

**Mental Health in British Columbia's Post-Secondary Institutions'
Disability Policies**

by

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Abstract

In British Columbia's public post-secondary institutions, the needs of students living with physical or psychological disabilities are usually addressed through a dedicated disability policy. This approach focuses on making accommodations for eligible students but because mental illness is often less visible than physical impairment, it tends to be forgotten in policy design. As a result, students living with mental illness do not receive a comparable level of institutional support. This inadvertent exclusion creates a service gap that disadvantages students living with mental illness because of the very policies that are meant to support them.

With a focus on shrinking this service gap, a review of existing post-secondary disability policies in BC is supplemented by academic literature on post-secondary mental health, as well as stakeholder interviews, all of which are used to develop policy options that will help to alleviate this gap. The policy alternatives are evaluated, and a recommendation is made.

Keywords: Mental health; mental illness; post-secondary institution; student; disability policy

*For Ian,
you are brightest part of each and every day.*

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List of Acronyms

BC	British Columbia
PSI	Post-Secondary Institution
UD	Universal Design
UDL	Universal Design for Learning
QALY	Quality-Adjusted Life Year
DALY	Disability-Adjusted Life Year
HRQOL	Health-Related Quality of Life
HPU	Health Promoting University

Executive Summary

This study focuses on the service gaps facing students living with mental illness in British Columbia's (BC's) Post-Secondary Institutions (PSIs). Because mental illness is often hard to detect, it is often easily forgotten in post-secondary planning. While many of BC's twenty-five public post-secondary institutions have disability policies that are meant to protect students, the invisibility of mental illness means that it is often left out of these critical documents. In order to ameliorate this service gap and to provide a healthy environment to students, PSIs need to include a focus on mental illness in their institutions. Counselling and disability centres are not enough to meet the needs of this vulnerable population.

Many mental illnesses begin to present in the 17-25 year old age range, which coincides with the age at which many students begin to attend post-secondary institutions. These underlying biological tendencies toward mental illness can be exacerbated by the numerous stresses that students attending post-secondary institutions for the first time face; everything from finances to relationships to grades can affect the mental health of those attending a PSI. Because of the negative effects associated with the non-completion of a degree or similar measure, it is important that mental illness be addressed in PSIs. To do so, there have been a number of strategies suggested in the relevant literature. First, there is Universal Design, which aims to focus on proactively including measures that will help all students. Additionally, there is the Healthy approach to schools, cities, and universities, which stresses the importance of a holistic approach to community health.

Because of this study's focus on British Columbia's PSIs, I conducted a thematic analysis of all 25 of the PSIs' disability policies available online. In order to gain further knowledge on the barriers and facilitators that students living with mental illness at BC's PSIs face, I conducted seven primary interviews. Using the literature review, disability policy thematic analysis, and primary interview thematic analysis, I created three policy alternatives. Upon their creation, I conducted five expert interviews to assess the feasibility of the alternatives.

The key finding from the thematic analysis of the disability policies was that of 25 BC PSIs, only 14 made any mention of mental health. This analysis was further broken down into areas for improvement and positive practices. This resulted in the identification of the themes of timing, the importance of definitions, and confidentiality. The thematic analysis of the primary interviews led to the identification of services, classroom factors, and campus factors as key themes.

Taken together, these themes were translated into the policy alternatives of targeted interventions, Universal Design, and a whole institution approach. These three alternatives were then compared to the four criteria of effectiveness, stakeholder acceptance, cost, and positive externalities. As these were policy alternatives rather than policy options (which would imply that one must be chosen over the others) this study recommends the implementation of both targeted interventions as well as Universal Design for Learning, with a focus on the eventual development of a whole institution approach.

1. Introduction

This study is focused on developing policy-related solution to the issue of mental health's inadequate inclusion in British Columbia's (BC) public post-secondary institutions' disability policies. By neglecting to include mental health in disability policies, or by failing to include it in a substantive way, students at BC's post-secondary institutions who are living with mental illness are not able to do their best in an academic setting. At its most basic, such poor provision on the part of the public post-secondary institutions can lead to a reduced quality of life for students experiencing unsupported mental illness, and it can lead to a host of negative impacts, ranging from dropping out of school to the potential for students to take their own lives.

Students in BC's public post-secondary institutions who have either a permanent or temporary physical disability tend to be the focus of disability policies. Because mental illness is often not visible, it tends to be forgotten by those developing policies. Even though mental illness can be as debilitating as a physical disability, it's invisibility means that it is often neglected in disability policies.

There is a growing recognition on the part of post-secondary institutions that their role goes beyond instructing and educating students; they must also provide a healthy environment in which to do so. In keeping with this theme, this study will argue that mental health deserves to be substantively included in disability policies and that there should be greater attention paid to the aspects of post-secondary education that can affect students' mental health.

The focus of this research will be on mental health in a post-secondary setting. A careful review of the existing post-secondary disability policies in BC will be supplemented by academic literature on post-secondary mental health. This study will be comprised of a literature review, analysis of policy documents, and interviews, which will be followed by the presentation of policy alternatives and recommendations.

2. Background

2.1 What is Mental Health?

Positive mental health is the ability to meet life's challenges ("The Human Face of Mental Health and Mental Illness in Canada 2006" 4). A person experiencing positive mental health will be able to adapt and react to the challenges found at school, at work, in relationships ("The Human Face of Mental Health and Mental Illness in Canada 2006" 4) and in every other facet of life. This is not to say that people experiencing positive mental health are continually happy, or do not have bad days, but positive mental health is about "striking a balance in all aspects of your life: social, physical, spiritual, economic and mental" ("Your Mental Health") on a regular basis.

2.2 What is Mental Illness?

Having now defined what positive mental health is, we can turn to an examination of mental illness. As defined in "The Human Face of Mental Health and Mental Illness in Canada 2006," "[m]ental illness are characterized by alterations in thinking, mood or behaviour – or some combination thereof - associated with significant distress and impaired functioning" (2). Due to pervasive stigma attached to mental illness in many parts of Western society, many people do not realize that mental illness can affect anyone, no matter their background or current situation ("The Human Face of Mental Health and Mental Illness in Canada 2006" 32). While there are some mental illnesses that have a genetic factor, this is not the only cause (American Psychiatric Association). A person's environment and personality ("The Human Face of Mental Health and Mental Illness in Canada 2006" 43) have also been shown to be factors in the onset of mental illness.

Common mental illnesses include:

- Depression
- Anxiety
- Bipolar disorder
- Schizophrenia
- Anorexia
- Bulimia
- Addictions (“Mental Health Information”)

Within each illness there is a range of levels of severity, but regardless of this, “[m]ental illness affects every aspect of an individual’s life” (“The Human Face of Mental Health and Mental Illness in Canada 2006” 38). Additionally, many mental illnesses are episodic in nature. In this study, mental illness as a whole will be focused on, rather than specific examples of mental illnesses due to the importance of understanding mental illness as a wide-reaching societal issue.

It should be noted that developmental disabilities such as cerebral palsy and Down's Syndrome are not included in this study because they are “lifelong condition[s]” (Jacobs, Dewa, Lesage, Vasiliadis, Escobar, Mulvale, and Yim 6) rather than afflictions. It is important to understand what mental health is not only as a concept, but also as a real issue that affects millions of Canadians.

2.2.1 Mental Illness: Prevalence Statistics

Another aspect of mental illness that is often overlooked due to the effects of stigma as well as the difficulty in diagnosis is the prevalence of mental illness. Based on a Canadian survey completed in 2003, there were “1.9 million Canadian[s]...diagnosed with [a] mental illness” (Lim, Jacobs, and Dewa 1) and 1.6 million who had not received treatment but “reported symptoms” (Lim, Jacobs, and Dewa 1) of mental illness. Based on population data at the time, this study suggested that 10% of Canadians were

affected by mental illness (Lim, Jacobs, and Dewa 1). This static snapshot of mental illness prevalence in Canada is in keeping with a statistic from the Canadian Mental Health Association, British Columbia Division that states that “[i]n BC, mental illness will affect 1 in 5 people; that’s almost 900,000 British Columbians” (“Mental Disorders”). Because millions of Canadians are afflicted with mental illness each year, there are costs associated with it that bear consideration. If this 1 in 5 statistic were applied to the 2005/2006 data on BC post-secondary enrolment (both full and part time) of 100,551 students, this would mean that 4,022 students in BC would be affected by mental illness (“Table D.1.4 College enrolment, by sex, registration status and program type, Canada, provinces and territories, 2000/2001 and 2005/2006”).

3. Literature Review

3.1 The Costs of Mental Illness

Due to the prevalence of mental illness in Canada, it is not surprising that this is a costly public health issue. Despite the gravity of the situation, mental health care has been chronically underfunded, as both “the Kirby and Romanow Commissions” (Lim, Jacobs, and Dewa ii) have pointed out. It should be noted that this literature review regarding costs is focused on labour statistics and health measures, and does not take into account welfare, or externalities such as lecturer investment. These costs are difficult to measure and thus there is not much data available on them. It should also be noted that although this study focuses on economic measures, the quality of life issues attendant in mental illness are serious and should not be forgotten.

Before looking at costs associated with mental illness, it is important to differentiate between direct and indirect costs. While direct costs refer to items such as services, indirect costs refer to lost opportunities, such as productivity losses (Lim, Jacobs, and Dewa 4). These productivity losses can be seen in lost opportunities such as work missed due to mental illness. These two different types of cost, along with a health economics approach to understanding mental illness will be explored to better outline why mental health is important, which in turn will help to clarify why the mental health of students is important.

As with any measure of cost, there are a number of different aspects, such as disability payments and services that comprise direct costs for mental illness spending in Canada. First, as of 2010, Canada’s spending on mental illness has been estimated at \$14.3 billion, with \$10.6 billion of that going toward services and the remaining \$3.7 billion for disability payments (Jacobs, Dewa, Lesage, Vasiliadis, Escobar, Mulvale, and Yim 9). This is dramatically higher than the estimated \$4.7 billion in 1998 (Lim, Jacobs, Ohinmaa, Schopflocher, and Dewa 92). In terms of per capita spending, a 2007/8

Canadian Institute for Health Information study put it at \$244, which works out to roughly 7.2% of overall health spending (Jacobs, Dewa, Lesage, Vasiliadis, Escobar, Mulvale, and Yim 15). These types of costs can be contrasted with indirect costs that are associated with mental illness.

Aside from direct spending on services, there are a number of ways of summing the indirect spending on mental illness. One of the primary ways is by examining lost wages ("Mental Health Policy Project Policy and Service Guidance Package: Executive Summary" 10). According to one 2003 study, the lost wages due to mental illness in British Columbia was 0.87 percent of the province's Gross Provincial Product (Jacobs, and Dewa et al. 22). Another common factor to look at is "lost productivity due to short- and long-term disability and premature mortality" (Lim, Jacobs, Ohinmaa, Schopflocher, and Dewa 92) which was estimated at \$3.2 billion in 1998 (Lim, Jacobs, Ohinmaa, Schopflocher, and Dewa 92). This estimate also rose over time to \$14.1 billion in 2003 (Lim, Jacobs, and Dewa 1). As previously outlined, these two types of cost (direct and indirect) can be supplemented by an overview of health economics measures of cost which takes into account health and quality of life.

In the discipline of health economics, there are several different measures used to assess the impact of various health-related concepts. Two of the most commonly used measures are Quality-Adjusted Life Years (QALYs) and Disability-Adjusted Life Years (DALYs), both of which are related to the broad measure of Health-Related Quality of Life (HRQOL). These measures take into account morbidity or the disease burden as well as premature mortality to show the differences between quantity and quality of life ("QALY"). These three concepts will be outlined to better delineate how spending on mental illness can be quantified.

QALY: Quality-adjusted life years assign numerical values to different states of health over the course of a year ("QALY"). A one on the scale is equivalent to a year of excellent health, and anything falling between zero and one represent different (lesser) qualities of life ("QALY"). This measurement is used to help those allocating health care dollars to areas in which their investment could have the greatest impact (Weinstein, Torrance, and McGuire S5). In terms of relating this measure to mental illness spending, QALYs were used as one part of the total economic cost of mental illness in Canada,

and in this particular study, a value (\$50,000/QALY) was assigned and used to calculate a total effect of mental illness at \$28 billion in 2003 (Lim, Jacobs, Ohinmaa, Schopflocher, and Dewa 96). Closely related to this concept of quality-adjusted life years is that of disability-adjusted life years.

DALY: Disability-adjusted life years refer to a combination of years of life lost (YLL) and years lived with disability (YLD) (Lim, Jacobs, and Dewa 13). According to the World Health Organization (WHO), mental illness is responsible for 13% of all DALYs in the world (“WHO Metrics: Disability-Adjusted Life Year (DALY)”). In Quebec, which has widely available statistics regarding DALYs in their province, a 2012 estimate suggested that mental health issues were responsible for 177,143 DALYs (Martel, and Steensma 3). Both QALYs and DALYs are closely linked to a broader understanding of a health-related quality of life.

HRQOL: The measure of health-related quality of life is primarily meant to measure changes in individual’s pain levels (Lim, Jacobs, Ohinmaa, Schopflocher, and Dewa 92) to help assess the total economic costs associated with a disease. A study from 2003 found that the detrimental effect of mental illness on the overall HRQOL was around \$18.8 billion (Lim, Jacobs, and Dewa 1).

3.1.1 Summary

As shown through various measures and different understandings of cost, mental illness is a significant disease that has profound effects on both the Canadian and global economy. Thus, mental illness deserves further study and attention at levels ranging from the workplace to post-secondary institutions.

3.2 Why does Mental Health Matter in Post-Secondary Institutions?

With a definition in place regarding mental illness, as well as an examination of attendant costs, the next step is to establish why this is a problem that post-secondary institutes (PSIs) should be concerned with. The reality is that the typical age of students attending PSIs overlaps nearly completely with the age that mental illness typically begin

to present at; between the ages of 17 and 25 (Collins, and Mowbray “Higher Education” 304). While some mental illnesses begin to develop before the PSI age range, between 15 (“The Human Face of Mental Health and Mental Illness in Canada 2006” 34) and 18. (“Learn About Mental Disorders in Children and Youth” 1), there are a combination of factors that present during a student’s time at a PSI that lend themselves to increased risk for the development of mental illness. Most importantly, the scale of changes (“The Human Face of Mental Health and Mental Illness in Canada 2006” 38) faced by those in PSIs, which ranges from coping with different living situations to establishing themselves in different social groups, all of which place increased stress on those attending PSIs. These combinations lead PSI-age people to have the highest (39%) concentration of “past-year prevalence rate[s]” (Collins, and Mowbray “Higher Education” 305) of mental illness. Thus, based on these statistics, the focus of this study will be on undergraduate students, rather than mature students. To better understand these findings, it is important to analyze the causes of mental illness in PSIs.

3.2.1 Causes of Mental Illness in PSIs

One of the primary factors that negatively impacts student mental health at post-secondary institutions (PSIs) is ‘stress’ (“The Human Face of Mental Health and Mental Illness in Canada 2006” 8). Stress can be defined as the response “when we are not sure how to handle an event or a situation” (“Stress”). In addition to the breadth of changes that students face upon transition from high school, they also tend to have increased stress levels due to financial pressures, school, and personal factors such as changing relationships (“The Human Face of Mental Health and Mental Illness in Canada 2006” 8). A change in social relations that often occurs with the advent of a student’s time at PSIs (“The Human Face of Mental Health and Mental Illness in Canada 2006” 7) also contributes to their stress levels because it can change the social safety net that they had until the advent of their post-secondary career. These common sources of stress can be compounded by a PSI’s negative approach to disability on campus (Katsiyannis, Zhang, Landmark, and Reber 35). Additionally, those students who have not previously experienced a mental illness may not be familiar with supports offered.

Any analysis of causes would be incomplete without an accompanying analysis of the attendant effects.

3.2.2 Effects of Mental Illness in PSIs

Unfortunately, “[h]aving a mental illness can affect an individual’s motivation, concentration, and social interactions – factors that are necessary for success in higher education” (Collins, and Mowbray “Higher Education” 305). This detrimental effect on student’s academic achievements (Brockelman 271) leads to a very high dropout rate (86%) amongst those identified as having a mental illness (Collins, and Mowbray “Higher Education” 304). While this is obviously not ideal, it is not the worst possibility facing students living with a mental illness. For those students, there is a very high risk of suicide (“The Human Face of Mental Health and Mental Illness in Canada 2006” 40). With such dire consequences, it is clear that this is a pressing issue in PSIs.

To be clear, a student experiencing a mental illness does not suffer alone. Their illness has impacts on the whole campus community (Trela 30), which furthers the argument to give mental health issues priority. While many campuses have counselling centres, medical centres, and in some cases mentorship programs in place, there are still numerous ways for students living with mental illness to experience hardship in PSIs. Though there are obvious well-being issues attendant upon mental illness, there are also a range of costs that accompany it. On an individual level, there is an “impact on the ability to work and earn an income,” (Drake, Bond, Thornicroft, Knapp, and Goldman 111) while on a societal level the people experiencing mental illness “become socially and economically marginalized, often with [a] long-term dependency on services” (Drake, Bond, Thornicroft, Knapp, and Goldman 111). Additionally, a feature of many types of mental illness is that they “tend to be chronic, [and thus, the] economic burdens [caused by mental illness can] persist for many years” (Drake, Bond, Thornicroft, Knapp, and Goldman 112). These effects are influenced by a number of barriers that students face at PSIs.

3.2.3 Barriers Facing Post-Secondary Students Experiencing Mental Illness

For students experiencing mental illness at a post-secondary institution (PSI), there is a range of barriers that they can encounter. First, there are barriers of a personal nature that they have to contend with. These include issues faced by other post-secondary students, such as settling in to the post-secondary lifestyle and expectations (Belch 81), as well as how to manage their illness (Belch 81). Additionally, the power of stigma and its effect on students experiencing mental illness should not be underestimated. Stigma can further isolate those students whose illness has already set them apart (Belch 82).

The impact of the stigma surrounding mental illness cannot be underestimated. A fear of stigmatization or of appearing weak (Storrie, Ahern, and Tuckett 4) can lead individuals to decide not to seek medical or professional help (Lim, Jacobs, and Dewa 44), which in turn can lead to negative life consequences such as job loss, lack of connection to social groups, and a general deterioration of one's quality of life ("Mental Health Policy Project Policy and Service Guidance Package: Executive Summary" 10). The frequently reported "sense of social isolation associated with the stigma of mental illness" (Storrie, Ahern, and Tuckett 1) does little to encourage students to seek help. Additionally, stigma surrounding mental illness is compounded by student fears about their confidentiality with this sensitive subject (Stanley, and Manthorpe 49). Not only is there a worry about the information that they disclose to support staff, there are also issues around the physical location of support services. While placing a support centre far away from the most frequented areas of campus could be a disincentive for students to visit, having a dedicated mental health support centre in a highly visible location could also be a deterrent to students. Finally, those who do not receive help deepen the economic and social consequences of mental illness. The importance of stigma should thus be kept in mind when analyzing mental illness-based statistics.

Second, there are a number of institutional barriers facing students living with mental illness. These institutional barriers can be seen in curriculum design and institutional policies. Studies have suggested that PSIs should "create environments that offer meaningful access, full integration and inclusiveness, and opportunity for

educational success” (Belch 74), but this is only possible with the full support of a number of different stakeholders at the PSI level (Collins, and Mowbray “Understanding” 449). Additionally, large class sizes can create a barrier between students and their lecturers, which can mean that lecturers would not recognize any signs of mental illness in their students since they do not know them very well.

This is all made even more difficult by the climate of fiscal conservatism that leads to services being reduced or cut completely (Collins, and Mowbray “Understanding” 445). Even if services continue to be funded (Collins, and Mowbray “Understanding” 432), that does not eradicate the other barriers students face.

Complicating all of these factors is the problem of the lack of scholarly research regarding students in PSIs living with mental illness (Collins, and Mowbray “Understanding” 432). This can partially be attributed to the difficulty in identifying this specific population (Brockelman 274) when they may not use the campus services or supports.

Between personal and institutional barriers, it is clear that PSI students living with mental illness do not have an easy path to follow. Despite this difficulty, it is clear that PSI attendance and completion is important to all students.

3.2.4 Benefits of Attendance and Completion at a PSI

For many job sectors today, the attainment of a degree or some measure of higher education has become a necessity; this necessity does not discriminate between those with mental illnesses and those without (Collins, and Mowbray “Higher Education” 304). The completion of a post-secondary degree has been shown to help individuals find fulfilling careers (Dooris, and Doherty 2) and even to help contribute positively to their mental health (“The Human Face of Mental Illness in Canada 2006” 11). Because of the difficulties that students living with mental illness face, they often do not complete their academic goals in the PSI setting, which can have decidedly negative consequences.

3.2.5 Effects of Non-Completion at a PSI

For those students struggling with mental illness who have not yet sought out help, the effects are palpable. If mental illnesses force students to take a break from their studies, they generally do not return (Collins, and Mowbray “Higher Education” 304). There are obvious scholarly effects of untreated mental illness, namely a lower GPA (Byrd, and McKinnney 191) compared to those not currently experiencing an illness. This lowered GPA can in turn cause students with mental illness greater stress, which can serve to perpetuate their illness or cause them to drop out all together.

Leaving post-secondary institutions (PSIs) before the completion of a degree or other certification has a wide range of negative consequences (“The Human Face of Mental Illness is Canada 2006” 11). The lack of qualifications necessary for a high-paying career can lead to poverty, un- or under-employment, and poor health outcomes (“The Human Face of Mental Illness is Canada 2006” 11). This is not to say that all of those without a degree or certification will fall into poverty, just that they are less likely to have high-paying jobs that would be possible with the successful completion of time at a PSI. With these statistics in mind, it is important to examine current trends at PSIs.

3.2.6 Current Trends/Statistics

What is most alarming about the issue of students at post-secondary institutions (PSIs) experiencing mental illness is that it is a growing problem. As of 2003-4, an American study suggested “11.3% of undergraduates reported having a disability” (Katsiyannis, Zhang, Landmark, and Reber 35), and of those 11.3%, 21.9% reported having a mental illness (Katsiyannis, et al. 35). A study from the same year in Canada “suggests that there are over 100,000 students with disabilities currently enrolled in Canadian postsecondary education” (Fichten, et al. 72). In order to ensure that students living with a mental illness are not further marginalized in our PSI system (Collins, and Mowbray “Higher Education” 306), action needs to be taken.

3.3 Disability Policy

In the post-secondary institution context, disability policies are written in documents that outline what accommodations will be made to ensure that students with disabilities have full access to courses as well as the wider campus environment. These policies frequently situate their mandate in terms of compliance (such as the University of British Columbia) with legislation such as the British Columbia Human Rights Code of 1973 and the Canadian Charter of Rights and Freedoms of 1982. These documents outline the responsibilities of the institution and of the students in regards to disability accommodations.

Policies, though bureaucratic, are not neutral documents; they are value-laden ("Mental Health Policy Project Policy and Service Guidance Package: Executive Summary" 8) expressions. By adopting institution-wide strategies concerning disabilities, there is a sense of cohesion ("Mental Health Policy Project Policy and Service Guidance Package: Executive Summary" 8) created. The challenge for mental health advocates is to ensure that disability policies are crafted with mental health in mind ("Mental Health Policy Project Policy and Service Guidance Package: Executive Summary" 11). This is important because all policies have the potential to impact on mental health ("Mental Health Policy Project Policy and Service Guidance Package: Executive Summary" 11). In order to achieve the aim of integrating mental health into a wider policy PSI arena, some institutions design "[m]ental health plan[s]" ("Mental Health Atlas 2011" 20), which can help to provide a clearly outlined way forward ("Mental Health Atlas 2011" 20) for the institution. These plans can also take into account other support services such as on-campus counselling centres and administrative staff-based support. Given these factors, disability policies can provide a stable support for students living with disabilities at PSIs.

3.3.1 What Can Positive Disability Policies Accomplish?

The inclusion of mental health considerations within campus disability policies can help to create a "healthy campus community" (Lowe A3). This would help to ensure that those students struggling with mental illness in post-secondary institutions (PSIs) would get the support they need that can help them not only stay enrolled but to work

toward recovery. A greater emphasis on the inclusion of mental health in disability policies has to be supported by an “[institution’s] academic and administrative leaders” (Lowe A5) for it to succeed. Additionally, a mental health focus should not be limited to strictly disability policies, rather, it should be applied to all PSI policies.

3.3.2 PSI Issues Through a Disability Lens

As important as it is for post-secondary institutions (PSIs) to have disability policies, if they are not implemented properly or fully then they will not make a positive contribution to the lives of students with disabilities. There are several factors that can impede the implementation of disability policies. A key factor is the lack of lecturer support. Some lecturers have suggested that providing accommodations to some students dilutes the quality of their course (Katsiyannis, Zhang, Landmark, and Reber 42). Additionally, not all lecturers and administrative staff fully understand the processes and practices involved in providing accommodations, which leads to their lack of implementation (Katsiyannis, Zhang, Landmark, and Reber 36). Lecturers and staff not recognizing signs or symptoms of mental illness also contributes to the limited implementation of disability policy practices. These issues are common to disability and accommodation policies across PSIs, not specifically those that include mental health. To better contextualize the issues found in disability policies, it is important to examine how British Columbia’s PSIs include mental health.

3.3.3 Disability Policies at British Columbia’s PSIs

Having now established what disability policies are and outlining common problems with their implementation, this study will assess PSIs in BC with regard to their inclusion (or exclusion) of mental health considerations. A full summary of these findings can be found in Chapter 5.

In British Columbia, all post-secondary institutions offer disability services to their students, but not all PSIs have dedicated disability policies that outline the terms of this service provision. Although the quality of service provision in institutions that have disability policies can vary, in those institutions that lack a disability policy, service

provision could vary greatly and thus could have a negative impact on students with disabilities.

An unfortunate similarity for 11 of the PSIs is that they have no clear definition of what they consider to be a disability. This is problematic not only for students experiencing mental illness but also for a range of other students as well. Without establishing criteria, students cannot know whether or not they meet them.

A problematic practice shared by 9 PSIs is the lack of a set accommodation policy. This is compounded because of these 9 PSIs, 6 also lack a clear definition of disability. Thus, in these PSIs, students may be unsure if they qualify as disabled, which is a diagnosis that could allow them to access accommodations. Additionally, without a set accommodation policy, the accommodations that students receive from one semester to another or one lecturer to another may vary greatly. Furthermore, without adequate accommodation policies, students may have to disclose their status to each lecturer they are in contact with, which can be incredibly difficult to do due to the stigma surrounding mental illness.

Another prominent barrier for students with mental illness seeking accommodations is timing. The onset of a mental illness may not be recognized immediately, or it may occur at any point during the school calendar. While some students may have ongoing or recurring episodes of mental illness, this is not always the case. The variable nature of mental illness means that students may not be aware of any developments or may not feel comfortable disclosing them prior to commencing their studies at a PSI. Despite this, 16 of British Columbia's 25 PSIs require students to declare a disability upon commencing their studies or even months in advance. 5 PSIs require notification upon commencement, 5 PSIs require 3 months notice from students, 3 PSIs require 4 months notice, 1 PSI requires 6 months notice, and incredibly 2 PSIs require 8 months notice of enrolling with a disability. For someone who is just beginning to experience a mental illness one month before commencing their studies, it would be too late to register at the disability office in 11 of BC's PSIs. This is not to mention the paperwork necessary or the courage necessary to disclose a stigmatized illness at the start of one's studies.

Aside from the necessity for the disclosure of a disability before beginning studies at a PSI, there are a handful of other accommodation practices that can negatively impact on students living with mental illness. Continuing on the timing theme, there are 3 PSIs in BC that explicitly state in their disability policy that they do not grant “late” requests. Again, the diagnosis of a mental illness is not always easy to come to terms with, nor to acquire the formal documentation necessary within strict timelines, so students experiencing mental illness after these cut-off dates may not be able to access accommodations that they would otherwise be entitled to. Additionally, one PSI states that they will reject repeated requests for accommodation. This provision could be damaging for students with recurring mental illness, who may indeed need to seek accommodation repeatedly. Finally, there are 2 PSIs that require students to disclose their disability each semester. Because of the stigma attached to mental illness, it may be difficult for some students to disclose their illness even once, let alone each semester of their post-secondary career. These issues surrounding mental health at PSIs are important, and not just within the confines of campuses.

3.3.4 Why does this matter to the public?

Much as there has been a growing recognition that workplaces (Thorpe, and Chénier 1) need to promote health in order for the general population to be healthy, there needs to be an emphasis placed on post-secondary institutions and their role in creating a healthy environment. As previously established, students attending PSIs are at the age in which mental illness begin to present (Collins, and Mowbray “Higher Education” 304), so for this segment of the population it is vital to develop a healthy environment where they spend the majority of their time. Additionally, it has been shown that those students who do not receive accommodation for their mental illness are at a very high risk of dropping out (Collins, and Mowbray “Higher Education” 304), which leads to the possibility of facing un- or under-employment or absenteeism, as well as the ensuing issues related to poverty, increased welfare costs, and overall healthcare costs (“The Human Face of Mental Illness in Canada 2006” 11). This increased burden of services payments and disability leave payments becomes yet another drain on the country’s economy (Jacobs, Dewa, Lesage, Vasiliadis, Escobar, Mulvale, and Yim 15). Additionally, as shown through the section on health economics measures, there is a

tangible human costs in terms of lost potential and personal suffering. When Canada spends upwards of \$14.3 billion a year (Jacobs, Dewa, Lesage, Vasiliadis, Escobar, Mulvale, and Yim 9) on mental illness-related issues for the population at large, these same issues presented on the campuses of PSIs become a public health problem. Implicit in this study is the notion that PSIs need to dedicate the funds necessary to help prevent the negative impacts of mental illness.

3.4 Universal Design in PSIs

In post-secondary institutions, there is a growing recognition of “the importance of providing complementary and non-stigmatising support for students [that is] responsive to the range of mental health and learning support needs experienced” (Warwick, Maxwell, Statham, Aggleton, and Simon 10). In order to fully address this goal, there needs to be a “focus on prevention of disability as well as treatment and rehabilitation” (Drake, Bond, Thornicroft, Knapp, and Goldman 114). Without fostering a culture that supports ‘help-seeking’ at the post-secondary institution, any services offered will not be as effective as they potentially could be. Although it is beyond reasonable expectations for post-secondary institutions to single-handedly reverse the centuries of stigma that have been built up around mental illness, by raising awareness of this harmful trend and promoting mental health they can help contribute to its eventual eradication. As Storrie, Ahern, and Tuckett suggest, it is important to “[b]uild an inclusive and supportive university-wide ethos” (5) surrounding mental health. Well-crafted and inclusive disability policies will be key to developing a healthy campus environment for students, and as such, it is important to “[consult] widely with students and mental health agencies during the development of such policies” (Warwick, Maxwell, Statham, Aggleton, and Simon 5). To this effect, it is beneficial to turn to an examination of the concept of Universal Design to better understand its applicability at PSIs.

3.4.1 Definition of Universal Design

The principles of Universal Design (UD) have the potential to improve the post-secondary institution experience for students living with mental illness. According to Smith and Buchannan,

“Universal design (UD) refers to a design approach that strives to ensure that environments are useable by the broadest possible spectrum of people rather than being designed to accommodate the needs of either disabled or non-disabled people alone” (259).

A key feature of Universal Design that brings it into sharp contrast with the present system is its emphasis on proactivity (Basham, Israel, Graden, Poth, and Winston 247). While the current system focuses on provide retroactive accommodations to those who have unmet needs, UD proposes that the necessary features for all to flourish are thought of and incorporated pre-emptively. The concept of UD helps to illustrate some of the issues that PSIs are currently experiencing.

3.4.2 Current Issues

Although the physical locations that make up PSIs have become increasingly inclusive towards students with physical disabilities in recent years (for example, the provision of wheelchair ramp access), students living with mental illness have not received the same sort of incorporation in the design stage (Basham, Israel, Graden, Poth, and Winston 244) of policies. Disability offices currently control the accommodations process (Smith, and Buchannan 259), which is problematic for several reasons. Most importantly, this system “places the locus of control in the disability resource office, and reinforces stereotypical thinking about disability” (Smith, and Buchannan 259). For students experiencing an altered mental state, this burden can be exceedingly taxing because it requires them to be proactive, which can be hard for students experiencing depression, for example. Additionally, the stopgap system leads to students continually having to re-apply for accommodations (Smith, and Buchannan 259). Finally, as Smith and Buchannan point out, “the use of individualized accommodations as the sole method for resolving access barriers in the classroom is neither sustainable nor equitable” (259). Universal Design has several beneficial features that can help to ameliorate some of this issues.

3.4.3 Benefits of Universal Design

The inclusion of Universal Design (UD) principles across an entire PSI can be beneficial, both for students and staff. For the students who have previously had to make

declarations of disability, it can lessen their sense of alienation from the general student population by eliminating the need for them to ask for accommodations (Belch, and Barricelli 109). Moreover, all students will benefit when their diverse needs and preferences are accounted for in the design phase, a claim that can be supported by grades (Smith, and Buchannan 264). Most importantly, through trials it has been shown that UD is not just an abstract, scholarly principle, but rather a practical and sensible system of design (Smith, and Buchannan 264). Additionally, UD is not just a physical principle, but also extends to intellectual matters, which is what affects students living with mental illness most.

3.4.4 Universal Design for Learning in Curriculum

The key principles of Universal Design for Learning in curriculum are “[m]ultiple means of recognition...expression...[and] engagement” (Dolan, and Hall 2). The emphasis within each area is on flexibility (Rose 66). By incorporating flexibility into the design of all three areas of student/lecturer interaction, all students benefit (Eduburn 17). The practical expression of these principles often “may require multiple instructional modalities (e.g., readings, slides, summary handouts, and audio-recordings)” (Bernacchio, and Mullen 168).

3.4.5 Practical Example

In order to fully illuminate the concept of Universal Design, it is helpful to include a practical example of a UD application in a post-secondary institution setting. A key component of intellectual UD is curriculum design (Belch, and Barricelli 107). The inclusion of UD in curriculum design centres around choices (Smith, and Buchannan 263). Allowing students to choose their method of evaluation (for example, choosing between a paper and a presentation) not only allows students to feel more respected, it allows them to choose the most appropriate method for their style of learning (Smith, and Buchannan 263). Unfortunately, this might also mean that some students avoid learning new skills, although this would not be a typical outcome. A student who has severe social anxiety and would have previously requested accommodations to avoid a class presentation could instead choose to write a paper and thus there would be no need for accommodations (Basham, Israel, Graden, Poth, and Winston 246). It is

because of such tangible benefits that Universal Design has become increasingly popular in recent years. Given the structures present in PSIs, it is important to also examine how UDL will interact with current accommodation methods.

3.4.6 Interaction with Accommodations

It is important to note that while Universal Design for Learning (UDL) is meant to lower the instructional barriers that can contribute to the exclusion of students with disabilities, its implementation is not meant to fully replace the use of accommodations (Burgstahler 3). Instead, the aim of UDL is to “reduce the need for accommodations by considering the needs of diverse learners” (Bernaccio, and Mullen 168).

3.5 Healthy Post-Secondary Institutions

The concept of healthy post-secondary institutions is a relatively recent development that has been pioneered in the United Kingdom (Dooris 34). The principles of Healthy Campuses have been based on previous explorations of Healthy Cities and Healthy Schools, which were built upon the foundation of the Ottawa Charter for Health Promotion. This charter declared that

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health (“Ottawa Charter for Health Promotion”).

The basis for these movements is the “realisation that health is largely determined outside of the so-called ‘health’ service” (Leading and Developing the Whole System Healthy Universities Approach” 5). These movements will be outlined and then a brief summary of the Healthy University movement will be included.

3.5.1 Healthy Cities

One of the earliest “Healthy” movements was that of Healthy Cities. As Ashton explains,

“[t]he roots of the World Health Organization’s Healthy City Project go back well before the first project planning group meeting in Copenhagen in January 1986” (12).

At the heart of this movement is the notion that “urban health outcomes are non-linear and that causation is multi-directional” (Rydin xiv). By acknowledging this, planners were able to focus on building solutions that incorporated a systemic approach to trying to improve health outcomes of urban dwellers. The reason for this focus on cities is that “a majority of the world’s population [are now] living in cities or large urban areas” (Ashton 13). The adoption of this movement has been directly related to the creation of the Healthy Schools movement that has been extensively documented in the United Kingdom.

3.5.2 Healthy Schools

The Healthy Schools movement that developed concurrently with Healthy Cities has become a significant force in the United Kingdom. Much like the Healthy Cities program, Healthy Schools was created during the 1980s (Morrison, Harrison, Kitson, and Wortley 316). The program has become so widespread in the United Kingdom that it is now built into government plans that have health targets for school-aged children (Noble, and Robson 161).

As Noble and Robson explain “[t]he overall aims of the Programme are to help reduce health inequalities, help raise pupil achievement and help promote social inclusion” (161). Again, much like the Healthy Cities movement, Healthy Schools is focused on a holistic program that addressed the range of factors that comprise health (Noble, and Robson 163). A focus on involving stakeholders in the processes and decisions that inform school development has been key to the Healthy Schools movement (Morrison, Harrison, Kitson, and Wortley 317). Special attention has been given to the inclusion of students in this process, since they are the principle targets of these developments (Noble, and Robson 163). From the success of this movement, a focus on Healthy Universities was also sparked in the United Kingdom.

3.5.3 Healthy Universities

Chronologically and methodologically, the Health Promoting University initiative (HPU) followed in the footsteps of Healthy Cities and Healthy Schools. As previously identified in this report, post-secondary institutions can play a large role in the mental health of students and staff, which has been recognized and used as the basis of the HPU movement. As Dooris explains, these institutions have made a “commitment to creating environments which are sustainable and supportive to health” (Dooris “The ‘Health Promoting University’” 41). This commitment comes out of an understanding of “the interconnections between people, environments and behaviours” (Dooris “Healthy Universities: A Model” 4). In this context, mental health issues would not be focused on separately from other aspects of wellbeing, but would instead be part of a larger emphasis on healthy change (Dooris, and Doherty “National Research and Development” 4). Because of the holistic focus of Healthy Universities, even the physical environment is considered as a factor that affects the health of populations at post-secondary institutions (Dooris “Health Promoting Universities” 9). A key feature of this movement is the inclusion of its principles in policy documents (“Leading and Developing the Whole System Healthy Universities Approach” 7). This ensures that there is institutional support for the changes being made to encourage a healthy campus.

3.5.4 The Healthy Approach

All of the aforementioned Healthy approaches focus on holistic, integrated measures that can be taken to help create a “Healthy” school, city, or university. As such, it does not make sense to discuss these movements in isolation; together they will help to create a Healthy society. These different movements should not be seen as competitive, but rather as different aspects of an overall goal. Focusing on Healthy post-secondary institutions does not mean that other societal areas should be ignored, rather, it means that there is work being done in that particular sector to help create a Healthy society.

3.6 Summary

There is a service gap that faces students living with mental illness in post-secondary institutions. Because students are at an age when mental illness tends to present, it is critical that British Columbia's post-secondary institutions have appropriate supports for their students. While this can be achieved through carefully crafted disability policies, its equivalency can also be found through methods such as Universal Design for Learning and a Healthy approach. Currently, there are gaps in the services provided to students living with mental illness that come out of disability policies themselves, as well as a general lack of recognition of the significance of mental illness. In order to better serve students living with mental illness, we need to understand the full impact of these service gaps as well as what is necessary to help ameliorate them.

4. Methodology

This report is focused on finding a solution to ensure that students living with mental illness in British Columbia's post-secondary institutions receive an equivalency of services that are provided to other students. To work toward this question, an extensive literature review was first conducted. The literature review was supplemented by an analysis of BC post-secondary institutions' policy documents, and stakeholder interviews that were used to establish current practices and gaps, which were in turn used to craft criteria and policy alternatives. From the criteria and alternatives, a policy analysis was conducted to determine a recommendation. Additionally, expert interviews were conducted to establish the feasibility of policy alternatives.

4.1 Disability Policy Document Analysis

4.1.1 Process

To simulate what students at PSIs in BC would have access to, the websites of all 25 public post-secondary institutions in BC were examined to find disability or accommodation policies as well as to establish the place of mental health within university policy. To do so policies were analyzed using thematic analysis, which will be expanded upon in a later section.

4.2 Primary Interviews

4.2.1 Paradigm

Because this study is the product of my own research and writing as well as collaboration with my interviewees (Guba, and Lincoln 107), it is important that I outline the paradigm that I subscribe to. This will not change my analysis or methods, but it will

help this subjective study to be as transparent as possible. To be clear, I regard Guba and Lincoln's description of a paradigm as a "basic belief system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways" (105) to be the working definition for this study. I feel that my research can be labeled as constructivist because of the way I view the collaborative nature of creating a report with my interviewees (Guba, and Lincoln 111).

4.2.2 Why Interviews?

I chose to use interviews for this project to acquire in-depth information regarding mental illness in BC's PSIs from relevant stakeholders. Although students are clearly relevant stakeholders in this study, none were interviewed due in part to ethics considerations. Furthermore, as both a student and the author of this study, I felt that I have provided a strong example of a student opinion.

In this study, phone, email, and face-to-face interviews were conducted. Although phone and email interviews were informative and engaging, it was beneficial to conduct face-to-face interviews as well, since they provide for more depth than their counterparts (Opdenakker 2). Key methods of non-verbal communication such as body language (Opdenakker 2), provide additional context for answers being given verbally in face-to-face interviews, while phone interviews can only provide intonation, and email interviews only text.

4.2.3 How Were the Interviews Set Up and Conducted?

4.2.3.1 Recruitment of Participants

In order to contact interview participants, I began my search by finding contact information on the disability office websites of various post-secondary institutions, as well as contacting my colleagues at the Canadian Mental Health Association. From these initial contacts, referral sampling was used, wherein one contact recommends someone else (either in the same organization, or outside of it) who would be relevant to the study. Upon asking a participant to suggest a contact, I instructed them to ask the third party whether they have any objection to the release of their name to me for the study. If they gave their permission, the interview participant either asked the third party to contact me

directly or to pass the third party's name on to me so that I could contact them.

When contacting potential participants, there was an explanation of the research project and goals that was sent by email. It outlined expectations of confidentiality and employer approval before asking participants to respond to indicate whether they would like to participate in the research. (For the script sent to potential participants, please see Appendix A).

Following the receipt of a confirmation email from the potential participant, the questions and full consent script was be emailed to the participant.

Throughout the course of my research, I conducted primary interviews with seven professionals in the field. Two of these interviews were with mental health stakeholders and five were with post-secondary institute stakeholders. These interviews were approximately one hour in length and the number of interviewees was determined by both interest and time considerations.

4.2.4 Purpose of Interviews

As previously stated, due to the nature of this study, interviews were used to help fill in gaps between general theory and what is happening in British Columbia's post-secondary institutions.

To help target my primary semi-structured interviews to the appropriate population (which I broke down into those working for mental health organizations and post-secondary institutions), I developed two sets of semi-structured interview schedules based on the available literature. The two schedules share overlap in areas regarding the importance of focusing on student mental health, initiatives, as well as barriers and supports to promoting positive mental health. For the full schedule, please see Appendix C.

It should be noted that although there are references to addictions in this interview schedule, it was created and submitted in advance of my decision to exclude addictions from the scope of this project to help focus the research.

4.3 Policy Analysis Interviews

Additionally, once I had developed my policy alternatives, I interviewed five stakeholders regarding my policy options and analysis. Of these five, two participants were post-secondary institute stakeholders and three were mental health stakeholders regarding my alternatives. It should be noted that two of the participants were interviewed both for the primary interviews as well as the policy analysis interviews.

4.3.1 Recruitment of Participants

Once again, to contact interview participants, referral sampling was used. Additionally, much like the primary interviews, the number of interviewees was limited by both time and interest on behalf of the participants.

4.3.2 Policy Options and Analysis Interviews

These policy interviews were conducted in order to access the opinions of experts regarding the policy alternatives that had been developed. To this end, participants were given an explanation of the policy alternatives and asked to comment on them with respect to their experience and knowledge. These interviews ranged from a half an hour to an hour in length.

4.4 Ethical Considerations

The Office of Research Ethics at Simon Fraser University has approved this study. As such, ethical guidelines were followed when conducting research. Unless interview participants consented to having their names used in the study, their confidentiality is protected as much as can be expected. To determine a level of consent, participants were asked to indicate whether they would allow their names to be attributed to quotations taken from the interview, or allow quotations but not allow their name to be attributed to them, or finally to not allow any quotations or their name to be attributed to any ideas used. (For the full text of what participants were given, please see Appendix B).

If participants did not wish for their name or the name of their department/organization to be used, they will be referred to by a generic title, such as a “post-secondary institution stakeholder” or a “mental health stakeholder.” Once participants had been contacted by email, they were instructed to either scan and email their consent form back to me, or to print and sign then physically mail their consent back to me. In the event that they elected to do an in-person interview, I physically collected their consent form (which was sent to them in advance of the interview).

4.5 Thematic Analysis

To enhance both my policy options as well as my criteria, a thematic analysis of the disability policies of British Columbia’s post-secondary institutions as well as stakeholder interviews was conducted.

According to Braun and Clarke, “[t]hematic analysis is a method for identifying, analysing and reporting patterns (themes) within data” (79). Thematic analysis is used to pull significant themes from an otherwise “unwieldy” (Ritchie, and Spencer 176) data set that is typically comprised of interviews and other qualitative data. Because it is up to the researcher to determine what themes are present (Braun, and Clarke 80), this is a subjective method that fits in with the idea of co-creating a project with interview subjects (Guba, and Lincoln 111). Researchers are searching through the data for “repeated patterns of meaning” (Braun, and Clarke 86) that can be used to inform their project.

For this report, both disability policies and interview data were analyzed by using this thematic approach. Disability policy documents were read through and first split into categories of areas for improvement and positive practices. Upon the creation of these categories, themes were pulled out and separated for analysis. Interviews were recorded and listened to for key quotes and themes, while electronic interviews were read through to find themes.

4.6 Summary

The themes identified in both interviews and disability policies were used in

combination with ideas drawn from the literature review to inform both the creation of policy alternatives as well as the development of criteria.

5. Analysis of Data

This section will be focused in two areas, that of a disability policy thematic analysis as well as a thematic analysis of interviews conducted.

5.1 Disability Policy Review

During research for this review, the disability policies of all twenty-five of the post-secondary institutions in British Columbia were researched. To simulate what a student could access if they were looking for information at their institution, this research was limited to what post-secondary institutions had publically available on their website. Not all post-secondary institutions had a disability policy posted on their website, but those that did were analyzed thematically to draw out areas for improvement as well as positive practices. The following section will explore these thematic categories. The most alarming finding from this disability policy review was that of the 25 public post-secondary institutions in British Columbia, 11 have no mention of mental health or illness in their disability policy. This suggests a vast gap between services provided to students living with mental illness and the rest of the student body.

Table 5-1 Summary of Institutions' Disability Policies

Universities	Areas for Improvement	Positive Practices
Simon Fraser University	Require disclosure each semester	Allow self-identification at any time State disabilities can be permanent or temporary Letter sent to lecturer stating only that student has registered with disability office,
University of British Columbia	Require declaration before commencing studies Denies repeated requests for accommodation Does not grant "late" accommodation requests	Allow self-identification at any time State disabilities can be permanent or temporary No indication of disability status on transcript Letter sent to lecturer stating only that student has registered with disability office Lecturers are not allowed to ask about the nature of the student's disability
University of Victoria	No clear definition of disability	Allow self-identification at any time Letter sent to lecturer stating only that student has registered with disability office
Capilano University	No mention of mental health/illness in disability policy	
Emily Carr University	No mention of mental health/illness in disability policy No clear definition of disability No set accommodation policy	Allow self-identification at any time State disabilities can be permanent or temporary,
Kwantlen University	Require declaration before commencing studies No clear definition of disability	No indication of disability status on transcript Letter sent to lecturer stating only that student has registered with disability office
Royal Roads University	No mention of mental health/illness in disability policy Does not grant "late" accommodation requests	Allow self-identification at any time State disabilities can be permanent or temporary,
Thompson Rivers University	Require declaration before commencing studies (3 months)	State disabilities can be permanent or temporary
University of the Fraser Valley	Require declaration before commencing studies No set accommodation policy	

Universities	Areas for Improvement	Positive Practices
University of Northern British Columbia	Require disclosure each semester	State disabilities can be permanent or temporary Letter sent to lecturer stating only that student has registered with disability office
Vancouver Island University	Require declaration before commencing studies No mention of mental health/illness in disability policy No clear definition of disability	State disabilities can be permanent or temporary Lecturers are not allowed to ask about the nature of the student's disability

Colleges	Areas for Improvement	Positive Practices
Camosun College	Require declaration before commencing studies (4 months) No mention of mental health/illness in disability policy No clear definition of disability No set accommodation policy	
New Caledonia College	No clear definition of disability	
College of the Rockies		Allow self-identification at any time State disabilities can be permanent or temporary
Douglas College	Require declaration before commencing studies (3 months) No mention of mental health/illness in disability policy No clear definition of disability	
Langara College	Require declaration before commencing studies (3 months) No mention of mental health/illness in disability policy Does not grant "late" accommodation requests No clear definition of disability No set accommodation policy	
Okanagan College	Require declaration before commencing studies (3 months) No mention of mental health/illness in disability policy	State disabilities can be permanent or temporary
North Island College	Require declaration before commencing studies (8 months) No set accommodation policy	
Northern Lights College	Require declaration before commencing studies (3 months) No mention of mental health/illness in disability policy No clear definition of disability No set accommodation policy	

Colleges	Areas for Improvement	Positive Practices
Northwest Community College	Require declaration before commencing studies (8 months) No mention of mental health/illness in disability policy No set accommodation policy	
Selkirk College		
Vancouver Community College	Require declaration before commencing studies (4 months) No clear definition of disability No set accommodation policy	State disabilities can be permanent or temporary

Institutes	Areas for Improvement	Positive Practices
British Columbia Institute of Technology	Require declaration before commencing studies (6 months)	State disabilities can be permanent or temporary
Justice Institute of British Columbia	Require declaration before commencing studies	State disabilities can be permanent or temporary
Nicola Valley Institute of Technology	No mention of mental health/illness in disability policy No clear definition of disability No set accommodation policy	

Based on this analysis of the disability policies of British Columbia’s 25 public post-secondary institutions, key themes were developed based on the common factors in both areas for improvement and positive practices. As shown in the table below, these themes are timing, definitions, and confidentiality.

Table 5-2 Themes Identified in Disability Policies

	Areas for Improvement	Positive Practices
Timing	Requirement to disclose before enrolling No “late” applications accepted Students must disclose each semester	Students may self-identify at any time
Definitions	No mention of mental health No definition of disability	Definition of disabilities, including temporal considerations
Confidentiality	No set accommodation policy	Institution sends letters to lecturers on students’ behalf Lecturers are not allowed to ask students about the nature of their disability

5.1.1 Areas for Improvement

5.1.1.1 Timing

A key area for improvement found in a number of disability policies throughout British Columbia’s post-secondary institutions was timing. Of the twenty-five post-secondary institutions (PSIs), sixteen required that students declare their disability in advance of starting their studies. Additionally, students may not have received a diagnosis before beginning their studies, even if they had been experiencing mental health problems.

Another timing issue found in PSIs was that of “late” applications. Three of the twenty-five PSIs had policies that stated that they had a cut-off date during the semester for applications for accommodation, which means that if students experiencing mental illness do not begin to present symptoms and subsequently receive a diagnosis after the cut-off date, they will be ineligible for accommodations.

Additionally, another problematic timing aspect found in two PSIs was that students with disabilities were required to disclose their status each semester. This means that students living with mental illness, which is a highly stigmatized subject, have to renew their status each semester with the disability office. Issues of definition further complicate these timing issues.

5.1.1.2 Definitions of Mental Illness

A key measure that is missing in eleven of the twenty-five PSIs disability policies is a definition of mental illness. Because of this, even if students living with a mental illness were aware of the services provided by the disability office and were interested in accessing accommodations, they may not be sure if they are able to. Further complicating this is the issue that there are also eleven PSIs that do not define what disability is. Thus, students living with mental illness who have a diagnosis and desire accommodations may not be sure what qualifies as a disability or if mental health is even part of that.

5.1.1.3 Confidentiality

Another area for concern from the point of view of students living with mental illness is confidentiality. Because nine PSIs do not have a set accommodation policy, students who request accommodations may be forced to disclose their disability directly to their professors. For students living with mental illness this can be a difficult process.

5.1.2 Positive Practices

Despite the issues outlined for each of the three areas (timing, definitions, and confidentiality) identified in a thematic analysis of PSIs disability policies, there are positive practices in each area as well.

5.1.2.1 Timing

There are six PSIs that allow students to identify as disabled at any point during the semester, which helps to overcome the issues created by imposing deadlines on disclosing disabilities.

5.1.2.2 Definitions of Mental Illness

Because of the nature of mental illness, it can be alternatively identified as either a permanent or temporary disability based on symptoms. Thus, it is helpful for those students living with mental illness to have twelve PSIs explicitly state that disabilities can be either permanent or temporary.

5.1.2.3 Confidentiality

Although some PSIs lack a set accommodation policy, which can negatively impact students living with mental illness, there are several positive practices in place in PSIs that help protect students' privacy. At two PSIs, the disability policy explicitly states that there will be no indication that they have accessed disability services on their transcript, which can benefit those students living with mental illness because they may fear the stigma surrounding mental illness will follow them if they have a permanent record of accessing disability services. Furthermore, two PSIs have a written policy that instructors are not allowed to ask students about the nature of their disability, which again helps reduce the fear of stigma. Finally, five PSIs notify lecturers of accommodations needed through a letter that only indicates that a student has registered with the disability office.

5.2 Thematic Analysis of Primary Interviews

From the primary interviews conducted with stakeholders in the field, there were three key themes that emerged. It should be noted that the findings of the expert interviews concerning the policy options and analysis will be discussed in a later section.

Table 5-3 Themes Identified Through Primary Interviews

The following sections will expand upon these ideas and themes.

Service Provision	Need for targeted services Need for students to be aware of services offered
Classroom Factors	Recognition of differences between students Flexibility as a desirable quality
Campus Factors	Focus on prevention and inclusivity Importance of campus design

5.3 Service Provision

This section focuses on the role that service provision has to play in ameliorating the service gap that students living with mental illness face in British Columbia’s post-secondary institutions.

5.3.1 The Need for Targeted Services

A theme identified by interview participants as important to helping students struggling with mental illness in post-secondary institutions is the development of targeted services provided on campus. This is especially important given how effective early interventions can be in mitigating the effects of mental illness (“Healthy Minds, Healthy People”). As Laurie Keenan, the Manager of Disability Services at the University of Victoria notes, there need to be “[s]pecific and targeted programs and services that support those students” (Keenan) living with mental illness. This is an important consideration at the post-secondary level due to the “pressure to navigate personal interests, social expectations, academic prospects, and financial restrictions” (Hovarth) that students at this age face. These stresses are related to the notion that this “is also the age range when many mental...illness symptoms first present” (Keenan).

5.3.2 The Need for Awareness of Services Offered

Building on the idea that there need to be “*targeted programs and services that support....students*” (Keenan) living with mental illness is the idea that there needs to be an awareness of the services offered if they are to be of any use. Those within the post-secondary community are often aware of this, and as Ian Brindle, Manger of Employee Relations and Policy and Legal Advisor to Camosun College noted, “*I don’t know why we hide all of the good things we do*” (Brindle). He went on to suggest that they take to “*marketing our safety nets*” (Brindle) As one mental health stakeholder notes, there is “*often [a lack of] awareness about the services that exist in post-secondary communities*” (Participant 2, 1 Feb 2013). Mr. Hovarth, the former Research Coordinator and Technical Supervisor at Student Health Services at Brock University explains, “*[i]t is difficult for students to navigate the availability of services unless they are explicit and very welcoming*” (Hovarth). Thus, existing programs that are meant to support students living with mental illness will not be very effective if those students are not aware that they are eligible to receive accommodations or help.

5.4 Classroom Factors

The following section will look at the role of classroom factors that can affect students living with mental illness, as identified through interviews.

5.4.1 Recognition of Difference Between Students

A key theme during stakeholder interviews was the acknowledgement that “*faculty interaction with students is one of the key relational aspects*” (Participant 1, 31 Jan 2013) that affects a student’s time at a post-secondary institution. Because of this, there is a need for post-secondary institutions to look at “*how classroom spaces can support wellbeing*” (Participant 2, 1 Feb 2013). Furthermore, as Chris Balmer of Camosun College’s Counseling Services department explains,

“*our responsibility as individual faculty and instructors goes beyond just the academic success of the student, it extends toward the...overall intellectual, emotional, [and] academic development of all the students in our care*” (Balmer).

One of the key ways for lecturers to support their students is to recognize their diversity. As Ms. Keenan outlines, “[p]olicies and administrative practices [need to] take into account the diversity of the existing student body” (Keenan). According to Mr. Hovarth, what is most important is that lecturers “acknowledge different learning speeds, styles, and preferences” (Hovarth). In order for lecturers to fully support the diverse learners in their classroom, there needs to be an emphasis on flexibility in the classroom. This relates to well-being in that many of the stresses that students would otherwise face could be alleviated, which could improve their overall sense of well-being.

5.4.2 Flexibility as a Desirable Quality

One of the main areas in which lecturers can demonstrate the flexibility necessary to allow all students to flourish academically is in their course design. As Ms. Keenan explains “[a]n academic culture that focuses solely on traditional ways of assess[ment]...can be a profound barrier” (Keenan). Because of this, it is important to consider “how classroom spaces can support wellbeing” (Participant 2, 1 Feb 2013). Ms. Keenan additionally refers to the role of educators as needing “[t]o champion and model diversity and flexibility” (Keenan).

This flexibility was often related to the concept of Universal Design, which according to Smith and Buchannan,

“refers to a design approach that strives to ensure that environments are useable by the broadest possible spectrum of people rather than being designed to accommodate the needs of either disabled or non-disabled people alone” (259).

Building on the notion of curb-cuts that are used in architectural Universal Design, one stakeholder wondered “what would it look like if we created those same curb-cuts in curriculum where everyone’s mental health would be ameliorated, including those with a [mental illness] diagnosis” (Participant 2, 1 Feb 2013). This stakeholder also suggests that there needs to be a review of “the design of our curriculum to be universally acceptable, irrespective of whether you have a mental health diagnosis” (Participant 2, 1 Feb 2013). These ideas were expanded upon in discussions regarding the campus as a whole.

5.5 Campus Factors

5.5.1 Focus on Prevention

An important theme drawn from the stakeholder interviews is that post-secondary institutions need to focus on preventative measures when it comes to mental health, rather than simply reacting to crises. One stakeholder wondered “*how sustainable is a model of individualized accommodation for students experiencing psychiatric distress or psychiatric disability*” (Participant 2, 1 Feb 2013), which they suggested could be addressed through “*more systemic universalized changes that we could make in our campus communities to support...all people to flourish*” (Participant 2, 1 Feb 2013). These changes could include a revision of existing policies. One stakeholder suggested that there needs to be a “*comprehensive, multi-site, multi-level, systematic response, rather than simply focusing on acute care of students who are experiencing psychiatric distress*” (Participant 2, 1 Feb 2013). We need to “*start looking at what...ways that we can help support and enable students to be well that may reduce the number of students who need*” (Participant 2, 1 Feb 2013) to access disability services or accommodations. Both Mr. Hovarth and Ms. Keenan as referred to the need for a universal policy as a “*holistic*” (Hovarth, Keenan) understanding of campus support.

5.5.2 The Importance of Campus Design

Building on what participants identified as “*up-stream[,] environmental[,] social[,] physical[,] and political pieces that...impact students on an on-going basis*” (Participant 1, 31 Jan 2013), there was attention focused on how campus design can affect students living with mental illness, as well as the student body as a whole. As one stakeholder said, you need “*[a] comprehensive strategy or a comprehensive basket of initiatives, you can't just look at one part*” (Participant 1, 31 Jan 2013) of the campus design. “*Everything from noise, [and] lighting*” (Participant 1, 31 Jan 2013) to “*[g]reen space [and] fresh air*” (Participant 1, 31 Jan 2013) to “*access to affordable and healthy food options*” (Participant 1, 31 Jan 2013) affects students, and thus, all of the various parts of a post-secondary campus need to be analyzed through a mental health lens. As one participant noted, “*it doesn't have to be a specialist task to think...is this policy that I'm creating going to impact the...mental health of the [students] it will touch?*” (Participant

2, 1 Feb 2013). Additionally, Mr. Brindle added that he “*think[s] that it is a very important and useful ideal to put forward*”.

6. Policy Alternatives

This chapter will outline the policy alternatives that work to decrease the service gaps that students living with mental illness face in British Columbia’s post-secondary institutions. These are referred to as alternatives because they are not mutually exclusive and thus are not options that one must choose between. These alternatives were developed through the literature review, information gathered during stakeholder interviews, and current practices. For a brief overview of the development of these policy alternatives, there is a summary table included.

Table 6-1 Development of Policy Alternatives

Thematic Area	Interview Themes	Literature Themes	Policy Alternative
Service Provision	Need for targeted services Need for students to be aware of services offered	Barriers of stigma	Targeted Interventions
Classroom Factors	Recognition of differences between students Flexibility as a desirable quality Limited classroom size	Universal Design for Learning	Universal Design for Learning
Campus Factors	Focus on prevention and inclusivity Importance of campus design	Healthy Schools/Healthy Universities	Whole institution approach

6.1 Targeted Interventions

A key barrier facing students living with mental illness in post-secondary institutions in British Columbia is their lack of awareness of available supports. To this end, this policy alternative focuses on specific, targeted interventions that will increase student awareness of mental health as an issue that can receive institutional support. This alternative would involve the creation and implementation of several small-scale projects aimed at increasing student awareness of existing supports. These projects would not aim to change the culture surrounding mental illness or disability services at a post-secondary institution. Instead, these interventions would be focused on improving the efficacy of current programs by alerting more students to their existence. As David Laycock, Professor of Political Science at Simon Fraser University explains, these interventions “*could be pretty easily implemented, and...the opposition to [them] would be very minimal*” (Laycock). There are several interventions that have been identified through stakeholder interviews that could be used as a part of this alternative, though not all of them would have to be implemented if this option were chosen.

6.1.2 Awareness Campaign

One of the most apparent targeted interventions is an awareness campaign, which several post-secondary institutions in British Columbia are currently considering. To ensure that an awareness campaign is effective, it needs to concisely convey what it is trying to educate its audience about (Schipper 42). These awareness campaigns can involve setting up tables at orientation, or for campuses that have televisions including information about disability services on screen, or the creation and display of posters advertising this information. It is important to note that this should involve both administrative staff as well as students in its design. As other traditionally marginalized groups have said “nothing about us without us” (Kayess, and French 12).

6.1.3 YouTube Channel

A targeted intervention put in place at Camosun College has been the creation of a YouTube channel for students to share stories of their lived experience with mental illness, which can then be used to encourage other students to seek help (Brindle,

Balmer). This campaign would require an awareness campaign itself in order for students to learn of its existence. This not only draws awareness to the disability office and its programs, but also to mental illness generally and the stigma that can surround it. As Mr. Balmer explains, *“to bring more visibility and awareness to the...issue and the reality of students struggling with disabilities”* (Balmer) through

“developing a YouTube channel where students have come forward and actually told their story. We find that the stories themselves have a lot of power to reduce boundaries and stigma around anyone that might be sort of on the fence thinking ‘Well, I’m not comfortable yet...[but] I want to talk to someone’ that can sometimes give the initial little extra permission and push for a student to say you know, I think I’m going to do what my friends have suggested, or my parents might have suggested, and go and talk to somebody about what might be in place for you” (Balmer).

Additionally, this intervention is focused on student participation, which is beneficial.

6.1.4 Course Syllabi

Another possible targeted intervention involves changes made on the course syllabi that students receive in each class at the beginning of the semester. Changes can be made *“surrounding deadlines, expectations, and the approachability of post-secondary staff. It is difficult for students to navigate the availability of services unless they are explicit and very welcoming”* (Hovarth). This could be done by individual professors or by the setting of an institutional policy surrounding course syllabi. The inclusion of information regarding the disability office and whom its services help could help raise awareness amongst students, who would then potentially access services if they began to experience difficulties with their mental health.

6.2 Universal Design

The next policy alternative is based around the concept of universal design, which was outlined in the literature review. Universal design is

“a design approach that strives to ensure that environments are useable by the broadest possible spectrum of people rather than being designed to accommodate the needs of either disabled or non-disabled people alone” (Smith, and Buchannan 259).

A policy alternative centered in Universal Design would not focus specifically on accommodations pertaining only to students with disabilities or even those students with disabilities that are based in mental health, but rather would focus on wider institutional factors that are often addressed through accommodation policies. This alternative would require lecturers and students to be heavily involved in the design and implementation of strategies. The administration of post-secondary institutions could become involved in this alternative by developing a policy that institutionalizes the inclusion of Universal Design principles, but this would primarily involve lecturers who would have to adjust their curriculum and evaluation. A focus on Universal Design would involve changes “*surrounding deadlines [and] expectations*” (Hovarth). These changes would mean,

“everyone’s mental health could be ameliorated, including those with a diagnosis based on tweaks and adjustments to course delivery, course design, the environment [of] campuses” (Employee B, non-profit institution).

Examples of possible changes include [a]n emphasis on choices (Smith, and Buchannan 263) in class curriculum. This could involve allowing students to choose between different assessment options, such as providing them with the option of either a term paper or a term presentation. This benefits students because it allows them to choose what they are most comfortable with, which may alleviate the need for accommodations all together in some instances (Basham, Israel, Graden, Poth, and Winston 246).

This alternative would require lecturers to re-design their course outlines and to develop alternative methods of assessment for different learning outcomes.

6.3 Whole Institution Approach

The final policy option is that of a post-secondary-wide, holistic approach to improving the services that students living with a mental health disability have on the

campuses of post-secondary institutions. This alternative would include a range of possible initiatives, beginning with a review and update to existing disability policies.

This review could focus on including current positive practices from BC PSIs (as outlined in chapter 5), including: allowing students to identify as disabled at any point during their academic career, specifically stating that disabilities can be either permanent or temporary, having a set accommodation policy, stating that lecturers are not allowed to ask students about the nature of their disability, and sending out letters to lecturers that only state the accommodation needed and that the student has registered with the disability office.

This policy alternative could involve a review of existing physical spaces to see how they impact student well being and if there could be any beneficial changes made.

Furthermore, based on the suggestions of one participant, this option could include limits to class sizes. This would mean that lecturers would become more familiar with their students, and thus would be able to recognize if they are experiencing psychological distress. By lowering class sizes, students may also feel more comfortable talking directly with lecturers. This relationship could be supported by the PSI offering counselling training to lecturers, who could then become a familiar alternative to the counselling centre.

This policy alternative would involve the administration, which would have to ensure that the new policies are internally consistent and are in keeping with the post-secondary institution's aims.

Additionally, this policy alternative can incorporate some of the principles of Healthy Universities, which focuses on *“up-stream[,] environmental[,] social[,] physical[,] and political pieces that...impact students on an on-going basis”* (Participant 1). Additionally, these campuses would make a *“commitment to creating environments which are sustainable and supportive to health”* (Dooris *“The ‘Health Promoting University”* 41).

7. Criteria

This section will outline the multiple-criteria analysis that “help a decision maker (DM) choose, rank or sort alternatives within a finite set according to two or more criteria” (Chen, Kilgour, and Hipel 278) that will be used in this report to evaluate policy alternatives. Policy analysis involves a thorough body of research to be done before developing criteria that will then be used to assess policy options or alternatives (Lindblom 298). Based on this, the researcher will develop policy options and weigh them against each other (Lindblom 299).

The policy options are assessed using these criteria and measures to establish which policy option will best address the service gap that faces students living with mental illness on post-secondary campuses. The four criteria considered here are effectiveness, cost, stakeholder acceptance, and positive externalities. These criteria were developed through the literature review as well as stakeholder interviews. These criteria will be described below, and then summarized in a table at the end of the chapter.

7.1 Effectiveness

A key consideration when evaluating policy alternatives is effectiveness, as it focuses explicitly on how well an alternative achieves its goals. For the purposes of this report, effectiveness refers to how well a policy alternative decreases the service gap for students in post-secondary institutions living with mental illness. Because there could be an equivalency of service provision reached through the adjustment of means outside of simply the disability policies on campuses, this report focuses on increasing the number of people receiving support and decreasing the number of students who would drop out due to mental illness. This would entail increasing the support for students living with mental illness as well as ensuring that they receive a level of institutional support

comparable to other students, both with disabilities and without. To obtain a high score (scoring will be outlined further on in this section), a policy alternative would need to achieve the desired outcomes with few or no qualifications. In the case that the policy alternative allows students living with mental illness to be somewhat more supported, either by slightly increasing their access to services or providing an equivalency, in their time on campus, the policy alternative will receive a moderate score. If the policy alternative would fail to improve the support that students living with mental illness receive at all, or only minimally, by which they would not receive any increased access to services or an equivalent, then it will receive a low score.

7.2 Stakeholder Acceptance

To effect change that will positively affect students in British Columbia's post-secondary system living with mental illness, there are a range of different stakeholders that will need to be involved. Without stakeholder acceptability, a policy alternative, no matter how carefully designed it is, will be rendered ineffective. For the purposes of this report, stakeholders include the students themselves, administrative staff, lecturers, and the administration. Off-campus supports are not considered in this report because the focus is on the post-secondary institutes themselves and changes that they can effect. Additionally, while students and their opinions on policy alternatives are critically important, because they are not the stakeholders that would have to implement policy alternatives in the same way that lecturers or the administration would have to, they are not considered in this criterion. Furthermore, since all of the options are meant to help students living with mental illness at BC's PSIs, including them in this section of the analysis would be redundant. For a policy alternative to be effective, the support of these stakeholders is critical. Thus, a policy alternative that would be supported by most or all of these stakeholders will be given a high score. Policy alternatives that would receive only moderate support from stakeholders will be given a modest score. Those alternatives that would find little to no support amongst stakeholders will receive a low score.

7.3 Cost

Because of the often-limited financial resources that post-secondary institutions and their various departments have access to, an awareness of the cost of policy alternatives is necessary. This criterion will be assessed comparatively between policy alternatives to see which will provide the change desired at what cost. Given that the average cost of annual tuition in BC's PSIs in 2013 is \$3532 ("Education Costs"), if a student were to drop out because of mental illness, the PSI would not receive that funding. Thus, a policy alternative that would entail a per capita cost that is less than the loss of tuition from a student (measured in terms of expected staff time, implementation costs, recurring costs, and maintenance costs) while still affecting change for students living with mental illness in British Columbia's post-secondary institutions will receive a high score. Policy alternatives that would require a comparable investment to the annual cost of tuition that will yield positive results will receive a medium score, while those policies that require a substantial investment (over the cost of lost tuition) to achieve results will receive a low score.

7.4 Positive Externalities

Although the focus of this report is on the effect of institutional policies on students living with mental illness, some of the policy alternatives proposed could have effects that extend beyond the focus on this one group. Thus, a policy alternative that addresses the needs of students living with mental illness but also benefits the larger student or campus population would be given a high score. For policy alternatives that address the service gap facing students living with mental illness but also moderately benefit other students, a medium score will be assessed. Policy alternatives that address the needs of students living with mental illness but have few, if any benefits to the wider population at the post-secondary institution will receive a low score.

7.5 Criterion Measurement

As referred to in the descriptions of the different criteria, each is assessed using a ranking of low to high, which for this report corresponds to a point on a 5-point scale. All are equally weighted. The following table outlines the scoring and specifics of each criterion.

Table 7-1 Criteria, Objectives, and Measurements

Criteria	Policy Objective	Measurement and Scale
Effectiveness	Policy decreases service gap for students living with mental illness	High – 4-5: policy decreases service gap with few/no qualifications Medium – 3: policy decreases service gap with qualifications Low- 1-2: policy is not likely to decrease service gap
Stakeholder Acceptance	Policy is acceptable to administrative staff, lecturers, and administrators	High – 4-5: policy is considered acceptable by all three stakeholders Medium – 3: policy is considered acceptable to two stakeholders Low – 1-2: policy is considered acceptable to one or no stakeholders
Cost	Policy addresses inequality facing students living with mental illness while maintaining a low cost	High – 4-5: policy addresses service gap with a low (>\$3532) cost associated Medium – 3: policy addresses service gap and has a moderate (~\$3532) cost associated with it Low – 1-2: policy addresses service gap but has high (>\$3532) costs associated with it
Positive Externalities	Policy addresses needs of students living with mental illness but also benefits other students	High – 4-5: policy will generate positive externalities for other students and the campus Medium – 3: policy will generate a moderate benefit for either other students or the campus community Low – 1-2: the policy will not generate any positive externalities for other students or the campus community

8. Evaluation of Policy Alternatives

This chapter will evaluate each of the three policy options, which are targeted interventions, Universal Design, and a holistic approach, with regard to the four criteria established in the previous chapter. The four criteria used are effectiveness, stakeholder acceptability, cost, and positive externalities. The information gathered during the literature review as well as interviews will be used to inform the analysis. The analysis will be thoroughly explained and following the summaries a table of scores will be included.

8.1 Targeted Interventions

8.1.1 Effectiveness

In the current system, there is a gap between what students who are living with a mental health disability are provided with and what their physically disabled colleagues receive in terms of institutional support. While this is not an intentional service gap, it does exist, and it will take intention on the part of many for it to be eradicated. As outlined in Chapter 5 of this report, for a policy alternative to be considered effective, it must achieve its goals (Givoni, Macmillen, Banister, and Feitelson 2) (in this case to erase the service gap that exists) with few qualifications. In terms of the targeted interventions model where post-secondary institutions could develop advocacy campaigns and specific measures such as the inclusion of information about the disability office services in course syllabi, this is likely to be relatively effective. This is because students living with mental illness underutilize current disability services, and an increased awareness of potential accommodations will render services more effective. Despite this, this alternative only scores moderately on the five point scale because it does not alter the fundamental causes of the service gap, only ensures that current services are better used.

Additionally, there is the risk that if these awareness campaigns were implemented, *“people who didn’t really want to be troubled much by it in the first place would say, okay, you know, I’ve gone along with that, now leave me alone”* (Laycock). By *“having the sights set that low”* (Laycock), there is the chance *“singular and one-off interventions may or may not have the intended efficacy effect”* (Participant 2, 5 Apr 2013) of changing the underlying causes of these issues.

Thus, the targeted intervention alternative would be effective, but with the qualification that it does not improve the structures that contribute to the service gap, hence its medium score.

8.1.2 Stakeholder Acceptability

When it comes to the stakeholder acceptability of the targeted intervention approach, it is clear that this is a high-ranking alternative. With a focus on developing small-scale, targeted interventions that are aimed to increase awareness of existing supports for students living with mental illness, this alternative should appeal to administrative staff, lecturers, and administrators. Because the administrative staff of the post-secondary institution would actually see an increased benefit from more students accessing their services, they would be in favour of this alternative. Again, as Professor David Laycock states, it *“could be pretty easily implemented, and...the opposition to it would be very minimal”* (Laycock). While lecturers would not see a benefit in such a direct way as the administrative staff, they would still see an increase in their students health, which would cause them to view this alternative favourably as well. Adding to this opinion of the targeted intervention model is the idea that administrators would see such benefits as an increased rate of retention, as those students who would have previously dropped out due to their mental illness could now seek support and remain in the post-secondary institution. Due to budgetary pressures, post-secondary institutions are continually interested in their student retention rates. This measure would help to correct the trend that has seen people with disabilities fall behind their non-disabled peers in terms of the attainment of post-secondary education (Jorgensen, Fitchen, Havel, Lamb, James, and Barile 101). Thus, because of the benefits that administrative staff, lecturers, and administrators would see if this policy alternative were implemented, it receives a full score in the stakeholder acceptability criterion.

8.1.3 Cost

In terms of the costs associated with the targeted intervention policy, this alternative also receives high points. These targeted interventions are relatively contained in terms of scale and time and thus would not be very expensive to implement. Setting up a YouTube channel, creating an awareness campaign, and inserting text into a course syllabus that would be printed anyway are all relatively small-budget actions. Although each sub-alternative would involve staff time, the provision of a good, maintenance, and eventual evaluation, because of the nature of these interventions the cost per capita would not be equal to more than the cost of a student who drops out (\$3532). The creation of a YouTube channel's associated cost would be the labour used to set it up, and student submissions to the channel would need to be vetted by an employee. An awareness campaign, depending on the types of media used, could incur some expenses, but since it would all be institute-specific (for example, the institute would not be buying advertising time on a local cable channel) it would keep costs low. The printing of posters or other materials would likely be the highest cost associated with the implementation of this form of the alternative. Furthermore, the addition of some text into the course syllabi that students receive would not likely change the printing costs currently associated with their dissemination. If there were the development of a campus-wide policy that mandated the inclusion of information about the disability office it would cost considerably more than just printing, but for this alternative it is assumed that this would be adopted by certain lecturers and departments, but based on interest.

Additionally, one might wonder if an increased awareness of services and therefore an increased utilization of services might lead to higher costs on the service side, but since the services are currently being underutilized, this will actually increase their efficiency.

8.1.4 Positive Externalities

As is implied by the title of the policy alternative, targeted interventions, it is meant specifically to address current issues in a narrow fashion. Because of this, positive externalities will be limited. While those students living with mental illness who

are currently not being fully served by the disability services will have their needs addressed through increasing awareness of the existing supports, this will not likely translate into many benefits aside from a raised awareness of these issues for the rest of the student population. The students who fall outside of the target population will not receive much benefit from this policy alternative. One of the principle benefits of options such as the YouTube channel would be that stigma would be reduced, and thus even those without a diagnosis or need to access the disability services provided by a post-secondary institution would benefit from a healthier social environment. Despite this, the students who have a diagnosis and are living with mental illness will still receive the largest benefit since they will not only benefit from the target of the policies but also from the externality that it will help to reduce the stigma surrounding mental illness. Because of this lack of positive externalities for other students, this alternative receives a low rating for this criterion.

8.2 Universal Design for Learning

8.2.1 Effectiveness

The foundational principle of Universal Design is that everything is crafted to effectively serve the greatest number of people (Smith, and Buchannan 259). With a focus on Universal Design at the curriculum level, this would mean that not only would the needs of students living with mental illness be considered, but also the needs of all of the diverse types of learners would be taken into consideration. While Universal Design would benefit the students living with mental illness that are currently being left behind, it would not provide immediate benefits to these students. A curriculum change is not something that would be implemented overnight, nor would its benefits be immediately apparent. This is not to say that the benefits would not exist, but rather that they will take time to prove effective. This would mean that all of the barriers that those students currently face would continue into the near future. Additionally, while implementing Universal Design at the curriculum level would help to change some of the systemic barriers that students living with mental illness currently face because it would help to eradicate some of the need for the accommodations that such students would seek, it will not wholly change the institutional factors that can contribute to a

differentiated level of service for students. Furthermore, it helps to reinforce the idea that these needs are “*not an individual problem*” (Participant 1, 5 Apr 2013). Universal Design would be effective for students who are currently facing a service gap but because it has the qualification of both time and a lack of full institutional change, it receives a moderate score for effectiveness.

8.2.2 Stakeholder Acceptability

The implementation of Universal Design would be relatively acceptable to all stakeholders. Many interviewees felt that the implementation of Universal Design is the direction that pedagogy at post-secondary institutions is moving in, which is indicative of the support this measure has at an administrative staff level. Although administrative staff would not be directly involved in the implementation of Universal Design, they would see the benefit of its practice in that there would be fewer students who require accommodations. While some lecturers would see the advantage in this pedagogical choice, it does require a significant amount of planning and work to successfully implement the program. Again, while some would be accepting of this style, there are others who will not want the extra work or the time involved. This group, however, would be part of what Professor David Laycock feels would be “*a small minority [who] would object*” (Laycock). He feels that this is because “*some people in academia place a tremendous value on having complete control over their own working conditions*” (Laycock) to the point “*that they’ll see any requirement to accommodate...[as] an imposition...[that] constrains [their] academic freedom*” (Laycock).

Additionally, since there currently is no mechanism for forcing lecturers to adopt certain pedagogical styles, it would be relatively difficult to enforce its adoption. Laycock suggests that there be a continued series of workshops provided to professors in order for a critical mass to undertake the implementation of Universal Design. Additionally, he thinks it would be best to “*have a graduated set of options and get enough people being quite positively predisposed to the full buy-in that they’ll in a sense set the agenda for the rest of the [post-secondary institution]*” (Laycock). He sees this as best implemented through the existing disability centres, which would be a natural guide to the rest of the campus in this area. Furthermore, administrators might also see the benefits in the implementation of Universal Design for Learning, and holding workshops is a regular

practice so it would not be too onerous. Because the implementation of Universal Design is an idea that seems popular, it receives a high rating for stakeholder acceptability.

8.2.3 Cost

In regards to the cost of implementing Universal Design in the curriculum of post-secondary institutions, it would be a large undertaking. Unlike the guidelines for teachers at elementary and secondary schools that are laid out by the Ministry of Education, the Ministry of Advanced Education does not outline how lecturers at post-secondary institutions develop curriculum for their classes. Because of this, it would be difficult to enforce the emphasis on Universal Design that would be required of post-secondary lecturers. In fact, short of crafting a departmental or institutional policy on the matter (which would be time- and therefore cost-intensive), there is no way to force lecturers to adopt Universal Design. That being said, it could be heavily promoted by departments or the university at a relatively low cost. Once it has been promoted, however, more materials and likely some training would be required, which increases the cost. Because of this difficulty between promotion and implementation, the cost would be moderate (~\$3532) and thus this criterion receives a medium ranking.

8.2.4 Positive Externalities

Although there are moderate costs associated with the implementation of Universal Design, one criterion in which it excels is in positive externalities. Because the main premise of Universal Design is that it is accessible to the greatest number of people possible, this policy alternative will generate some positive externalities. As outlined in the literature, providing students with choices in terms of their forms of assessment generates better marks as well as lowering the need for accommodations. Thus, students living with mental illness who may have requested disability accommodations previously will be thought of at the design stage instead of retroactively, which means that they will no longer face a service gap. Additionally, even those students who might not have needed accommodation will benefit from measures such as the inclusion of choice on assignments. This likely boost in class averages (Smith, and Buchannan 264) will reflect positively on lecturers, who will have a more involved and interactive classroom. Furthermore, even administrators will see the

positive externalities of the implementation of Universal Design, as they will have higher retention rates and a higher achieving student body. Because of these positive externalities associated with it, the implementation of Universal Design scores highly in this criterion.

8.3 Whole Institution Approach

8.3.1 Effectiveness

A focus on creating a healthy post-secondary environment, which would include a revision of (or creation of, should they not already exist) disability policies with a mental health focus, would be highly effective in targeting the gap that faces current students living with mental illness at post-secondary institutions. This could be done through the limitation of class sizes and the eventual implementation of lecturer counselling training. Furthermore, if policies were evaluated using mental health as a lens, the institutional barriers that current students face would be greatly reduced. Additionally, if there were a post-secondary institute-wide focus on creating a healthy environment, it would be highly efficacious in decreasing the service gap that exists for students living with mental illness. As one stakeholder noted, *"if you're hitting a saturation point for one-off accommodations, it is indicative of the environment"* (Participant 2, 5 Apr 2013). Because of this, the focus on the whole environment would be highly efficacious. Much like the alternative focused on Universal Design, this is not something that can be implemented overnight. The creation of a healthy post-secondary institution requires time and dedication, which detract slightly from the overall effectiveness of the alternative. Despite this, because the creation of a healthy post-secondary institute would entail the change of the deep-seated institutional factors that students living with mental illness currently face, the policy would be highly effective. Thus, a whole institution approach receives a high ranking for the efficiency criterion

8.3.2 Stakeholder Acceptance

The whole institution approach to the post-secondary environment appears to be a policy alternative that would garner support from stakeholders. Its popularity decreases

when it comes time to implement such a strategy. While administrative staff, lecturers, and administrators would likely think that it would be ideal to develop a healthy institution, the reality of implementing the strategies needed to get there can be overwhelming. Several administrative staff members of post-secondary institutions expressed their belief that while this sort of institute-wide change would be ideal; it is years away from being feasible. This is primarily because “*it may seem overwhelming to a lot of people*” (Laycock). Although lecturers would not face the same types of pressure created from an institution-wide change as administrative staff and administrators would, they would still have cause to remain slightly wary of this policy alternative. This is because the implementation of such sweeping change could affect both their job description and security. Furthermore, with the measure of lecturer counselling training, some may feel that they are simply adding one more stress to their work/life balance. Although this type of institution-wide change is likely a long-term goal that post-secondary administrators have, it is not something that can be rapidly introduced or enforced. Thus, despite its potential efficacy, all three key stakeholders would likely shy away from a full-scale implementation of institution-wide change, which earns it a low score for this criterion.

8.3.3 Cost

As with any large-scale change, there will be large-scale costs involved in the implementation of an institute-wide set of reforms. The most tangible reform would involve a review and possible rewrite of institutional policies regarding disabilities through a mental health lens. In order to ensure that a revised policy would be in keeping with existing post-secondary institute policies and procedures, there would likely need to be a significant investment of time on behalf of some administrators. Additionally, implementing any sort of institute-wide policy, regardless of its focus, is a time-consuming and therefore costly process. The focus on creating a healthy campus is one that requires a lot of initial investments in areas such as physical space, training, and coordination. Often these costs have long-term payoffs, so administrators spending the money will often not see its full results. This is not to say that administrators are short-sighted or otherwise faulty, but they do have efficiencies and considerations of their own that factor in to how the institute will spend its money. Because of the difficulty

in devoting substantial (>\$3532) funds to long-term measures such as healthy campuses when there are other pressing needs to consider, this policy alternative receives a low ranking in terms of cost.

8.3.4 Positive Externalities

A focus on creating a healthy post-secondary institution environment with accessible policies will generate a number of positive externalities. While this policy alternative will still address the needs of students living with mental illness currently, it will also contribute positively to the experiences of other students on the campus. Not only will students feel more supported academically, they will also be a part of a more welcoming campus environment. This will benefit those students who are currently or have previously experienced mental illness as well as the wider student community. The inclusion of green spaces and a campus-wide emphasis on health will have a positive impact on all of those at the institution. Because of this, the whole institution approach scores very highly in the positive externality criterion.

Table 8-1 Scoring of Policy Alternatives

	Effectiveness (/5)	Stakeholder Acceptance (/5)	Cost (/5)	Positive Externalities (/5)	Total (/20)
Targeted Intervention	3	5	5	2	15
Universal Design	3	4	3	4	14
Whole Institution Approach	4	2	2	5	13

9. Final Recommendation

Based on the outcome of the scoring matrix, this report's recommendation to help alleviate the service gaps that students living with mental illness at post-secondary institutions currently experience is a combination of targeted interventions and Universal Design, with forward movement in the Healthy PSI area.

First, it is important to note that there is only a one-point difference between the top ranking alternatives of targeted interventions and the second alternative of Universal Design. As the whole institution approach only scored thirteen points, it is behind the other two policy alternatives. Given how close the targeted intervention option and universal design option scored, it is important to examine their trade-offs and relative scores to see how they complement each other in implementation at post-secondary institutions in British Columbia.

9.1 Effectiveness

The first criterion considered in this analysis is effectiveness. Both targeted interventions and Universal Design score a three out of five in this category. Targeted interventions earned this middling point value because of its short-termed nature. While it will help to ameliorate the service gap that students living with mental illness at post-secondary institutions currently face, it does not address the root institutional causes that lie behind the gap. Meanwhile, Universal Design in curriculum earned a three due to its positive effect on the service gap that was tempered by its lengthy implementation and lack of full institutional change. Therefore, based on this one criterion, there is not much to separate the competing policy alternatives.

9.2 Stakeholder Acceptance

Stakeholder acceptance separates Universal Design and targeted interventions from a whole institution approach. Targeted interventions receive a full five points in this category because these relatively small projects that can be undertaken will have positive effects that administrative staff, lecturers, and administrators will see. Universal design receives a four out of five because of the high stakeholder acceptance, while the whole institution approach can seem overwhelming to key stakeholders and thus only receives a two. Although there does not appear to be a direct link between the efficacy of a proposed policy alternative and its stakeholder acceptance, there does seem to be such a connection between stakeholder acceptance and cost.

9.3 Cost

In keeping with its perfect score of five for the previous criterion, targeted interventions also receive a five in cost. The costs associated with the addition of text in a course syllabus, or the creation of a YouTube channel is a relatively small expense that still addresses the policy gap. Again, the Universal Design alternative receives a three out of five due to its relatively high cost of implementation. Because stakeholder acceptability and cost are the two criteria that can so easily block the implementation of a policy alternative, and because targeted interventions score higher in both categories, it is the final recommendation of this report.

9.4 Positive Externalities

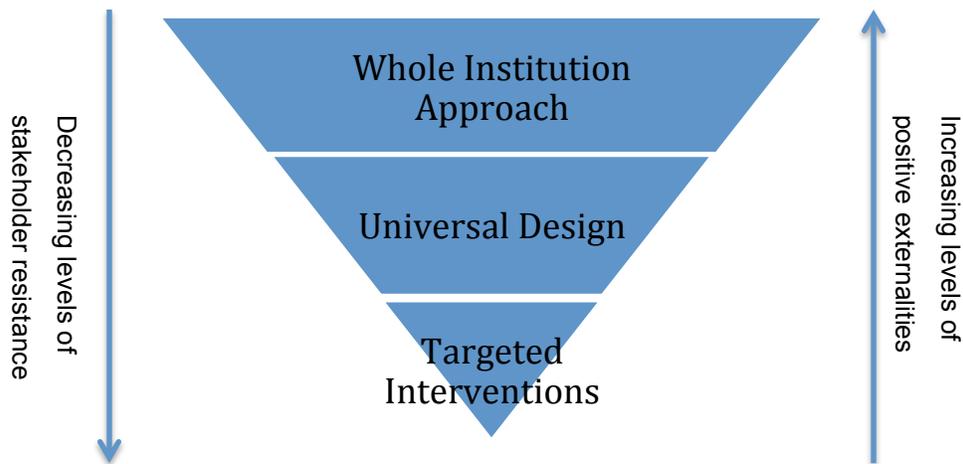
Despite the importance placed upon cost and stakeholder acceptability, it is important not to discount the role of positive externalities. Here, Universal Design with its wide focus scores a four out of five, while targeted interventions only receive a two out of five. This two is because of the very narrow nature of the interventions. There seems to be an inverse relationship between cost and positive externalities; the options that have a very low cost (and thus score highly in that category) score poorly in the positive externalities criterion, presumably because larger-scale alternatives will by

nature have a wider effect. This relationship also works the opposite way, as illuminated by the whole institution approach. With that alternative, a high overall cost leads to a high ranking in positive externalities.

9.5 Summary

Both the targeted intervention and Universal Design for Learning alternatives would be effective in reducing the service gap that students living with mental illness at British Columbia's post-secondary institutions experience, and thus in combination they are the recommendation of this study. The nested nature of these policy alternatives can also be expressed in a diagram.

Figure 9-1 Relationship of Policy Alternatives



Additionally, the relatively small range of scores seen in this analysis should not be interpreted as a sign of methodological weakness. Rather, this should be seen as a possible link between all three alternatives. As outlined in Chapter 6 of this report, these are specifically referred to as alternatives rather than options because they are not mutually exclusive. Focusing on using targeted interventions as a means to support the implementation of Universal Design with an aim to reach a Healthy whole institution is the most effective way forward for post-secondary institutions in British Columbia.

9.6 Limitations

The principal limitation of this study was the limited statistical data available. The statistical data included in this study is drawn from a study completed in 2003. As this information is now a decade old, it is imperative that there be new data generated in this area. In order to continue work in this field, current data is a necessity, and one that is long overdue.

Additionally, although student involvement in the measures proposed in this study is paramount, no students were interviewed for this study. This was primarily due to time and perceived ethical constraints on the part of the researcher. For future studies a range of students, including those who have experienced a mental illness, could be interviewed for their perspectives.

Finally, due to time and page considerations, a comparative case study was not completed for this report. Future studies could benefit from such an analysis.

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Appendices

Appendix A.

Contacting Potential Participants

Contacting Potential Participants

My name is Dana Wilson and I am a Masters of Public Policy student at Simon Fraser University. I am currently writing a thesis about the inclusion of mental health in the disability policies of British Columbia's public post-secondary institutions. This thesis is entitled "Mental Health in British Columbia's Post-Secondary Institutions' Disability Policies" I would like to learn more about what your organization/institution (delete as necessary) is doing/has to say (delete as necessary) about this issue. I would like to conduct an interview with you either over the phone or by email.

If you are going to participate in the interview as a representative of your employer, whether that is a post-secondary institution, government agency, or not-for-profit agency, please note that I have not obtained approval from your employer to discuss information before the interview takes place.

If you are willing to be interviewed for this research, please indicate so in your reply to this email. Please also specify what form of interview would be the most convenient for you: email, telephone, or in person (within the metro Vancouver or Victoria areas). A consent form that further outlines your participation in this project will be emailed to you upon receipt of your reply to this email.

Thank you for your time and I look forward to hearing from you.

Appendix B.

Consent Form

Consent Form

Please indicate the conditions under which you will agree to participate in this project by giving your consent to one of the three options below.

Please check one box only and sign below before returning this form to me.

- You may quote my comments regarding mental health and disability policy in British Columbia's post-secondary institutions and related issues, and you may identify me by my name and/or professional title.
- You may quote my comments regarding mental health and disability policy in British Columbia's post-secondary institutions and related issues, but you may not identify me by my name or professional title.
- You may not quote my comments regarding mental health and disability policy in British Columbia's post-secondary institutions and related issues, but you may use the material I provide in a general sense without identifying me by my name or professional title. Please indicate whether you would like your interview to be recorded.
- Yes, I would like my interview to be recorded.
- No, I would not like my interview to be recorded. Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason. Your signature indicates that you consent to participate in this study.

Signature of Interviewee

Date

Appendix C.

Interview Schedules

December 14, 2012

Semi-Structured Interview Schedule

1. **Title:** Mental Health in British Columbia's Post-Secondary Institutions' Disability Policies
2. **Principal Investigator:** Dana Wilson
3. **Supervisor:** Judith Sixsmith
4. **Program:** School of Public Policy
5. **Director:** Nancy Olewiler
6. **Study Number:** 2012s1016

Mental Health Organizations

1. Mental health in post-secondary students (young adults)
2. Key components of campus mental health initiatives
3. Role of community of practice in mental health promotion in post-secondary institutions
4. Supports offered by mental health organizations and how they fit with post-secondary institutions
5. Campus factors that can affect student mental health
6. Relationship between substance use and mental health
7. Long-term effects of mental health issues
8. Social determinants of health in relation to mental health in young adults

Post-Secondary Institutions

1. Mental health in a post-secondary setting
2. Features that help those struggling with mental health in post-secondary institution
3. Barriers and facilitators to policy being implemented in post-secondary institution
4. Strategies for and experiences of promoting positive mental health in post-secondary institution
5. Campus factors that can affect student mental health
6. Relationship of substance use and mental health on campus
7. Possible role of educators (such as professors) in the promotion of mental health
8. Relationship between student mental health and retention rates

Appendix D.

Interview Participants

Interview Participants

Balmer, Chris. Telephone Interview. 14 Mar 2013.

Brindle, Ian. Telephone Interview. 14 Mar 2013.

Hovarth, Kyle. E-mail Interview. 19 Mar 2013.

Keenan, Laurie. E-mail Interview. 8 Feb 2013.

Laycock, David. Personal Interview. 3 Apr 2013.

Participant, 1. Personal Interview. 31 Jan 2013.

Participant, 1. Personal Interview. 5 Apr 2013.

Participant, 2. Personal Interview. 5 Apr 2013.

Participant, 2. Telephone Interview. 1 Feb 2013.

Participant, 3. Personal Interview. 13 Mar 2013.

Participant, 4. Personal Interview. 5 Apr 2013.

Participant, 5. Personal Interview. 12 Apr 2013.

Participant, 6. Personal Interview. 13 Mar 2013.