to study or work.”⁴⁷ Best practices need to be implemented at institutions across Canada to allow

students greater flexibility when they need to withdraw from their studies for a period of time, with assurances that the process of returning to their studies will be straightforward. An important aspect of this is for the Canada Student Loans Program to provide better options for students with loans to take time away from their studies. This way, their student loans would not enter the repayment phase and begin accumulating interest. This is discussed further in the “Financial Accessibility” section.

Recommendations:

- » Establish a national working group, with student involvement, to study best practices and develop recommendations and guidelines to improve campus mental health accommodations across Canada. This would build on the excellent work being done on this by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA).⁴⁸
- » Key issues to consider include, but are not limited to, documentation requirements, protecting privacy, student awareness of accommodations options, faculty/staff training and policies for temporary withdrawal from studies
- » Consistent implementation of best practices for mental health accommodations at post-secondary institutions across Canada

45 Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, “Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues,” *Journal of Postsecondary Education and Disability* 28 no. 3 (2015).002-eng.htm

46 L. Mullins & M. Preyde, “The lived experiences of students with an invisible disability at a Canadian university,” *Disability & Society* 28, no. 2 (2013): 153; Understanding Accessibility in Graduate Education for Students with Disabilities in Canada, Part 1: Incorporating Reasonable Accommodations (National Educational Association of Disabled Students, 2016), 6. Accessed online: <http://www.neads.ca/en/about/projects/graduate-taskforce/index.php>

47 *Student Mental Wellbeing in Higher Education: Good Practice Guide* (Universities UK: 2015), 6-7. Accessed online at: <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/student-mental-wellbeing-in-higher-education.aspx>

48 *Campus Mental Health: Community of Practice* (Canadian Association of College and University Student Services). Accessed online: <http://cacuss-campusmentalhealth.ca>

Stigma Reduction & Mental Health Care Support Services

Stigma related to mental health continues to be a significant challenge on post-secondary campuses. As noted above, some students may be eligible for, and may wish to seek out, academic accommodations either through their student accessibility office on campus or through direct arrangements with an instructor. However, one study found that 30% of students did not request accommodations because they feared disclosing information to faculty. Disclosing information on mental health not only opens students up to potential discrimination from faculty and peers, but also from prospective future employers who may learn about the disclosure.⁴⁹

“30% of students did not request accommodations because they feared disclosing information to faculty.”

The fear of stigma is not unwarranted: students encounter negative responses such as the trivialization of mental health problems and illness and skepticism towards a student's request for accommodations. “While some students had positive outcomes after disclosing their MHD,” one study reports, “negative responses are not uncommon, including the

“The fear of stigma is not unwarranted: students encounter negative responses such as the trivialization of mental health problems and illnesses and skepticism towards a student's request for accommodations.”⁵⁰

trivialization of their illness, accusations of faking or ‘scamming,’ feelings of unworthiness, and discrimination.”⁵⁰ Faculty who were

surveyed also expressed concerns about an increased workload associated with accommodating students, as well as the students' ability to succeed academically.⁵¹ Students who do choose to seek accommodations may also face prejudicial attitudes within student accessibility offices themselves. One Canadian survey of “Disability service personnel at 122 Canadian postsecondary institutions” found that a significant number of respondents believed that at least 25% of students were requesting accommodations to access funding or accommodations they were not actually entitled to.⁵² These negative social attitudes may be due, in part, to the “invisible” nature of mental health, which makes the diagnosis and symptoms harder to “prove”.⁵³ These attitudes are also due to the fear, lack of knowledge, and stigma that surrounds mental health.

Reducing stigma is an essential part of supporting students, reducing barriers to accessing post-secondary and improving overall mental health for everyone on campus. As the MHCC stated recently, “continuing to address stigma in education settings at all levels is vital to fostering well-being. School and campus communities must work to destigmatize mental health through the development of appropriate policies, the establishment of mental health training requirements and competencies for education professionals and by actively fostering mental health literacy.”⁵⁴ Programs like The Inquiring Mind⁵⁵ at the University of Calgary and MHCC Headstrong⁵⁶ offer examples of programs geared towards supporting students with the tools they need to fight stigma and promote mental health.

In its recently published Consensus Statement on the Mental Health of Emerging Adults, the

49 M.S. Salzer, L.C. Wick & J.A. Rogers, “Familiarity with and use of accommodations and supports among postsecondary students with mental illnesses,” *Psychiatric Services* 59 no. 4 (2008): 374.

50 Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, “Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues,” *Journal of Postsecondary Education and Disability* 28 no. 3 (2015).002-eng.ht

51 Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, “Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues,” *Journal of Postsecondary Education and Disability* 28 no. 3 (2015).002-eng.htm

52 A.G. Harrison & J. Wolforth, “Findings from a pan-Canadian survey of disability service providers in post-secondary education,” *International Journal of Disability, Community & Rehabilitation* 11 no. 1 (2012). Accessed online: http://www.ijdc.ca/VOL11_01/articles/harrison.shtml

53 L. Mullins & M. Preyde, “The lived experiences of students with an invisible disability at a Canadian university,” *Disability & Society* 28 no. 2 (2013): 154.

54 *Consensus Statement on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada* (Mental Health Commission of Canada, 2017). Accessed online: <https://www.mentalhealthcommission.ca/English/mental-health-emerging-adult>

55 *The Inquiring Mind* (University of Calgary). Accessed online: <https://www.ucalgary.ca/wellnesscentre/events-programs/training/inquiring-mind>

56 *Headstrong* (Mental Health Commission of Canada). Accessed online: <http://www.mentalhealthcommission.ca/English/initiatives/11876/headstrong>

MHCC notes that emerging adults (broadly thought of as young people around the ages 14 to 25) “are ushered out of child and youth mental health and addiction services into adult services and programs. Too often, these transitions are far from seamless and cause major disruptions...”⁵⁷ In its recommendations for addressing this issue, the Consensus Statement notes that “[s]ervices should be made available in the least restrictive environment possible and at the level of intensity needed for effective recovery and treatment. This includes making services available at youth-friendly access points, such as university health services, high schools and community centres.”⁵⁸

“At some schools, students can be seen weekly, others only once a month or once every two months. Wait times can be up to 2-3 months, depending on the time of year.”

While most post-secondary institutions offer campus-based student health services, including counselling services, they generally do not have the resources or funding needed to meet growing demand for mental health services. According to an Ontario Undergraduate Student Alliance (OUSA) paper, such services are “limited and strained.”⁵⁹ Students surveyed by OUSA found wait times for counselling appointments ranging from a week to three months at different times of year.⁶⁰ The Ontario College Health Association has similarly reported that “[a]t some schools, students can be seen weekly, others only once a month or once every two months. Wait times can be up to

2-3 months, depending on the time of year.”⁶¹ The New Brunswick Student Alliance reports wait times for mental health services of 2 to 6 weeks on average, while “[o]n some campuses during the school year, these waitlists grow up to 6 months long.”⁶²

More funding for student mental health is needed across the country. In many instances, this means more counselling, psychiatric and psychological services. Peer support systems are also an extremely important option for some students. “Paid peer support,” the MHCC’s Consensus Statement notes, “must be made a component of the system of care.” As the MHCC explains, “peer support is a supportive relationship between people who have a lived experience in common. The peer support worker provides emotional and social support to others who share a common experience.”⁶³ Recent research suggests the value of peer support, and the MHCC recommends national guidelines on peer support in Canada.⁶⁴

Improved national data on mental health, and better coordination across the country on the data that is collected, is an essential tool for improving both anti-stigma efforts and student service availability. There is currently a lack of national data on the prevalence of mental health problems and illnesses on post-secondary campuses, service availability and student accommodation services, among other issues. As the MHCC’s Consensus Statement puts it, “[r]esearch and data on emerging adult mental health are urgently needed in order to strengthen the evidence base for services and programs.”⁶⁵

57 *Consensus Statement on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada* (Mental Health Commission of Canada, 2017). Accessed online: <https://www.mentalhealthcommission.ca/English/mental-health-emerging-adults>

58 *Consensus Statement on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada* (Mental Health Commission of Canada, 2017). Accessed online: <https://www.mentalhealthcommission.ca/English/mental-health-emerging-adults>

59 Laura Bassett, Sarah Letersky, Raelle Ricci and Danielle Pierre, *Policy Paper: Students with Disabilities* (Toronto: Ontario Undergraduate Student Alliance, 2016): 17. Accessed online: https://d3n8a8pro7vnm.cloudfront.net/ousa/pages/36/attachments/original/1473367488/Students_with_Disabilities_document.pdf?1473367488

60 Rodrigo Narro Perez, Shawn Murphy and Michael Gill, *Policy Paper: Student Health and Wellness* (Toronto: Ontario Undergraduate Student Alliance, 2014), 28. Accessed online: https://d3n8a8pro7vnm.cloudfront.net/ousa/pages/80/attachments/original/1473368840/Student_Health_and_Wellness_document.pdf?1473368840

61 *Towards a Comprehensive Mental Health Strategy: The Crucial Role of Colleges and Universities as Partners* (Ontario College Health Association, December 2009), 16. Accessed online: http://oucha.ca/pdf/mental_health/2009_12_OUCHA_Mental_Health_Report.pdf

62 *Postsecondary: The Pathway to Prosperity* (New Brunswick Student Alliance, 2016). Accessed online: https://aenbnbsa.files.wordpress.com/2016/11/nbsa-2016-2017-lobby-doc_final-1.pdf

63 *Peer Support* (Mental Health Commission of Canada). Accessed online: <http://www.mentalhealthcommission.ca/English/focus-areas/peer-support>

64 *Peer Support* (Mental Health Commission of Canada). Accessed online: <http://www.mentalhealthcommission.ca/English/focus-areas/peer-support>; Céline Cyr, Heather Mckee, Mary O'Hagan and Robyn Priest, *Making the Case for Peer Support: Report to the Mental Health Commission of Canada* (Mental Health Commission of Canada, 2016). Accessed online: http://www.mentalhealthcommission.ca/sites/default/files/2016-07/MHCC_Making_the_Case_for_Peer_Support_2016_Eng.pdf

65 *Consensus Statement on the Mental Health of Emerging Adults* (Mental Health Commission of Canada, 2017). Accessed online: <https://www.mentalhealthcommission.ca/English/mental-health-emerging-adults>

Recommendations:

- » Federal government support and funding, through the Public Health Agency of Canada, of campaigns at post-secondary institutions across the country aimed at decreasing stigma, improving mental health literacy and increasing knowledge of student mental health and available supports around mental health
- » Increased federal investments in mental health care across Canada, in line with the MHCC's recommendations in *Changing Directions Changing Lives: The Mental Health Strategy for Canada*
- » Establish a national body to collect data on mental health in post-secondary education. Better national data is needed to help ensure that evidence-based solutions are developed to fight stigma, reduce discrimination and improve mental health supports on Canadian campuses

Financial Accessibility



The Canadian federal government provides repayable and non-repayable financial support to eligible post-secondary students through the Canada Student Loans Program (CSLP), with the goal of making post-secondary education more accessible and affordable

for Canadians.⁶⁶ In addition to a broader system of repayable loans and non-repayable grants, the CSLP offers several specific provisions for students with permanent disabilities. These include grants for financial aid and disability-related educational supports, reducing the course load required to be eligible for full-time funding, increasing the amount of time a student has to finish their program, and the lifetime financial assistance limit. The CSLP has also established a specific repayment assistance plan for borrowers with permanent disabilities (the RAP-PD) that reduces the maximum repayment period from 15 to 10 years and considers disability-related expenses.⁶⁷ These provisions apply to federal loans only, and provincial bursaries, loans, and supports for students with disabilities are available on a province-by-province basis.

⁶⁶ *Convention on the Rights of Persons with Disabilities: First Report of Canada* (Government of Canada, 2014). Accessed online: <http://www.ccdonline.ca/en/international/un/canada/crpd-first-report>

⁶⁷ *Repayment Assistance Plan* (Employment and Social Development Canada). Accessed online: <https://www.canada.ca/en/employment-social-development/services/student-financial-aid/student-loan/student-loans/student-loans-repayment-assistance-plan.html>

To qualify for CSLP options related to disability, students are required to “provide proof of a permanent disability in the form of a medical certificate, a psycho-educational assessment, or documentation proving receipt of federal or provincial permanent disability assistance.”⁶⁸ Documentation is generally also required to receive on-campus academic accommodations in a student’s course of study.

“A waiting period for mental health services can make it difficult to access needed accommodations within standard academic timelines and calendars.”

The often costly and lengthy process of getting this documentation presents a barrier for many students with mental health problems and illnesses, half of whom will first experience them while registered as post-secondary students. It is not uncommon for there to be a delay in obtaining a formal diagnosis when an individual first experiences the onset of a mental health issue, especially for students who may be facing additional barriers to accessing services, such as financial issues. Mental health assessments are usually conducted by a registered psychiatrist or psychologist. Psychiatrists are covered by provincial health programs, but as the previous section detailed, such services are too often in short supply for students.

“Psychological assessments can cost up to \$3,000, and are not usually covered by provincial or territorial health insurance.”

Waitlists to access mental health services of even a few months are problematic for students. Beyond the often-immediate need for the counselling services themselves, a waiting period can make it difficult to access needed accommodations within standard academ-

ic timelines and calendars. Three months, in many cases, represents the majority of a post-secondary academic semester. When a student requiring accessibility documentation has to wait three months, their performance in the majority of class assignments and requirements likely suffers.⁶⁹ This, in turn, can impact on their eligibility for CSLP financial aid.

Given these issues, it is sometimes more practical for students to seek an assessment for accommodations privately from a psychologist. Psychological assessments can cost up to \$3,000, and are not usually covered by provincial or territorial health insurance. As the National Education Association of Disabled Students (NEADS) notes in its broader discussion of common challenges in acquiring documentation for student accessibility services, “[t]here are... legitimate reasons why a student may not possess up-to-date documentation, not the least of which is the cost of being tested/retested and the lack of available facilities to be tested/retested in close proximity.”⁷⁰ In regards to mental health, students are less likely to risk thousands of dollars on an assessment when they have already encountered stigma. The financial burden is particularly problematic when we recall that roughly half of Canadian post-secondary students rely on loans to pay for their education. The average debt load for students graduating with debt in 2015 was over \$26,000.⁷¹

Students with learning disabilities are currently eligible for partial reimbursement of their assessment costs from the federal government through the CSLP’s Grant for Services and Equipment for Students with Permanent Disabilities. This grant can be used towards the costs of psycho-educational assessments for learning disabilities, as well as the cost of diverse equipment and support services. Examples of support services that are eligible to be funded through this grant include note-takers, sign language interpreters

68 D. Hubka, & E. Killean, *Working Towards a Coordinated National Approach to Services, Accommodations and Policies for Post-Secondary Students with Disabilities* (National Education Association of Disabled Students, 1999). Accessed online: http://www.neads.ca/en/about/projects/nasp/nasp_intro.ph

69 Rodrigo Narro Perez, Shawn Murphy, and Michael Gill, *Policy Paper: Student Health and Wellness* (Toronto: Ontario Undergraduate Student Alliance, 2014), 28. Accessed online: https://d3n8a8pro7vnm.cloudfront.net/ousa/pages/80/attachments/original/1473368840/Student_Health_and_Wellness_document.pdf?1473368840

70 D. Hubka & E. Killean, *Working Towards a Coordinated National Approach to Services, Accommodations and Policies for Post-Secondary Students with Disabilities* (National Education Association of Disabled Students, 1999). Accessed online: http://www.neads.ca/en/about/projects/nasp/nasp_intro.ph

71 *2015 Graduating University Student Survey* (Canadian University Survey Consortium, 2015), iv. Accessed online: file:///Users/memberrelations/Desktop/CUSC_2015_Graduating_Master%20Report_English.pdf

and academic advisers who can design custom learning plans. While an extremely important funding option for many students, this grant is not available for students to help cover the cost of a psychological assessment necessary to get academic accommodations related to mental health.⁷² Establishing a similar funding mechanism to support the up-front costs of accessing a mental health assessment would be a valuable source of financial support for

“The focus on permanent disabilities is particularly challenging for those with mental health conditions and illnesses, as symptoms can fluctuate considerably and mental health problems and illnesses can exist on a wide spectrum.”

students with mental health problems and illnesses. This is particularly true given the wait times students often encounter for campus mental health services, the existing structure of a similar CSLP funding mechanism for students with learning disabilities, and the fact that many post-secondary students in need of financial support are already connected with the CSLP through its loans and grants programs.

Another issue related to financial accessibility is that CSLP programming is focused on students diagnosed with permanent disabilities. The CSLP defines a permanent disability as “a functional limitation caused by a physical or mental impairment that: prevents a borrower from performing the daily activities necessary to participate in studies at a post-secondary school level and in the labour force; and is expected to remain with the person for their expected life.”⁷³ While the CSLP has made significant improvements in providing support to students with disabilities, the policies could be improved to better support student mental health.

The focus on permanent disabilities is particularly challenging for those with mental health conditions and illnesses, as symptoms can fluctuate considerably and mental health problems and illnesses can exist on a wide spectrum. In its best practices document on accessibility at post-secondary institutions, NEADS recommends “flexibility” as a key aspect of defining disability: “Disability issues are complex, multifaceted and require flexibility and creativity to effectively accommodate students with disabilities. What works for one student may not be appropriate for another. Flexibility means following guidelines while taking in to consideration individual circumstances and differences.”⁷⁴ They further explain that when student accessibility offices are developing policies and practices to support students with disabilities, they should “[a]void defining disability in rigid terms and avoid limiting policies to people with permanent disabilities as some disabilities – like chronic conditions and mental illnesses – are episodic in nature. While disabilities may not be present at all times, they may require accommodations.”⁷⁵ The CSLP’s current definition is more rigid than the flexible approach described in the NEADS recommendations.

Regarding mental health, the MHCC explains that “[t]he type, intensity, recurrence, and duration of symptoms of mental health problems and illnesses can vary widely from person to person, as well as by type of problem or illness.”⁷⁶ Elsewhere, the MHCC explains that “[s]ymptoms do not always follow a regular pattern, and can be a one-time event or cause episodes over many years.”⁷⁷ A student’s ability to meet academic requirements might be significantly impacted for a certain period of time, for example, but recovery may follow. The unpredictable nature of symptoms can make it difficult to determine whether the situation is permanent. Non-permanent symptoms and experiences, moreover, can

72 Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, “Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues,” *Journal of Postsecondary Education and Disability* 28 no. 3 (2015).002-eng.htm; Opening the Door: *Reducing Barriers to Post-Secondary Education in Canada* (Ottawa: Senate of Canada, 2011), 67.

73 *Apply for Severe Permanent Disability Benefit* (Employment and Social Development Canada). Accessed online: <https://www.canada.ca/en/employment-social-development/services/student-financial-aid/student-loan/student-loans/student-loans-permanent-disability-benefit.html>

74 *Enhancing Accessibility in Post-Secondary Education Institutions: A Guide for Disability Service Providers* (National Educational Association of Disabled Students), 5. Accessed online: <http://www.neads.ca/en/norc/eag/>

75 *Enhancing Accessibility in Post-Secondary Education Institutions: A Guide for Disability Service Providers* (National Educational Association of Disabled Students), 6. Accessed online: <http://www.neads.ca/en/norc/eag/>

76 *Making the Case for Investing in Mental Health in Canada* (Mental Health Commission of Canada), 4. Accessed online: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

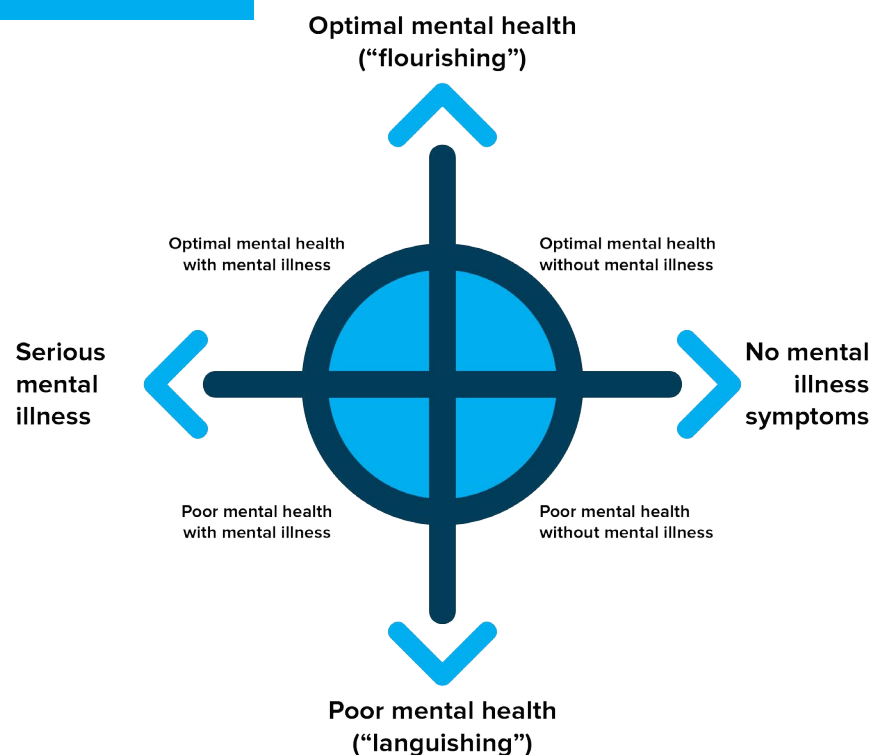
77 *Changing directions, changing lives: The mental health strategy for Canada* (Mental Health Commission of Canada, 2012), 15. Accessed online: <http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

also be extremely debilitating.⁷⁸ This is particularly true for post-secondary students, for whom every assignment, every class and every semester can have a pronounced impact on their academic success. As the MHCC emphasizes, the “two-continuum model” of mental health (see Figure 1) shows the complex relationship between well-being and mental health. As Figure 1 shows, “The two-continuum model reflects the fact that a person may have poor mental health but no diagnosable mental illness. Similarly, a person with a mental illness can experience a high level of mental health, in the sense of having a positive outlook, and feeling engaged and satisfied in life.”⁷⁹ Students need greater flexibility in accommodations available to them regardless of their place on the continuum at a given time. A reconsideration of the emphasis in student

loan programming and at many post-secondary institutions on permanent disabilities is needed to address how best to meet student needs given the spectrum of mental health problems and illnesses.

The current structure of financial aid does not facilitate the kind of flexibility in course load that students sometimes need. The 2012 Canadian Survey on Disability reports that more than half of those over the age of 15 who were surveyed, who were either current or recent students, took fewer courses and took longer to achieve their degree. Additionally, 45.7% reported having their education disrupted due to disability, and 41% reported discontinuing their education due to disability.⁸⁰ According to an annual survey of graduating students, 4% of students who graduated in 2015 had interrupted their program for at least one

Figure 1:
Dual Continuum Model of Mental Health and Mental Illness



Source: “Dual Continuum Model of Mental Health and Mental Illness,” *Healthy Minds Healthy Campuses*. Accessed online: <https://healthycampuses.ca/project/post-secondary-student-mental-health-guide-to-a-systemic-approach/>; Adapted from: MacKean, 2011; The Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and Canadian Mental Health Association, Ontario; based on the conceptual work of Corey Keyes

78 Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, “Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues,” *Journal of Postsecondary Education and Disability* 28 no. 3 (2015).002-eng.htm

79 “No More ‘Us’ and ‘Them’: Integrating Recovery and Well-Being into a Conceptual Model for Mental Health Policy,” *Canadian Journal of Community Mental Health* 34, no. 4 (2015): 37. Accessed online: <http://www.cjcmh.com/doi/pdf/10.7870/cjcmh-2015-010>

80 Christine Bizier, Carley Marshall and Gail Fawcett, *Canadian Survey on Disability, 2012*, 2012 (Statistics Canada, 2014). *Mental health-related disabilities among Canadians aged 15 years and older, 2012* (Statistics Canada, 2014). Accessed online: <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2014>

term due to illness.⁸¹ Students receiving CSLP financial aid who require a reduced course load risk hitting their lifetime funding limits before they are able to complete their studies. As a result, these students may not have the financial resources necessary to complete their programs, or may be unable to pursue additional studies.⁸² Students with mental health problems and illnesses who attempt to maintain a full-time schedule, in spite of the challenges this could pose, might not have the time or flexibility to also pursue part-time work. This means foregoing an important

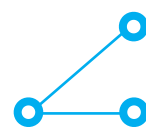
“The current structure of financial aid does not facilitate the kind of flexibility in course load that students sometimes need.”

source of funding for a significant proportion of post-secondary students.⁸³ Relatedly, the CSLP does not offer a health-related leave option for students who might need to take time away from their studies for reasons related to health (including mental health). Depending on the length of time away, students taking health-related absences might have their loans enter repayment. This also means their loans start accumulating interest, which does not happen for the duration of a student's studies.

“45.7% reported having their education disrupted due to disability, and 41% reported discontinuing their education due to disability.”



Financial difficulties for students with mental health problems and illnesses can continue after graduation. While the government offers a student loan repayment assistance plan for borrowers with permanent disabilities (the RAP-PD), similar problems as those discussed above arise around obtaining proof of permanent disability in a timely and financially



Students with disabilities graduate with 60% more debt than the average

accessible manner. As in the discussion above, the “permanent disabilities” definition for RAP does not capture the full spectrum of mental health experiences. In addition, students with mental health problems and illnesses who earn a higher income may not qualify for debt reduction or repayment assistance, even though students with disabilities graduate with 60% more debt than the average, meaning student loan payments are significantly higher and take longer to pay off.⁸⁴

81 2015 Graduating University Student Survey (Canadian University Survey Consortium, 2015), 11. Accessed online: http://www.cusc-ccreu.ca/CUSC_2015_Graduating_Master%20Report_English.pdf

82 *Opening the Door: Reducing Barriers to Post-secondary Education in Canada* (Ottawa: Senate of Canada, 2011), 67. Accessed online: <https://sencanada.ca/content/sen/committee/411/soci/rep/rep06dec11-e.pdf>

83 A. Bristow & S. Nestico-Semianiw, *We Work Hard for Our Money: Student Employment and the University Experience in Ontario* (Toronto: Ontario Undergraduate Student Alliance, 2014). Accessed online: https://d3n8a8pro7vnm.cloudfront.net/ousa/pages/101/attachments/original/1473428240/2014-06_-_We_Work_Hard_for_our_Money_document.pdf?1473428240

84 C. Kenopic & J. Simpson, *Constitutional challenge with Canada Student Loans Program* (Canadian Hearing Society, 2011). Accessed online: <https://www.chs.ca/news/constitutional-challenge-canada-student-loan-program>

Recommendations:

- » The creation of a CSLP grant for students with financial need to help cover the cost of the assessments and documentation necessary to acquire mental health accommodations
- » Assessment of the interplay between mental health and the “permanent disabilities” definition used by CSLP and post-secondary institutions, in consultation with stakeholders, with the goal of improving the definition so that it better facilitates accessibility for all students. This should include a consideration of adding the term “prolonged” disabilities to the existing definition, in order to address the needs of more students with disabilities and mental health problems and illnesses. The CSLP assess, in consultation with stakeholders, ways to improve program options available to students with disabilities and students with mental health problems and illnesses. This assessment should include, but not be limited to, considerations of:
 - » Improving loan repayment options for borrowers with mental health problems and illnesses who are unable to follow the regular repayment plan
 - » Providing options for health-related leave from loan repayment and interest accrual in instances where a student must take time away from their studies
 - » Expanding CSLP lifetime limits for students with disabilities and for students who may require longer study periods related to mental health

Case Study: Recommendations for Best Practices from the National Educational Association of Disabled Students (NEADS)

In 1999, NEADS studied practices in accessibility on Canadian post-secondary campuses. Surveying both students and service providers, the results were published in a report entitled *Working Towards a Coordinated National Approach to Services, Accommodations and Policies for Post-Secondary Students with Disabilities*.⁸⁵ Although not specifically focused on mental health, this project's discussion is highly relevant in its identification of diverse barriers and recommendation of necessary practices that continue to be crucial and applicable. The project concluded with a list of recommendations for best practices. Relevant suggestions include:

- A system of flexible funding that can be adapted to meet the varied needs of each student and of specific academic programs, and that is based on actual, rather than expected or average costs
- Better advertising of services and supports provided by institutions to students with disabilities
- The recognition of all students with disabilities and the creation and provision of diverse types of supports to address “the range of disability needs”
- Improved access to testing and diagnostic services so that all students who need accessibility documentation are able to acquire it
- Academic accommodations policies that address “problems of a disability-specific nature”
- Training for all faculty and staff on disability awareness, including training on “invisible disabilities”
- “Organized action to ensure representation and integration of accessibility within all aspects of campus life”⁸⁶
- These are only some of the important recommendations made by NEADS more than fifteen years ago that highlight continued barriers to access and disparities in post-secondary experiences. Many of the principles around the importance of accessibility, accommodation, training, and funding are applicable to the issue of mental health on post-secondary campuses.

⁸⁵ D. Hubka & E. Killeen, *Working Towards a Coordinated National Approach to Services, Accommodations and Policies for Post-Secondary Students with Disabilities* (National Education Association of Disabled Students, 1999). Accessed online: http://www.neads.ca/en/about/projects/nasp/nasp_intro.php

⁸⁶ D. Hubka & E. Killeen, *Working Towards a Coordinated National Approach to Services, Accommodations and Policies for Post-Secondary Students with Disabilities* (National Education Association of Disabled Students, 1999). Accessed online: http://www.neads.ca/en/about/projects/nasp/nasp_intro.php

Conclusions and Recommendations

Students with mental health problems and illnesses are increasingly pursuing opportunities in post-secondary education. Barriers to participation and success, however, have resulted in a range of persistent challenges related to the accessibility of appropriate services and stigma. Many students hesitate about accessing supports related to mental health, perhaps in part due to negative attitudes from peers and professors, who too often react with skepticism to requests for accommodation related to mental health. Financial aid options exist but are too limited, and campus mental health services are strained. It is deeply concerning that students with mental health problems and illnesses have some of the highest non-completion rates of all post-secondary students.⁸⁷

Mental health problems and illnesses are made more complex through interconnected issues of poverty, unemployment and workplace discrimination. To help students develop lifelong resilience and strength, mental health must be supported in a comprehensive fashion during post-secondary studies, when symptoms are most likely to manifest and when timely support can lead to lifelong benefits.

Several promising research and policy initiatives in Canada and abroad can inform CASA's approach to reducing barriers and improving student mental health. In order to better address and promote mental health on campus, CASA recommend the following measures:

- » The creation of a national working group, involving diverse representation from students and other post-secondary stakeholders in Canada, to establish best practices for promoting mental health and facilitating consistent and effective accommodations and accessibility practices across Canadian post-secondary institutions.

- » Federal funding targeted at existing and new mental health initiatives, supports and accessibility tools on Canadian campuses.
- » Active support by the federal government of campaigns at post-secondary institutions across the country aimed at decreasing stigma and increasing knowledge of mental health and the rights of students.
- » A national body to collect data on mental health in post-secondary education. Responsibilities should include identifying topics needing further research, collecting and assessing new data and assembling and analyzing the diverse data already amassed by stakeholders.
- » The creation of a CSLP grant for students living with mental health problems and illnesses with financial need to help cover the cost of mental health assessments required to obtain academic accommodations.
- » The CSLP work with stakeholders to ensure that its definition of permanent disabilities reflects and responds to the diverse situations of students, including the accommodation needs of students with mental health problems and illnesses.
- » The CSLP develop improved program options for students with disabilities and students with mental health problems and illnesses, including improved loan repayment options, health-related leave options and expanded lifetime repayment limits.
- » A commitment by the federal government to increasing mental health investments in accordance with the MHCC's funding proposals outlined in its Canadian mental health strategy.⁸⁸

⁸⁷ Condra, Dineen, Gauthier, Gills, Jack-Davies & Condra, "Academic Accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues," *Journal of Postsecondary Education and Disability* 28 no. 3 (2015): 281; *Opening the Door: Reducing Barriers to Post-secondary Education in Canada* (Ottawa: Senate of Canada, 2011), 28. Accessed online: <https://sencanada.ca/content/sen/committee/411/soci/rep/rep06dec11-e.pdf>

⁸⁸ *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. (Calgary: Mental Health Commission of Canada, 2012), 127. Accessed online: <http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

Our Members



About CASA

Established in 1995, the Canadian Alliance of Student Associations (CASA) is a non-partisan, not-for-profit, student organization composed of 22 student associations representing 255,000 post-secondary students from coast to coast. Through its partnership with the Quebec Students Union (QSU) and its 8 members representing 79,000 students, CASA presents a national student voice to the federal government. CASA advocates for a Canadian post-secondary education system that is accessible, affordable, innovative and of the highest quality.



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