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Supporting University Students with Mental Health Issues: A Needs Assessment

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SUPPORTING UNIVERSITY STUDENTS WITH MENTAL
HEALTH ISSUES: A NEEDS ASSESSMENT

By

Amanda Celeste Weckwerth

B.A., Nipissing University, 2004

THESIS

**Submitted to the Department of Psychology
In partial fulfillment of the requirements
For the Masters of Arts degree
Wilfrid Laurier University
2010**

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Abstract

This study was conducted to obtain an understanding of the post-secondary educational experiences of students with mental health issues (MHI's) at Wilfrid Laurier University (WLU), to examine the needs of these students, to identify specific types of supports and accommodations available to these students, and to determine how improvements could be made by removing any identified barriers and putting in their place needed supports and accommodations. Study components included forming an advisory committee, administering a needs assessment questionnaire to WLU students ($n = 78$) and a campus service assessment tool to service managers ($n = 3$), and conducting individual and focus group interviews with various stakeholders (namely, students with MHI's [$n = 11$], managers [$n = 5$] and service providers from the Accessible Learning Centre (ALC) [$n = 10$], Counselling Services [$n = 4$], and faculty [$n = 3$]). Qualitative and quantitative data revealed that students with MHI's attending WLU face many barriers in the attainment of a post-secondary degree. An analysis of available supports revealed a lack of disability-specific supports provided by the ALC, Counselling Services, and Health Services, specifically for students with MHI's. With regard to campus-based support utilization, the three services most frequented by students with MHI's for their mental health needs were the ALC, Counselling Services, and Health Services. Students were satisfied with a number of services provided by the ALC for the most part. However results showed that students with MHI's need specialized supports, like peer support groups, that extend beyond simply instrumental supports (e.g., that which the ALC currently offers). A number of recommendations were provided by participants, which was used to create an action plan for use by WLU to address barriers revealed by this study's findings.

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PURPOSE OF THE RESEARCH

The purpose of this study was to understand the post-secondary educational experiences of students with mental health issues (i.e., concerns, barriers) at Wilfrid Laurier University (WLU), to examine the needs of these students, to identify specific types of supports and accommodations available to them, and to determine how improvements might be made by removing any identified barriers and putting in place needed supports and accommodations and/or sustaining existing institutional supports perceived to be effective.

Defining Students with Mental Health Issues

The term mental health issue (MHI) was used instead of "mental illness" or "mental disorder" (as defined by the DSM-IV-TR, 2000) to avoid the use of medical model language which is associated with a deficit focus. Students who self-identified as having a MHI (i.e., mood disorder, anxiety disorder, schizophrenia) (Collins, 2005) were included in the study who met at least one of the following criteria: (a) they had experienced a MHI that had significantly affected their life (e.g., feeling very depressed or anxious, having mood swings, experiencing an eating disorder) during the past year, (b) they had seen a family doctor, psychiatrist or some other mental health professional (e.g., social worker, psychologist, chaplain) for treatment of a MHI during the past year, or (c) they had taken medication or remedies intended to treat a MHI during the last year.

Rationale

Researchers estimate that early onset of psychiatric symptoms (those occurring at age 16 or earlier) (Jayakody, Danzinger, & Kessler, 1998) has contributed to the lower-than-average levels of educational attainment observed among people with MHI's (Kessler, Foster, Saunders, & Stang, 1995; Megivern, Pellerito & Mowbray, 2003). It has been well-documented that

individuals with early-onset of MHI's are significantly less likely to enter university and, once in university, are more likely to terminate studies without completion (Kessler et al., 1995). The onset of MHI's, such as schizophrenia or bipolar disorder, are often manifested in the young adult years (15-24), a time when most individuals are pursuing education or formulating career plans (Beiser, Erikson, Fleming, & Iacono, 1993; Collins & Mowbray, 2005; Cooper, 1993). In a U.S. national survey by Kessler and colleagues it was found that approximately 37% of youth between the ages of 15 and 25 have a diagnosable MHI (Kessler, McGonagle, Zhao, Nelson, Hughes, Eshleman, Wittchen & Kendler, 1994). In the past the lack of effective pharmacological treatments and poor psychosocial supports led many individuals with MHI's to interrupt or terminate their academic studies (Cooper, 1993; Kessler et al., 1994). Despite substantial improvements over the past few decades in medication and psychiatric rehabilitative services these individuals still face significant barriers to achieving their educational goals, often experiencing failure, frustration and repeated withdrawals (Loewen, 1993; Mowbray & Megivern, 1999). According to Kessler et al. (1994) an estimated 4.29 million people would have graduated from college or university had they not experienced an early onset of a MHI. Failure to complete a post-secondary degree for individuals with MHI's has been related to a trajectory of poor vocational outcomes and poverty (Collins & Mowbray, 2005; Jackody et al., 1993). It is generally acknowledged that gaining access to particular vocations or meaningful employment requires that individuals obtain the required credentials by fulfilling post-secondary educational requirements (Cooper, 1993; Jacody et al., 1993). As such people with MHI's have frequently been unable to secure the economic and social benefits of higher education (Jacody et al., 1993; Kessler et al., 1994).

With the development of improved pharmacological treatments, empirically tested rehabilitation techniques, and an increased emphasis on recovery from MHFs over the past few decades, many adults with MHI's now have a realistic chance of re-entering their communities and re-establishing meaningful and productive lives, including the pursuit of vocational and educational dreams (Cooper, 1993; Mowbray, 2000; Weiner & Wiener, 1996). It has been increasingly recognized in recent years by individuals with MHI's and mental health advocates that education can play a critical role in enhancing the recovery and reintegration process of individuals with a MHI (Collins & Mowbray, 2005; Loewen, 1993). As such, many individuals with MHI's are enrolling in universities to begin or resume their education in greater numbers than ever before (Loewen, 1993; Unger, 1991). College and university officials have noted a sharp increase in the number of students with a MHI on campus over the past two decades (Mowbray, Megivern, Mandiberg, Strauss, Stein, Collins, Kopels, Curlin, & Lett, 2006). It is estimated that approximately 12-18% of students on college and university campuses have a diagnosable MHI (Mowbray et al., 2006). Considering that many students do not disclose their MHI's, the prevalence is probably much higher (Sullivan-Soydan, 2004). The trend of an increasing number of students with a MHI on college and university campuses is expected to continue to rise in years to come (Mowbray et al., 2006; Sharpe, Bruininks, Blacklock, Benson & Johnson, 2004; Stone & Archer, 1990). Although there has been a marked increase in the number of students on campus with a MHI, the retention rate of these students is still quite low. Approximately 86% of individuals with a MHI withdraw from college or university prior to completion of their degree (Kessler et al., 1994). This is in comparison to a maximum estimate of a 40% attrition rate of the general post-secondary population in Canada (Parkin & Baldwin, 2009).

Though few studies have been published on the post-secondary experiences of individual's with MHI's, the few that have been published consistently show that these students face many barriers in pursuit of a post-secondary education (Cooper, 1993; Loewen, 1993; Weiner & Weiner, 1996). There are strong indicators; however, that individual's with MHI's can succeed in higher education given the appropriate treatment and support (Collins, Bybee, & Mowbray, 1998; Collins & Mowbray, 2005).

Before providing a brief review of academic accommodations and institutional supports typically offered to and utilized by an increasing number of students with MHI's, a few necessary distinctions related to the eligibility criteria of such institutional supports and academic accommodations for students with MHI's eligibility will be made. Making such a distinction is considered important as the type of "institutional supports" and "academic accommodations" offered to students with MHI's in some instances (namely, academic accommodations such as extra time on exams provided by DSS offices, which are available only to students with MHI's who meet certain criteria).

Institutional supports (i.e., counselling sessions, disability-related supports and accommodations, medication therapy from campus health doctors), academic accommodations (i.e., access to private exam rooms and other DSS supports and accommodations, extensions on assignments granted by faculty), and/or the accessibility of certain supports to students with MHI's are dependent upon whether or not a student with a MHI has a psychiatric disability that is formally documented by a MH professional). The term psychiatric disability is defined by Collins (2005) as individuals who have a diagnosed "mental illness" or MHI that limits (or interferes with) one or more major life activities (such as learning, thinking, communicating, and sleeping, academics). In the post-secondary setting, it is only students with a diagnosed MHI

which has resulted in psychiatric disability who are considered eligible for certain institutional supports, specifically, academic supports and accommodations provided through DSS offices. Students with a diagnosable MHI, which may or may not have resulted in psychiatric disability, who lack documentation of disability are considered ineligible for the provision of supports typically provided by university DSS offices to students with various forms of disability (i.e., extra time on tests and exams, a private room to write exams, access to a note-taker, etc.).

Institutional supports, or academic accommodations, offered specifically to students with a psychiatric disability are in most cases provided by disability support service (DSS) offices located on all college and university campuses (Sharpe et al., 2004). Additionally, students with MHI's (those with and without a documented psychiatric disability) may also utilize campus counselling services to address their mental health concerns (Benton, Robertson, Tseng, Newton, & Benton, 2003; Megivern, 2002; O'Malley, Wheeler, Murphey, O'Connell, & Waldo, 1990). Recent debate, however, has centered on whether accommodations and supports provided by DSS offices and campus counselling services offices are adequate to meet the needs of students with a MHI. Inadequate supports have been linked to the low retention rate of these students (Collins & Mowbray, 2005; Loewen, 1993). From the few studies conducted in this area, it is clear that supporting the increasing number of students with MHI's has posed serious challenges for service providers, faculty, and others who work closely with these individual's (Collins & Mowbray, 2005; Kiracofe, 1993; Sharpe & Bruininks, 2003; Stone & Archer, 1990).

Personal Interests and Motives for Pursuing the Topic

According to Kirby, Greaves, and Reid (2006), researchers express and represent themselves in every research situation. As Coles and Knowles (2001) note (cited in Kirby et al., 2006, p. 36), "the questions we ask, the observations we make, the emotions we feel, the

impressions we form, and the hunches we follow all reflect who we are as a researcher." My interest in this particular topic was guided primarily by my own experience as a student with a MHI (initially). As a person with MHI's and resultant psychiatric disability, I have undoubtedly experienced many challenges in pursuit of a post-secondary education. Such challenges and concerns include but are by no means limited to experiences with stigma (upon disclosure), a lack of understanding from classmates, service providers, and faculty and a lack of effective or appropriate supports and accommodations. Though I had long been bothered by the lack of appropriate institutional supports (since high-school), until recently, I felt powerless to do anything about my situation, lacking both choice and voice with regard to my educational experience. Not until entering the Masters program in Community Psychology at WLU did I become cognizant of the fact that I was in indeed a member of an oppressed population. Learning of oppression, social justice, equality and self-determination with regard to oppressed populations were instrumental to a fundamental shift of my personal beliefs vis-a-vis the post-secondary educational experiences of students with a MHI.

Before continuing, it is important that I clarify for the reader what I am referring to when speaking of oppression and the two identifiable ways in which oppression are manifested. Oppression is defined as "a state of domination where the oppressed suffer the consequences of deprivation and exclusion, discrimination, and exploitation" (Nelson & Prilleltensky, 2005, p. 44). As noted by Nelson and Prilleltensky (2005), the sources of oppression can be both internal and external. Oppression, which is internalized into negative beliefs about oneself, can be manifested, for example, into a student's failure to seek out necessary supports and accommodations (due to a fear of stigma and stereotyping by other). As such, oppression is then a consequence of internalized shame. Having internalized stigma and stereotyped views held by

dominant society, the individual may act as his or her own oppressor by limiting his or her opportunities (i.e., refusing to seek out supports and accommodations; avoiding social situations). Whether or not students experience external stigma vis-a-vis the lack of available supports and structures in place for them by the institution, for example, or has been stereotyped or stigmatized by peers or others is dependent in part on whether students have disclosed their MHI to others in an effort to seek help (which many do not). For individuals who disclose then, oppression experienced can be seen as both the internalization of stigma and stereotyped views of MHI's in our society, as well as having to deal with various sources of oppression which result from stereotyping and stigma and resultant consequences of such (i.e., the lack of appropriate and effective structures in place conducive to their success in a post-secondary setting).

To return to my personal reasons for pursuing this topic, course readings and discussion on oppression and social justice and equality made me think about the unjust nature of the lack of appropriate supports for students like me. In addition to increasing my awareness, graduate school (i.e., by requiring that I complete a thesis) afforded me the opportunity to play a role in both creating awareness of the experiences of students such as myself and to make a change, however small, to the current state of institutional supports offered to students with MHI's.

My personal motives for undertaking research on students with a MHI were multi-fold and included the following: (a) to provide students with a MHI on campus a voice (or to raise the awareness of the experiences of these individuals on campus), (b) to create an opportunity for students to play a role in creating an environment more conducive to their success and satisfaction (or to set the stage for action if need be), and (c) to better the chances of having

students with a MHI not only to succeed in their post-secondary education, but to make their educational experience as fulfilling and enjoyable as possible.

It is my contention that, being a member of the community I wished to study, not only provided me with valuable insight into the experiences of students in a post-secondary setting with a MHI, but additionally contributed greatly to the richness of the data collected during individual interviews with students via disclosing my own status as an individual with MHI's. Arguably, I may have made me the best person to study this population (Pierson, 1991; as cited in Kirby et al., 2006). I realized prior to conducting this study, however, the need to be cognizant of any biases which had the potential to undermine my efforts to understand the experiences of research participants. Potential biases came in the form of preconceived notions about the population I wished to study and what I expected to find. Resulting from the many negative experiences I had endured over the years as a student with a MHI, it is fair to say that I could be seen as approaching the research with the expectation that services to accommodate the needs of these students were ineffective, and that the educational experiences of these individuals would necessarily be negative. As such, I knew it to be imperative that I broach the study with the mind-set, and be constantly aware, that I not make particular assumptions that the experiences of other students with a MHI were necessarily the same as mine, or that the experiences of all participants with MHI's were the same. As a preventative measure, and as a means to increase the comfort level of students, upon introducing myself, I disclosed the various MHI's with which I had been diagnosed, but stated that in no way did I assume to know anything about their experiences as a student with a MHI.

LITERATURE REVIEW

This section will provide the reader with an overview of existing literature on the topic of students with MHI's and post-secondary education and will cover the following areas: (a) barriers to post-secondary education encountered by students with MHI's, (b) institutional responses to the increasing number of students with MHI's on university campuses, and (c) essential post-secondary supports and accommodations required by students with MHI's.

Barriers to Post-Secondary Education

According to Weiner and Wiener (1996) students with MHI's remain a relatively unknown and unstudied population in terms of their experiences on our university campuses. Although a fairly new area of study, research has begun to accumulate on the higher education experiences of persons with MHI's (see Cooper, 1993; Loewen, 1993; Unger, 1991; Weiner & Wiener, 1996). As Unger (1998) notes, having a MHI can affect an individual's motivation, concentration, and social interactions - factors that are necessary for success in higher education. Across several studies, students with MHI's have reported the following barriers: side effects of psychotropic medications and drugs that slow down thinking and interfere with learning, poor concentration and attention, difficulties with memory and organization, and the cyclical nature of their illness (Cooper, 1993; Loewen, 1993; Weiner & Wiener, 1996). Students with MHI's have also reported low self-esteem, high levels of stress, and feeling overwhelmed and overloaded (Cooper, 1993; Weiner & Wiener, 1996).

In addition, university students with a MHI have reported struggling with structural obstacles, ranging from discrimination (e.g., lack of awareness or understanding of MHI's by faculty, peers and service providers) to problems with institutional supports or service provision (e.g., lack of coordination among service providers, lack of appropriately trained educators or service providers, lack of information about campus services, lack of appropriate services and specially

designed programs, inadequate financial aid, etc.) to difficulties with social relationships (due to problems with trust and fear of being stigmatized by faculty or peers if they disclose their MHI) (Blacklock et al., 2003; Cooper, 1993; Loewen, 1993; Weiner & Wiener, 1996). Across studies, research has found that many students with MHI's are frequently unwilling to receive or access help from disability or counseling services as a result of the stigma related to the disclosure of MHI's (Collins & Mowbray, 2005; Stanley & Manthorpe, 2001).

Institutional Responses

The low retention rate of students with MHI's on university campuses should not be seen as indicative of their abilities; rather it should be seen as indicative of a lack of appropriate institutional supports in place (Collins & Mowbray, 2005; Mowbray et al., 2006; Weiner & Wiener, 1996). As was mentioned earlier, despite the barriers students with MHI's face (intrinsic to their illness), research has shown that these individuals are just as likely to succeed as individuals with other disabilities, given the appropriate treatment and support (Collins & Mowbray, 2005; Megivern et al., 2003; Weiner & Wiener, 1996).

The response of various post-secondary institutions to the increasing number of students with MHI's (in terms of types of supports and services available) has varied to a certain extent (Collins & Mowbray, 2005; Wilson, Getzel, & Brown, 2000). While some post-secondary institutions have implemented programmatic supports specifically designed to help individuals with psychiatric disabilities (in particular) achieve success in a post-secondary environment (i.e., supported education), academic supports available to individuals with psychiatric disabilities are almost always provided by DSS offices (Sharpe et al., 2004). As was mentioned earlier, students with MHI's may also (additionally or primarily) seek out campus counselling services to address their mental health needs (Collins & Mowbray, 2005; Kitzrow, 2003; Megivern, 2002; Wilson et

al., 2000). Recent studies, though few in number, have revealed that services provided by academic institutions (in particular DSS and counselling services) may not be adequate for the needs of students with MHI's (Benton et al., 2003; Collins & Mowbray, 2005; Mowbray et al., 2006; Stone & Archer, 1990; Weiner & Wiener, 1996).

In an effort to better support the needs of students with MHI's (specifically for those with a documentation of a psychiatric disability) some colleges and universities in North America (30 in the United States, one in Canada) have implemented "Supported Education" programs (Sharpe et al., 2004; Unger, 1998). Supported education (SEd) is an intervention (or type of programmatic support) based on a rehabilitation model that has been recognized by many as an effective solution for helping individuals with a psychiatric disabilities gain access to, and complete their education (Collins et al., 1998; Mowbray, Brown, & Szilvagy, 2002). Though research on SEd programs suggests its effectiveness in increasing the retention rate of students with psychiatric disabilities, very few post-secondary institutions have implemented SEd programs. Instead, students with psychiatric disabilities are most often serviced by DSS offices on college and university campuses (Sharpe et. al., 2004).

College and University Disability Support Services

According to Eudaly (2002), DSS providers in post-secondary institutions are serving an increasing number of students with a psychiatric disability. DSS can play a major role in helping students with disabilities access and remain in higher education (Enright, Conyers, & Szymanski, 1996). Due to the establishment of DSS offices (established in part by the Ontario Human Rights Code [1990] which mandated that accommodations be provided to all eligible persons with disabilities) many individuals with disabilities are now just as likely to have completed at least some college as are other adults, and adults with disabilities have made significant progress in

the higher education sphere (Collins & Mowbray, 2005). Individuals with psychiatric disabilities, however, have not benefited from the establishment of DSS and remain largely disenfranchised from higher education (Anthony & Unger, 1991; Collins & Mowbray, 2005). Although DSS can play a key role in helping students with disabilities access and remain in higher education (Enright et al., 1996), research indicates that even when these services are available, students with disabilities (especially individual's with psychiatric disabilities) continue to experience barriers to full participation in post-secondary education (Collins & Mowbray, 2005; Szymanski, Hewitt, Watson, & Swett, 1999). The barriers faced by these students when combined with the challenges typical of the college or university experience contribute to vulnerability for poor academic performance or even failure (Loewen, 1993; Megivern et al., 2003).

The increasing number of students with psychiatric disabilities has consistently been reported as a major concern for DSS staff (Collins & Mowbray, 2005; Sharpe & Bruininks, 2003). Many DSS service providers have reported feeling challenged in meeting the needs of students with psychiatric disabilities (Collins & Mowbray, 2003; Sharpe & Bruininks, 2003; Unger, 1991). As Megivern et al. (2003) note, DSS offices may be unfamiliar with the needs of these students, including knowledge about appropriate accommodations. Existing literature seems to confirm these findings (see Collins & Mowbray, 2005; Sharpe et al., 2003; Weiner & Wiener, 1996; Unger, 1991). Across the few studies available in this area, campus DSS staff reported that, in general, psychiatric disabilities are difficult to accommodate. Many have made the claim that efforts to provide accommodations are not as clear as in other disability areas (Collins & Mowbray, 2005; Sharpe et al., 2003). The fact that DSS providers feel ill-equipped to serve the needs of these students should come as no surprise, as many DSS staff had traditionally received training in a disability area primarily related to learning and instruction (e.g., learning

disabilities) (Sharpe et al., 2004). Despite the challenges posed by the increasing number of students with psychiatric disabilities, the response of disability staff is generally positive. Most express a desire to learn more about how they can better accommodate the needs of these students (Collins & Mowbray, 2005).

Counselling Services

Over the last decade or so, two trends have emerged in campus counselling centre literature: the increased demand for counselling services and the increase in the number of students with MHFs on campus (Kitzrow, 1998). In an article by Stone and Archer (1990) documenting the serious challenges facing university and college counselling centres, the increasing numbers of students with serious psychological problems on campus was listed as the most predominant concern. Surveys of academic personnel since 1990 have substantiated that concern. In a study by Levine and Cureton (1998), 60% of student affairs officers and deans have reported increasing numbers of students using counselling services, and doing so for longer periods of time. Other surveys have found that counseling centres are seeing increasing numbers of students with severe psychological problems (AUCC, 1999; Stone & Archer, 1990), and that counselling centre staff reportedly spend more" time on individual cases, are experiencing increased demands for service, and are seeing more severe client problems (Mowbray et al., 2006; Robbins, May & Corazini, 1985). The reported increase in the number of students with severe MHI's on campus and increases in problem severity has been identified as a concern for many college and university counselling centres (Gallagher, Sysko & Zhang, 2001; Stone & Archer, 1990). Many college and university counsellors, for example, have reported that they do not have either the resources, or in some cases, the training necessary to serve the population of students presenting with significant psychiatric distress (Kirocofe, 1993).

As Mowbray et al. (2006) note, the influx of students seeking assistance for psychiatric complaints comes during a "chaotic period" for university and college counselling centres (p. 10). Recent literature has consistently shown that counselling centres are often caught between the conflicting demands of an increased number of mental health problems and limited resources to meet those needs (AUCC, 1999; Benton et al., 2003; Stone & Archer, 1990). Many studies have shown, for example, that at a time of an increasing number of students with more complex and severe problems, staff numbers have not increased proportionately (AUCC, 1999; Benton et al., 2003; Gallagher, Gill, & Sysko, 2000). Available literature shows that most campus counselling centres have struggled to keep up with growing demands for services, while recent funding cuts have led some schools to either consider charging fees or offering only brief therapeutic interventions. Also in the name of economy, many post-secondary counselling centres have been forced to place stricter limits on services (e.g., maximum allowed number of counselling sessions) (Mowbray et al., 2006; Stone & Archer, 1990). This increase in demands for services without a corresponding increase in resources has been reported as a major challenge and concern for many counselling centres (Gallagher, et al., 2000).

Utilization of DSS and Counselling Services by Students with MHI's

It should be noted that despite the services and supports available to students with MHI's provided through campus DSS and counselling services offices, many individuals with MHI's do not utilize such services. Various reasons have been cited in counselling and DSS literature as to why students with MHI's in particular do not seek help from campus based DSS or counselling services. With regard to service utilization of DSS, for example, several studies have shown that many students may be uncertain of their disability status. That is, many students may be unaware that a MHI may be recognized as a disability (Collins & Mowbray, 2005; Megivern, 2002),

potentially perceiving that a DSS office is reserved for people with physical disabilities (Megivern, 2002). Even if aware, students with MHI's may not utilize existing services due to a fear of disclosure and the stigma associated with using disability services (Collins & Mowbray, 2005). Perceived stigma associated with disclosure of a MHI has also been identified as a reason for why many students are unwilling to seek help from campus counselling services offices (Kitzrow, 2003; Wilson, Getzel & Brown, 2000). While students with MHI's are unwilling to seek help from campus services as a result of perceived stigma associated with a MHI; many, however, have attributed a lack of availability of supports as preventing them from getting the help they need (i.e., services that are available only at times when individuals are in class) (Mowbray et al., 2006). Another commonly cited problem regarding utilization of campus counselling (and DSS) services relates to the lack of accessibility of services (i.e., many individuals have reported not being aware of potential mental health resources due to a lack of advertisement of services and what they offer) (Blacklock et al., 2003; Megivern, et al., 2003; Stanley & Manthorpe, 2001). Other studies have shown that many individuals with MHI's in general may not seek help namely as a result of denial (i.e., that they do not have a problem), being too embarrassed to ask for help, and feeling uncomfortable asking for help (Offord, Boyle, Campbell, Cochrane, Goering & Lin et al., 1994).

Supported Education

Some post-secondary institutions have chosen to implement SEd to serve the needs of students with psychiatric disabilities. SEd programs began in the 1980's as a way of providing supports to individuals with psychiatric disabilities (Collins & Mowbray, 2005; Mowbray et al., 2002). SEd is defined as:

Education in integrated settings for people with psychiatric disabilities for whom post-secondary education has been interrupted or intermittent as a result of severe psychiatric disability, and because of their disability, need ongoing support services to be successful in the education environment. (Unger, 1993, p. 12)

SEd is a psychiatric rehabilitation intervention that provides assistance, preparation and support to persons enrolling in and completing post-secondary educational programs. Although individual SEd programs vary, they are designed to assist individuals in making choices about education and training, help them get into a selected education or training program, and assist them in maintaining their student status until their goals are achieved (Mowbray et al., 2002).

Three basic prototypes of SEd have emerged over the past few decades (Unger, 1990). The first prototype is the self-contained classroom where students attend classes at a post-secondary site with other individuals who are also characterized as persons with special needs. The curriculum may be remedial in nature or may be designed to ease the transition to the academic environment. The second prototype is the on-site support model. In this model, students are mainstreamed and attend regular classes at a post-secondary site. Support services typically originate from the DSS office or counselling services. The third prototype is mobile support, which is essentially the same as the on-site support model except that support is provided by staff members from community-based mental health services. Staff members may be based at the community mental health site or at the post-secondary site. In some instances mobile support is provided to students at more than one post-secondary institution.

Despite variation in location, most SEd programs offer the following basic services: career planning (providing instruction, support, counselling, and assistance with vocational self-assessment, career exploration, development of an educational plan, and course selection),

academic self-survival skills (strengthening of basic educational competencies, providing information on college and training program management), time and stress management, developing social support for educational pursuits, and tutoring and mentoring services, offering opportunities for confidence building and for social development within a normalized setting), and outreach to services and resources (facilitating referrals and contact with resources on campus and relevant human service agencies, providing help with post-secondary enrollment processes, educating about rights and resources for people with disabilities, and, assisting students with financial aid) (Brown, 2002; Collins, Mowbray, & Bybee, 2000).

There is accumulating evidence of the effectiveness of SEd in providing assistance to people with psychiatric disabilities in accessing and completing post-secondary programs (Collins, Bybee & Mowbray, 1998; Mowbray, Collins & Bybee, 1999; Unger, 1993). SEd has been endorsed as an exemplary practice in helping individuals with psychiatric disabilities both access and succeed in higher education (NMHA, 1997; Mowbray, Bellamy, Megivern, & Szilvagy, 2001). Research suggests that SEd programs facilitate the educational process for students with psychiatric disabilities and are crucial to the success of those who decide to pursue higher education (Sullivan-Soydan, 2004).

Although SEd is a fairly recent innovation, there is accumulating evidence on SEd's effectiveness in helping increase levels of educational attainment among individuals with psychiatric disabilities. Wolf and Di Pietro (1992), for instance, examined the effectiveness of a SEd model that provided mobile support for students (N=38) and reported the following outcomes: 74 % attempted at least one college course; of those who registered and attended, 60% enrolled at the community college, 32% at a vocational/technical school, and 7% at a four-year university. In a follow-up survey conducted with 102 participants of a classroom-style SEd

program, Cook and Solomon (1993) found that 42% of participants had taken at least one class and six participants had received a post-secondary degree, ranging from certification to a Masters degree. The Michigan SEd program used a randomized controlled design to study the effectiveness of a group-based SEd intervention at a community college campus. At 12 months post-program for the group intervention condition, the number of participants enrolled in college or vocational training increased significantly from 6% at baseline to 28%, whereas in the control condition enrollment over time did not change (Mowbray et al., 1999). Unger et al. (2000) reported that students ($n=124$) in three different SEd program models completed 90% of their college course work, with most participants reporting that they were receiving or anticipating passing grades. With regard to SEd's effectiveness in increasing the retention rate of students with psychiatric disabilities, it should be noted that no longitudinal study has been done to determine the extent to which students enrolled in SEd programs have completed educational degrees (Mowbray, Collins, Bellamy, Megivern, Bybee, & Szilvagy, 2005). Nonetheless, evidence (primarily anecdotal) yields promising results (Hain & Giola, 2004; Megivern et al., 2004).

Aside from having a positive effect on the educational attainment of individuals with psychiatric disabilities, existing literature has also revealed that SEd programs can aid in improving the vocational and career prospects of participants. Unger and colleagues (1991) found a significant increase (over baseline) in competitive employment of participants enrolled in a university-based SEd program over the course of four semesters. Cook and Solomon (1993) found that between program intake and the follow-up interview, 78% of participants had at least one job and 47% were currently employed. Both the number of hours worked and the average hourly wage increased significantly from intake to follow up.

Additionally, SEd programs can have positive impact on the self-esteem and other self-perception measures of students with MHI's. Unger et al. (1991) reported increases in self-esteem during their program. In a follow-up survey conducted with 102 participants of a classroom-style SEd program, Cook and Solomon (1993) found significant increases in self-esteem, marginally significant increases in coping mastery, but no significant changes in anxiety. Mowbray and colleagues (1999) reported that at 12 month follow-up, participants in the experimental conditions had higher scores on quality of life and self-esteem and significantly lower scores on social adjustment problems than did participants in the control condition in their controlled evaluation of SEd.

While SEd is a well-developed and effective intervention for increasing both access and retention of students with psychiatric disabilities, such interventions designed to prevent post-secondary departure for students with psychiatric impairments are only beginning to be considered (Megivern et al., 2003; Unger, 1998). According to Megivern et al. (2003), one of the current challenges in creating effective programs is a lack of understanding and awareness of the needs and capabilities of these students.

In sum, outcome studies of SEd programs have reported promising results for individuals with MHI's who wish to fulfill their educational dreams or pursue their vocation of choice. Research on SEd, however, has concentrated primarily on increasing access to post-secondary education for individuals with psychiatric MHI's who are starting to pursue or enroll in higher education, rather than on retaining students once enrolled (Mowbray et al., 2001). Indisputably, for individuals with psychiatric disabilities to be able to not only access post-secondary education, but to experience success and remain in post-secondary education (until degree completion), the provision of appropriate supports and accommodations is essential (Collins &

Mowbray, 2005; Loewen, 1993; Weiner & Wiener, 1996). It is surprising, however, that despite the increased number of university students with MHFs, relatively little is known about the educational experiences of these individuals and the types of supports and accommodations necessary for their successful completion of a post-secondary degree (Collins & Mowbray, 2005; Sharpe et al., 2004; Weiner & Wiener, 1996).

Essential Post-Secondary Supports and Accommodations

Only a few needs assessment studies have been published that have examined the types of supports necessary for the success and satisfaction of students with a MHFs in a post-secondary setting. Cooper (1993) reported on an assessment of supports needed for students with MHFs. Using interviews and questionnaires, student services staff, service providers, consumers, and their families were asked for their opinions. The following services were identified as most essential: an academic coach (mentor, check-in person), increased counselling and outreach services, stress and time-management training, peer support groups/emotional support, improved dissemination of information about campus services, increased training of faculty on MHFs, and removal of barriers to participation through reasonable accommodation. Loewen (1993) identified the need to improve organizational and study skills, coordination of services, awareness of abuse issues, and awareness of MHFs.

Weiner and Wiener (1996) had students with a MHI fill out questionnaires and subsequently participate in in-depth interviews to expand on answers to the questionnaires. Students were asked to identify types of accommodations seen as valuable. Accommodations valued most by students included: an ongoing personal relationship with a counsellor on campus, peer support, career counseling beyond the current level of services provided, instrumental supports, and support from faculty and staff. A personal relationship with a peer counsellor was seen as

important in terms of supports provided and the continuity of knowing the same person throughout their academic career. Having someone to advocate on their behalf seemed important to legitimize their requests. Students in this study also valued peer support in a variety of ways. They saw a support group, for example, as an opportunity to problem solve, learn more about the university environment, form relationships, and not feel so socially isolated. Career counselling beyond the current level of service provided on campus was also listed as a high priority. Students felt it would be easier to complete courses if they knew where their aptitudes and interests lay. Instrumental supports found to be helpful were yearly orientations before the academic year begins including tours of the campus and the library, extensions on assignments, and extra time to write exams. They would have liked access to breaks on exams. Participants were found much more likely to avail themselves of academic advising services if they had one staff person with whom they could meet over time. Otherwise they often felt reluctant to seek out services for fear of burdening others.

There are clearly many barriers on college and university campuses for students with MHFs. However, there are also potential strategies for removing these barriers. With a targeted or context-specific needs assessment, campuses can identify ways to realign their services and develop action plans to reduce and remove identified barriers, creating greater access to post-secondary education for students with MHFs (Blacklock, et al., 2003; Weiner & Wiener, 1996).

Research Questions

Given the lacking body of knowledge on the post-secondary experiences of students with MHFs and the need for more effective institutional supports, research questions focused on the following three areas: (a) issues and barriers, (b) supports and accommodations, and (c)

recommendations and strategies for removal of identified barriers and implementation of needed supports and accommodations.

1. Issues and Barriers

What are the concerns and barriers experienced by students with MHFs at WLU?

2. Supports and Accommodations

a) What types of supports and accommodations are currently available to students with MHI's?

What is the frequency of campus and community support utilization (in terms of issues related to their MHI)?

b) How adequate are these available supports and accommodations in meeting the needs of students with MHI's?

c) What types of supports and accommodations are important for the success and satisfaction of students with MHI's in a post-secondary setting? What else is needed to best support students with MHI's?

3. Recommendations and Strategies for Action

a) What recommendations do students and other stakeholders have for developing more adequate supports and accommodations (if needed) at WLU for students with MHI's?

b) What are the priorities and steps for action developed by the project advisory committee to sustain or enhance services and supports for students with MHI's?

METHODOLOGY

Needs Assessment

Prior to providing a detailed account of methods to be used in this study, a brief review of "needs assessment" is provided. Needs assessment has been defined as "a systematic and

ongoing process of providing usable and useful information about the needs of the target population-to those who can and will utilize it to make judgments about policy and programs" (Reviere, Berkowitz, Carter & Ferguson, 1996, p. 6). According to Nelson and Prilleltensky (2005), a needs assessment is concerned with the following questions: (a) What kinds of problems/needs are there in the community?, (b) What are the resources, capacities and strengths of the community that can be mobilized to address the problems/needs?, and (c) What kinds of interventions are needed to address the problems and meet the needs in the community? As Reviere et al. (1996) note, needs assessment is a form of applied research that extends beyond data collection and analysis to include the utilization of findings. Two types of needs assessment methods can be used: those that employ secondary data (i.e., needs assessments that rely on information that has already been gathered) and those that employ primary data (i.e., assessments that rely on direct collection of information concerning the needs of the target population in question expressively for the purposes at hand). In needs assessment, the most common quantitative data collection method is to survey a sample of the target population and/or other stakeholders. Qualitative methods most commonly used include intensive interviewing and focus groups (Berkowitz, 1996). As Berkowitz (1996) notes, "there is no methodological reason to confine any needs assessment study to exclusive use of either secondary or primary data, or to restrict data collection to only quantitative or qualitative approaches" (p. 17). Berkowitz (1996) additionally notes that the careful and artful combination of secondary and primary sources, and of qualitative and quantitative methods, greatly strengthens a research design; and that, in conducting a needs assessment, as in any type of research, the methods used should be driven by the research questions to be answered and the reasons for asking these questions. See Table 1 for an overview of the research questions, sample and sampling, and needs assessment methods.

Table 1

An Overview of Methodology: Research Questions, Sample and Sampling, and Methods

<i>Questions</i>	<i>Sample and Sampling</i>	<i>Methods</i>
1. What are the concerns and barriers experienced by students with MHI's at WLU?	78 students with MHFs (14 males, 64 females) were recruited through the Psychology PREP pool, ALC, Health Services, and general advertising using a convenience sampling strategy	Needs Assessment Questionnaire (Appendix A, Sections C and D)
	11 students with MHI's (3 males, 8 females) participated in an in-depth individual interview following completion of questionnaire on-line.	Individual in-depth semi-structured qualitative interviews (Appendix B, questions one and two)
	5 Managers (1 male, 4 females) and 3 faculty (1 male, 2 females) were selected using a purposive sampling strategy	In-depth interviews (Appendix C, question one)
	Service providers from Counselling Services (4 females), and the ALC (2 males, 8 females) were selected using a purposive sampling strategy	Two focus groups (Appendix C, question one)
	Managers (3 females) of the ALC, Health Services, and Counselling Services	Campus Service Assessment Tool (Appendix D, Section one, question five)
2 (a). What types of supports and accommodations are currently available to students with MHI's? What is the frequency of campus and community support utilization (in terms of issues related to their	Administrators (3 females), one from Counselling Services, one from the ALC, and one from Health Services office were recruited using a purposive sampling strategy	Campus Service Assessment Tool (Appendix D, Section two)

MHI's)?

	78 (14 males, 64 females) students with MHI's selected using convenience recruitment procedures	Needs Assessment Questionnaire (Appendix A, Section B)
	11 students (3 males, 8 females) with MHI's, selected using a convenience sampling strategy, who completed the on-line survey.	Interviews with students with MHI's (Appendix A, Section B, questions four and five)
	5 Managers (1 male, 4 females) and 3 faculty (1 male, 2 females) were selected using a purposive sampling strategy Service providers from Counselling Services (4 females), and the ALC (2 males, 8 females) from the ALC were selected using a purposive sampling strategy	Key informant interviews (Appendix C, Section two, questions three and four) 2 focus groups, (Appendix C, Section two, questions three and four)
	Students with MHI's (see above for sample size and sampling strategy)	Campus Service Assessment Tool (Appendix D, Section two)
	(see above)	Needs Assessment Questionnaire, (Appendix A, Section A)
2(b). How adequate are these available supports and accommodations in meeting the needs of students with MHI's?	Students with MHI's (see question one for sample size and sampling strategy)	Individual interviews (Appendix B, questions four and five)
	Administrators^ faculty (see question one for sample size and sampling strategy)	In-depth interviews (Appendix C, question two)
	Service providers from Counselling Services (four females) and the ALC (2 males, 8 females) were selected using a purposive sampling strategy	2 focus groups (one with participants recruited from each office) (Appendix C, question two)

2 (c). What types of supports and accommodations are important for the success and satisfaction of students with MHI's in a post-secondary setting? What else is needed to best support students with MHI's?	Students with MHI's (see question one for sample size and sampling strategy)	Needs Assessment Questionnaire (Appendix A, Section E)
	Students with MHI's (see question one for sample size and sampling strategy)	Individual interviews (Appendix B, question three)
	Administrators (one male, four females), 4 faculty (one male, 4 females) 10 service providers from the ALC (2 males, 8 females) and service providers from Counselling Services (4 females)	In-depth interviews (Appendix C, question three) 2 separate focus group sessions (Appendix C, question 3)
3 (a). What recommendations do students and other stakeholders have for developing more adequate supports and accommodations (if needed) at WLU for students with MHI's?	Students with MHI's (see question one for sample size and sampling strategy)	Individual interviews (Appendix B, question six)
	Administrators	Individual interviews (Appendix C, question four)
	Service providers from the ALC and counseling services	2 focus groups (Appendix C, question four)
3 (b). What are the priorities and steps for action developed by the project advisory committee to sustain or enhance services and supports for students with MHI's?	2 students with MHI's, five administrators were purposively selected to sit on the project advisory committee	Project Advisory Committee

Research Process

The study consisted of five phases: (a) pre-work, (b) data collection, (c) data analysis and interpretation, (d) dissemination of research findings, and (e) the development of an action plan (which was determined to be necessary).

Pre-Work

The pre-work phase involved conducting a literature review on the topic of students with MHFs and their post-secondary educational experiences. Existing needs assessments studies were reviewed, as were research tools used in these studies, for the purpose of ascertaining the " best practices for conducting a needs assessment with students with MHFs. Furthermore, as was already mentioned (and, as discussed below) this phase of the research involved forming a project advisory committee with key-stakeholders (with the noted exception of students with MHFs).

Entry and Relationship Building

Much time was spent on identifying and meeting with key stakeholders to determine both the feasibility of conducting this study and potential recruitment strategies. Collaboration with potentially important stakeholders began in March, 2007. Prior to deciding upon an appropriate course of action for conducting this study I first met with the Dean of Students, who is responsible for the development and implementation of policy and programs for students at WLU, to discuss the feasibility of conducting this study and to determine who should be involved in this study (or who could be seen as possessing in-depth knowledge of the issue of inquiry). The Dean of Students responded with enthusiasm when I presented him with my plans

for conducting this needs assessment study. In this initial meeting, the Dean of Students suggested that I contact the current Director of Counselling Services, the Manager of the Accessible Learning Centre (ALC), and the Manager of Health Services for involvement in this study.

I first contacted the Manager of the ALC for a meeting to discuss the possibility of having the ALC play a role in this study and the ways that they could be involved. She responded positively when I described the nature and purpose of my study, and accepted my invitation to have the ALC play a role in this needs assessment study.

In meeting with the Director of Counselling Services and another counsellor from Counselling Services, who was asked to join the meeting as the current Director was about to retire, I provided a detailed account of the purpose and importance of this study and asked questions regarding the potential role the Counselling Services office, if willing, could play in this study (i.e., helping recruit participants). The Director provided suggestions regarding how Counselling Services might be involved, but before making any commitments, stated that he had to discuss my study with staff at the Counselling Services office. It was decided that that the potential involvement of Counselling Services in this study would be renegotiated upon appointment of the new Director of Counselling Services in July, 2007. In July I received an e-mail from the counsellor who attended the initial meeting stating that the new Director of Counselling Services had been appointed and had expressed an interest in having Counselling Services play a part in my study. In speaking with this individual, it was decided (rather tentatively) that the potential role of Counselling Services in this study would include: having the Director sit on the advisory committee, to recruit service providers for participation in a focus

group interview (in place of individual interviews) and to have someone from the Counselling Services office complete the Campus Service Assessment Tool. Counselling Services declined my request to recruit students for participation in this study (i.e., placing copies of a one to two page handout detailing the study in the waiting area) due to their policy.

Advisory Committee

This project, as initially planned, was to utilize a participatory action research (PAR) approach to the fullest extent possible (within the confines and purpose of this study through the involvement of key informants, and an advisory committee consisting of various stakeholder groups, including students with MHI's), as discussed in detail below. PAR, as defined by Nelson, Ochocka, Griffin, and Lord (1998) is "a research approach that consists of the maximum participation of stakeholders, those whose lives are affected by the problem under study, in the systematic collection and analysis of information for the purpose of action and making change" (p. 885). PAR, which blends the traditions of participatory research and action research, works on the assumption held by participatory research that oppressed people should be fully engaged in the process of investigation (i.e., they participate in a process of developing research questions, designing research instruments, collecting information, and reflecting on the data in order to transform their understanding of the nature of the problem under investigation). Similarly, action research organizes the research into different phases, with findings informing action throughout the research process. For the purposes of this study, the involvement of students with MHI's in the ways described above was simply not feasible via their inability to participate in the first of three advisory committee meetings due to situational factors. They

were, however, able to participate fully in the second and third advisory committee meetings (details are provided below).

The advisory committee was formed to allow key stakeholders a real say in carrying out the research (i.e., by providing input and guidance throughout the research process) and to ensure that the research was grounded in the university context. A secondary reason for forming an advisory committee was to: (a) build a partnership for change, (b) enhance the perceived (or real) trustworthiness of the research findings, (c) improve the likelihood of buy-in from those involved, and (d) strengthen the commitment of stakeholders to use the results to make changes or to maintain, sustain or enhance available services (depending on what the research findings revealed) (Taylor & Botschner, 1998).

Key stakeholders who were approached to sit on the advisory committee included the following individuals: (a) the Dean of Students, (b) the Manager of the ALC, (c) the Director of Counselling Services, (d) two students with MHI's, (e) the Director of Learning Services, and, (f) the Manager of Health Services. The above mentioned individuals were invited to sit on the advisory committee as a result of their role or power in the academic environment and/or because of their close proximity and in-depth knowledge of students with MHI's. All committee members who were invited to sit on the advisory committee were in attendance for the first advisory committee meeting with the exception of students with MHI's (as a result of time constraints of the study related to the ethics application process). It is worth mentioning that students with MHI's were asked to be on the advisory committee because of their ability to provide much valuable insight on a variety of issues, in particular, the implementation process of the needs assessment (which unfortunately was discussed during the first meeting that students

could not attend), and precisely how the study's findings were utilized. Additionally, having a role on the advisory committee was viewed as extremely likely to be a very empowering experience for these individuals, helping to ensure that this study was conducted in a respectful and appropriate manner (Taylor & Botschner, 1998). The first advisory committee meeting was held on September 17, 2009, prior to the submission of materials submitted to the Research Ethics Board (REB) for approval, as I wanted to ensure that committee members had the opportunity to review materials and make suggestions for changes to each document.

This meeting was held to: (a) discuss the purpose, design, and intended outcomes of this study, (b) present and receive feedback on proposed methods, and (c) clarify the roles of committee members (according to their agreement on how much and to what degree they were willing and able to contribute). The first meeting was also held to exchange welcomes and introductions and to discuss how the committee would work best as a team. This included a discussion amongst members regarding the roles each committee member would assume over the duration of the study, as well as principles for working together to which the team would abide by throughout the duration of the study (i.e., respect for diversity, and the importance of reducing power differentials). Additional objectives of this meeting were to provide a background or overview to the study, to discuss the intended outcomes and objectives of study, and to provide members with an overview of the research process. It was decided that members would review each document to be distributed at a time that was best for them, to make any necessary changes to documents or concerns which needed addressing, and send an email to me containing such changes/suggestions. Upon receiving revisions to documents provided by committee members (roughly a two week waiting period), revisions and suggestions were each taken into consideration, and changes were made accordingly (before all the protocols were submitted to

the REB). Lastly, once changes suggested by advisory committee members were incorporated into each document to be reviewed and were submitted for REB approval, I then via email sent an attachment of the altered documents to ensure that all changes met the satisfaction of committee members, which they did.

It should be mentioned that some of the advisory committee members served a dual role as key informants. Key informants (namely, individuals with intimate knowledge of each of the three main research settings) played a vital role with regards to helping me determine potential recruitment strategies and facilitating the recruitment process. Contact with these individuals was maintained throughout the research process.

It is worth mentioning that although advisory committee members played a dual role (i.e., committee member and participant), from my perspective, this did not have any implications or effects on the individual's responses to interview and focus group and survey data. Nonetheless, there exist possibilities of potential negative implications in having members play a dual role. It is certainly possible that implications existed pertaining to confidentiality and anonymity, as well as the working relationship already in existence among committee members. These were factors in responses elicited by stakeholders who held a dual role as participants (due to the fact that the advisory committee members were cognizant of the fact that all would be interviewed by me) and presented back to advisory committee members for interpretation of data during the third committee meeting. This could have resulted in advisory committee members/key informants providing data which depicted the institutions services and supports in a positive light.

Data Collection

This phase involved administering a needs assessment questionnaire to WLU students with MHI's, and conducting in-depth individual interviews with students with MHFs and key informants, conducting focus groups with service providers from the ALC and Counselling Services, and distributing a campus service assessment survey to managers from the ALC, the Counselling Services office and Health Services. During the data collection phase, interviews were conducted and transcribed by me and participants were offered the-chance to review the transcripts from their interviews. Participants were consulted to confirm or verify the preliminary interpretation of data, a process called "member checks." This was done to establish the accuracy and credibility of research findings (Kirby et al., 2006; Lincoln & Guba, 1985).

Data Analysis

Following transcription, qualitative data were coded to uncover common themes and quantitative data were entered into SPSS and analyzed by me. Once the data had been analyzed a preliminary report outlining the research findings was created. Upon completion of this report a second advisory committee meeting was held. Those who attended the second advisory committee meeting were two students with MHI's, the Manager of the ALC, the Director of Learning Services, and the Manager of Health Services. This second of three advisory committee meetings was held to present the findings of the preliminary report and to receive feedback from members regarding the interpretation of findings. During this meeting, general consensus was reached by committee members regarding the accuracy of research findings contained in the report as well as member interpretation of research findings (i.e., potential strengths and weaknesses of various service offices).

Several steps were taken to verify the accuracy of the qualitative data. According to Johnson (1997), in qualitative research credibility and validity or "trustworthiness" can be facilitated through multiple ways including participant feedback or "member checks," reflexivity (self awareness and critical self-reflection by the researcher to his or her potential biases and predispositions as they affect the research process and conclusions), peer review (discussion of researchers interpretations and conclusions with other people), and through triangulation. As Patton (2002) similarly notes, the use of multiple sources, triangulation, and external review aim to produce high quality data that are credible, trustworthy, authentic, balanced about the phenomena under study. With regard to triangulation, this study involved the collection of data" from a variety of sources (source triangulation) and methods (methodological triangulation) to obtain answers to the research questions. Though procedures differed, for example, in terms of the way information was obtained, use of method and source triangulation methods thus allowed for "cross-checking" of information and conclusions obtained throughout the study. As well, in having feedback from committee members and main key informants throughout the entire research process all helped ensure the trustworthiness of data obtained and the accuracy of findings.

Follow-up Procedures

The third and final committee meeting which was held in October of 2009 was attended by two student committee members and two stakeholders. Others were unable to attend. The goal of this meeting was to obtain enough information to develop priorities and steps for action to sustain or enhance services and supports for students with MHFs. During this meeting recommendations for barrier removal revealed by this study were reviewed. Committee members were subsequently asked to prioritize recommended strategies for barrier removal and to identify

recommended strategies as long-term and short-term goals (please see Results Question 3(b) for details of this meeting). In addition, members engaged in a brief discussion regarding member responsibility and commitment for carrying out recommendations and strategies for barrier removal. Due to time constraints, the committee was unable to discuss the dissemination of research findings. Subsequent to this meeting I created an action plan based on the feedback from the advisory committee (see Appendix E).

Assumptions Underlying the Research Approach

This needs assessment study was conducted in accordance with the assumptions of social constructivism (primarily) and for one research question, post-positivism. The assumptions underpinning these paradigms were best suited to the intended purpose and outcomes of specific research questions. In an effort to obtain answers to specific research questions this study employed both qualitative and quantitative methods. In theory, each method (i.e., both qualitative and quantitative research methods) is based on a particular paradigm, or patterned set of assumptions concerning reality (ontology), knowledge of that reality (epistemology), and particular ways of knowing that knowing that reality (methodology) (Guba, 1990, as cited in Sale, Lohfeld & Brazil, 2002).

Before discussing the paradigms associated with specific research questions, it is important that I identify my paradigmatic stance as a researcher, as my worldly assumptions in part had a major influence on my selection of research questions, methodological choices, and the manner in which the research was conducted. As a researcher who sees much value in the subjective emphasis of constructivism and its underlying assumptions (i.e., the existence of multiple realities which are subjectively constructed by research stakeholders) my post-positivist training has led me to believe in the usefulness of objective measures of reality (under certain

circumstances). As a result of my belief in both the existence of multiple realities which are subjectively constructed by research stakeholders, and the existence of an objective measurable reality (an assumption of post-positivism) I could not adopt or anchor myself to the assumptions of any one paradigm. The position I have chose to adopt is the third position posited by Nelson and Prilleltensky (2005) as defensible vis-a-vis research paradigms; that is, I have chosen to take the stance or position of matching research questions to the most appropriate paradigm; rather than to anchor all work according to the assumptions and particular methods associated with a particular paradigm. I have adopted a stance of "methodological pluralism." Based on the research questions and the intended purpose and outcomes of each question, I felt that a constructivist approach was most fitting for most questions; though, as was mentioned earlier, this research was also guided by the assumptions of post-positivism, as the assumptions of this paradigm was most fitting for one of the questions of research inquiry.

Assumptions underpinning the research questions guided by the constructivist approach (identified later) include a belief in the existence of multiple constructed realities (or that a single external reality is not assumed to exist) or that reality is socially created (held by both the researcher and participants). As such, what can be known, or what constitutes valid knowledge, is the mental constructions of participants which are expressed via language, discourse, and text (Nelson & Prilleltensky, 2005). Due to the fact that multiple realities (or multiple constructed realities) are assumed to exist, the goal of the researcher is to understand and interpret the realities/perspectives of multiple stakeholders (Nelson & Prilleltensky, 2005). Also in accordance with the constructivist paradigm, the posture of the researcher is not one of objective detachment (Guba & Lincoln, 1994), but is seen as interdependent (or an interactive process between research and settings) as the researcher works together with participants to create the

"findings" (Nelson & Prilleltensky, 2005). The research findings were literally seen as being created as the investigation proceeds. In sum, reality is constructed by the experiences of individuals and their interaction with the environment. As such, one can only understand reality by accessing the lived experiences of those people whose reality one seeks to understand. This results in an understanding that a true understanding can only be achieved with the participation of stakeholders.

Because the primary goal of this study was to obtain in-depth, context-specific information (or to obtain an in-depth understanding) of the post-secondary educational experiences of students with MHI'S (from a variety of information rich sources, who could provide me with multiple perspectives on the areas of inquiry), the questions which were underpinned by the assumptions of social constructivism included the following: question number one (i.e., what are the concerns and barriers experienced by students with MHFs at WLU?), 2(b) (i.e., how adequate are available services and supports for students with MHI's?), 2(c) (i.e., what types of supports and accommodations are important for the success and satisfaction of students? What else is needed?), 3(a) (i.e., what recommendations do students and other stakeholders have for developing more adequate supports and accommodations at WLU for students with MHI's?), and 3(b) (i.e., what are the priorities and steps for action developed by the project advisory committee to improve supports and services for students with MHI's?). It should be noted that questions one, 2(b), and 2(c) in addition to conducting in-depth interviews (with all stakeholders including students) entailed administering closed-ended questionnaires to a large number of students with MHI's with the intent of being able to obtain descriptive data, and to add to the breadth of knowledge obtained, to make generalizations about the population from which the sample was drawn; and, through use of non-probabilistic sampling (using large numbers), to

increase the likelihood that the information obtained was more likely to reflect the population as a whole. As was mentioned earlier, however, social constructivists are free to use quantitative methods, and as such, even though quantitative methods used helped to answer these questions, the assumptions underlying these questions were those associated with the constructivist paradigm.

Assumptions underpinning the research question aligned with the post-positivist paradigm include the belief in the existence of a single external reality that can be imperfectly or probabilistically understood (that is, described, explained, predicted and controlled) and that research must be objective and value free, so that the biases of the researcher do not interfere with the phenomenon of interest (Nelson & Prilleltensky, 2005). The question that was best suited to the assumptions of this paradigm is question 2(a) (i.e., what types of supports and accommodations are available to students with a MHI? what is the frequency of campus and community-based support utilization?). The goal of this question was to obtain purely descriptive information, or rather, to obtain an objective measure of services provided to students with MHI's. To answer most questions, participants, in most instances, needed to rely on available data (i.e., available statistics) corresponding to a single external reality assumed to exist.

Research Setting

This study took place at WLU in Waterloo Ontario. WLU is a post-secondary institution that offers full and part-time graduate and undergraduate programs to over 15,000 students through seven faculties on three campuses. According to 2006 enrollment rates, the total number of students in attendance at WLU was 15,048. There were 12,881 undergraduate students (11,223 not including the Brantford campus) and 1126 graduate students. There were 1,041 part-time and

12,881 full-time undergraduate students. There were 499 part-time and 627 full-time graduate students. This project involved only WLU's main campus in Waterloo. The settings in which the research took place were the ALC, the Counselling Services Office, and Health Services, which are located at WLU's main campus in Waterloo (please note that other services and supports at WLU were selected for participation, or rather were identified as information rich sources who should be involved in this study by members of the project advisory committee and key-informants).

The Accessible Learning Centre

The Accessible Learning Centre or ALC (previously known as the Special Needs Office when it first came into existence) was established at Laurier around 1991 in accordance with the Ontario Human Rights Code (OHRC, 1990). Like all other post-secondary institutions WLU is mandated by the Code to provide support and accommodations to persons with disabilities. Accommodation is defined as services, adaptations or adjustments that enable persons who require accommodation to perform employment and/or education activities. It is an ongoing process of identifying or minimizing the adverse effects of barriers or making changes in the method of doing work/studying, which prevent otherwise qualified persons covered by the Code from achieving expected outcomes of a course. In order to address the needs of students and assist them in reaching their highest academic potential, the ALC at WLU offers a wide range of services and resources. Academic accommodations offered include the following: individualized programming, tutoring, note-taking, assistive technology, alternative format services and exam accommodations (i.e., extra time on tests is offered). Other supports include the peer mentor program and peer helper volunteers. Students requesting academic support services from the

ALC for classroom or exam accommodations are required to self-identify and provide current documentation from a registered health-care professional (i.e., physician, psychologist or psychiatrist). Documentation should include: (a) clear identification and diagnosis of the disability, (b) identification that the disability impedes or impairs academic functioning and, (c) specific recommendations regarding academic accommodations. The ALC provides accommodations to a large number of students with various forms of disability. As of April, 2006, 762 students were registered with the ALC (see Table 2).

Table 2

Students Registered with the Accessible Learning Centre, 2006

Category	Total
Learning Disability	289 (37.9%)
ADD/ADHD	58 (7.6%)
Psychological	162(21%)
Medical	110(14.4%)
Physical	94 (12.3%)
Visual	19 (2.5%)
Head Injury	16(2.1%)
Hearing	15 (2.0%)
Total	762

Source: <http://www.mylaurier.ca/accessible/Awareness.html>

Descriptive data obtained from the Campus Service Assessment Tool showed that the ALC has 11 full-time staff and employs staff with specific qualifications (education/experience) regarding students with MHI's. The centre additionally employs specific staff assigned to provide services to students with MHI's. Data were not obtained, however, on the specific qualifications or the exact role of those both experienced/educated or employed to work with students with a diagnosed MHI. The ALC reported the percentage of time spent serving students with MHI's to be somewhere between 80-100%. Persons with MHI's according to the survey respondent at self-referred 8% of the time, referred by faculty members 8% of the time, 12% of the time by Counselling Services, 12% by Health Services, 24% by friends and family, 4% by admissions staff, and 4% by study skills, 8% through advertising, and 8% via an external mental health practitioners, and less than 1% through academic advising.

Counselling Services Office

Counselling Services is located on WLU's main campus and its services are available to all students who attend the university whether graduate or undergraduate, full-time or part-time. The stated purpose of Counselling Services is to "contribute to the integrated academic and personal learning of Laurier students by providing professional and accessible personal counselling, performance skills assistance, and other educational, preventative, and consultative services to the Laurier Community" (www.mylaurier.ca/counselling/info/home.htm).

Counselling Services, as explained on its website, is a centre devoted to student learning, performance and personal development. The services offered by this department include personal (non-academic) counselling and the Study Skills Program. Professionally trained staff members are available throughout the year for confidential, adult-to-adult consultation regarding any personal concerns that threaten classroom concentration or emotional equilibrium. Concerns

about relationships can be discussed individually or jointly with a partner. Group workshops and informal seminars are offered to enhance skills in such areas as interpersonal communication, stress management and performance in music, sports or academic exams. The Study Skills Program offers informal instructional workshops in motivation and time management, textbook learning and note taking, concentration and memory, essay and thesis management and exam preparation. Individual appointments with a learning consultant or peer learning assistant are also available to deal with any specific study concerns.

Descriptive data obtained from the Campus Service Assessment Tool revealed that Counselling Services has 4.5 full-time staff and employs staff with specific qualifications (education/experience) regarding students with MHI's. The office additionally employs specific staff assigned to provide services to students with MHI's. Data were not obtained, however, on the specific qualifications or the exact role of those both experienced/educated or employed to work with students with a diagnosed MHI. The Counselling Services office responded that it was impossible to estimate the percentage of time spent serving students with MHI's as diagnoses were not made or requested. Data on the percentage of time spent serving students MHI's was not kept up until the time of the study. However, recent statistics collected indicated that at least 27% of Counselling Services clients have a diagnosed/diagnosable mental health problem.

Health Services

Health Services provides primary health care to all students. A full range of medical services is available, including services related to immunization, allergy injections, STI information, birth control, emergency contraception, health counselling, acute and chronic illnesses, minor sutures and dressings, medical referrals, pregnancy tests and first aid. Health Services also provides

massage therapy and chiropractic care, on site. Appointments are recommended by calling the office. Descriptive data obtained from the Campus Service Assessment Tool revealed that Health Services employs 7 full-time staff, 3.5 physicians daily and 3.5 nursing positions daily (3 each 8:30-4:00 and .5 each in the evening). With regard to whether staff has specific qualifications (education/experience) regarding students with MHI's, both physicians and nurses employed at health services have completed psychiatric rotations in their respective training. They also attend ongoing continuing medical education on relevant issues. No psychiatric specialists are currently on staff at Health Services in spite of active recruitment efforts. There is no specific staff assigned to provide services to students with MHI's. As noted by the survey respondent, it was difficult to specify the percent of time serving students with MHI's. However, many health issues presented by students may have a mental health component, including stress, anxiety and depression. In term of how persons with MHI's are referred to Health Services, students are self-referred daily, rarely (one-two times a year) referred by a faculty member, on a daily basis by a staff member from Counselling Services on a weekly basis, and occasionally by community mental health services (see www.mylaurier.ca/health/info/home.htm).

Participants and Recruitment

Participants were recruited for this study using both purposive and convenience sampling strategies. A purposive sampling strategy was used to recruit all participants (with the exception of students with MHI's) to provide diverse perspectives on the issue of inquiry and to ensure the selection of information rich cases in depth (Patton, 2002). A convenience sampling strategy (Kirby et al., 2006) was chosen for recruiting students with MHI's due to the likelihood of a low response rate to the survey. Decisions regarding sampling strategies were largely based on

concerns expressed by key informants. Such concerns mainly included the availability of participants and likelihood of a low response rate. Potential recruitment or sampling procedures were also chosen in consultation with key informants from each of the three settings (and others), and were largely based on what each setting was willing to allow me to do to recruit participants. There are two main groups of participants: students with MHI's and other key informants. Other key informants, as described later on, included managers, administrators, faculty, and service providers from the ALC and Counselling Services.

Students with MHI's

Due to the fact that participants were to be recruited from various settings (and as such many were unlikely to have documentation of a MHI), it was imperative that this study included not only students with a documented or diagnosed MHI (which had resulted in psychiatric disability) but students who self-identified as having a MHI. As was already mentioned, students with a diagnosed psychiatric disability were, according to the definition provided by Collins (2005), individuals with a diagnosed mental illness (or MHI) or mental impairment resulting in limitations (or interfered with) one or more major life activities such as learning, thinking, communicating, and sleeping, or academics for example. MHI's which result in a psychiatric disability include, but are not limited to, depression, anxiety, schizophrenia, and autism (Collins, 2005). There were two groups of participants with MHIs: those who completed a survey and those who participated in an individual qualitative interview (after completing the on-line survey).

Survey Participants

Identification of students with MHI's through Psychology mass testing. To recruit as many students with a MHI for participation in the study as possible, research participants who met the criteria for having a MHI were recruited through the undergraduate Psychology Research Experience Pool (PREP) in a mass testing session in September, 2007 of all students enrolled in Psychology 100. A set of three questions (see below) to determine self-identification as having a MHI was included in this session. Mass testing was used to identify as many students with MHI's as possible, so that they could later be invited to participate in the needs assessment survey. Students who responded affirmatively to one or more of the three questions administered during the mass testing session, and who agreed to participate in the study were subsequently entered into PREP as eligible to participate in an online survey and a individual qualitative interview or a focus group session. Mass testing participants were granted course credit toward their final grade for their participation in part one of the study.

A total of 917 students responded to the mass testing questions. Of the 917 students, 271 students (30%) met the criteria for further participation in the study, based on their responses to the three pre-selection questions and were entered as eligible to participate in the survey and/or qualitative research. Of the 917 participants, 239 students (26%) of respondents responded affirmatively to question one (that they had experienced MHI's which had significantly affected their life during the past year); 134 students (15%) responded affirmatively to question two (that they had seen a doctor, psychologist or chaplain for treatment of a MHI over the course of the past year); and 55 students (6%) reported having taken medications or remedies intended to treat their MHI (see Table 3).

Table 3

Responses to Mass Testing Questions

Number (%) responding affirmatively to Question 1 - Have you experienced any MHI's that have significantly affected your life during the past year (e.g., feeling very depressed or anxious, having mood swings, experiencing an eating disorder)?	Number (%) responding affirmatively to Question 2 - Have you seen a family doctor, psychiatrist, or some other mental health professional (e.g., social worker, psychologist, [counsellor, chaplain) (for treatment of a MHI (during the past year?	Number (%) responding affirmatively to Question 3 - Have you (taken any medication or (remedies intended to (treat a MHI during the (past year?	Total number of (respondents
239(26%)	113(15%)	55 (6%)	271/917 (30%)

University-wide and other advertising. Students were additionally recruited through a mass email from the Dean of Students and me-which was sent to all WLU students to their campus email accounts (see Appendix F). This email contained a link to the PREP website for students who wished to complete the questionnaire online and an attachment of the questionnaire (see Appendix A) and consent form (Appendix G). In addition, a "Brief Notice: Invitation to Participate in Study" (a two page hand-out) detailing the study (see Appendix H) was placed in the ALC and Health Services. The ALC also assisted with recruitment of potential participants by sending a mass email to clients detailing the study. Finally, an advertisement detailing the study was placed in the "Cord Weekly," WLU's student newspaper (see Appendix I).

On-line survey respondents. A total of 78 students (14 males and 64 females) who were recruited through mass testing or other advertising and who met the study criteria (responding affirmatively to one of the three questions) completed an on-line survey. The ages of participants ranged from 18 to 51, with a mean age of 26.6 years. More specifically, 46 students (60%) were

between 18 and 21 years of age, 16 students (20.5%) between 21 and 25 years, and 6 students (8%) between 26 and 51 years. Of the entire sample, 2 students (2.6%) identified their racial background as Aboriginal, 2 students (2.6%) as Asian, one student (1.3%) as Hispanic, 64 students (82.1%) as Caucasian, 5 students (6.4%) were mixed and, 4 students (5.1%) as "other". Four students (5.6%) were enrolled part-time (i.e., they were taking less than three courses), and 74 students (94.9%) were enrolled full-time (three courses or more) during the previous academic year. Regarding relational status, 71 students (91.0 %) students were single, 1 student (1.3%) was married, and 6 students (7.6%) were in a common law relationship at the time the study was conducted. With regard to program of study 51 students (65.4%) were enrolled in the Faculty of Arts, 13 students (16.7%) were enrolled in the Faculty of Science, 3 students (3.8%) were enrolled in the Faculty of Social Work, 5 students (6.5%) in the School of Business and Economics, 2 students (2.6%) were enrolled in the Faculty of Music, and 4 students (5.1%) indicated "other." There were 26 students enrolled at WLU (33.3%) in their first year, 12 (15.4%) in second year undergraduate, 15 (19.2%) in third year, 12 (15.4%) in fourth year, 6 students (7.7%) in their fifth year of undergraduate study, and seven (9.0%) who were enrolled as graduate students.

A total of 27 students (34.2%) had reported visiting a psychiatrist for issues pertaining to their MHI over the course of the past year. The type of service provided to students included the following: assessment (16 students [20.3%]), individual therapy (19 students [24.2%]), group therapy (no students), medication therapy (14 students [17.7%]), and 31 students (39.2%) reported non-psychiatrist mental health professional visits.

Of the 78 participants, 49 (59%) reported having sought treatment for a MHI over the past year, and 39 students (47.4%) of participants reported having taken medication intended to treat their MHI during the past year. Ten participants (12.8%) reported at least one emergency room visit over the course of the past year for reasons related to their MHI. With regard to diagnoses by a psychiatrist or other mental health professional, the diagnoses of participants include the following: mood disorder (10 students [12.8%]), anxiety disorder (13 students [16.5%]); substance related disorder (3 students [3.8%]); MHI resulting from a medical condition (1 student participant [1.3%]), personality disorder (2 students [2.5%]); and one or (1.3%) as "other."

With regard to prescribed psychiatric medications, 31 students or (39.7%) were on or were prescribed a psychiatric medication by a psychiatrist. Prescribed medications included: sleeping pills, 31 students, (39.7%), anti-depressant-mood stabilizing medications, 29 students (37.2%), sedatives/anti-anxiety medications 13 (16.5%), 7 students anti-psychotic medications (9.0%), and 5 (6.5%) 4 on stimulants, presumably for treatment of ADD/ADHD, one student taking Seroquel.

Students with MHI's who Completed an Individual Interview

Of the 78 students who completed the online survey, 11 students (8 females and 3 males) completed an individual interview. With regard to year of study, all but one student were in their upper undergraduate years of study at WLU; one student was currently in the process of completing her Masters degree. All but one of the student participants were enrolled as full-time students at WLU. All but one student interviewee were white. Student participants self-disclosed and self-identified as having being diagnosed by a psychiatrist or other mental health professional with a MHI, resulting in psychiatric disability for all participants. Diagnoses

included: attention deficit hyperactivity disorder (2 students), mood disorder (namely, bipolar disorder [3 students]) and major depressive disorder (5 students), autism (1 student), dyslexia (1 student), anxiety disorder (9 students) and obsessive-compulsive disorder (5 students). Anxiety disorders were the most prevalent and primarily co-morbid conditions for student interviewees.

Key Informants

Key informants included the following stakeholder groups: 4 managers (all female), 1 administrator (the Dean of Students), 4 faculty members (1 male, 3 females), and 4 service providers from Counselling Services (all female) and 10 service providers from the ALC (8 females and 2 males). There were 21 key informants in total. All key informants were purposively selected with the help of advisory committee members, (namely, the Manager of the ALC, the Director of Counselling Services, and the Manager of Health Services).

Data Gathering Tools and Strategies

Needs Assessment Questionnaire

Content

To answer questions 1(a), 2(b), 2(c), and 3(a), a needs assessment questionnaire designed and utilized by Weiner and Wiener (1996) was administered to students with MHFs (see Appendix A). This questionnaire (which was slightly modified) employed both closed-ended and open-ended questions and was comprised of three sections: (a) pre-selection questions, (b) demographic and mental health information, and (c) tasks, personal concerns, and accommodations. Closed-ended questions asked students with MHFs to rate items which addressed the following areas: (a) tasks they found to be difficult in the academic environment (i.e., disclosing ones MHI to professors), (b) personal concerns (i.e., fear of disclosure of their

MHI), and (c) accommodations in the academic environment (both current and potential institutional supports) that students believed would be helpful. Demographic data were also obtained from participants. A three page demographic and mental health information form (see Appendix A, Section B) was attached to the Needs Assessment Questionnaire which was administered to WLU students with MHI's on-line.

Procedures

The website visited by students who wished to complete the needs assessment questionnaire online contained a letter of invitation/informed consent statement (see Appendix J for PREP students and non-PREP students) and a consent form for students who preferred a paper-based copy (see Appendix G). Before students were able to view the online survey questions, they were required to read the letter of invitation/informed consent statement (Appendix J [the first page to which they were directed upon visiting the website]) and click an "I consent" button located at the end of the letter of invitation/informed consent statement (see Appendix J). Subsequent to providing informed consent and before being able to answer survey questions, students were instructed, as outlined on the needs assessment questionnaire (see Appendix A), to proceed to fill out the questionnaire only if they were able to answer affirmatively to one or more of the pre-selection questions (see Appendix A, Section A for pre-selection questions). After completing the needs assessment questionnaire, students were instructed to read an attachment of a debriefing document describing the study (see Appendix K for PREP debriefing document).

Individual Interviews and Focus Group Interviews

Individual Interviews with Students with MHI's and Key Informants

Content. Following a procedure used by Weiner and Wiener (1996), students were invited to participate in either an individual interview or a focus group following completion of the needs assessment questionnaire. Only individual interviews were conducted. The interview asked students and key informants (namely the Dean of Students, the Manager of the ALC, the Manager of Health Services, the Director of Counselling Services, the Director of Learning Services, and three faculty) to respond to the following sets of questions (using nearly identical interview protocols which differed slightly in terms of wording) related to: (a) tasks (academic and social) that students (from personal experience) and key informants (using experiential knowledge) identified as especially difficult for students with MHI's (i.e., giving an oral presentation), (b) strong personal concerns they had experienced resulting from their MHI (i.e., side effects of medications), (c) supports and accommodations important to the success and satisfaction as a student with a MHI attending WLU (or perceived to be important in the case of key informants), (d) services available to students with MHI's (both on campus, and in the community) and the perceived adequacy of currently available campus-based supports and services, and (e) recommendations for enhancing currently available supports perceived as effective in meeting students needs as well as developing more adequate supports and accommodations at WLU for students with MHI's. Finally, the interview protocol contained an additional open-ended question which allowed students to comment on how higher education, in their opinion, supports (or does not support the needs of students with MHI's). See Appendix B for Interview Guide: Students with MHI's and see Appendix C for Interview/Focus Group Guide: Key Informants.

Procedures. Individual interviews were tape recorded if the participant(s) consented to have the interview recorded (see Appendix L for the consent form). I verbally reviewed the letters of

invitation (see Appendix M for students; Appendix N for key informants) and consent forms (see Appendix L) with participants to ensure that they understood what they were being asked to consent to. Participants, if willing, were asked to sign consent forms and were instructed to return the consent forms immediately to me. Should participants not consent to have their interview tape-recorded they were notified that hand-written notes could be taken instead. The individual interviews lasted between 45 minutes to an hour depending on how much participants were willing to disclose. Students and key informants who participated in an individual interview were provided with a debriefing form (see Appendix O) after they completed the interview. PREP students who participated in the individual interview received course credit (1 credit) for participating in an individual interview. Interview participants were also provided with Tim Horton's vouchers valued at \$5. Key informants were not remunerated for their participation in this study.

Focus Group Interviews with Service Providers

Content. Service providers (8 females and 2 males) from the ALC and 4 females from Counselling Services participated in focus group which lasted 1.5 hours in length. Focus group sessions were held instead of individual interviews due to time constraints of service providers. See above paragraph for questions the focus group sessions attempted to answer (see Appendix C for Interview/Focus Group Guide: Key Informants).

Procedures. See section under individual interviews for use of similar procedures (see Appendix C for Interview/Focus Group Guide: Key Informants). See Appendix O for the debriefing for individual and focus group interviews.

*Campus Service Assessment Tool**Content*

To answer question 2(a), a questionnaire assessing the types of supports offered to students with MHI's was administered to from the managers of the ALC, the Counselling Services office, and Health Services who were most familiar with services offered to students with MHI's. The tool that was used in this study is a modified version of a survey developed by Collins (2005) entitled "Survey of Offices Providing Support Services to Students with Disabilities." This survey was used by Collins and Mowbray (2005) in their U.S. national study of disability services. This survey was adapted to ensure its applicability to the ALC, the Counselling Services Office, and Health Services at WLU and to suit the general purpose of this study. This survey consisted of four main sections: (a) descriptive characteristics of the ALC, Counselling Services office, Health Services, (b) services provided by the school to students with mental health issues, (c) the number of students with MHI's served, and type of MHI, and (d) general information on post-secondary supports. Additionally seven open-ended questions were asked related to: (a) the three most frequent issues students with MHI's present, (b) the three most common questions or problems from faculty administrators and staff regarding students with MHI's, (c) perceived barriers to accessing available services for students with MHI's, (d) identification of supports designed specifically for students with a MHI, (e) supports offered to students who present with distress related to a MHI's, (f) coordination of services (i.e., between the ALC, Counselling Services, and Health Services) and, (g) a general question asking the respondent to share any thoughts or comments about how higher education institutions supports

(or does not support) students with MHI's (see Appendix D for Campus Service Assessment Tool).

Procedures

The Manager of the ALC, the Director of Counselling Services, and the Manager of Health Services were recruited to complete the Campus Service Assessment Tool, as it was determined that they were considered to be most knowledgeable with regard to the supports and accommodations available to students with a MHI. This survey took respondents approximately 10 minutes to complete and required the participant to respond to a number of closed-ended (primarily) and open-ended questions. Prior to completing the survey, participants were provided with a letter of invitation/informed consent statement (see Appendix P) and a consent form (see Appendix Q).

Advisory Committee Members

Procedures

Students were purposively selected by key informants from the ALC either in person or through an email sent out to all students registered with the ALC. The email contained both an attachment of a "Letter of Invitation to Participate in an Advisory Committee" (See Appendix R) and a "Consent to be Contacted Form" (see Appendix S) which students who were interested in participating were to drop off in a sealed envelope to the ALC. Key informants were also purposively selected and were emailed a copy of the "Letter of Invitation to Participate in an Advisory Committee" (see Appendix R).

RESULTS

Question 1 - What Are the Concerns and Barriers Experienced by Students with MHI's At

WLU?

Quantitative Analysis of Survey Data

Seventy eight students completed the needs assessment questionnaire online and rated the tasks in terms of level of difficulty they experienced when performing the tasks, on a four point Likert-type scale ranging from 1 "extremely difficult" to 4 "not at all difficult" (Appendix A, Section C). See Table 4 (Appendix T) for means and frequencies for the issues, barriers, and personal concerns reported by survey respondents.

Issues and Barriers: Tasks

Analyses of data pertaining to academic and social task difficulty revealed a number of tasks that presented at least some degree of difficulty for WLU students with MHFs. The task rated the most difficult was managing time efficiently, with a mean rating of 1.91. Social and academic tasks with mean ratings between 2 (moderately difficult) and 3 (somewhat difficult) included writing essays, remembering important and relevant information for tests and exams, studying for tests and exams, disclosing one's MHI to professors, and preparing for tests and exams. Tasks which were rated least difficult for students with MHFs or those with the highest mean ratings (those with a mean rating above 3.0) included emailing or telephoning a fellow student and emailing or telephoning a T.A. or professor.

Issues and Barriers: Personal Concerns

Students who completed the needs assessment questionnaire were asked to rate a number of personal concerns in relation of the extent to which each was an issue/barrier for them on a 4-point, Likert-type scale ranging from 1 "strongly disagree" to 4 "strongly agree." Analysis of quantitative data pertaining to personal concerns revealed the following personal issues and concerns as the most problematic for students with MHFs (mean ratings of 3 and above): fear of failure, high levels of anxiety, frustration, depression and management of stress, low self-esteem,

and problems with concentration. Personal concerns or issues rated lowest (or, those personal concerns with a mean rating of 2 and below) by students with MHI's included personal drug abuse and social activities on campus related to alcohol use.

Qualitative Analysis of Responses to Campus Service Assessment Tool

Respondents from each of the three settings (ALC, Counselling Services, Health Services) were asked open-ended questions regarding: (a) the most common issues that students with MHI's report, (b) the most common questions from faculty, administrators or staff, (c) barriers to accessing services through each respective office, and (d) the three most common issues students seeking support report from each of the three support service offices. The issues most commonly mentioned by students with MHI's were: stress (Health Services), anxiety and anxiety related disorders, depression, borderline personality disorder (Counselling Services), and requests for exam support, support and petitions, and extension requests (the ALC). The most common questions or problems received by faculty, administrators and staff included suicide and self-harm worries (Counselling Services). Finally, respondents were asked about the barriers that existed for students to access services through each of the three offices. The responses included the shortage of specialized services available in the community and a campus-wide lack of awareness of the services provided by Health Services. The ALC indicated that symptoms experienced from the MHI, stigma, negative attitudes, not being sure of what to expect from the ALC and the campus community, and people not wanting to be identified as patrons of their services as the biggest barriers to accessing services.

Qualitative Analysis of Focus Group and Key Informant Interviews

In order to obtain a better understanding of students' issues/barriers, and personal concerns, students with MHI's (following the completion of the online survey), managers, administrators,

faculty members, and service providers from the ALC and Counselling Services were asked to identify issues/barriers, and personal concerns experienced by WLU students with MHFs. This section of the results provides a summary of themes revealed from the analyses of qualitative data from individual interviews and the two focus groups. These themes are summarized in Table 5 (Appendix U).

Issues and Barriers: Tasks

Analyses of qualitative data obtained from these interviews revealed five interrelated and highly overlapping themes: (a) difficulty concentrating and completing tasks, (b) performance anxiety, (c) reluctance/refusal to disclose due to stigma, (d) complex nature of MHFs, and (e) organizational/institutional/systemic barriers.

Difficulty concentrating and completing tasks. Students and other stakeholders identified the following issues as most prominent: (a) difficulties concentrating, (b) problems with focusing and paying attention, (c) organization, and (d) comprehension and retention of information. The above mentioned issues impaired students functioning on a variety of instrumental tasks (i.e., writing essays, doing class presentations). As one student noted, "It's hard to study and concentrate on work when you feel like killing yourself."

Performance anxiety. One of the biggest academic barriers for students with MHFs at WLU was performance anxiety on a wide variety of tasks (i.e., giving oral presentations, raising one's hand in class to ask questions, etc.). As one student commented, "You lose marks for reading from the paper, but you have to. It's not really fair.. you can't help it, you just cannot physically do it..."

Reluctance/refusal to disclose due to stigma. Students' reluctance/refusal to disclose their disability due to stigma was identified by all participants and was related to both a fear of stigma

and stereotyping, and fear of differential treatment. Students expressed difficulties with having to advocate for themselves (i.e., asking professors for extensions). As one student noted, "They treat you like you are less capable. I don't like telling them, because I don't want them to know really. I just don't tell any of my professors that anything is wrong, I don't want to be presumed as different."

Complex nature of MHI's. The many challenges students' faced related to the complex nature of MHI's, and/or having to deal simultaneously with the symptoms stemming from their MHI(s), their student role, their personal life, and having to negotiate the university bureaucracy. Frequently students with MHI's felt they could not reach their full potential or capabilities because of their MHI. As one student commented, "The effect of knowing you can do something, but because of your illness, you can't do what you are capable of, it is so frustrating."

Organizational, institutional and systemic barriers. Finally, a number of institutional, organizational and systemic barriers were identified. In particular, a lack of service coordination, communication, and collaboration was found for offices providing services for students with MHI's on campus (i.e., students reported having to continuously re-explain their issues to multiple service providers at several different support offices). Other issues included a noted poor consistency of care and follow-up on campus and a poor referral process between service support offices on and off campus.

Another institutional barrier occurred when students did not experience a welcoming and accessible classroom and a poor campus climate presumably related to a campus-wide lack of understanding and awareness. The lack of belongingness experienced by students was related both to a lack of acceptance by peers as well as a rigid classroom structure/curriculum. See Results section on Campus-Wide Lack of Understanding for more details.

Issues and Barriers: Personal Concerns

Six issues and barriers, or themes were revealed upon analyses of qualitative data in relation to being a post-secondary student with a MHI. They included the following: (a) personal impact of being a post-secondary student with a MHI, (b) the quality of supports on campus, (c) campus wide lack of understanding and awareness, (d) the availability of supports and accommodations, (e) problems accessing supports, accommodations and information about one's MHI from available services on campus and in the community, and (f) help seeking. For a summary of issues and barriers related to personal concerns please see Appendix U.

Personal impact of being a post-secondary student with a MHI. Students with MHFs and other key informants spoke of the many negative effects that accompany being a post-secondary student with MHIs. These negative effects are grouped into four main categories: (a) the negative emotional effect of stigma, (b) difficulties with social relationships, (c) the personal impact of having a MHI in general, and (d) the negative side-effects of medication.

With regard to the negative emotional impact of stigma, individual interviews with students revealed several negative emotional as well as behavioural consequences as a result of having to deal with stigma. As one student noted, "When you have a mental illness, people think it's your own fault, whereas someone with an [physical] illness, they are more than willing to accommodate. You get the snap out of it. They're like if you don't have a hearing problem, you're fine. I'm sick of hearing you have a perfect life."

Each student noted the many struggles student's with MHI's had with social interaction with classmates and roommates. Difficulties with social interaction were seemingly related to a campus-wide lack of understanding of MHI's and how having a MHI affects individuals with MHI's lives (i.e., the impact on one's behavior). As one student noted "People on my floor just

don't understand me, they don't know why I don't come out of my room a lot of the time, or go into the lounge and socialize and go to events that are going on..."

Thirdly, students spoke of the personal impact of having a MHI, and the negative consequences to their personal well-being associated with their MHI either directly or indirectly. Students reported feeling alone and misunderstood, having low self-confidence/self-esteem, feeling a sense of hopelessness, and being overwhelmed. As one student commented, "I find that when you have a mental health issue you engage in self-destructive behaviours that aren't good for you, to distract yourself. I like stare at the wall for hours... just because I don't want to get up. I think if people knew what I was really doing... because I lie to them... if they really knew what I was doing during my day... like my god." Students additionally expressed strong feelings of frustration due to their "limitations" or ability to perform certain tasks and having to explain their limitations to others. As one student noted, "I always get so tired of explaining myself, having to explain why I can't do things, to have to tell my story over and over again.. .It's just tiring and frustrating.. .I'm like I am an adult I should be able to do this."

Finally, many students experienced numerous negative effects from their psychotropic medications that limited their ability to stay focused in class, and to attend class regularly. As one student disclosed, "My meds made me so sick, I had to miss a lot of classes, I get sleepy all the time, makes it hard to study, people think you are stoned, I get asked that all the time."

Quality of supports on campus/in the community. The quality of supports at WLU was also a personal concern that was raised in the focus groups and key informant interviews. I will expand on the concerns about the quality of supports later in the Results under the section about the adequacy of supports.

Campus-wide lack of understanding and awareness. Not surprisingly a predominant concern from all participants was the lack of understanding of MHI's and its impact on one's behaviour and schooling, as well as the lack of awareness of the needs of students by individuals and groups (peers, support service providers, faculty, etc.). The view across stakeholder groups was that the campus climate is unsupportive, un-accepting, unaware, insensitive and unaccommodating/inaccessible for students for MHI's. Students with MHI's and other stakeholders all noted the lack of attention paid by the institution to addressing MHI's and supports available to students with MHI's. As one student commented, "I wish it was o.k. to say, 'hey I have a mental health issue and have others be o.k. with it, but it's not.'" As noted by another student interviewee "You are all alone on campus, no one understands you, you are left walking around campus all alone, feeling like a freak."

Problems accessing supports and information about MHI's and available services on campus and in the community. All stakeholder groups expressed concerns regarding students' ability to access important supports and accommodations on campus and in the community as well as information about their MHI. A predominant concern of all participants was the shortage of community mental health services in the K-W area, and student's inability to access certain services both on and off campus in a timely fashion. With regard to both campus-based and community based supports, participants spoke of the lack of availability of timely emergency care. As one student recounted, "I was having a mental breakdown, and asked Counselling Services to be seen right away... they told me to come back the next day... I was like... by that time I will have completely destructed and fallen apart, and dropped out of school." Student interviewees all reported in addition to the inaccessibility of services, the lack of availability of information about their MHI (i.e., doctors failing to explain how long it would take for their

medication to work) and the lack of supports available to students both on and off campus for students with MHFs (namely, from counsellors on campus).

Lastly, students with MHFs and other key informants expressed major concerns over the lack of finances allotted to student support offices necessary for being able to provide essential supports and accommodations to students with MHI's. For example, each of the three main offices reported lacking the finances to hire more staff which was seen as essential for the provision of supports and accommodations in a timely manner. Financial concerns are discussed in more detail under question 2(c) financial support.

Help-seeking (not utilizing available supports and accommodations). Students and other stakeholders identified numerous reasons for why students with and without a diagnosable MHI refused to seek supports for issues related to their MHI symptoms. One issue was related to the amount of time, work and stress students experienced arranging supports and accommodations independently (particularly when symptomatic).

Other barriers to support seeking included fear of stigma and stereotyping upon disclosure, challenges associated with navigating and negotiating the system, lack of awareness of disability status (i.e., that MHFs are a valid reason for accommodation), embarrassment over needing supports and accommodations, believing the ALC was just for students with physical and learning disabilities, not knowing one has a MHI, and a lack of knowledge of various support offices and available resources. As one student noted, "you get tired of having to go from one place to another looking for help, like walking all over campus... each place you go you have to repeat your story.. .you just get so sick of it.. .like you just don't want to go seeking stuff out services."

Question 2a - What Types of Supports and Accommodations are Currently Available to Students with MHI's? What is the Frequency of Campus and Community Support Utilization? (In Terms of Issues Related to Their MHI)?

Quantitative Analysis of Campus and Community Supports and Frequency of Service Utilization

Quantitative Analysis of Responses to Campus Service Assessment Tool

To obtain answers to question 2(a), "What types of supports and accommodations are available to students with MHI's? What is the frequency of community and campus-based service utilization (In terms of their MHI)?" the Campus Service Assessment Tool was administered to the managers of the ALC, Counselling Services, and Health Services.

Respondents were asked to indicate whether or not their particular office offered a number of supports, services, and accommodations contained in the survey, to students with MHI's (see Table 6). Respondents were also asked to list specific supports provided to WLU students with MHI's that were not listed on the survey, specifically services which were designed and implemented exclusively for students with MHI's.

Table 6

Services Provided to Wilfrid Laurier Students with MHI's, 2007

Service	ALC	Counselling Services	Health Services
Informing students of services for individuals with MHI's at orientation	Yes	Yes	Yes
Presenting to faculty regarding MHI's and available services	Yes	No	No
Providing information to administrative staff and RA's regarding MHI's and available services	Yes	Yes	Yes
Assisting students in obtaining documentation of their MHI	Yes	No	Yes
Organizing support groups for students with	No	Yes	No

MHPs that meet on campus			
Providing individual supports for students with MHI's	Yes	Yes	Yes
Providing referral information about specific mental health providers on campus	Yes	Yes	Yes
Distributing brochures, pamphlets, materials to students regarding MHI's	Yes	Yes	Yes
Distributing brochures, pamphlets, materials to staff/faculty regarding MHI's	Yes	No	Yes
Putting on or cosponsoring special workshops/group presentations regarding MHI's	Yes	Yes	Yes
Providing accommodation letters regarding MHI's	Yes	No	Yes
Providing referral information about specific mental health providers off campus	Yes	Yes	Yes

Note. Survey questions are from "Higher Education and Psychiatric Disabilities: National Survey of Campus Disability Services" by C.T. Mowbray & M.E. Collins, 2005, *American Journal of Orthopsychiatry*, 75, 304-315. Survey developed by M.E. Collins and adapted with permission of the first author.

Table 7

Specific Supports Provided to Wilfrid Laurier Students with MHI's, 2007

ALC	Counselling Services	Health Services
Wellness plan ^{ab}	Wellness plan ^{ab}	Documentation of MHI ^a
Academic accommodations ^a	Individual treatment ^a	Medication
Crisis Appointments/follow-up	Group treatment ^a	Counselling
Referral support	Crisis management	Referrals
Crisis intervention	Short-term treatment	Documentation ^a

Suicide risk assessment

Long-term treatment

Community supports
(information, facilitation)

Psycho-education

Referrals

Note. Survey questions are from "Higher Education and Psychiatric Disabilities: National Survey of Campus Disability Services" by C.T. Mowbray & M.E. Collins, 2005, *American Journal of Orthopsychiatry*, 75, 304-315. Survey developed by M.E. Collins and adapted with permission of the author.

^a Refers to services designed, implemented, or offered exclusively to students with MHI's.

^b Wellness plan refers to a coordinated support plan implemented by the ALC and jointly created by ALC consultant and students with MHI's. A wellness plan is a tool of prevention, designed to reinforce coping techniques, and to assist the student to maximize wellness and coping. This plan will support the student to follow self-care strategies to manage stress, seek support from identified people when stress becomes unmanageable, and to identify what they need from others.

Services Provided

Respondents who completed the Campus Service Assessment Tool were asked to report the extent to which 12 different services were provided to students with MHI's. As reported in Table 6, the most commonly reported services provided to WLU students with MHI's in the year of 2007 were: informing students of services for individuals with MHI's, providing individual supports for students with MHI's, providing referral information about specific mental health information and services on campus, distributing brochures, pamphlets, materials to students regarding MHI's.

In addition each office reported providing information to administrative staff and RA's regarding MHI's and available services, putting on or co-sponsoring special workshops/group presentations regarding MHI's, and providing referral information about specific mental health providers off campus (each of the three offices provided the above mentioned services). Other services provided included presenting information about MHI's and available services to

students with MHI's to faculty, and assisting students in obtaining documentation of their MHI (the ALC only). Health Services was also responsible for helping students obtain documentation, though not formal documentation, of disability necessary for enabling students to access supports and accommodations offered through the ALC. The Counselling Services office reported offering and organizing support groups for students with a variety of issues. It should be mentioned, however, that Counselling Services did not provide students with a support group specifically for students with MHI's, but they did offer stress management groups, and other related groups for issues such as managing one's anxiety. The ALC and Health Services also did not offer or run a social support group specifically for students with MHI's through their offices. Distributing brochures, pamphlets, materials to faculty/staff regarding MHI's, was done by the ALC and Health Services, but not Counselling Services. Finally, the provision of accommodation letters regarding MHI's, was the responsibility of the ALC and Health Services.

Respondents were additionally asked to report specific services and supports offered to students with MHI's. Examination of descriptive survey data of specific services provided through each office revealed a number of specific supports offered exclusively for students with MHI's. Supports for students with MHI's as detailed in Table 7 offered by the ALC included the recent implementation of a wellness plan and accommodations planning. These services are available through consultant-student interaction where the students' personal and learning support needs are assessed. This helps students obtain necessary support, services and accommodations which facilitate student success (i.e., access to a psychologist, access to a learning specialist). Other specific supports available to students with MHI's, though not offered exclusively to students with MHI's, included crisis appointments and follow-up, referral support, crisis intervention and suicide risk assessment. Specific supports provided by Counselling

Services implemented and offered exclusively to students with MHI's include the "Wellness Plan" and individual treatment. Other supports available to students with MHI's, though not offered exclusively to students with MHI's included crisis management, short-term treatment, long-term treatment, psycho-education, and referrals. Specific supports available through Health Services exclusively for students with MHI's included the provision of documentation of one's MHI and documentation. Other supports included counselling, referrals, and community support (i.e., provision of information and facilitation).

Campus and Community Supports Frequency of Utilization

In order to obtain information pertaining to the frequency of campus and community support utilization (in terms of issues related to their MHI) survey participants were asked to check off the services they have used for support for issues related to their MHI's. Aside from the supports and services listed on the questionnaire, students were also provided with the opportunity to list any additional supports, services or accommodations, not listed on the questionnaire. See Table 8 for the frequency and percentage of campus service utilization by WLU students with MHI's who completed the survey online.

Table 8

Campus Service Utilization of Needs Assessment Questionnaire Respondents

<i>Support Service Office</i>	<i>Needs very well met (1)</i>	<i>Needs well met (2)</i>	<i>Needs somewhat met (3)</i>	<i>Needs not met (4)</i>	<i>Average Rating</i>	<i>Total No.</i>
Health Services	13(27.1)	20(41.7)	11(22.9)	4(8.3)	2.13	48-78
Counselling Services	5(15.2)	8(24.2)	13(39.4)	7(21.2)	2.67	33-78
Accessible Learning Centre	3(13.0)	12(52.2)	5(21.7)	3(31.7)	2.35	23-78
Faculty	7(41.2)	4(23.5)	2(11-8)	4(23.5)	2.18	17-78
No services						15-78

used						
Residential Life Services	2(25.0)	4(50.0)	1(12.5)	1(12.5)	2.13	8-78
Rainbow Centre	1(16.7)	1(16.7)	1(16.7)	3(50.0)	3.0	6-78
Chaplaincy	1(14.3)	1(14.3)	2(28.6)	3(49.2)	3.00	7-78
Student Life Centre		4(57.1)	2(28.6)	1(14.3)	2.57	7-78
Learning Services		3(3.8)		2(2.6)	4.86	5-78
Other		3(3.8)		2(2.6)	4.86	5-78
Women's Centre		2(40.0)		3(60.0)	•;330-;V-;^*Sr7^-. 'v	

hte. Numbers displayed in the table above are presentee in descending order according t< frequency of campus service support office utilization. In the cells, the first number is the frequency of use, while the numbers in parentheses refer to percentages.

As illustrated in Table 8, support service offices most frequently utilized by WLU students with MHI's were Health Services, Counselling Services, the ALC, faculty support, and none (i.e., not utilizing any campus-based services). Supports with the lowest rate of service utilization included Residential Life Services, the Rainbow Centre, the Student Life Centre, Chaplaincy Services, the Women's Centre, and Learning Services.

Question 2b - How Adequate are These Available Supports and Accommodations in Meeting the Needs of Students with MHI's?

Quantitative Analysis of Survey Data

Perceived Degree of Effectiveness of Available Support Offices

Students who completed the online needs assessment survey were asked to rate on a 4-point Likert-type scale which ranged from 1, "needs very well met," to 4, "needs not met," which of the following available supports listed in the survey were helpful in meeting their personal, academic and mental health needs. Data obtained from student responses on the needs assessment questionnaire regarding the effectiveness of campus-based supports in meeting students personal, health, and academic support needs are outlined in Table 8.

Perceived Helpfulness of Specific Supports and Accommodations

Students were subsequently asked to rate on a 5-point Likert-type scale, which ranged from 1, "strongly disagree," to 4, "strongly agree," and 5 "not applicable," to what extent current supports and accommodations were helpful in meeting their personal, health or educational needs. See Table 9 for currently available supports and accommodations perceived to be effective in removal of identified barriers.

Table 9

Currently Available Supports and Accommodations Perceived to be Effective in Barrier Removal

<i>Supports</i>	<i>Strongly disagree (1)</i>	<i>Somewhat disagree (2)</i>	<i>Somewhat agree (3)</i>	<i>Strongly agree (4)</i>	<i>Mean rating</i>	<i>Total No.</i>
Extra time to write tests and exams	4(10.8)	2(5.4)	15(40.5)	16(43.2)	3.48	37-69
Extensions on assignments	3(6.3)		16(33.3)	29(60.4)	3.48	41-68
Having access to fluids during tests/exams if needed	3(7.1)	1(2.4)	11(26.2)	27(64.3)	3.48	42-70
Separate room to write exams	4(13.3)	2(6.7)	10(33.3)	14(46.7)	3.13	30-69
Personal feedback regarding your academic progress vis-a-vis other students	2(6.1)	6(18.2)	19(57.6)	6(18.2)	2.88	33-68
Career counseling	4(17.4)	3(13.0)	8(34.8)	8(34.8)	2.87	23-69
Linkage with a buddy on campus for ongoing support	4(18.2)	4(18.2)	5(22.7)	9(40.9)	2.86	22-69
A special	1(3.8)	7(26.9)	13(50.0)	5(19.2)	2.85	26-69

room to hang out on campus						
Note taker	6(24.0)	2(8.0)	7(28.0)	10(40.0)	2.84	25-68
Library and campus materials	3(9.4)	3(9.4)	23(71.9)	3(9.4)	2.81	32-69
Personal relationship with a counsellor	7(19.4)	5(13.9)	14(38.9)	10(27.8)	2.79	37-68
Yearly orientation before classes begin	5(17.9)	3(10.7)	14(50.0)	6(24.1)	2.75	28-69
Writing skills workshops	7(29.2)	1(4.2)	8(33.3)	8(33.3)	2.71	24-69
Taped books, articles or other course materials	3(15.0)	5(25.0)	7(35.0)	5(25.0)	2.70	20-68
Involvement in a peer support group	6(24.0)	4(16.0)	8(32.0)	7(28.0)	2.64	25-69
Personal relationship with academic advisor	8(24.2)	5(15.2)	17(51.5)	3(9.1)	2.45	33-68
Remedial reading workshops	7(38.6)	2(10.5)	7(36.8)	3(15.8)	2.32	19-68
Breaks during tests/exams	3(12.5)	3(12.5)	4(16.7)	14(58.3)	1.10	24-69
Having a staff person to advocate on your behalf	4(15.4)	2(7.7)	11(42.3)	9(34.6)	1.04	26-68

Note: Percentages are based on calculations that did not include students who provided a rating of not applicable. The first number in each cell refers to the frequency of people responding, while the numbers in parentheses refer to the percentages of respondents. Average mean ratings were based on calculations that did not include students who provided a rating of not applicable.

Results revealed that currently available supports and accommodations with the highest ratings (i.e., means with ratings of three and above) in terms of effectiveness in meeting student needs included extra time to write tests and exams, extensions on assignments, having access to fluids during tests and exams if needed and a separate room to write tests and exams. Supports and accommodations with the lowest ratings (those rated two and lower) included breaks during tests and exams and having a staff person advocate on their behalf. It should be mentioned that supports rated the least effective in meeting students needs were those which were rated by the majority of students as not applicable or available to them. It should also be mentioned that a rating of not applicable may result from a students' lack of awareness of various supports and/or an actual lack of supports provided by the institution.

Qualitative Data from Interviews and Focus Groups

What's Working Well?

As summarized in Table 5 (Appendix U) qualitative analysis of individual and focus group transcripts revealed three themes with regard to supports and services that students perceived as effective in meeting their needs including the following: (a) supports and accommodations provided through the ALC, (b) workshops and presentations via Learning Services, and (c) support and accommodations from faculty in some instances.

Supports and accommodations provided through the ALC. Strong consensus was reached by all participants regarding the quality and effectiveness or adequacy of supports, services and accommodations provided through the ALC in meeting students' needs. Supports offered through the ALC identified specifically by participants as especially effective included the following: (a) services provided by the learning strategist, (b) various types of adaptive software and assistive technology (i.e., Inspiration, Curswell, etc.), and (c) bursaries, namely, the Bursary

for Students with Disabilities Fund loan program (BSWD fund) put out by the ministry/Ontario Student Assistance Program (OSAP) fund which helps students with disabilities pay for education-related supports and services, which affords students the means to access technology, software and access to specialists: psychologists, note-takers, peer tutors, accommodation and wellness planning, exam accommodations, (such as a private room to write exams, etc.), transcriptionists, and supplemental instructors. As one participant commented, "The ALC is excellent. I think it's a very rewarding experience for the students I think because they are like wow, I am doing better in school suddenly because I have the appropriate supports."

Learning Services workshops and presentations. All student interviewees and other key informants noted the value and success associated with Learning Services. Participants specifically made note of the value of the skills being taught to students through workshops (i.e., how to deliver effective presentations and stress management) which were perceived as essential skills for success in the realm of academia and completion of their post-secondary degree.

Faculty support/willingness to provide supports and accommodations. Faculty support/willingness to support students with MHI's will be discussed under Recommendations (mandatory faculty training).

What's Not Working Well?

Accessible Learning Centre. Although feedback regarding the effectiveness of the ALC was overwhelmingly positive, participants made note of a few areas which were in need of improvement. The most predominant issue was the lack of advertising along with clarity around what supports were offered through the office and to whom (or who was eligible for certain services). As one student commented "I think that from the very beginning I could have done a lot better in school, like through my first two years if I had help from the ALC, like I didn't know that the ALC was on campus... I also didn't know what they offered. It wasn't until near

the end of the second year that I found out."

Counselling Services. Areas of concern expressed by participants in each stakeholder group during interview and focus group sessions pertained to accessibility related issues such as student's inability to be seen by a counsellor in a timely fashion, especially when in crisis. There was additional concern around lack of access to specialized care or rather, the perceived lack of educated mental health counsellors, and the lack of qualified staff educated in the area of MHI's. As one student explained, "I'd go to Counselling Services if they were good... but they are not... I would sit there and talk to them, and it was like totally useless. I would go home even more f. .ed up because they don't know what they are talking about."

Health Services. Students and certain faculty members made comments about what they perceived to be the lack of qualified and educated staff (namely, doctors) who they felt had little training about how to diagnose and treat MHI's. All participants stated the need for a psychiatrist on staff, which despite active recruitment efforts by Health Services, there is still no psychiatrist. Similar to Counselling Services, there was a complaint of a lack of access to emergency care. Several participants expressed additional concerns over difficulties accessing information through the website, a poor continuity of care and follow-up as well as a lack of a seamless referral process.

Learning Services. There was strong consensus among stakeholders regarding the value of services offered through Learning Services and that these services are important for student success in a university setting. Despite a strong desire expressed by students to attend a variety of workshops offered through Learning Services, no students interviewed had actually attended a workshop due to a lack of advertising and workshops being held at times when students could not attend. Workshops were held at inconvenient times, such as during class time, during mid-

terms, or at night. As one student commented, "I think that some of the techniques that they offer can be helpful.. .there are multiple choice sessions at night but I don't go because some of them are offered during midterms and it's just like.. .so frustrating."

Supplementary instructors. The main complaint about sessions held by supplemental instructors was akin to that of Learning Services. Although students viewed this support as effective, sessions which were held only once per week so many students were unable to attend sessions due to conflicts with class schedules.

Institutional/organizational/systemic. Many participants made note of the nature of institutional supports, protocols, procedures, and organizational structure vis-a-vis students with MHI's which were perceived by most stakeholders as rigid/preventative and inflexible. This section covers the many ways in which participants perceived the institutional/organizational structure to be unaccommodating to students with MHI's. Firstly, many participants commented on the ways courses were currently structured, noting that the structure of the course does not support students with MHI's (i.e., there should be alternative means for students with MHI's, like the option of written work instead of oral presentations). Participants, with great consensus, additionally noted the extreme lack of coordination between services and poor referral process between services on campus and mental health services in the community. Another concern voiced by all student interviewees and some managers was the physical locale of student support offices which are spread out all over campus. Another recurrent theme was related to what was perceived as a poor campus climate with relation to students with MHI's. Many students and other key informants felt that the institution had no social support groups or awareness raising efforts for mental health (i.e., the institution has the Rainbow Centre for the LGBTQ community, but no signs posters, etc., about MHI's). Additional factors that led to poor campus climate

included an inaccessible class structure (i.e., all lecturing, no visual material such as slides) and no mental health awareness raising efforts on campus. These gaps in services led students and other key informants to believe that outreach was long overdue.

Faculty. Though faculty were seen as accommodating and supportive of students with MHFs in some instances, the majority of students noted a lack of awareness and understanding about MHI's.

Question 2c - What Types of Supports and Accommodations are Important for the Success and Satisfaction of Students with MHI's in a Post-Secondary Setting? What Else is Needed to

Best Support Students with MHI's?

Quantitative Analysis of Survey Data

Participants who completed the needs assessment questionnaire online were asked to rate a number of "potential accommodations" with respect to the extent to which they believed each support would be helpful to them (in terms of meeting their personal, health, or educational needs at WLU). Specifically, students were asked the question "To what extent do you agree that the following accommodations would be helpful to you in terms of meeting your personal, health, or educational needs here at Laurier?" Students were instructed to respond to questions using a Likert-type scale ranging from (1) "strongly disagree" to (4) "strongly agree." Potential accommodations and perceived effectiveness of supports are presented in Table 10.

Table 10

Perceived Effectiveness of Potential Accommodations

Supports	Strongly disagree (1)	Somewhat disagree (2)	Somewhat agree <i>OR</i>	Strongly agree (4)	Mean rating	Total n
Personal relationship with academic advisor	3(4.3%)	5(7.2%)	28(40.6%)	33(47.8%)	3.32	69-78

Having access to fluids during tests/exams if needed	3(4.4%)	4(5.9%)	31(45.6%)	30(44.1%)	3.29	68-78
Extensions on assignments	6(8.7%)	7(10.1%)	17(24.6%)	39 (56.5%)	3.29	69-78
Personal relationship with a counsellor	6(8.8%)	5(7.4%)	34(50.0%)	23(33.8%)	3.09	68-78
Career counselling	4(5.8%)	11(15.9%)	29(42.0%)	25(36.2%)	3.09	67-78
Extra time to write tests and exams	8(11.8%)	10(14.7%)	22(32.4%)	28(41.2%)	3.03	68-78
Having a staff person to advocate on your behalf	5(7.2%)	10(14.5%)	32(46.4%)	22(31.9%)	3.03	69-78
Writing skills workshops	9(13.0%)	5(7.2%)	35(50.7%)	20(29.0%)	2.96	69-78
Breaks during tests/exams	8(11.8%)	17(25.0%)	21(30.9%)	22(32.4%)	2.84	68-78
Personal feedback regarding your academic progress vis-a-vis other students	7(10.3%)	16(23.5%)	33(48.5%)	12(17.6%)	2.74	68-78
Involvement in a peer support group	9(13.0%)	20(29.0%)	23(33.3%)	17(24.6%)	2.70	69-78
A special room to hang out on campus	11(15.9%)	17(24.6%)	28(40.6%)	13(18.8%)	2.62	69-78
Linkage with a buddy on campus for ongoing support	12(17.4%)	18(26.1%)	24(34.8%)	15(21.7%)	2.61	69-78
Note taker	17(25.4%)	12(17.9%)	21(31.3%)	17(25.4%)	2.57	67-78
Yearly orientation before classes begin	18(26.9%)	16(23.9%)	18(26.9%)	15(22.4%)	2.45	67-78
Taped books.	22(32.4%)	12(17.6%)	16(23.5%)	18(26.5%)	2.44	68-78

articles or other course materials						
Remedial reading workshops	18(26.5%)	15(22.1%)	26(38.2%)	9(13.2%)	2.38	68-78
Library and campus materials	23(33.8%)	16(23.5%)	22(32.4%)	7(10.3%)	2.19	68-78

Analysis of these quantitative data showed at least some agreement regarding the perceived helpfulness of listed supports in meeting their personal, health or educational needs include the following: personal relationship with an academic advisor, extensions on assignments, access to fluids during tests and exams if needed, personal relationship with a counsellor, extra time to write tests/exams, and staff person to advocate on your behalf. Supports rated lowest by students with MHI's in terms of perceived effectiveness of potential supports in meeting their needs included breaks during tests and exams, personal feedback regarding your academic progress vis-a-vis other students, involvement in a peer support group, linkage with a buddy for ongoing support, note-taker, yearly orientation before classes begin, remedial reading workshops, and access to library and campus materials.

Qualitative Analysis of Individual Interviews and Focus Groups

Students and other stakeholders were asked to describe what types of supports and accommodations were important to the success and satisfaction of students with MHI's enrolled in post-secondary education. Analyses of qualitative data obtained from individual interviews and focus groups revealed the following seven primary themes which captured supports, services and accommodations important in ensuring the success and satisfaction of post-secondary students' with MHI's: (a) inclusive and aware/understanding campus climate, (b) faculty support/extensions on assignments, (c) peer support, (d) access to specialists/specialized mental

health supports, (e) academic related supports, accommodations, and services, (f) organizational/institutional/systematic, and (g) improved access to services both on campus and in the community.

Inclusive and Aware/Understanding Campus Climate,

With regard to supports and accommodations important to the success and satisfaction of students with MHI's, the most prevalent idea expressed by participants across stakeholder groups was the importance of a more inclusive community. This was conceptualized by participants as a campus climate where there was acceptance and tolerance of MHI's or campus-wide education, awareness, and understanding of MHI's. As one student commented, "I think it comes down to awareness.. .basically the school system needs to be made aware.. .otherwise your walking around thinking that you are a freak and that you are all alone and that nobody understands you.. .and I mean you just can't get through your day like that."

Faculty Support/Extensions on Assignments

One of the most predominant supports identified as essential for the success and satisfaction of students was the need for faculty understanding and willingness to provide accommodations. See Mandatory Faculty Training under question 3 for more details.

Peer Support

Peer support is discussed in more detail under Recommendations and Strategies for Action.

Access to Specialists/Specialized Mental Health Supports

Students and other stakeholders expressed, with strong consensus, the need for access to specialized mental health services for students with MHI's. The need for a psychiatrist on staff and the availability of counsellors from Counselling Services with either formal training, or specialization or experience in the area of MHI's and knowledge of necessary supports were

identified as important to the success and satisfaction of students with MHI's.

Secondly, in addition to increased accessibility to specialized care, many students expressed a desire to have an individual employed by WLU who was responsible for helping to advocate on their behalf (namely, making their needs known to others). Students also expressed the desire to have a staff person who could additionally help them, with achieving self-identified needs, and who could teach them skills related to self-assertiveness/advocacy. Thirdly, students and other key informants stated with strong consensus the great need for support persons who could assist students in navigating/negotiating various administrative and bureaucratic systems/areas.

Instrumental/Academic Related Supports

Another theme was supports and accommodations typically provided by the ALC at WLU and Learning Services. Academic supports viewed as important to the success and satisfaction of students with MHI's were those typically provided by the ALC and are as follows: (a) tutors, (b) note-takers, (c) exam accommodations (listed above), (d) assistive technology/adaptive software (e) access to a learning strategist and, (f) access to a transcriptionist. Other important supports and accommodations which in this case were provided through Learning Services and were listed as extremely important to the success and satisfaction of students with MHI's included Learning Services' study skills workshops, performance coaching, workshops on stress management, giving presentations, how to write multiple choice exams, etc. Lastly, and perhaps most noted by participants as the number one academic accommodation in terms of ensuring the success and satisfaction of students with MHI's was faculty willingness to provide supports and accommodations (namely, extensions on assignments).

Organizational/Institutional/Systemic

Many students and other key informants expressed the need for some flexibility in

accommodations, course curriculum, and alternative means available for students to be able to meet course requirements. Students and other participants noted the rigid/inflexible nature of accommodations, course curriculum and classroom structure. Many students explained this as not conducive to their success in the university environment or feelings of belongingness in post-secondary education all together. From pedagogy to rigid rules regarding how students met course requirements (i.e., everyone must present) left students with feelings of unfairness and unjustness. As one student noted, "I feel like the school system is not meant for people like me... but the whole school system in general-like the way they do your tests, the way they lecture, and they way they think you are supposed to study and all that kind of stuff... it's just not conducive to our style or any style... it's like the course structure, the way the course is set up-like that is why I am so ready to get out of here."

Financial Support

Financial support for students with MHI's, in particular, those who were registered with the ALC, as well as students with MHI's but lacked formal documentation of disability, was an area of strong concern of all participants. For example* at present, students who are registered with the ALC but are ineligible for OSAP and in a financially difficult situation in many cases are often unable to receive bursary funding which is essential for many students with MHI's to be able to afford a number of supports (i.e., access to assistive technology/adaptive software or any services offered through the ALC) necessary for increasing their chances of attainment of a post-secondary degree. Furthermore should a student be unable to obtain a psychiatric assessment (for documentation purposes), they too will be unable to receive any supports or services from the ALC. Finally, students and other key informant's detailed issues with the student drug plan. The main issues were that the plan did not cover students' medication or required that students pay

upfront when they were unable to do so.

Improved Accessibility of Services

Most participants expressed the need for an overall understanding and awareness of MHFs on campus. Students and other stakeholders also declared the need for more advertising and more effective advertising and increased specificity of advertisements. Students and other key informants also relayed the importance of being able to receive/access supports and accommodations in a timely fashion. Furthermore, as noted by students with MHI's and other key-informants was the need for improved collaboration and communication between student support offices (ALC, Counselling Services, Health Services).

Question 3a - What Recommendations Do Students and Other Stakeholders Have for Developing More Adequate Supports and Accommodations (if needed) at WLU for Students with MHI's?

Qualitative Analysis of Individual Interviews and Focus Group Sessions

Students with MHI's and other key informants were asked during individual and focus group interviews to provide recommendations for developing more adequate supports and accommodations for students with MHI's. They were also asked to elaborate on what action needed to be taken and by whom to meet the needs of students with MHI's. Analyses of these qualitative data revealed eight themes which captured participant's recommendations and strategies for action; these themes are as follows: (a) mandatory faculty training, (b) campus-wide awareness raising, (c) better advertising of services and what they offer, (d) improved coordination, collaboration, communication, (e) a more seamless referral process between service providers on and off campus, (f) improved campus climate, (g) specific supports for students with MHI's, and (h) institutional/organizational and systemic changes.

Mandatory Faculty Training

Although some faculty members were viewed by students and other key informants as understanding and more than willing to accommodate students, this was more the exception rather than the rule. Many participants indicated a need for faculty awareness and training in the area of MHI's, in particular, the impact of having a MHI on student's ability to perform academically, necessary supports, and available services on campus. In addition, faculty and other key informants noted the lack of policies, procedures and processes in place for faculty to follow concerning how best to support students with MHI's. As one faculty commented, "My experience is that, faculty don't have the current information about students." As similarly stated by another faculty member, "Here's the thing, I don't know where I should refer them... I am not informed on that stuff and I am sure that I am not the only one in that position."

Campus- Wide Awareness Raising

As was noted earlier, participants with strong consensus noted the lack of attention paid to MHI's in general on campus. As one student commented "The Rainbow Center has events like positive space, but you never see anything about...hey, I have a MHI booth." As was already mentioned, another support which many participants suggested should be implemented was an advocacy group on campus, or at the very least, advocacy training for students. As one student commented, "It's like you need someone to stand up for your rights... it's like I'm being discriminated against and you don't know where to go." As another participant commented, "You see stuff like that the student diversity centre and that, but nothing about MHI's."

On a similar note to campus awareness-raising was the need to address the campus climate. Efforts to address stigma and educate the student population was essential. As one student noted, "There needs to be a more friendly and open campus environment where it's ok to say 'hey, I have a MHI... they should have a lounge for us to hang out, people with MHI's."

More Advertising/More Effective Advertising of Services

Many participants identified the need for more effective means for advertising services, with particular emphasis on what services are offered and to whom. Though supports were offered through WLU's homepage, student support websites were experienced by students as being extremely difficult to navigate and find necessary information. One faculty member suggested that faculty or the ALC should announce or do a presentation during the first week of classes so as to increase student's awareness of available services and subsequent chances for academic success. As one teacher suggested, "At my first lecture and throughout the semester, I tell the class, this is here, and this is here. Like if you have x you might want to go to x services."

Improved Coordination, Communication, Collaboration, and Referral Processes Between Service-providers On and Off Campus

Before providing an explanation of the need for a more seamless help-seeking system for students, it is worth mentioning that at present, the institution is recently making efforts to address issues pertaining to the coordination, collaboration, and communication between campus service support offices, with the intended goal being a more seamless referral process as was noted by managers. As a result of services which were uncoordinated, students experienced much difficulty negotiating and navigating various bureaucratic and administrative areas. Students and other stakeholders recognized that students experienced much distress as a result of having as one participant stated that students with MHI's frequently had to "run around like couriers" for different but related needs stemming from their MHI and other issues for support. Participants provided several recommendations aimed at addressing this problem. One idea mentioned by participants was to have all supports and services for students with MHI's lumped together in one building or clusters and pods. As one participant commented "We need people

with special accommodations of mental illness working together in one centre, not spread out all over campus... they should have all the resources where services are together... so that they could collaborate... it would be ideal... that way you could refer people here and there for all your needs." As one administrator commented, "People are skilled and doing a good job, but you could do a better job if you had people in clusters and pods."

Specific Supports for Students with MHFs

Across stakeholder groups there was strong agreement regarding the need for a social support group on campus for students with MHI's. Students, as was mentioned above, felt the need to (and the absence of any opportunities) connect with other students with MHI's, particularly because they wished to socialize with others who were in the same position as them and therefore who could understand them better.

Another idea brought up by various students was the notion of a big brother/buddy system whereby students with MHI's would be paired up with one or more other students with MHI's. Students viewed this type of support as having the potential to allow students involved to have a check-in person, a buddy with whom they could both provide and receive assistance from during times of need. As noted by most student interviewees, social support from peers who also had MHI's was the importance of the reception of academic supports from other students with MHI's, versus support from peers without a MHI (i.e., peer tutors with MHI's). One student for example suggested the idea of having peer tutors with MHI's serve as a peer mentor to other students with MHI's. As one student commented, "I think that if there was a buddy system session, then you could review the session with that person and talk about questions there... and not be embarrassed."

Structural/Institutional

Participants also mentioned a need to make course structures more accessible for students with MHFs. In particular, students and other key informants expressed the need for alternative means for people with disabilities to meet course requirements (i.e., students with MHI's should have the option of doing written work instead of presentations, tutorials, etc.). All student interviewees expressed the belief, that as a result of the extreme difficulties they experience with having to present in front of others, students with MHI's should be allowed to substitute written work in place of presentations.

Another structural/institutional change mentioned by the majority of participants was the idea of having resources together in one place. As one participant commented, "We need people with specific qualifications of mental illness working together all in one centre, not spread out all over campus. As another participant commented, "They should have all the resources where the services are all together so they can collaborate...it would be ideal and then that's when they can have the study group... that way they can refer you here and there for all your needs."

Lastly, was the need for the provision of assistance to students with regard to navigating/negotiating various administrative area's. Students and others noted that students required assistance with applying for OSAP, assistance with organizing accommodations. As one student commented, "I need someone to work specifically with me and advocate, and make like customized actions plan that is specific to me." Another student noted, "First year I could have used assistance in applying for OSAP." With regard to the need for assistance in organizing supports and accommodations, one student commented, "I don't have the mental energy to organize accommodations... there's just so much paperwork and stuff. I was just like why bother." Finally another student commented, "It's an entire class work of work just and is extremely stressful to organize accommodations, especially when you are stressed out, but you

need it."

Question 3b - What are the Priorities and Steps for Action Developed by the Project Advisory Committee to Sustain or Enhance Services and Supports for Students with MHI's?

Though it was my intent to have advisory committee members who attended the third and final advisory committee meeting rank-order each of the recommendations for actions identified in the paragraphs above, committee members suggested that the specific recommendations be grouped into three main categories (as will be discussed). As such, a number of the specific recommendations and strategies for action were subsumed under each of the three categories generated by committee members. The first priority or category which members identified as a continuing effort by the Accessibility Committee at WLU was entitled "Creating a Profile for Mental Health" and encompassed the following recommendations: (a) mandatory faculty training, (b) campus-wide awareness-raising of MHI's, (c) improved campus climate towards MHI's, and, (d) mental health advocacy. Administrators who attended the third and final committee meeting strongly suggested that another term for advocacy be used (but could not identify such a term) and expressed pointedly that at present, the institution has now just begun to recognize the need to address the issues and barriers identified in this study, and that the institution is beginning to respond to these issues. Also noted was the fact that many changes in the nature of services and taking action to act upon the above recommendations are likely to occur in sequence with the passage of the 2010 Accessibility for Ontarian's with Disabilities Act (AODA) (which requires that every post-secondary institution in Ontario develop a plan in place for ensuring equal access for all students with disabilities and to demonstrate that actions are being taken to implement their accessibility plan).

The second priority identified by committee members was entitled "Collaboration,

Communication, and Referral Process." Themes/recommendations subsumed under this category included: (a) specific supports for students with MHI's, (b) organizational/institutional changes, and (c) collaboration, communication and referral process between service providers both on campus and in the community. The need for collaboration, communication, and collaboration of service providers both on and off campus was viewed as extremely important by advisory committee members; committee members recognized the need for collaboration not only on campus and in the local community but the need to collaborate with other post-secondary institutions in Ontario who've managed to successfully implemented programmatic supports (such as SEd), etcetera, for students with MHI's (as doing so was seen to be necessary for the provision of specific supports for students with MHI's [i.e., enabling students to gain access to a psychiatrist, obtaining funding for programmatic supports]). One example as was mentioned by the Manager of the ALC was her current plans to visit York University to meet with Enid Weiner, the individual responsible for implementing the only SEd program in Canada. Such collaboration was clearly viewed as essential for WLU to be able to implement a number of specific supports and services for students with MHI's and which will likely (based on evidence-based practices) lead to a reduction in a number of issues and barriers identified by students and other stakeholders in this study. Funding, or obtaining funding necessary for offering/implementing specific supports and services to students with MHI's was also discussed and the idea/importance of collaboration with the community and finding ways to obtain funding for mental health initiatives on campus given the noted lack of resources and corresponding increase in demand for services (which extend beyond student support services offices to serve or meet the needs of students with MHI's).

The third priority (the only recommendation listed as a long-term goal) as determined by

advisory committee members was entitled Peer Support. The theme subsumed under Peer Support was "Peer Support" and the numerous suggestions, recommendations, and unique ideas suggested by participants for achieving a greater level of peer support for WLU students with MHI's. Upon review, advisory committee members suggested that part of the solution to improving the level of peer support for students with MHI's was the normalization of MHI's on campus. Furthermore, two of the advisory committee members expressed the belief that that the normalization of MHI's on campus would serve to act as an antecedent for the implementation of supports and structures conducive to peer support. Please see Appendix E for a copy of the Action Plan developed based on recommendations from committee members during the third and final meeting.

DISCUSSION

Question 1 - What are the Concerns and Barriers Experienced by Students with MHI's At WLU?

Results from this study revealed that students with MHI's attending WLU experience a number of issues/personal concerns, and barriers in pursuit of a post secondary degree. Quantitative findings revealed the following issues and barriers as most predominant: writing essays, remembering important and relevant information for tests and exams, disclosing one's MHI to professors, and preparing for tests and exams. Qualitative data similarly as well as additionally revealed that students with MHI's experience issues and barriers related to difficulty concentrating and completing tasks, performance anxiety, reluctance/refusal to disclose due to stigma, the complex nature of MHI's and organizational/systemic barriers. With regard to personal concerns, quantitative data revealed that students experienced personal concerns, including fear of failure, high levels of anxiety, frustration, depression, and management of

stress, low self-esteem and problems with concentration. Qualitative data pertaining to personal concerns included the following; the personal impact of being a post-secondary student with a MHI, the quality of supports and accommodations, problems accessing supports, accommodations and information about ones MHI from available services on campus and in the community, and help seeking (not utilizing available supports and accommodations).

Issues/personal concerns and barriers identified in this study are consistent with findings from similar studies (Collins & Mowbray, 2005; Cooper, 1993; Loewen, 1993; Weiner & Wiener, 1996).

Question 2a - What Types of Supports and Accommodations are Currently Available to Students with MHI's? What is the Frequency of Campus and Community Support Utilization? (In terms of issues related to their MHI)?

Upon review of responses to the CSAT survey, it was revealed that WLU, at present, offers no real accommodations, services, or programmatic supports specifically intended to meet the needs of students with MHI's. These findings are generally consistent with existing literature in terms of the lack of specific supports implemented by post-secondary institutions intended to address removal of barriers experienced by this population of students (Collins & Mowbray, 2005).

There are several reasons (as will be explained) for the existence of issues and barriers as well as the lack of appropriate supports and accommodations detailed above. Within the context of WLU, or from a meso-system level of analysis, WLU offers few to no specific supports for students with MHI's. Several reasons may help explain why Laurier has not implemented effective evidence based programmatic supports such as SED. One factor influencing the lack of

available supports may well be the university's value or mission statement/vision pertaining to the role of education (i.e., holistic versus strictly academic). As such, this research tends to suggest that WLU's view of education is not one of holism and is more academic in nature. Another reason cited by study participants for why necessary supports and accommodations have not been implemented relate to financial constraints which for example has resulted in an increased demand for services with limited resources to meet increasing demands for services (which are partly due to outreach efforts by the three main settings).

Question 2b - How Effective Are These Available Supports and Accommodations in Meeting the Needs of Students with MHI's?

In reference to the effectiveness of available services, a number of discrepancies were found between qualitative and quantitative data (namely, Counselling Services, Health Services, and support from faculty). Similarities were found between qualitative and quantitative data regarding the effectiveness of the ALC. Survey participants who utilized the ALC rated their needs as being "well met". Qualitative data obtained from individual and focus group interviews viewed the quality of services offered by the ALC as excellent.

A moderate discrepancy between qualitative and quantitative data was found for Counselling Services. Quantitative data revealed that students felt their needs were only "somewhat met." Qualitative data revealed strong negative perceptions held by all participants with the exception of focus group participants from Counselling Services. Interviews with two of the 11 students interviewed may have revealed the reason for this discrepancy. That is, Counselling Services served as an outlet for them to disclose personal information to an impartial person. Any discrepancies may be related to the study's broad definition of MHI's and as such included students with needs ranging from small to complex, requiring more intensive treatment for their

more complex needs. Another possible explanation is that students reported in the survey as having their needs being somewhat met because of the opportunity, to disclose information to an impartial person. Having someone to "vent to" or to listen to them is a positive experience. Finally, an additional factor may well account for differences found in qualitative and quantitative findings: the fact that student interviewees felt strongly enough about the effectiveness of services provided on campus (presumably negative feelings/experiences) to participate in an in-depth interview with me.

Slight discrepancies were additionally found for Health Services in terms of the overall perceived effectiveness of services in meeting the needs of students with MHI's. Quantitative data revealed the average rating of effectiveness of Health Services in meeting the needs of students as being well met. Qualitative data revealed that Health Services was not effective in meeting the needs of students with MHI's. Many stakeholders aside from all student interviewees commented on the poor quality of services offered by Health Services for students with MHI's. One possible explanation for such discrepancies might be that survey respondents were rating Health Services in terms of the effectiveness in meeting their general health needs, perhaps because they had sought supports elsewhere for mental health treatment and utilized health services for their physical health needs only. See above paragraph for additional reasons for existing discrepancies.

Unlike Health Services, faculty support showed what appears to be moderate to extreme discrepancies between qualitative and quantitative data. With regard to faculty support, students (<=7) viewed their needs as being very well met. Though this finding may appear in stark opposition to what qualitative data revealed in terms of faculty effectiveness. Qualitative data helped to provide insight into student's perception of faculty effectiveness. Faculty effectiveness

in meeting student needs was viewed by interview and focus group participants as primarily negative, but all participants discussed positive encounters with faculty. As such, one possible explanation for differences in qualitative and quantitative data could be related to the nature of a survey and its limitations.

With regard to the perceived effectiveness of Learning Services, the average rating of Learning Services by the survey respondent was "needs somewhat met." This rating, it should be mentioned, cannot be seen as representing a consensus among students due to the extremely small number of students who reported using Learning Services. One out of 78 online survey respondents reported utilizing Learning Services, and the low number may have contributed to discrepancies between the qualitative and quantitative data.

Question 2c - What Types of Supports and Accommodations are Important for the Success and Satisfaction of Students with MHI's in a Post-Secondary Setting? What Else is Needed to Best Support Students with MHI's?

Results revealed that currently available supports and accommodations viewed as most effective in meeting student needs included extra time to write tests and exams, extensions on assignments, having access to fluids during tests and exams if needed and a separate room to write tests and exams. Analyses of qualitative data obtained from individual interviews and focus groups revealed the following themes which captured the types of supports believed to be important for students' success and satisfaction: inclusive and aware/understanding campus climate, faculty support/extensions on assignments, peer support, access to specialists/specialized mental health supports, academic related supports, accommodations, and services, organizational/institutional/systematic, and improved access to services both on campus and in

the community. Findings from this study are consistent with findings from similar studies (Blacklock & Benson, 2003; Loewen, 1993).

Question 3a - What Recommendations and Suggestions Do Students and Other Stakeholders Have for Developing More Adequate Supports and Accommodations (if needed) at WLU for Students with MHI's?

Unlike many other studies assessing the needs of post-secondary students with MHI's, various stakeholders who participated in individual qualitative interviews were asked to provide specific recommendations for ensuring the success and satisfaction of students with MHI's attending WLU. Survey data revealed the following supports as having the potential to benefit them academically and personally: personal relationship with an academic advisor, extensions on assignments, access to fluids during tests and exams if needed, personal relationship with a counsellor, extra time to write tests/exams, and staff person to advocate on your behalf. Qualitative data obtained from individual interviews and focus group revealed the following themes which captured participant's recommendations: inclusive and aware/understanding campus climate, faculty support/extensions on assignments, peer support, access to specialists/specialized mental health supports, academic related supports, accommodations, and services, organizational/institutional/systematic, and improved access to services both on campus and in the community. Again, these results are consistent with similar studies (Blacklock & Benson, 2003; Loewen, 1993; Weiner & Wiener, 1996).

Question 3b - What are the Priorities and Steps for Action Developed by the Project Advisory Committee to Sustain or Enhance Services and Supports for Students with MHI's?

Using the advisory committee's feedback, upon presenting recommendation of participants

for improving supports and accommodations, I was able to create an action plan-executive summary which was distributed to committee members for aiding in their efforts to enhance supports, services, and accommodations for students with MHI's. The contents of the action plan will, as planned, be used by the institution in numerous ways by a variety of sources to help with barrier removal for WLU students with MHI's.

Study Strengths

This study had several strengths. The first strength lies in the study's design. Use of methodological and source triangulation allowed me to obtain both breadth and depth of information obtained and contributed to the credibility or trustworthiness of the data obtained. Another final strength vis-a-vis the depth of information obtained likely occurred as a result of my open declaration that I was a member of the population I wished to study. As was already mentioned, this study, in line with Community Psychology research, adopted an action research approach. That is, the study's findings were intended from the beginning of the study for use by the institution in new and continuing efforts to enhance/improve services, supports, and accommodations for WLU students with MHI's.

Limitations

The results of this study should be interpreted with certain limitations in mind. One limitation with reference to the procedures employed in this study was that the principal researcher and interviewer was also a student with a MHI (and had negative academic experiences with supports). Precautions were taken, however, to ensure that the research was unbiased. Another major limitation pertained to the fact that students with MHI's were unable to attend the first advisory committee meeting; as such these students were unable to participate in all stages of the research.

Recommendations

Although WLU has begun to recognize the need of students with MHI's and have self-proclaimed that the institution is only beginning to respond to the problem of adequate supports, it is indisputable that a number of factors will be integral in the process of ensuring that the needs of this population be met. One major factor is putting in place the structures necessary for accountability to these students. This process will entail engaging in several efforts: all which entail collaboration with community resources and others outside of the community and the formulation of partnerships. WLU must first identify constraints to implementing or making changes to supports recommended and prioritized by this study. Efforts must then be taken to identify any potential resources both within the institution and at the community level with whom potential partnerships could be made in an effort to fill existing voids in service delivery. One example would include collaborating with individuals at various post-secondary institutions who have implemented effective evidence-based programmatic supports such as SEd. Another example would be to, in the absence of a psychiatrist on staff, form a relationship with a local psychiatrist who might be willing to provide services at WLU. Although it would be ideal to have a psychiatrist on staff, establishing links to supports through alternative means would be a great improvement over existing conditions. Through collaborative efforts within the institution and the community, WLU will also likely benefit vis-a-vis identifying ways and sources of funding to deal with financial barriers which exist and have been identified by this study. In sum, WLU must take action to address the barriers identified in this study and to enact recommendations prioritized by committee members if the needs of WLU students are to be met and to ensure accountability to and equality for the population of WLU students with MHI's.

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Appendices

Appendix A

Needs Assessment Questionnaire

Section A: Pre-selection Questions for Participation in the Survey

Note: Please read instructions carefully:

Instructions: If you answer "yes" to one or more of the following questions, please proceed to with the questionnaire. If you answered "no" to all of the questions, please do not continue any further.

1. Have you experienced any mental health issues that significantly affected your life during the past year (e.g., feeling very depressed or anxious, having mood swings, experiencing an eating disorder)?

Yes ___

No

2. Have you seen a family doctor, psychiatrist, or some other mental health professional (e.g., social worker, psychologist, counsellor, chaplain) for treatment of a mental health issue during the past year?

Yes ___

No

3. Have you taken any medication or remedies intended to treat a mental health issue during the past year?

Yes ___

No

Section B: Demographic Information and Mental Health Information

Demographic Information:

Gender: Male___Female___

Age: Years

Racial Background:

Aboriginal___^

Asian___

Black

Hispanic___

White___

Mixed___

Other, please specify_____

Relational Status: Single___Married___Separated___

Divorced___Common Law___

Year of Study: 1____2____3____4____5____Graduate Student

Undergraduate

Program of Study: Faculty of Arts_Faculty of Science___Faculty of Education

Faculty of Social Work School of Business and Economics_Faculty of Music

Other (please specify)_____

Part-time vs. Full-time Status:

Part-time student this past academic year_____(under 3 courses)

Full-time student this past academic year (3 courses or more)

Mental Health Information:

Hospitalization:

Were you ever hospitalized for a mental health issue?

No _

Yes __ If yes, How old were you when you were first hospitalized? _____

Emergency Room Visits:

Did you go to an emergency room within the last year for a mental health issue?

No ____

Yes ____

Diagnosis:

Were you ever given a diagnosis of a mental health issue?

No _

Yes __ If yes, what was it?

(Select one or more)

Mood disorder _____ Specific disorder of childhood/adolescence ____

Anxiety disorder _____ Substance-related disorder ____

Schizophrenic disorder _____ Mental health issue due to a medical condition

Personality disorder _____ Delirium, dementia, other cognitive disorders _

Developmental handicap _____ Other __ please specify _____

Unknown

Psychiatrist Visits:

Over the past year have you consulted a psychiatrist?

No

Yes ___ If yes, please indicate the type of service provided (on next page)

Assessment__

Individual therapy__

Medication therapy__

Family therapy__

Group therapy__

Non-Psychiatrist Mental Health Professional Visits:

Over the past year did you visit a physician (non-psychiatrist) in any setting or another mental health professional in an office-based practice (i.e., psychologist, social worker, counsellor) for reasons related to a mental health issue?

No__

Yes ___ If yes, please identify the type of provider(s) you have seen

Type of provider(s)_____

Prescribed Psychiatric Medication:

Over the past year did you take any prescribed medications for mental health issues?

No_

Yes__ If yes, please specify the type of prescribed medication (check all that apply):

Sleeping pills (e.g., Trazadone, Immovaline)___

Antidepressant or mood stabilizing medications (e.g., Paxil, Lithium, Epival)___

Sedatives/Anti-anxiety medication (e.g., Ativan, Clonazepam)___

Analgesics or painkillers (e.g., Demerol, Darvon)___

Anti-psychotics (e.g., Zyprexa, Resperidone)___

Substance abuse treatment (e.g., Methadone, Antabuse)___

Other (please specify)

Campus Service Use:

Which, if any, of the following services or supports at Wilfrid Laurier University have you used for (your personal, health, or educational needs)?

(Continued on next page)

Accessible Learning Centre___

Counselling Services___

Chaplaincy Services___

Faculty_____

Health Services___

Rainbow Centre_____

Residential Services (res life)_____

Student Leadership Centre_____

Women's Centre_____

None___

Other___Please Specify_____

Satisfaction with Campus Services:

If you have made use of any of the above mentioned services at Wilfrid Laurier University, to what extent have these services helped you to meet your personal, health, or educational needs?

Please rate all that apply:

1	2	3	4
Needs have been very well met	Needs have been well met	Needs have been somewhat met	Needs have not been met

Accessible Learning Centre____

Counselling Services____

Chaplaincy Services____

Faculty____

Health Services____

Rainbow Centre____

Residential Services (res life)____

Student Leadership Centre____

Womens Centre____

None

Other____Please Specify

[Continued on next page]

Section C-Tasks

Please indicate the extent to which the following tasks are difficult for you by circling the appropriate number.

1	Extremely Difficult	Moderately difficult	Just a bit difficult	Not at all difficult
	<u>Circle appropriate number</u>			
1. Selecting courses			2	3 4
2. Using library/resource material on-campus				
3. Writing exams			2	3 4
4. Taking notes in lectures			2	3 4
5. Writing essays etc.			2	3 4
6. Managing time effectively			2	3 4
7. Studying effectively			2	3 4
8. Preparing for exams			2	3 4
9. Advocating for yourself on campus			2	3 4
10. Negotiating the university system			2	3 4
11. Explaining the side effects of medication				
12. Disclosing your mental health issue to professors				
13. Standing in line (e.g., for financial aid, parking, bookstore, student accounts)				

Section C-continued

1

Extremely
DifficultModerately
difficultJust a bit
difficultNot at all
difficultCircle appropriate number14. Developing informal social
relationships

15. Developing close friendships

16. Working on academic group
assignments with other students17. Initiating conversations with
peers on campus18. Joining clubs/extra curricular
activities on campus

1 2 3

19. Inviting a student to do something
with you

1 2 3

20. Asking classmate for help

1 2 3

21. Asking professor for academic
assistance

1 2 3

22. Asking T.A. for academic assistance

1 2 3

23. E-mailing/telephoning a department
on campus

1 2 3

24. E-mailing a professor

1 2 3

Section D-Personal Concerns

To what extent do you agree that the following issues are of concern to you?

1	2	3	4	
Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	
Circle appropriate number				
1. Low self-esteem	1	2	3	4
2. Depression	1	2	3	4
3. Hopelessness	1	2	3	4
4. Frustration	1	2	3	4
5. Fear of failure	1	2	3	4
6. High anxiety	1	2	3	4
7. Lack of assertiveness	1	2	3	4
8. Management of stress	1	2	3	4
9. Management of mental health issue (e.g., taking meds, regular contact with mental health professional such as psychiatrist, etc.)	1	2	3	4
10. Lack of awareness as your rights as a student with a mental health issue at Wilfrid Laurier University	1	2	3	4
11. Handling crises	1	2	3	4
12. Greater sensitization of the university community to mental health issues	1	2	3	4
13. Difficulties with performing certain tasks (e.g., giving an oral presentation)				

Section D-Continued

1	2	3	4
Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree

Circle appropriate number

14. Personal drug abuse

15. Personal alcohol abuse

16. Social activities on campus
related to alcohol consumption
(e.g., pubbing)

17. Decision making regarding
career direction

18. Job skills

19. Finding employment

20. Completion of your university
degree

21. Housing **2 3 4**

22. Managing finances **2 3 4**

23. Side effects of medication

24. Listening problems

25. Problems with concentration

26. Memory problems

Section E-Accommodations

Part A - Current Accommodations

To what extent do you agree that the following accommodations at Wilfrid Laurier University have been helpful to you?

1		3		4		5
Strongly disagree	Somewhat disagree	Somewhat agree		Strongly agree		Not Applicable

Circle appropriate number

- | | | | | | |
|--|---|---|---|---|---|
| 1. Remedial reading workshops | 1 | 2 | 3 | 4 | 5 |
| 2. Writing skills workshops | 1 | 2 | 3 | 4 | 5 |
| 3. Extra time to write tests/exams | 1 | 2 | 3 | 4 | 5 |
| 4. Extensions on assignments | 1 | 2 | 3 | 4 | 5 |
| 5. Separate room to write tests/exams | | | | | |
| 6. Yearly orientation before classes begin | | | | | |
| 7. Breaks during tests/exams | | | | | |
| 8. Having access to fluids during tests/exams if needed | | | | | |
| 9. Involvement in a peer support group | | | | | |
| 10. Linkage with a 'buddy' on campus for ongoing peer support | | | | | |
| 11. Personal feed-back regarding your academic progress vis-a-vis other students | | | | 4 | 5 |
| 12. Personal relationship with a counsellor with whom you can talk | | | | 4 | 5 |
| 13. Personal relationship with an academic advisor | | | | 4 | 5 |

Section E-Part A Continued

To what extent do you agree that the following accommodations at Wilfrid Laurier University have been helpful to you in terms of meeting your personal, health, or educational needs here at Laurier?

1			4	
Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not Applicable

Circle appropriate number

- | | | | | | |
|--|---|---|---|---|---|
| 14. A special room to "hang out" on campus | 1 | 2 | 3 | 4 | 5 |
| 15. Having a staff person to advocate on your behalf on campus | | | | | |
| 16. Career counselling | | | | | |
| 17. Note-taker | | | | | |
| 18. Taped books, articles, or other course materials | | | | | |
| 19. Library and campus tours | | | | | |

Part B - *Potential Accommodations*

To what extent do you agree that the following accommodations would be helpful to you in terms of meeting your personal, health, or educational needs here at Laurier?

1			4
Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree

Circle appropriate number

- | | | | | |
|--|---|---|----------|----------|
| 1. Remedial reading workshops | 1 | 2 | 3 | 4 |
| 2. Writing skills workshops | 1 | 2 | 3 | 4 |
| 3. Extra time to write tests/exams | 1 | 2 | 3 | 4 |
| 4. Extensions on assignments | 1 | 2 | 3 | 4 |
| 5. Separate room to write tests/exams | | | | |
| 6. Yearly orientation before classes begin | | | | |
| 7. Breaks during tests/exams | | | | |
| 8. Having access to fluids during tests/exams if needed | | | | |
| 9. Involvement in a peer support group | | | | |
| 10. Linkage with a 'buddy' on campus for ongoing peer support | | | | |
| 11. Personal feed-back regarding your academic progress vis-a-vis other students | | | | |
| 12. Personal relationship with a counsellor with whom you can talk | | | 2 | 3 |
| 13. Personal relationship with an academic advisor | | | | |

Section E-Part B Continued

To what extent do you agree that the following accommodations would be helpful to you for in meeting your personal, health, or educational needs here at Laurier?

1	2	3	4
Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree

Circle appropriate number

- | | | |
|--|-------|---|
| 14. A special room to "hang out" on campus | 1 2 3 | 4 |
| 15. Having a staff person to advocate on your behalf on campus | 1 2 3 | 4 |
| 16. Career counselling | 1 2 3 | 4 |
| 17. Note-taker | 1 2 3 | 4 |
| 18. Taped books, articles, or other course materials | 1 2 3 | 4 |
| 19. Library and campus tours | 1 2 3 | 4 |

Thank-you for completing this questionnaire!

Instructions for further Participation in this Study:

[PREP Students] (note: the online questionnaires for PREP and non-PREP students will contain only material relevant to each-I just didn't want to create a separate document due to the length of this application)

Would you be willing to participate in either an individual interview or focus group interview (with other Laurier students with mental health issues) to discuss your experiences as a student at Laurier with a mental health issue and important post-secondary services and supports (i.e., extra time on tests, more awareness raising mental health issues on campus) which are vital in meeting the personal, health or education needs of students with mental health issues here at Laurier?

Interviews will last approximately 45 minutes to one hour and the focus group will last approximately 1 Vi hours . If yes, please see the PREP website to sign up (for an individual, interview or to participate in the focus group session) and for information regarding what participation your participation would entail and the benefits to which you would be entitled to should you choose to participate.

[All other Participants!]

Would you be willing to participate in either an individual interview or focus group interview (with other Laurier students with mental health issues) to discuss your experiences as a student at Laurier with a mental health issue as well as important post-secondary services and supports (i.e., extra time on tests, more awareness raising mental health issues on campus) which you believe to be vital in meeting your personal, health or educational needs as a student at Wilfrid Laurier? Interviews will last approximately 45 minutes to one hour and the focus group will last approximately 1 ½ hours. If yes, please see the enclosed attachment entitled "Invitation to Participate in an individual or Focus Group Interview" for information regarding what participation would entail and the benefits to which you would be entitled to should you agree to participate in either an individual interview or focus group (and for information on how to contact me if you are interested in participating in either an individual interview or focus group interview).

Please note: Participation in either an individual or focus group interview is optional. As was noted in the Letter of Invitation/Informed Consent Statement, you are under no obligation to participate in the interview and can decline without consequence.

Appendix B

Interview Guide: Students with MHI's

- Thanks for agreeing to participate in this interview/focus group. My name is Amanda Weckwerth and I am a Masters Candidate in Community Psychology at Laurier. For my Masters thesis in the Community Psychology program, I am conducting a needs assessment study on students with mental health issues and their post^secondary educational experiences (i.e., necessary institutional supports and services).
- Before beginning, I want to remind you about the study and what my goal is in talking to you today. Interviews/Focus groups are being conducted in this phase of the research process to hear directly from and to obtain the perspectives of a variety of individuals in the Laurier community (namely, students with mental health issues, faculty, service providers, and administrators) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues here at Laurier. This study additionally seeks to identify the types of institutional supports (e.g., services provided by the Accessible Learning Centre) available to Laurier students with mental health issues, to determine the types of institutional supports which are essential, or rather, necessary for ensuring that the personal, health and educational needs of Laurier students with a mental health issue are being fully met (and/or, which are crucial to the success and satisfaction of students at Laurier with mental health issues) as well as the adequacy of available institutional supports in meeting the personal, health and educational needs of Laurier students with mental health issues.
- Research findings will provide this institution with the information necessary to begin developing a customized action plan for sustaining existing institutional supports (should the research reveal that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new services) which are potentially more conducive to the success and satisfaction of Laurier students with mental health issues (should the research reveal that certain aspects of available services are viewed as particularly ineffective in terms of meeting the personal, educational, and health needs of Laurier students with mental health issues).
- [Focus Group] The focus group will take about 1-1.5 hours. A break can be taken at any time if the group desires. Before we get started let's review the consent form. Then you can decide if you want to participate in the focus group.
- [Individual Interview] This interview will take about 45 minutes to one hour. A break can be taken at any time if you desire. Before we get started let's review the consent form. Then you can decide if you want to participate in the interview.

[Facilitator/Interviewer reviews the information letter and consent form with participants.]

What questions do you have before we begin?

[After questions have been asked and answered, participants are asked to complete the consent forms and give them to the interviewer/facilitator]

Introduction [Focus group]

Let's begin by introducing ourselves to the rest of the group (name, year, program of study) if you are comfortable.

Let's begin with the first question.

Issues and Barriers:

A. Tasks

1. Can you please describe any tasks (i.e., giving an oral presentation) at this university that you have found to be particularly difficult or challenging for you?
- What are some of the most common issues or concerns you face (if any) in pursuit of a post-secondary education?

B. Personal Concerns

2. Could you please explain any personal concerns (i.e., side effects of medications) that you may have experienced as a result of your mental health issue?
- What barriers (if any) do you face as a result of your mental health issue which you believe might prevent you (or have prevented you) from reaching your full academic potential?

Supports and Accommodations:

3. Could you please describe what types of supports and accommodations are important for your success and satisfaction at Wilfrid Laurier University?
- What else is needed to best support, or rather, to ensure that your, personal, health, or educational needs are being met?

Service Use and Adequacy of Supports:

4. What campus-based supports or services at Wilfrid Laurier University, if any, do you use to meet your personal, health, or educational needs?

[If students indicate that they do not use any campus-based services or supports they will be asked to provide a rationale for why they do not make use of campus-based supports]

5. How adequate are the supports you have identified in meeting your personal, health and educational needs? Please specify which institutional supports or services you are referring to when answering this question.

Probe:

- o What's working well ? (Have you found any available institutional services/supports or aspects of particular services/supports at Laurier to be particularly effective or helpful in meeting your personal, health or educational needs)?

[Should students respond affirmatively to this question, they will be asked to elaborate on the following:]

- Please specify the type of service or support you are referring to (i.e., the Accessible Learning Centre, Counselling Services, the Rainbow Centre, support from professors, etc.).
- What particular aspects/components of this/these service(s) or support(s) that you have just identified have you found to be especially helpful in meeting your personal, health, or educational needs (i.e., extra time on tests)?
- In what ways have the/these service(s)/support(s) been especially helpful for you in terms of meeting your personal, health, or educational needs (or that have contributed to your success and satisfaction as a student with a mental health issue at Laurier)?

Probe:

- o What isn't working? Have you found any available institutional services/supports, or aspects of particular services/supports at Laurier to be particularly ineffective in meeting your personal, mental health, and educational needs)?

[Should students respond affirmatively to this question, they will be asked to elaborate on the following:]

- Please specify the type(s) of service(s) or support(s) you are referring to (i.e. the Accessible Learning Centre, Counselling Services, the Rainbow Centre, support from professors, etc.).
- What particular aspect(s)/component(s) of these/the service(s) or support (s) you have just identified have you found to be especially ineffective in terms of meeting your personal, health, or educational needs?
- In what ways have the/these service(s)/support(s) you have identified been particularly ineffective in terms of meeting your personal, health, or educational needs (or which you

believe have hindered your success and satisfaction as a student with a mental health issue at Laurier)?

Recommendations for Action:

6. What recommendations do you have for sustaining/enhancing effective supports and accommodations at Wilfrid Laurier University for students with mental health issues?
 - What action needs to be taken, and by whom?

General Questions:

- In your opinion, how does higher education support (or not support) the needs of students with mental health issues?
- As this study focuses both on what services and supports and services on campus could potentially be improved as well as supports and services on campus should be sustained to best meet the educational, health and personal needs of students with mental health issues at Laurier, please feel free to share any successes you have experienced as a student with a mental health issue at Laurier, and to what you attribute these successes.
- What strategies, personal or otherwise, have you utilized to overcome any potential challenges (personal academic, or both) which you may have experienced as a Laurier student with a mental health issue?

Ending the Interview:

- As we bring our discussion to a close I would like to know about your experiences (how you feel, what you are thinking) about having participated today/tonight. What was it like for you to participate in this interview/focus group?
- Is there anything I could do to improve the interview/focus group session?
- What questions do you have for me?

Thank you very much for your participation in this interview/focus group. I appreciate your willingness to share your knowledge and experiences with me.

Appendix C

Interviewers/Focus Group Facilitator's Guide: Key Informants

- Thanks for agreeing to participate in this interview/focus group. My name is Amanda Weckwerth and I am a Masters Candidate in Community Psychology at Laurier. For my Masters thesis in the Community Psychology program, I am conducting a needs assessment study on students with mental health issues and their post-secondary educational experiences (i.e., necessary institutional supports and services).
- Before beginning, I want to remind you about the study and what my goal is in talking to you today. Interviews/Focus groups are being conducted in this phase of the research process to hear directly from and to obtain the perspectives of a variety of individuals in the Laurier community (namely, students with mental health issues, faculty, service providers, and administrators) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues here at Laurier. This study additionally seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to Laurier students with a mental health issue (to meet the personal, educational, and health needs of Laurier students with mental health issues), to determine the types of institutional supports that are essential in ensuring that the personal, health and educational needs of Laurier students with a mental health issue are being met (and/or, which are crucial to the success and satisfaction of students at Laurier with mental health issues) and to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of Laurier students with mental health issues.
- Research findings will provide this institution necessary to begin developing a customized action plan for sustaining existing institutional supports (i.e., the research reveals that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new services) which may be more conducive to the success and satisfaction of Laurier students with mental health issues (i.e., the research reveals that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

Terminology

- For the purpose of this interview/focus group session, the term mental health issue includes, but is not limited to depression, anxiety, anxiety, schizophrenia, and eating disorders.
- [Focus Group] The focus group will take about 1-1.5 hours. A break can be taken at any time if the group desires. Before we get started let's review the consent form. Then you can decide if you want to participate in the focus group.

- [individual Interview] This interview will take about 45 minutes to one hour. A break can be taken at any time if you desire. Before we get started let's review the consent form. Then you can decide if you want to participate in the interview.

[Interviewer/facilitator reviews the information letter and consent form with participant(s)]

What questions do you have before we begin?

[After questions have been asked and answered, participant will be asked to complete the consent forms and give them to the interviewer]

Let's begin with the first question.

Issues and Barriers:

1. From your experience, what are the concerns and barriers experienced by students with a mental health issues at Wilfrid Laurier University?
 - What are the most common issues or concerns of students with a mental health issue?
 - What barriers do students with mental health issues face which might prevent them from reaching their full academic potential?

Supports and Accommodations:

2. In your opinion, how adequate are available supports and accommodations (i.e., those provided by the Accessible Learning Centre, Counselling Services, Health Services, faculty, etc.) in terms of meeting the personal, health, or educational needs of students with a mental health issue at Laurier? Please specify which institutional supports or services you are referring to when answering this question.

Probe:

- o What's working well ? (Have you found any available institutional services/supports or aspects of particular services/supports at Laurier to be particularly effective or helpful in meeting the personal, health or educational needs of Laurier students with mental health issues)?

[Should participants respond affirmatively to this question, they will be asked to elaborate on the following:]

Please specify the type of service or support you are referring to (i.e., the Accessible Learning Centre, Counselling Services, the Rainbow Centre, support from professors, etc.).

What particular aspects/components of this/these service(s) or support(s) that you have just identified have you found to be especially helpful in meeting the personal, health, or educational needs of Laurier students with mental health issues (i.e., extra time on tests)?

- In what ways have the/these service(s)/support(s), in your opinion, been especially helpful Laurier students with mental health issues in terms of meeting their personal, health, or educational needs (or that have contributed to the success and satisfaction of Laurier students with a mental health issue)?

Probe:

- o What isn't workinR? Have you found any available institutional services/supports, or aspects of particular services/supports at Laurier to be particularly ineffective in meeting the personal, mental health, and educational needs of Laurier students with mental health issues?

[Should participants respond affirmatively to this question, they will be asked to elaborate on the following:]

- Please specify the type(s) of service(s) or support(s) you are referring to (i.e. the Accessible Learning Centre, Counselling Services, the Rainbow Centre, support from professors, etc.).
 - What particular aspect(s)/component(s) of these/the service(s) or support (s) you have just identified have you found to be especially ineffective in meeting the personal, health, or educational needs of Laurier students with a mental health issue?
 - In what ways have the/these service(s)/support(s) you have identified been particularly ineffective in terms of meeting the personal, health, or educational needs of Laurier students with a mental health issue (or which have potentially hindered the success and satisfaction of Laurier students who have a mental health issue)?
3. In your opinion, or based on your experience, what types of supports and accommodations are important for the success and satisfaction of students with mental health issues in a post-secondary setting?
- What else is needed to best support, or rather, to ensure that the personal, health, or educational needs of Laurier students with a mental health issue are being met? Or, what, if anything, could be done differently?
 - What do you need (i.e., resources or knowledge) that would help you to best support the needs of students with mental health issues?

Recommendations for Action:

4. What recommendations do you have for developing/enhancing effective or appropriate institutional supports and accommodations at Wilfrid Laurier University for students with mental health issues?
- What action needs to be taken, and by whom?

General Questions:

- In your opinion, how does higher education support (or not support) the needs of students with mental health issues?
- As this study focuses on both what may need improving as well as what is working, please feel free to share any success stories of students whom you have worked with and what you believe has contributed to those successes.

Ending the Interview

- As we bring our discussion to a close I would like to know about your experiences (how you feel, what you are thinking) about having participated today/tonight. What was it like for you to participate in this interview/focus group?
 - o Is there anything I could do to improve the interview/focus group interview ?
 - o What questions do you have for me?

Thank you very much for your participation in this interview/focus group session. I appreciate your willingness to share your knowledge and experiences with me

Appendix D

Campus Service Assessment Tool

This survey is designed to collect information about services for students with mental health issues at Wilfrid Laurier University. This survey does not require information about any individual students.

Title of Office: _____

Date survey completed: _____

Return completed survey and the attached informed consent statement containing your

signature in an enclose envelope to:

Amanda Weckwerth

Campus Mailbox

Psychology Department

Science Building, Second Floor

Wilfrid Laurier University

Note: These materials can be delivered in person or through campus mail

Section 1; Descriptive Characteristics of the Accessible Learning Centre, Counselling Services Office and Health Services:

Instructions: *To be filled out by staff from the Accessible Learning Centre, Counselling Services, and Health Services*

1. How many FTE (full-time equivalent) professional staff (not including students, workers, clerical staff, or interpreters), provide support services to students with disabilities (Accessible Learning Ce. Or, in the case of Counseling Services or Health Services, how many FTE professional staff members are employed to work with all types of students?

FTE staff

2. Do any staff have specific qualifications (experience/education) regarding students with mental health issues?

 No

Yes

3. Is there specific staff assigned to provide services to students with mental health issues?

 No

Yes

Please specify percent of time spent serving students with mental health issues_

4. How are persons with mental health issues usually referred to your office?

(Please list approximate percentages for each category of referral below)

 Self-referred

 Referred by a faculty member

 Referred by counseling services

Other referral please specify

___Does not apply (i.e. students are not referred to your office)

5. In your experience, what are the three most frequent issues that students with mental issues (or those who self-identify as having a mental health issue) come in with?

6. In your experience, what are the three most common questions or problems you receive from faculty, administrators, or staff regarding students with mental health issues?

(If this question is not applicable please proceed to question number 7)

7. In your opinion, what barriers to accessing services available from your office exist for students with mental health issues?

Section 2: Services Provided to Students with Mental Health Issues:

Part A:

Instructions:

For the following services that may be provided by the Accessible Learning Centre, Counselling Services, or Health Services, please indicate if such services are offered, by any unit of the department to students with mental health issues at Wilfrid Laurier University.

1 .Informing students of services for individuals Yes_____No_

with mental health issues at student

orientation

2.Presenting to faculty regarding mental health Yes_____No_

Issues and available services

3. Providing information to administrative staff and RAs regarding mental health issues and available services Yes _____ No
4. Assisting students in obtaining documentation of their mental health issue Yes _____ No
5. Organizing support groups for students with mental health issues that meet on campus Yes _____ No
6. Providing referral information about specific mental health providers on campus Yes _____ No
7. Providing referral information about specific mental health providers off campus Yes _____ No
8. Distributing brochures, pamphlets, materials to students regarding mental health issues Yes _____ No
9. Distributing brochures, pamphlets, materials to faculty/staff regarding mental health issues Yes _____ No
10. Putting on or cosponsoring special workshops/ group presentations regarding mental health issues Yes _____ No
11. Providing accommodation letters regarding mental health issues Yes _____ No
12. Providing individual support for students with mental health issues Yes _____ No

Any other services not mentioned above?

Section 2 (b): Specific Supports for Students with Mental Health Issues:

1. Does your office provide any services, supports or accommodations specifically for students with mental health issues (i.e. supports services and accommodations that were designed and implemented specifically for, and offered exclusively to, students with mental health issues)?

Yes___please list and provide a brief description of each

No_ Why?

2. What types of supports or services are typically offered to students who present with distress resulting from a mental health issue? *Please provide a listing of those services and a brief description of each.*

Section 2(c): Coordination of Sevices:

1. Is there coordination of services between your office (Counselling Services, Health Services, the Accessible Learning Centre) and other offices (specifically, the Accessible Learning Centre, Health Services and Counseling Services)?

No _ Why?

Yes ____ Please describe how the services provided by your office (Counselling Services, the Accessible Learning Centre, and Health Services) are coordinated with other offices (specifically, Counselling Services, the Accessible learning Centre, and Health Services) in terms of services provided (i.e., referrals to another office)

2. How often is cross-training provided between the Counselling Services, the Accessible Learning Centre and Health Services?

____ Not applicable (no cross training occurs)

____ Number of times cross-training provided

Section 3: Number of Students Served:

Instructions: *To be filled out by the Accessible Learning Centre, the Counselling Services Office, and Health Services.*

1. In the academic year 2006-2007, how many students received services through your office? (*Note: If such statistics are not yet available please use the most current statistics available*)

____ time frame (i.e. 2005-2006)

____ students

____ office does not keep track

2. In the academic year 2006-2007, how many students with mental health issues received services through your particular office? (*again, If such statistics are not yet available please use the most current data available*)

office does not keep track

students

Is this an exact number or an estimate?

___ Exact

___ Estimate

3. Of the students with mental health issues, please provide approximate percentages of the types of mental health issues *{Please note, if this question is not relevant to your particular office please proceed to section 4}*

___ Affective disorders

___ Psychotic disorders

___ Anxiety disorders

___ Eating disorders

___ Mixed disorders

___ Other (please describe)

Section 4: General Information on Post-secondary Supports:

Instructions: *To be completed by The Accessible Learning Centre, Counselling Services, and Health Services*

1. In general, how would you characterize your school's support for students with mental health issues?

___ Very supportive

___ Supportive

___ Not supportive

___ Very unsupportive

2. In the past 5 years, would you say that the schools support for students with mental health issues is increasing, decreasing, or about the same?

Increasing

Decreasing

About the same

Unsure

3. If increasing or decreasing, to what do you attribute the change?

Change in administrative leadership

Change in budget

Change in state policy

Change in federal policy

Successful or potential litigation

Advocacy, disability or mental health groups

Other _____

4. Please feel free to share any other thoughts and comments about how higher education institutions support (or do not support) students with mental health issues:

THANK YOU FOR COMPLETING THE SURVEY!

**PLEASE RETURN SURVEY AND THE SIGNED CONSENT FORM IN THE
ENCLOSED ENVELOPE**

Appendix E

Action Plan: Executive Summary

Supporting the Needs of Post-Secondary Students with Mental Health Issues: A Needs Assessment

2009 ACTION PLAN-EXECUTIVE SUMMARY

Prepared by:

Amanda Weckwerth
Masters Candidate, Community Psychology Program
Wilfrid Laurier University

A. Project Overview

This study was initiated by me, Amanda Weckwerth, B.A., M.A. candidate for my Masters thesis in the Community Psychology Program at Wilfrid Laurier University (WLU), which is entitled: Supporting the Needs of Students with Mental Health Issues (MHFs): A Needs Assessment. This subject was chosen in response to increasing numbers of students with MHFs presenting with complex support needs.

This report contains an overview of issues and barriers and recommendations for barrier removal revealed in this needs assessment. The study began in April 2007 and was completed by November 2009. The objective of this research study was to gain an understanding of the post-secondary educational experiences of students with MHFs attending WLU.

A multi-stakeholder advisory committee was formed and was composed of two students with MHFs, the Dean of Students (David McMurray), the Manager of the Accessible Learning Centre (Gwen Page), the Manager of Health Services (Karen Ostrander), the Director of Counselling Services (Dr. Allison Edgar-Bertoia), and the Director of Learning Services (Gail Forsyth). A total of three advisory committee meetings were held over the course of the study. Committee members assisted in review of documents (with the exception of students who could not attend the first meeting), provided feed-back regarding the conduct of the study, and assisted me by helping to interpret the study findings and prioritize recommendations and strategies for action revealed by the research aimed at enhancing supports and services for WLU students with MHFs.

Many advisory committee members played multiple roles in the study by acting as key - informants (i.e., assisting in the recruitment of student participants) and study participants. Study components included the following: a) administering a needs assessment questionnaire to students online; b) individual interviews with students with MHFs and other key-informants (namely, administrators, directors, and faculty members); c) two separate focus group sessions with service providers from the Accessible Learning Centre and Counselling Services; and d)

administering a campus service assessment tool to administrators from the Accessible Learning Centre, Counselling Services, and Health Services.

B. Purpose

The purpose of the project was to:

- Understand the post-secondary educational experiences of students with a mental health issues (i.e., concerns, barriers) at Wilfrid Laurier University,
- Examine the needs of these students,
- Identify specific types of supports and accommodations available to them, and
- Determine how improvements might be made by removing any identified barriers and putting in place needed supports and accommodations and/or sustaining existing institutional supports perceived to be effective.

C. Methodology

- 78 WLU students with MHI's completed an online questionnaire.
- 11 interviews were conducted with students with MHI's.
- 8 in-depth interviews were conducted with other key informants (5 Managers of services and 3 faculty members)
- Focus groups were also conducted with: 4 female service providers from Counselling Services and 11 staff from the Accessible Learning Centre (ALC) (8 females, 3 males)
- The Campus Service Assessment Tool (CSAT) was administered to 3 female managers/administrators with the most knowledge of services offered to students with MHI's

Needs Assessment Survey

- 78 students with MHI's were recruited to complete an on-line needs assessment survey which was an altered version of that used by Weiner and Weiner (1996). Students were asked to rank the extent to which they experienced a variety of issues and barriers (academic/social task difficulty, and personal concerns as a post-secondary student with a MHI).

Individual Interviews

Individual interviews were conducted at WLU. Two stakeholder groups were recruited to participate in the study.

- Individual interviews with students with MHI's who completed the online survey
- Individual Interviews with other key stakeholders (Dean, Managers, Directors and faculty)

Focus Group Interviews

- 2 Focus groups were conducted with service providers from the ALC and Counselling Services

Campus Service Assessment Tool

- A campus service assessment tool (a modified version of a survey used in a study by Collins & Mowbray, 2005) was completed by one individual (managers from the ALC, Counselling Services, and Health Services) who were determined to be the most knowledgeable about supports available through their office to students with MHFs.

Advisory Committee

- As was mentioned earlier, an Advisory Committee comprised of administrators, managers, directors, and students with MHI's was formed to ensure that the research was conducted in an appropriate manner given the university's conduct of research and to receive feedback regarding the review of documents, recruitment procedures, interpretation of results, and the prioritization of recommendations and strategies identified by interview participants with regard to barrier removal. Based on members' prioritization of identified recommendations and strategies, this action plan was created.

D. Project Results

Results: Issues/Barriers and Personal Concerns

- To answer question one "What issues/personal concerns, and barriers do students with MHI's face in pursuit of a post-secondary education?" 78 students with MHFs completed a needs assessment questionnaire online and individual and focus groups were conducted with students with MHI's and other key-informants.
- Quantitative data obtained from survey participants revealed the following issues and barriers as most problematic by students with MHI's (i.e., those with percentages of 80.0% and above):
 - o Preparing for exams
 - o Studying effectively
 - o Remembering information for tests and exams, and,
 - o Managing time efficiently
 - o Writing essays
 - o Concentrating/paying attention in class
 - o Selecting relevant information when studying for tests and exams,
 - o Disclosing ones MHI to a professor
- Information collected revealed the following personal concerns as significant (i.e., with percentages of 80.0% and above):
 - o Fear of failure

- o Frustration
 - o High anxiety
 - o Management of stress
 - o Handling crises
 - o Hopelessness
 - o Depression
- Individual and focus group interview participants were asked to identify the issues and barriers/personal issues faced by post-secondary students with MHFs
 - Following each interview and focus group a qualitative analysis was conducted and interview and focus group discussions were transcribed. Information collected from the focus groups uncovered emerging themes.
 - Five issues/barriers were identified for students with MHI's:
 - o Difficulty concentrating and completing tasks
 - o Performance anxiety
 - o Reluctance/refusal to disclose one's MHI due to stigma
 - o The complex nature of MHI's
 - o Organizational/institutional and systemic barriers.
 - Nine personal concerns were identified for students with MHI's:
 - o Stigma and stereotyping (i.e., negative emotional impact of stigma)
 - o Campus-wide lack of understanding and awareness
 - o Difficulties with social relationships
 - o Personal issues resultant of one's MHI
 - o Unwillingness/reluctance of professors to provide supports and accommodations
 - o Financial concerns (primarily concerning the lack of adequate financial resources needed to best support students with MHI's)
 - o Lack of accessibility of Information and resources (i.e., inaccessibility of supports/accommodations, info about ones MHI and available services on campus and in the community)
 - o Side-effects of medication
 - o Help-seeking (not utilizing available supports and accommodations).

E. Recommendations for Barrier Removal and Implementation

- Analysis of individual and focus group interviews revealed the following themes or recommendations/strategies for enhancing supports and removal of identified barriers:
 - o Mandatory faculty training
 - o Campus-wide awareness raising
 - o Mental health advocacy/student advocacy
 - o More advertising/more effective advertising
 - o Improved campus climate toward MHI's

- o Improved coordination/collaboration, communication, and referral process between service providers on and off campus
- o Specific supports for students with MHFs

Potential strategies or recommendations for enhancing supports for students with MHFs (identified by study participants) were prioritized by advisory committee members. Committee members classified recommendations into three separate categories, under which themes pertaining to effective barrier removal were subsumed were rank ordered as follows: (a) creating a mental health profile on campus, b) collaboration/communication and referral process, and c) social support.

Summary of Recommendations and Suggestions for Action (rank-ordered) by Advisory Committee Members

Category	Themes (recommendations)	Suggestions/Implementation (strategies and unique ideas)
1. Creating a Profile for Mental Health on Campus	<ul style="list-style-type: none"> • Mandatory Faculty Training 	<ul style="list-style-type: none"> • Students with MHFs and numerous other participants from other stakeholder groups recommended that Positive Space Training for MHFs (namely, provision of information and how it affects students ability to perform academically) be created for students with MHFs. • A second suggestion for educating faculty was to have willing students speak to/inform faculty members about their experiences as a student with a MHI, the difficulties they face and needed supports. • Faculty recommended that protocol, policies, and procedures and informational resources be made available to all faculty members which would enable faculty to be able to effectively support students and refer students to appropriate services.
	<ul style="list-style-type: none"> • Campus-Wide Awareness Raising 	<ul style="list-style-type: none"> • Positive Space campaign for MHFs • Setting up booths around the school • Training for faculty • Advocacy training for students • Employment of a mental health advocate

		<ul style="list-style-type: none"> • Lounge specifically for students with MHFs to hang out • Anti-stigma campaigns • Mental health advisory committee/taskforce
	<ul style="list-style-type: none"> • Mental Health Advocacy/Student Advocacy 	<ul style="list-style-type: none"> • Advocacy training for students • Employment/assignment of a mental health advocate
	<ul style="list-style-type: none"> • More Advertising/More Effective Advertising 	<ul style="list-style-type: none"> • Need for more effective means for advertising of services with particular emphasis on what services are offered and to whom • Campus-service websites need to be More user-friendly (namely more information needed on websites/more specific information) • Focusing more on first-year students (i.e., residence dons who are trained about available services to disseminate information during floor meetings; faculty to make announcements to students during first week of classes) • Development of a resource-booklet to be disseminated campus-wide • Ambassador's to inform potential students
	<ul style="list-style-type: none"> • Improved Campus Climate Towards MHFs 	<ul style="list-style-type: none"> • See Campus-Wide Awareness Raising for specific suggestions • Social support group on campus • Big brother/buddy system (students with MHFs paired together) • Peer tutors with MHI' s • Peer Mentors with MHFs, mentoring students with MHFs • Lounge on campus for students with MHFs to hang out (similar to the Rainbow Centre) • Campus-wide mental health initiatives (i.e., anti-stigma

2. Collaboration, Communication, Referral Process

- Specific Supports for Students with MHFs
 - campaigns
 - Social support group
 - Big brother/buddy system (students with MHFs paired together)
 - Peer tutors with MHFs
 - Peer mentors, mentoring students with MHFs
 - Bursary funding for OSAP ineligible students with MHFs
 - Emergency script fund for students who cannot afford medications
 - Counsellors(s) dedicated primarily to serving students with MHFs
 - Counsellors With formal training/expertise in the area of mental health
 - Access to a psychiatrist
 - Access to emergency care in a timely fashion (extended hours/night time)
 - Employment of mental health advocate
 - Self-assertiveness training/self-advocacy training
 - Alternative means/more flexibility allotted in terms of meeting course requirements/more accessible classroom structure (i.e., written work in place of presentations)
 - Assisting students with learning to achieve a healthy work/leisure balance

- Improved Coordination, Collaboration, Communication & Referral Process Between Service Providers on and off Campus
 - More seamless help-seeking system
 - Having all services/supports lumped together in pods
 - Forming an advisory committee with multiple-stakeholders (as a mental health task-force)
 - Mandatory training for all staff (similar to Positive Space Training to increase knowledge of MHFs, available services/supports and what they offer to students).

	<ul style="list-style-type: none"> • Structural/Institutional 	
	<ul style="list-style-type: none"> • Structural/Institutional 	<ul style="list-style-type: none"> • Assistance with organizing accommodations and supports • Review/revise exam policies for students with MHI's who defer exams (and are unwell at time they are scheduled to write make-up exam) • Need for some flexibility in accommodations, course curriculum, and alternative more accessible means available for students to be able to meet course requirements • Accommodations, course curriculum, and classroom structure viewed as rigid/inflexible/preventative (i.e. pedagogy not conducive to multiple learning styles, rules that everyone must present) • Need to make course structures increasingly more accessible for students with MHI's (i.e., alternative means for people with disabilities to meet course requirements (i.e., should have the option of doing written work instead of presentations, tutorials, etc.).
3. Social Support	<ul style="list-style-type: none"> • Peer Support 	<ul style="list-style-type: none"> • Social support group on campus • Big brother/buddy system (students with MHI's paired together) • Peer tutors with MHI' s • Peer mentors with MHI' s, mentoring students with MHI's • Lounge on campus for students with MHI's to interact (similar to the Rainbow Centre) • Campus-wide mental health initiatives (i.e., anti-stigma campaigns)

Appendix F

Mass Email

Needs Assessment Questionnaire: Letter of Invitation/Informed Consent Statement

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Department of Psychology (phone: 884-0710, ext.3718,

weck2220@wlu.ca_office: K232A)

Advisor: Dr. Geoffrey Nelson, Wilfrid Laurier University, Department of Psychology (phone: 884-0710, ext. 3314, gnelson@wlu.ca_office: N2075F)

Dear Laurier Student:

My name is Amanda Weckwerth and I am a Masters candidate in the Community Psychology program at Wilfrid Laurier University. I am conducting a study entitled "Supporting University Students with Mental Health Issues: A Needs assessment." I am inviting you to participate in this research study by filling out this Needs Assessment Questionnaire, and, if you so choose, to take part in either an individual or focus group interview following completion of the Needs Assessment Questionnaire at a later date. If you are interested in participating in an interview or focus group please read the attachment entitled "Invitation to participate in an Individual or Focus Group interview."

Purpose and Procedures

- The intended goal of this study is to hear directly from and to obtain the perspectives of a variety of individuals in the Laurier community (namely, students with mental health issues, faculty, service providers, and administrators) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues here at Laurier. This study additionally seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to meet the personal, educational, and health needs of Laurier students with mental health issues, to determine the types of institutional supports which are essential, or rather, necessary for ensuring that the personal, health and educational needs of Laurier students with a mental health issue are being met (and/or, which are crucial to the success and satisfaction of students at Laurier with mental health issues) and, to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of Laurier students with mental health issues.
- Research findings will provide this institution necessary to begin developing a customized action plan for sustaining existing institutional supports (should the research reveal that certain aspects of available services are seen as particularly effective in

meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new services) which may be more conducive to the success and satisfaction of Laurier students with mental health issues (should the research reveal that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

- In this phase of the research process, questionnaires will be administered to students with mental health issues who can provide valuable information with regard to the following areas: the concerns and barriers that students with mental health issues face in pursuit of a higher education (i.e., task difficulty in the academic environment and personal concerns) and important institutional supports that are needed to ensure the success and satisfaction of students with mental health issues as well as the adequacy of available institutional supports in meeting the personal, health, and educational needs of Laurier students with mental health issues.
- You can complete the survey online or complete a hard copy by printing a copy of the Needs Assessment Questionnaire which was sent as an attachment via the mass email sent out to all Laurier students, or, from the website provided in the Brief Notice, and, the advertisement which was placed in the "Cord Weekly." For those completing the survey online you will be required to indicate your consent to participate in this study before you can view the survey questions. This can be done by clicking the "I consent button" after reading this document should you decide to participate. Those filling out a paper-based copy of the survey will be required to print off a copy of the consent form (which is available as an attachment through the SONA website provided and the mass email). You will be required to sign the consent form (if you are willing to participate in this study) and return it to my campus mailbox in an enclosed envelope to my campus mailbox which is located in the Psychology Department in the Science building at Laurier (second floor) along with the completed survey in order to have your data included in this study. It should take approximately half an hour of your time to complete the survey.

Potential Benefits

- I envision significant benefits to your participation in this study. First of all, you may feel positively about being able to share your experiences (i.e., potential barriers and personal concerns) as a student with a mental health issue and the services which would be helpful to you in terms of increasing your chances for success and satisfaction as a student at Wilfrid Laurier University. Second, your input should be seen as instrumental in improving or enhancing services at Laurier for students with mental health issues. The results of this study will be used to develop a customized action plan which will be used to enhance institutional services and supports, and/or to sustain institutional services and supports and at Laurier for students with mental health issues determined by the research to be effective in meeting the needs of students with mental health issues. Finally, your input will additionally contribute to the body of literature pertaining to the educational experiences of students with mental health issues and important institutional supports that should be put in place. The results of this study could be published in scholarly journals.

Potential Risks

- In completing the survey, I do not anticipate that you will experience any major risks to your well-being by participating in this survey. It may be possible that if you have had negative experiences as a student with a mental health issue at Laurier, you may find yourself becoming upset recalling such experiences. Participation in this study is purely voluntary. If you choose to participate in this survey, you are free to withdraw from the study at any time without consequence and are free to omit the answer to any survey question for any reason. Should you withdraw from the study this will in no way affect the services you receive at Laurier. If you withdraw before data collection is completed your data will be destroyed. Should you wish to have your data deleted from the university server after submitting a completed copy of the survey on-line, please contact the SONA administrator at (phone: 519-884-0710, ext. 3922). For those who have filled out a hard copy/paper-based copy, please contact Amanda Weckwerth (see below for contact information) if you wish to have your data deleted. If after participating in this study by completing the survey you feel any comfort or distress around the issues covered in the survey, please feel free to call me, Amanda Weckwerth (phone: 519-884-0710, ext. 3718, office: 232 King Street, K232A, weck2220@wlu.ca) or Dr. Geoff Nelson (phone: 884-0710 ext.3314, gnelson@wlu.ca, office: N2075F), to discuss your feelings, or contact the Counseling Services office at Laurier (phone: 884-0710, ext. 2339, 22couns@wlu.ca). If you prefer to talk with someone outside of the institution, please contact the Waterloo Regional office of the Canadian Mental Health Association for a counseling referral: Phone: 519-766-4450.

Confidentiality

- Your responses to survey questions are completely anonymous and confidential as no identifying information such as your name will be obtained. Your responses will be combined with other students with mental health issues attending Laurier (approximately one-hundred other students). Note that I do not ask for any information on the survey questionnaire that could identify you. Raw survey data from students who complete the questionnaire on-line through a SONA/PREP website will be secured stored on the university's internet server. Survey data from this study which is stored on the university's server can be accessed only by Amanda Weckwerth and Dr. Geoffrey Nelson. Data will be subsequently downloaded from the server for the purpose of obtaining a hardcopy of the data. Hard copies of the survey questionnaires and consent forms (for those who choose to complete a paper-based copy) will be stored in a locked filing cabinet for security (consent forms obtained from participants who have chosen to fill out a paper-based copy will be stored separately the completed questionnaires). Survey forms and consent forms will be destroyed after all the data have been collected, summarized, and entered into a statistical package on the computer. Survey data will be deleted from SONA/university server as soon as all survey data are collected and analyzed. Findings will be reported as a group, with no identifying information to Wilfrid Laurier and academic Journals.

Publication and Distribution of Research Findings

- A final report using data collected from this survey and other data will be used in a final report which will be provided to the project advisory committee, which is comprised of representatives from WLU. These individuals will determine to whom it is important to share the research finding with at Laurier. Findings may also be reported in academic conferences and publications. After all of the data have been collected and analyzed, I will provide everyone who participates in the study with a summary of the findings. This will be done by posting the results on the Laurier website. A summary detailing the findings will be available by the end of the term (April 30, 2008).

Further Instructions

- If you are interested in participating in an individual interview or focus group session (with other Laurier students with a mental health issue) following the completion of the questionnaire; please read the attachment entitled "Invitation to Participate in an Individual or Focus Group interview" for more information on what your participation would entail and the benefits to which you would be entitled for your participation.

Questions or Concerns

- If you have questions at any time about the research or the procedures, or you experience adverse effects as a result of participating in this study, you may contact me, Amanda Weckwerth (phone: 519-884-0710, ext. 3718, office: 232 King Street, K232A, weck2220@wlu.ca) or Dr. Geoff Nelson of the Psychology Department at Laurier (phone: 884-0710, ext.3314, gnelson@wlu.ca, office: N2075F).

If you feel your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

Sincerely yours,

Amanda Weckwerth

Appendix G

Consent Form: Needs Assessment Questionnaire

For students who complete a paper-based copy of the questionnaire

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Masters Candidate, Community Psychology, Wilfrid Laurier University Department of psychology (phone: 884-0710, ext. 3718, weck2220@wlu.ca, 232 King Street, K232A).

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710, ext.3314, gnelson@wlu.ca, N2075F).

I have read the "Needs Assessment Questionnaire: Letter of Invitation/Informed Consent Statement" and understand the information included in this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigators's Signature _____ Date _____

Note: Please enclose this document along with the completed survey in the enclosed envelope to my campus mail box: Amanda Weckwerth, Psychology Department, Science Building, second floor.

Appendix H

Brief Notice: Invitation to Participate in Study

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Wilfrid Laurier University, Department of Psychology (phone: 884-0710, ext. 3314, or weck2220@wlu.ca, office: K232A)

Advisor: Dr. Geoffrey Nelson, Wilfrid Laurier University, Department of Psychology (phone: 884-0710, ext, 3314, gnelson@wlu.ca, office: N2075F)

Dear Laurier Student:

- My name is Amanda Weckwerth and I am a Masters candidate in the Community Psychology program at Wilfrid Laurier University. I am conducting a study entitled "Supporting University Students with Mental Health Issues: A Needs assessment." I am inviting you to participate in this research study by filling out a needs assessment questionnaire, and to take part in either an individual or focus group interview following completion of the questionnaire.
- The intended goal of this study is to hear directly from and to obtain the perspectives of a variety of individuals in the Laurier community (namely, students with mental health issues, faculty, service providers, and administrators) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues here at Laurier. This study additionally seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to meet the personal, educational, and health needs of Laurier students with mental health issues, to determine the types of institutional supports seen as essential for ensuring that the personal, health and educational needs of Laurier students with a mental health issue are being met (and/or, which are crucial to the success and satisfaction of students at Laurier with mental health issues) and, to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of Laurier students with mental health issues.
- Research findings will provide Wilfrid Laurier University with the information necessary to begin developing a customized action plan for sustaining existing institutional supports (should the research reveal that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing institutional supports and services (and possibly to implement new services) which may be more conducive to the success and satisfaction of Laurier students with mental health issues (should the research reveal that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

- In this phase of the research process, questionnaires will be administered to students (approximately 100 or more) with mental health issues who can provide valuable information with regard to the following areas: the concerns and barriers that students with mental health issues face in pursuit of a higher education (i.e., task difficulty in the academic environment and personal concerns) and institutional supports which are vital for the success and satisfaction of students with mental health issues, as well as, the adequacy of available institutional supports in meeting the personal, health, and educational needs of Laurier students with mental health issues. It should take less than 30 minutes of your time to complete the survey.
- Following completion of the survey questionnaire (which you can complete either on-line or obtain a hard copy) you will be invited to participate in an individual interview (at a later date following the completion of the questionnaire) or a focus group interview (with other Laurier students with mental health issues) at a date which has yet to be determined. Individual interviews or focus group interviews will allow you to expand on your answers to the questionnaire (i.e., concerns and barriers, current and valued institutional supports and accommodations at Wilfrid Laurier University), to provide input regarding the institutional services and supports essential to ensuring your success and satisfaction as a Laurier student with a mental health issue (i.e., the institutional services you believe are crucial to ensuring that your personal, educational and health needs are being met by this institution), to comment on the adequacy of institutional supports in meeting your needs as a student with a mental health issue (e.g., how well institutional supports are meeting your personal, health, and educational needs, and finally, to offer strategies for enhancing or sustaining effective institutional supports which you believe are essential for your success and satisfaction as a student at Laurier.
- Interviews (which will be conducted with a minimum of 10 Laurier students with mental health issues) will take about 45 minutes to an hour of your time and will consist of responding to a variety of open-ended questions (as mentioned above). Those who participate in an individual interview will receive a Tim Horton's voucher valued at \$5 as a token of appreciation for their participation.
- The focus group session (which will address the same questions as the interview), should you choose to participate in it instead of an interview, will include 8-10 fellow students with mental health issues and will be facilitated by me (also a student with a mental health issue). A break will be provided, if requested, and refreshments (pizza and drinks) will be provided. Your participation would consist of responding to questions in a focus group, which should take 1-1.5 hours of your time.
- Please note that your participation in this research is purely voluntary. You are under absolutely no obligation to participate in this research. With regard to the on-line survey, individual interviews, and focus groups, you are free to omit the answer to any question and are free to terminate participation at any time and have your data destroyed (except possibly in the case of focus group data) without consequence. Withdrawing from the study will in no way affect the services you receive at Laurier, and you will not lose any benefits to which you are entitled.
- It is my belief that you will not experience any major risks to your well-being by participating in this study. It may be possible that if you have had negative experiences as a student with a mental health issue at Laurier, you may find yourself

becoming upset recalling such experiences. Another potential risk is regretting the disclosure of personal information during personal interviews or the focus group. To deal with this issue, participants will be sent a copy of their interview transcripts which they can edit or correct and return to me if desired. That being said, I envision significant benefits to your participation in this study. First of all, you may feel that you have a voice about your experiences as a student with a mental health issue and the services which would be helpful to you in terms of increasing your chances for success and satisfaction as a student at Wilfrid Laurier University. Please note that your input should be instrumental in creating an action plan which will be used to develop strategies to be used for improving/enhancing (or implementing) and/or sustaining existing services (which are perceived as effective). Finally, the results of this study will contribute to the literature on the experiences of students with mental health issues and needed supports that should be put in place. The results of this study could be published in scholarly journals.

- Your responses to interview questions are completely anonymous and confidential. After all of the data have been collected and analyzed, I will be providing everyone who participates in the study with a summary of the findings. This will be done by posting the results on the Laurier website. A summary detailing the findings will be available by the end of the term (April 30, 2008).

Instructions:

If you are interested in participating in this study, please visit the following website _____ to complete the questionnaire and to obtain information about interviews and the focus group. If you have any questions regarding the study please feel free to contact me, Amanda Weckwerth, at weck2220@wlu.ca or 519-884-0710, ext. 3718, office: K232A.

Appendix I

Advertisement in the "Cord Weekly"

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Department of Psychology, Wilfrid Laurier University (phone: 884-0710, ext. 3718, weck2220@wlu.ca, office: K232A)

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710, ext.3314, gnelson@wlu.ca, office: N2075F)

- A study is currently being conducted at Wilfrid Laurier's main campus for the purpose of gaining an understanding of the post-secondary educational experiences of students with a mental health issues (i.e., depression, anxiety, eating disorders, schizophrenia, mood disorders) at Wilfrid Laurier University, to examine the needs of students with mental health issues, to identify specific types of supports and accommodations available to them, and to determine how well available services are meeting the personal, health and educational needs of Laurier students with mental health issues. Findings from the study (which will be used to develop customized action plan), will be used to enhance services and supports available to Laurier students with mental health issues (should the research reveal that available supports are not fully meeting the personal, educational, or health needs of these students [by removing any identified barriers and putting in place needed supports and accommodations]) and/or, to sustain institutional services and supports at Laurier, (should the research reveal that specifics services, or particular aspects of services are which are effective in meeting the education, health, and personal needs of students with mental health issues). The customized action plan will be used to help ensure that effective and/or appropriate institutional supports are in place to best meet the personal health and educational needs of Laurier students with mental health issues.
- Participation in this study includes filling out a survey on-line and subsequently being invited to participate in an individual or focus group interview following completion of the questionnaire. The Questionnaire (which will be administered approximately 100 or more Laurier students with mental issues) addresses the concerns and barriers that students with mental health issues may face in pursuit of a higher education (i.e., task difficulty and personal concerns) and important institutional supports (as well as their adequacy in meeting the needs of students with mental health issues at Laurier). It should take approximately 30 minutes of your time to complete the survey. Surveys can be completed online or on a hard copy through an attachment available through the website provided below.
- Following completion of the survey you will be invited to participate in an individual interview or a focus group interview. Individual or focus group interviews will allow you to share your experiences as a student with a mental health issue at Wilfrid Laurier University and, will allow you to voice your opinion regarding the adequacy of available services on campus and the types of services and supports essential for meeting your personal, health, and educational needs.

- Interviews (which will be conducted with a minimum of 10 Laurier students with mental health issues) will take about 45 minutes to an hour of your time. Those who participate in an individual interview will receive a Tim Horton's voucher valued at \$5 as a token of appreciation for their participation. The focus group session will include 8-10 fellow students with mental health issues; refreshments will be provided to focus group participants. Your participation would consist of responding to questions in a focus group, which should take 1-1.5 hours of your time.

Instructions:

If you are interested in participating in this study, please visit the following website _____ to complete the questionnaire online (or to print off a paper-based copy) and to obtain information about interviews and the focus group. If you have any questions regarding the study please feel free to contact Amanda Weckwerth at (phone: 519-884-0710, ext. 3718, weck2220@wlu.ca , office: 232 King Street, K232A).

Appendix J

Letter of Invitation/Informed Consent Statement: PREP

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Department of Psychology (phone: 884-0710, ext. 3718, week2220@wlu.ca; office: K232A)

Advisor: Dr. Geoffrey Nelson, Wilfrid Laurier University, Department of Psychology (phone: 884-0710, ext. 3314, gnelson@wlu.ca; office: N2075F)

Dear Laurier Student:

My name is Amanda Weckwerth and I am a Masters candidate in the Community Psychology program at Wilfrid Laurier University. I am conducting a study entitled "Supporting University Students with Mental Health Issues: A Needs assessment." I am inviting you to participate in this research study by filling out this Needs Assessment Questionnaire, and, if you so choose, to take part in either an individual or focus group interview following completion of the Needs Assessment Questionnaire at a later date. If you are interested in participating in an interview or focus group following completion of this questionnaire (part two of this study) please see the PREP system for a description of the study and to sign up for part three of the study (Individual or focus group interviews).

Purpose and Procedures

- The intended goal of this study is to hear directly from and to obtain the perspectives of a variety of individuals in the Laurier community (namely, students with mental health issues, faculty, service providers, and administrators) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues here at Laurier. This study additionally seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to meet the personal, educational, and health needs of Laurier students with mental health issues, to determine the types of institutional supports which are essential, or rather, necessary for ensuring that the personal, health and educational needs of Laurier students with a mental health issue are being met (and/or, which are crucial to the success and satisfaction of students at Laurier with mental health issues) and, to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of Laurier students with mental health issues.
- Research findings will provide this institution necessary to begin developing a customized action plan for sustaining existing institutional supports (should the research reveal that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new services) which may be more conducive to the success and satisfaction of Laurier

students with mental health issues (should the research reveal that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

- In this phase of the research process, questionnaires will be administered to students with mental health issues (approximately 100 or more) who can provide valuable information with regard to the following areas: the concerns and barriers that students with mental health issues face in pursuit of a higher education (i.e., task difficulty in the academic environment and personal concerns) and important institutional supports that are needed to ensure the success and satisfaction of students with mental health issues as well as the adequacy of available institutional supports in meeting the personal, health, and educational needs of Laurier students with mental health issues.
- You will be required to indicate your consent to participate in this study before you can view the survey questions by clicking an "I consent button" after reading this document should you decide to participate. It should take approximately half an hour of your time to complete the survey. Should you choose to participate in this study, please read the debriefing document after you have completed the survey.

Incentives

- Students enrolled in PS 100, PS 291, and PS292 will be granted course credit (% credit) for completing the survey on-line which will be added to your final grade. You are free to withdraw from this study at any time without loss of benefits to which you are entitled and are free to omit any questions you do not wish to answer.

Potential Benefits

- I envision significant benefits to your participation in this study. First of all, you may feel positively about being able to share your experiences (i.e., potential barriers and personal concerns) as a student with a mental health issue and the services which would be helpful to you in terms of increasing your chances for success and satisfaction as a student at Wilfrid Laurier University. Second, your input should be seen as instrumental in improving or enhancing services at Laurier for students with mental health issues. The results of this study will be used to develop a customized action plan which will be used to enhance institutional services and supports, and/or to sustain institutional services and supports and at Laurier for students with mental health issues determined by the research to be effective in meeting the needs of students with mental health issues. Finally, your input will additionally contribute to the body of literature pertaining to the educational experiences of students with mental health issues and important institutional supports that should be put in place. The results of this study could be published in scholarly journals.

Potential Risks

- In completing the survey, I do not anticipate that you will experience any major risks to your well-being by participating in this survey. It may be possible that if you have had negative experiences as a student with a mental health issue at Laurier, you may find

yourself becoming upset recalling such experiences. Participation in this study is purely voluntary. If you choose to participate in this survey, you are free to withdraw from the study at any time without consequence and are free to omit the answer to any survey question for any reason. Should you withdraw from the study this will in no way affect the services you receive at Laurier or the benefits to which you are entitled. If you withdraw before data collection is completed your data will be destroyed. Should you wish to have your data deleted from the university server after submitting a completed copy of the survey on-line, please contact the SONA administrator at (phone: 519-884-0710, ext. 3922). For those who have filled out a hard copy/paper-based copy, please contact Amanda Weckwerth (see below for contact information) if you wish to have your data deleted. If after participating in this study by completing the survey you feel any comfort or distress around the issues covered in the survey, please feel free to call me, Amanda Weckwerth (phone: 519-884-0710, ext. 3718, office: 232 King Street, K232A, weck2220@wlu.ca) or Dr. Geoff Nelson (phone: 884-0710 ext.3314, gnelson@wlu.ca, office: N2075F), to discuss your feelings, or contact the Counseling Services office at Laurier (phone: 884-0710, ext. 2339, 22couns@wlu.ca. If you prefer to talk with someone outside of the institution, please contact the Waterloo Regional office of the Canadian Mental Health Association for a counseling referral: Phone: 519-766-4450.

Confidentiality

- Your responses to survey questions are completely anonymous and confidential as no identifying information such as your name will be obtained. Your responses will be combined with other students with mental health issues attending Laurier (approximately one-hundred other students). Note that I do not ask for any information on the survey questionnaire that could identify you. Raw survey data from students who complete the questionnaire on-line through a SONA/PREP website will be secured stored on the university's internet server; survey data stored in the university server can only be accessed only by Amanda Weckwerth and Dr. Geoffrey Nelson. Data will be subsequently downloaded from the server for the purpose of obtaining a hardcopy of the data. Hard copies of the survey questionnaires and consent forms (for those who choose to complete a paper-based copy) will be stored in a locked filing cabinet for security (consent forms obtained from participants who have chosen to fill out a paper-based copy will be stored separately the completed questionnaires). Survey forms and consent forms will be destroyed after all the data have been collected, summarized, and entered into a statistical package on the computer. Survey data will be deleted from SONA/university server as soon as all survey data are collected and analyzed. Findings will be reported in aggregate, with no identifying information to Wilfrid Laurier and academic journals.

Publication and Distribution of Research Findings

- A final report using data collected from this survey and other data will be used in a final report which will be provided to the project advisory committee, which is comprised of representatives from WLU. These individuals will determine to whom it is important to share the research finding with at Laurier. Findings may also be reported in academic conferences and publications. After all of the data have been collected and analyzed, I

will provide everyone who participates in the study with a summary of the findings. This will be done by posting the results on the Laurier website. A summary detailing the findings will be available by the end of the term (April 30, 2008).

Further Participation in this Study

- If you are interested in participating in an individual interview or focus group session (with other Laurier students with a mental health issue) following the completion of the questionnaire following the completion of the questionnaire; please see PREP system for more information concerning what your participation would entail and the benefits to which you are entitled for your participation and to sign up for the study.

Questions or Concerns

- If you have questions at any time about the research or the procedures, or you experience adverse effects as a result of participating in this study, you may contact me, Amanda Weckwerth (phone: 519-884-0710, ext. 3718, office: 232 King Street, K232A, [weck2220\(5\)wlu.ca](mailto:weck2220(5)wlu.ca)) or Dr. Geoff Nelson of the Psychology Department at Laurier (phone: 884-0710, ext.3314, gnelson@wlu.ca, office: N2075F).

If you feel your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

Sincerely yours,

Amanda Weckwerth

INFORMED CONSENT [Instructions!]

To view the questionnaire you must provide informed consent by clicking the "I consent" button after reading and confirming the following information.

Study Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Investigator: Amanda Weckwerth, Masters Candidate, Community Psychology, Wilfrid Laurier University

I have read the "Letter of Invitation/Informed Consent statement: Needs Assessment Questionnaire" and understand the information included in this form. I agree to participate in this study.

[Student clicks button to indicate informed consent]

Appendix K

Needs Assessment Questionnaire

Debriefing Form

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Masters Candidate, Community Psychology, Wilfrid Laurier University Department of psychology (phone: 884-0710, ext. 3718, weck2220@wlu.ca, office: 232 King Street, 232A)

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710 ext.3314, gnelson@wlu.ca, office: N2075F).

- Thank you for your participation in my research study! You were selected to participate in part two of this study (the needs assessment questionnaire you have just completed) as a result of your responses to the three pre-selection questions administered to PS 100, PS290, and PS295 students during the Psychology Department's fall mass testing session (part one of the study). That is, you were selected because you had responded affirmatively to one or more of the pre-selection questions asked during mass testing. These questions were intended to pre-select Laurier students representative of the target population of study (Laurier students with a self-identified mental health issue) for participation in the needs assessment questionnaire (part two of the study) and individual interviews and a focus group session. Please see below for study details.

[Note to PS100 students: please refer to chapter 14 (Psychological Disorders, pp.575-644) of your text "Psychology: Themes and Variations" (Weiten & McCann, 2007) to learn more about the various types of mental health issues that a number of fellow Laurier students are afflicted with].

The needs assessment questionnaire that you have just completed was meant to obtain valuable information with regard to the following areas: the concerns and barriers that students with self-identified mental health issues may face in pursuit of a post-secondary education (i.e., task difficulty in the academic environment and personal concerns), important institutional supports that are needed to ensure the success and satisfaction of students with mental health issues at Laurier (both currently available as well as potential or valued supports) and the adequacy of available institutional supports in meeting the personal, health, and educational needs of Laurier students with mental health issues. The demographic and mental health information you filled out were meant to provide useful information to this institution regarding the demographic profile of Laurier students with mental health issues and to answer

questions such as "what types of institutional supports or accommodations are seen as valuable in meeting the personal, health, and educational needs of Laurier students, and by which students?" (i.e., are their gender differences in terms of institutional supports valued by Laurier students with mental health issues) or "how effective are available supports in meeting the personal, health, or educational needs of students with mental health issues at Laurier?"

General Purpose of the Study

- The purpose of my study is to understand the post-secondary educational experiences of students with a mental health issues, or rather, to hear directly from, and obtain the perspectives of a variety of individuals within the Laurier community (namely, students with mental health issues, administrators, faculty, and services providers) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues attending Laurier. This study also seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to Laurier students with mental health issues, to determine what types of institutional supports are essential in meeting the personal, health, and educational needs of Laurier students with mental health issues (and/or, which are crucial to their success and satisfaction as a student attending this institution) and, to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of students with mental health issues here at Laurier.
- Study components include forming an advisory committee (with students with mental health issues, administrators, and faculty), administering a needs assessment questionnaire (to students with mental health issues) and a Campus Service Assessment Tool (to one staff member from the Accessible Learning Centre, one staff member from Counselling Services, and one staff member from Health services) and, conducting individual and focus group interviews with various stakeholders (namely, students with mental health issues, administrators, service providers from the Accessible Learning Centre and Counselling Services, and faculty).
- Research findings will provide this institution with the information necessary to begin developing a customized action plan for sustaining existing institutional supports (i.e., the research reveals that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new services) which may be more conducive to the success and satisfaction of Laurier students with mental health issues (i.e., the research reveals that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

Rationale for Conducting the Study

- Researchers estimate that the early onset of psychiatric symptoms (those occurring at age 16 or earlier) (Jayakody, Danzinger, & Kessler, 1998) has contributed to the lower-than-average levels of educational attainment observed among people with MHI's (Kessler, Foster, Saunders, & Stang, 1995; Mowbray, Megivern, & Pellerito, 2003). It has been well-documented that individuals with early-onset of MHI's are significantly less likely to enter university and, once in university, are more likely to terminate studies without completion (Kessler et al., 1995). The onset of MHI's such as schizophrenia or bipolar disorder is often manifested in the young adult years (15-24), a time when most individuals are pursuing education or formulating career plans (Beiser, Erikson, Fleming, & Iacono, 1993; Collins & Mowbray, 2005; Cooper, 1993). In a national survey by Kessler and colleagues it was found that approximately 37% of youth between the ages of 15 and 25 have a diagnosable MHI (Kessler, Zhao, Nelson, Hughes, Eshleman, Wittchen & Kendler, 1994). In the past the lack of effective pharmacological treatments and poor psychosocial supports led many individuals with MHI's to interrupt or terminate their academic studies (Cooper, 1993; Kessler et al., 1995). With the development of improved
- College and university officials have noted a sharp increase in the number of students with a MHI on campus over the past two decades (Mowbray, Mandiberg, Strauss, Stein, Collins, Kopels, Curlin, & Lett, 2006). It is estimated that approximately 12-18% of students on college and university campuses have a diagnosable MHI (Mowbray et al., 2006). Considering that many students do not disclose their MHI's, the prevalence is probably much higher (Soydan, 2004). The trend of increasing number of students with a MHI on college and university campuses is expected to continue to rise in years to come (Mowbray et al., 2006; Sharpe, Bruininks, Blacklock, Benson & Johnson, 2004; Stone & Archer, 1990).
- Although there has been a marked increase in the number of students on campus with a MHI, the retention rate of these students is still quite low. Approximately 86% of individuals with a MHI withdraw from college or university prior to completion of their degree (Kessler, Foster, Saunders & Stang, 1995). Though few studies have been published on the post-secondary experiences of individuals with MHI's, the few that have been published consistently show that these students face many barriers in pursuit of a post-secondary education (Cooper, 1993; Loewen, 1993; Weiner & Weiner, 1996).
- There are strong indicators, however, that individuals with MHI's can succeed in higher education given the appropriate treatment and support (Collins, Bybee, & Mowbray, 1998; Collins & Mowbray, 2005). **[PS100 Students] See also chapter 15 (Treatment of Psychological Disorders) pages 650 (Deinstitutionalization) page 644 (Overview of Five Major Approaches to Treatment)**. Institutional supports, or academic accommodations, offered specifically to students with a psychiatric disability, defined by Collins (2005) as individuals who have a diagnosed "mental illness" or MHI that limits (or interferes with) one or more major life activities (such as learning, thinking, communicating, and sleeping, academics) are in most cases provided by disability support service (DSS) offices located on all college and university campuses (Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). Additionally, students with MHI's (those with and without a documented psychiatric disability) may also use campus counselling services to address their mental health

concerns (Benton, Robertson, Tseng, Newton, & Benton, 2003; Megivern, 2002; O'Malley, Wheeler, Murphey, O'Connell, & Waldo, 1990). Recent debate, however, has centered on whether accommodations and supports provided by DSS offices and counselling services are adequate enough to meet the needs of students with a MHI; inadequate supports have been linked to the low retention rate of these students (Collins & Mowbray, 2005; Loewen, 1993). Across the few studies conducted in this area, it is clear that supporting the increasing number of students with MHI's has posed serious challenges for service providers, faculty, and others who work closely with these individuals (Collins & Mowbray, 2005; Kiracofe, 1993; Sharpe & Bruininks, 2003; Stone & Archer, 1990).

Invitation to Participate in Part Three of the Study

- I am inviting you to further participate in this research study by taking part in either an individual interview or focus group interview. If you are interested in participating in an individual interview or focus group session with 8-10 other students with a mental health issue to discuss your experiences as a Laurier student with a mental health issue and important institutional supports for students with mental health issues you can sign up by logging onto the PREP website. Should you choose to participate in an individual interview with me you will receive course credit (1 credit) for your participation. Focus group participants will also receive course credit (1.5 credits) for their participation. Read the description of the study (Part Three) for more information, including other benefits to which you will be entitled to for participating in an individual interview or focus group session.

Questions or Concerns

- If you have questions at any time about the study or procedures, or you experience adverse effects as a result of participating in this study, you may contact Amanda Weckwerth (phone: 519-884-0710 ext. 3718, office: 232 King Street, K232A, weck2220@wlu.ca) or Dr. Geoff Nelson of the Psychology Department at Laurier (phone: 884-0710 ext.3314, gnelson@wlu.ca, office: N2075F).
- If you feel your rights as a participant in this research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.
- If you would like a copy of the results of this study, I will be providing a summary of research findings to study participants. This will be done by posting the results on the Laurier website. The summary will be available by the end of the second term (April 30, 2008).

Once again, thank you for your participation in my research study.

Sincerely yours,
Amanda Weckwerth

Appendix L

Consent Form for Individual Interview or Focus Group Participants

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Masters Candidate, Community Psychology Program, Department of Psychology, Wilfrid Laurier University (phone: 884-0710, ext. 3718, weck2220@wlu.ca, office: 232 King street, K232A)

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710 ext. 3314, gnelson@wlu.ca, office N2075F)

I have been informed of the purposes and methods of the above named study and what will be required of me to participate in this study. Furthermore, I understand that:

- * I am free to withdraw my participation at any time and to not answer any questions that I do not wish to answer;
- * The researchers will provide me with the complete transcript of the interview/focus group by mail to the address I have specified on this consent form, which, I can review and return to the researchers with my comments;
- * The transcript of my interview/focus group will be stored in a locked office to protect my confidentiality;
- * My name will not be associated with anything I say in the interview/focus group and quotes by me on the transcripts; and
- * The researchers have promised to provide a summary of the results, either by sending me a summary by mail to the address I have provided or posting the findings on the Laurier website.

Participant's Signature _____

I have read and understand the information from the informed consent letter. I agree to participate in the interview/focus group for this research.

Yes No

I agree to have the interview/focus group tape-recorded.

Yes No

I consent to having direct quotations elicited by me during the interview/focus group session to appear in published reports, but only in an anonymous form, so that I cannot be identified as the source of these quotes.

Yes No

I give my permission for the researcher to contact me in the future for the purpose of providing me with a complete transcript of the interview/focus group to the address provided below so that I can review and edit my responses of the interview/focus group.

Yes_____, No_____

Participant's Name_____

Participant's Email Address _

Participant's Mailing Address

Appendix M

Invitation to Participate in an Individual or Focus Group Interview: Students

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Department of Psychology (phone: 884-0710, ext. 3718, weck2220@wlu.ca).

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710 ext.,3314, gnelson@wlu.ca).

Dear Laurier Student:

My name is Amanda Weckwerth and I am a Masters candidate in the Community Psychology program at Wilfrid Laurier University. I am conducting a study entitled "Supporting University Students with Mental Health Issues: A Needs Assessment." I am inviting you to participate in part three of this research study by taking part in either an individual or a focus group interview. You have been deemed eligible to participate in this study as a result of your answers to part one and part two of this study (pre-selection questions during mass testing and completion of the need assessment questionnaire, respectively).

Purpose and Procedures

- I want to remind you about the study and what my goal is for conducting interviews and focus groups. Individual and focus group interviews are being conducted in this phase of the research process to hear directly from, and obtain the perspectives of a variety of individuals within the Laurier community (namely, students with mental health issues, faculty, service providers, and administrators) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues here at Laurier. This study additionally seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to meet the personal, educational, and health needs of Laurier students with mental health issues, to determine what types of institutional supports are essential or rather, necessary for ensuring that the personal, health and educational needs of Laurier students with a mental health issue are being met (and/or, which are crucial to the success and satisfaction of students at Laurier with mental health issues) and, to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of students with mental health issues here at Laurier.
- Research findings will provide this institution with the information necessary to begin developing a customized action plan for sustaining existing institutional supports (should the research reveal that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new

services) which may be more conducive to the success and satisfaction of Laurier students with mental health issues (should the research reveal that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

Note

- Depending on your willingness, you can choose to take part in either an individual interview or a focus group interview. If you are willing to participate in an individual interview or focus group interview please sign up for the study on the PREP website. See below for more information.

Individual Interviews

- Individual interviews, should you agree to participate, will take about 45 minutes to an hour of your time and will consist of responding to a variety of open-ended questions regarding your experiences as a university student with a mental health issue. The individual interviews will be conducted by me (also a student with a mental health issue) in a room at WLU at a location which would ensure privacy, and will be conducted at a date and time that is most convenient for you. With your consent, I will be tape-recording the interview. Please note that your participation in this research is purely voluntary, and that even if you agree to participate, you are free not to answer any question or to pass on any question that is asked. You may withdraw from the study at any time without consequence and without loss of benefits to which you are entitled. If you choose not to participate, this will in no way affect the services you receive at Laurier. If at any time during the interview you wish to take a break, you are more than welcome to do so.

Incentives for Interview Participants

- As a token of appreciation for your participation you will be given a Tim Horton's gift certificate booklet valued at \$5. This token of appreciation is being provided by the Dean of Students. Students enrolled in PS 100, PS291, and PS295 will receive course credit (1 credit) for participation in an individual interview.

Focus Group Interview

- The focus group session, should you choose to participate (as opposed to taking part in an individual interview), will include 8-10 fellow students with mental health issues and will be facilitated by me (also a student with a mental health issue). Your participation would consist of responding to questions regarding your experiences as a student with a mental health issue at Wilfrid Laurier University in a focus group, which should take 1-1.5 hours of your time. There will be a break and refreshments provided by the Dean of Students). This focus group session will be tape recorded in order to ensure the accuracy of the data obtained. Should you not wish to have the focus group tape recorded you have the option of participating in an individual interview instead (whereby notes can be taken). Please note that your participation in this research is purely voluntary, and that even if you agree

to participate, you are free not to answer any question or to pass on any question that is asked. You may withdraw from the study at any time without consequence and without loss of benefits to which you are entitled. If you choose not to participate, this will in no way affect the services you receive at Laurier. If at any time during the interview you wish to take a break, you are more than welcome to do so. It should also be mentioned that, although I will ask all participants to keep what is said in the group confidential, I cannot guarantee confidentiality, as some participants may talk to others about their participation in the group. Anonymity, due to the nature of a focus group (which involves face to face interaction with others) cannot be guaranteed.

Incentives for Focus Group Participants

- As mentioned, food and refreshments (i.e., pizza and pop) will be available during the focus group session. In addition, students enrolled in PS 100, PS291, and PS295 will receive course credit (1.5 credits) for participating in the focus group session.

Potential Benefits for Individual Interview and Focus Group Participants

- I envision significant benefits to your participation in this study. First of all, you may feel positively about being able to share your experiences (i.e., barriers and personal concerns) as a student with a mental health issue and the services which would be helpful to you in terms of increasing your chances for success and satisfaction as a student at Wilfrid Laurier University. Second, your input should be seen as instrumental in improving or enhancing services at Laurier which are more conducive to your success and satisfaction as a student with a mental health issue at Wilfrid Laurier University (and/or to sustain existing supports which are perceived to be effective). Please note that the idea and design for this study originated from my own post-secondary experiences as a student with mental health issues. I wanted to provide students with mental health issues a "voice" in their academic community, and to provide them with an opportunity to play a role in shaping institutional supports geared toward their unique needs in the academic environment. Third, the results of this study will be used to develop an action plan which will be used to enhance institutional supports for Laurier students with mental health issues, and/or to sustain institutional supports and services at Laurier which are perceived as effective in meeting the needs of students with mental health issues. Finally, your input will additionally contribute to the lacking body of literature pertaining to the educational experiences of students with mental health issues and important institutional supports that should be put in place. The results of this study could be published in scholarly journals.

Potential Risks for Interview and Focus Group Participants

- In completing the individual interview or focus group interview, I do not anticipate that you will experience any major risks to your well-being by participating. It may be possible that if you have had a negative experiences as a student with a mental health issue at Laurier, you may find yourself becoming upset recalling such experiences. It is also possible that you may after completing the interview, regret disclosing personal

information during the interview or focus group session. To deal with this issue, each participant will be offered a copy of their interview transcript to edit, correct and return to me. Participation in this study is purely voluntary. As was already mentioned, if you choose to participate in either an individual or focus group interview, you are free to withdraw from the study at any time and are free to omit the answer to any survey question for any reason. If you withdraw from the study before data collection is completed your data will be destroyed (with the exception of focus group participants). Should you wish to have your data deleted, please contact Amanda Weckwerth or Dr. Geoffrey Nelson (see below for contact information). If after participating in this study by completing the interview or focus group session you feel any comfort or distress around the issues covered in the interview or focus group session, please feel free to Amanda Weckwerth (phone: 519-884-0710, ext. 3718, office: 232 King Street, K232A, weck2220@wlu.ca) or Dr. Geoff Nelson (phone: 884-0710, ext.3314, gnelson@wlu.ca, office: N2075F), to discuss your feelings, or the Counseling Services office at Laurier (phone:519-884-0710, ext. 2339, 22couns@wlu.ca at. If you prefer to talk with someone outside of this institution, please contact the Waterloo Regional office of the Canadian Mental Health Association for a counseling referral: Phone: 519-766-4450. As was mentioned, should you choose to withdraw from the study which you are free to do at any time without consequence, this will in no way affect the services you receive at Laurier or the benefits to which you are otherwise entitled.

Confidentiality

- Your responses to individual or focus group interview questions are completely anonymous and confidential. Your responses will be combined with other Laurier students with mental health issues (6-10 other students for focus groups; 10 or more students for individual interviews). The only persons who will have access to the raw data are Amanda Weckwerth and Dr. Geoffrey Nelson. After the interview/focus group is completed, I will provide you with a typed copy of the interview transcript, which you can correct or edit your responses if you so desire, and return to me. With your permission (as outlined on the consent form) I will send you a copy of the transcript by mail to the address you have provided by you on the consent form. The transcription of the interview will be identified by code number and stored in a locked filing cabinet to protect the confidentiality of your responses. Please note that your name will not be associated in any way with your responses. Also, I will erase the audiotape after the interview is transcribed.

Publication and Distribution of Research Findings

- A final report using data collected from this survey and other data will be used in a final report or action plan which will be provided to the advisory committee, which is comprised of representatives' from WLU. Advisory committee members will be responsible for determining specific individuals in the Laurier community to whom the results will be disseminated. Findings may also be reported in academic conferences and publications. In addition, after all of the data have been collected and analyzed, I will provide everyone who participates in the study with a summary of the findings. This will

be done by posting the results on the Laurier website. A summary detailing the findings will be available by the end of the term (April 30, 2008).

Contact Information for Those Interested In Participating

- If you are interested in participating in an individual interview with me (also a student with a mental health issue) or a focus group interview with other students with mental health issues at Wilfrid Laurier University, please sign up for the study on the PREP website.

Questions or Concerns

- If you have questions at any time about the study or procedures, or you experience adverse effects as a result of participating in this study, you may contact Amanda Weckwerth at (phone: 519-884-0710, ext. 3718, office: 232 King Street, K232A, [weck2220\(g\)wlu.ca](mailto:weck2220(g)wlu.ca)) or Dr. Geoff Nelson of the Psychology Department at Laurier at (phone: 884-0710 ext.3314, gnelson@wlu.ca, office: N2075F).
- If you feel your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468. •

Sincerely yours,

Amanda Weckwerth

Appendix N

Invitation to Participate in an Individual Interview or Focus Group Interview: Key Informants

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Department of Psychology (phone: 884-0710, ext. 3718, weck2220@wlu.ca)

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710, ext.3314, gnelson@wlu.ca)

Dear Administrators, Service Providers, and Faculty:

My name is Amanda Weckwerth and I am a Masters candidate in the Community Psychology program at Wilfrid Laurier University. I am conducting a study entitled "Supporting University Students with Mental Health Issues: A Needs Assessment." I am inviting you to participate in this research study by taking part in an individual interview or focus group interview. You have been purposefully selected as information rich source (i.e., you have been selected due to your knowledge of students with mental health issues or your role in the university) and who've indicated an interest in participating in an individual interview or focus group session.

Purpose and Procedures

Individual interviews (with students with mental health issues, administrators, and faculty) and focus groups (with service providers/consultants from the Accessible Learning Centre and Counselling Services) are being conducted in this phase of the research to hear directly from, and obtain the perspectives of a variety of individuals within the Laurier community who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues here at Laurier. This study addit

- onally seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to Laurier students with mental health issues, , to determine what types of institutional supports are essential in meeting the personal, health, and educational needs of Laurier students with mental health issues (and/or, which are crucial to their success and satisfaction at as a student attending this institution) and, to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of Laurier students with mental health issues.
- Research findings will provide this institution with the information necessary to begin developing a customized action plan for sustaining existing institutional supports (should the research reveal that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new

services) which may be more conducive to the success and satisfaction of Laurier students with mental health issues (should the research reveals that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

Terminology

- For the purpose of this interview/focus group, the term "mental health issue" includes, but is not limited to depression, anxiety, and schizophrenia, and eating disorders.

In-depth Interviews (Administrators and Faculty)

- Individual interviews, should you agree to participate, will take about 45 minutes to an hour of your time and will consist of responding to a variety of open-ended questions regarding the educational experiences and necessary institutional supports for university students with mental health issues. The individual interviews will be conducted by me in a room at WLU at a location which would ensure privacy, and will be conducted at a date and time that is most convenient for you. With your consent, I will be tape-recording the interview. Please note that your participation in this research is purely voluntary, and that even if you agree to participate, you are free not to answer any question or to pass on any question that is asked. The individual interviews will be conducted by me in a room at WLU at a location which would ensure privacy, and will be conducted at a date and time that is most convenient for you. With your consent, I will be tape-recording the interview. Please note that your participation in this research is purely voluntary, and that even if you agree to participate, you are free not to answer any question or to pass on any question that is asked. You may withdraw from the study at any time without consequence. If at any time during the interview you wish to take a break, you are more than welcome to do so.

Focus Groups (Service providers; Accessible Learning Centre, Counselling Services)

- The focus group session, should you choose to participate, will include three or more fellow service providers from your office and will be facilitated by me. Your participation would consist of responding to questions regarding the experiences with student's who have mental health issues at Wilfrid Laurier University in a focus group, which should take 1-1.5 hours of your time. This focus group session will be tape recorded (if the group consents) to ensure the accuracy of the data obtained. It should be mentioned that if you do not wish to have the focus group tape recorded, you have the option of participating in an individual interview instead (where notes can be taken). You are free not to answer any question or to pass on any question that is asked. You can withdraw from the study at any time without consequence. Though I will ask all participants to keep what is said in the group confidential. I cannot guarantee confidentiality, as some participants may talk to others about their participation in the group. Anonymity, due to the nature of a focus group (which involves face to face interaction with others) cannot be guaranteed.

Potential Risks

In completing the individual interview or focus group interview, I do not anticipate that you will experience any major risks to your well-being by participating. It may be possible that you may after completing the interview, regret disclosing personal information during the interview or focus group session. To deal with this issue, each participant will be offered a copy of their interview transcript to edit, correct and return to me. Participation in this study is purely voluntary. If you choose to participate in this survey, you are free to withdraw from the study at any time without consequence and are free to omit the answer to any survey question for any reason. If you withdraw from the study before data collection is completed your data will be destroyed (with the exception of focus group participants). Should you wish to have your data deleted, please contact Amanda Weckwerth or Dr. Geoffrey Nelson (see below for contact information). If after participating in this study by completing the interview or focus group session you feel any comfort or distress around the issues covered in the interview or focus group session, please feel free to call me, Amanda Weckwerth at (phone: 519-884-0710 ext. 3718, office 232 King Street, 232A, [weck2220\(S\).wlu.ca](mailto:weck2220(S).wlu.ca)) or Dr. Geoff Nelson (phone: 884-0710 ext.3314, gnelson@wlu.ca, office N2075F), to discuss your feelings, contact the Waterloo Regional office of the Canadian Mental Health Association for a counseling referral: Phone 519-766-4450.

Potential Benefits

I envision significant benefits to your participation in this study. First of all, you may feel positively about being able to share your experiences (i.e., barriers and personal concerns) as an individual who has worked closely with students who have mental health issues. Second, your input should be seen as instrumental in improving or enhancing services at Laurier. Second, the results of this study will be used to develop an action plan which will be used to enhance institutional supports for Laurier students with mental health issues, and/or to sustain institutional supports and services at Laurier which are perceived as effective in meeting the needs of students with mental health issues. Finally, your input will additionally contribute to the lacking body of literature pertaining to the educational experiences of students with mental health issues and important institutional supports that should be put in place. The results of this study could be published in scholarly journals.

Confidentiality

Your responses to the interviews questions are completely anonymous and confidential. The transcription of the individual or focus group interviews will be identified by code number and stored in a locked filing cabinet to protect the confidentiality of your responses. Your responses will be combined with other administrators and faculty (interviews; approximately 5-10 individuals) and service providers (focus group interviews; approximately 3-10 individuals from your office). With regard to focus group participants, it should be mentioned that although I will do my best to maintain the strictest level of confidentiality for you (the nature of a focus group) I cannot

guarantee that others in the group will maintain your confidentiality, although I will ask members of the focus group to keep the information shared in the group private. Again, I and my advisor will keep everything confidential without your name. If in the write-up of the research findings, I am interested in using something you have said your permission will first be required. This is outlined on the consent form you will be provided with should you decide to participate. After the interview/focus group is completed, I will provide you with a typed copy of the interview transcript (if you wish), which you can correct or edit your responses to make sure what you said is being interpreted and reported correctly, and return to me. Transcripts will be sent by mail to the address you have provided by on the consent form (with your permission). The only persons who will have access to the raw data are me, Amanda Weckwerth, and Dr. Geoffrey Nelson. Please note that your name or role in the institution will not be associated in any way with your responses. Also, I will erase the audiotape after the interview is transcribed.

Publication and Distribution of Research Findings

- The data collected from this study will be used in a final report or action plan which will be provided to the university/advisory committee which is comprised of representatives from WLU. Findings may also be reported in academic conferences and publications. In addition, after all of the data have been collected and analyzed, I will be providing everyone who participates in this study with a summary of the findings. This will be done either by posting the results on the Laurier website or by sending you a summary. You will receive a summary by the end of the term (April 30, 2008).

Contact Information for Those Interested in Participating

- If you are interested in participating in an individual interview (administrators, faculty) with me please contact me at weck2220@wlu.ca or by phone at (519) 884-0710, ext.3718. According to your availability a date and time will be set, and a private location will be selected for conducting the interview in order to ensure your privacy. If you are interested in participating in a focus group interview (service providers Accessible Learning Centre, service providers Counselling Services) with other service providers from your setting at Wilfrid Laurier University, please inform the key-informant from your setting who has provided you with this invitation letter of your willingness to take part in the focus group. This individual will consult with other service providers from your setting who have indicated an interest in participating in the focus group session to determine a date, time, and location for conducting the focus group session. This individual will notify me of the date, time and location that works best for your setting.

Questions or Concerns

- If you have questions at any time about the study or procedures, or you experience adverse effects as a result of participating in this study, you may contact at Amanda Weckwerth at (phone: 519-884-0710, ext. 3718, office: 232 King Street, 232A, or

weck2220@wlu.ca) or Dr. Geoff Nelson of the Psychology Department at Laurier (phone: 884-0710, ext.3314, gnelson@wlu.ca, office: N205F).

If you feel your rights as a participant have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

Sincerely yours,

Amanda Weckwerth

Appendix O

Individual Interview and Focus Group Interview

Debriefing Form

- Thank you for your participation in my research study! You were selected to participate in part three of this study (the individual interview or focus group that you have just participated in) as a result of your responses to the three pre-selection questions administered to PS 100, PS291, and PS295 students during the Psychology Department's fall mass testing session (part one of the study). That is, you were selected because you had responded affirmatively to one or more of the pre-selection questions asked during mass testing. These questions were intended to pre-select Laurier students representative of the target population of study (Laurier students with a self-identified mental health issue) for participation in the needs assessment questionnaire (part two of the study) and interviews and focus group which you have just completed. Please see below for study details.

[Note to PS100 students: please refer to chapter 14 (psychological Disorders, pp.575-644) of your text "Psychology: Themes and Variations" (Weiten & McCann, 2007) to learn more about the various types of mental health issues that a number of fellow Laurier students are afflicted with].

Purpose of Interviews and the Focus Group

- During the interview/focus group you were asked to respond to a variety of open-ended questions related to the issues and barriers you may have experienced as a student with a mental health issue. You were asked to comment on institutional supports and accommodations for students with mental health issues (e.g., services which you believed to be essential for meeting your personal, health, and educational needs; campus-based service utilization; and the adequacy of available campus-based services and supports). Furthermore, you were asked to provide recommendations for action which you may or may have not believed should be taken by Wilfrid Laurier University to (a) sustain services and supports which you may or may not have perceived to be effective and (b) enhancing available institutional supports (or potentially implementing institutional supports) necessary for meeting the personal, health, and educational needs of Laurier students with mental health issues. Lastly, you were provided with the opportunity to share with me personal successes you may have experienced as a Laurier student with a self-identified mental health issue and the strategies you have used to overcome any barriers you may have experienced as a Laurier student with a mental health issue.
- The purpose of conducting in-depth interviews and the focus group session was to obtain information-rich data related to the educational experiences of students with mental health issues currently attending Laurier. As a student with a mental health issue, it was my goal to provide students with mental health issues at Laurier a "voice" with regards to their experiences at Laurier as a student with a mental health issue, as well as, to provide

Laurier students with a mental health issue say in the types of supports they require in order to experience both success and satisfaction here at Laurier (or rather, the types of supports and accommodations they require to meet their personal, health, and educational needs). Furthermore, I wanted to provide students with the opportunity to comment on the adequacy of campus-based supports in terms of their effectiveness in meeting their personal, health, and educational needs. The survey you completed was meant to obtain similar information, but in-depth interviews and the focus groups were chosen as a method for obtaining a true understanding of the above mentioned areas. The survey was administered as a means for reaching as many students as possible, or rather, to ensure that the results were representative of the target population. The individual interviews and focus group session can thus be seen as "giving life" to the data, or adding to the depth of information obtained.

General Purpose of the Study

- The purpose of our my study is to understand the post-secondary educational experiences of students with mental health issues, or rather, to hear directly from, and obtain the perspectives of a variety of individuals within the Laurier community (namely, students with mental health issues, administrators, faculty, and services providers) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues attending Laurier. This study also seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to Laurier students with mental health issues, to determine what types of institutional supports are essential in meeting the personal, health, and educational needs of Laurier students with mental health issues (and/or, which are crucial to their success and satisfaction at as a student attending this institution) and, to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of students with mental health issues here at Laurier
- Study components include forming an advisory committee (with students with mental health issues, administrators, and faculty), administering a needs assessment questionnaire (to students with mental health issues) and a Campus Service Assessment Tool (to one staff member from the Accessible Learning Centre, one staff member from Counselling Services, and one staff member from Health Services) and, conducting individual and focus group interviews with various stakeholders (namely, students with mental health issues, administrators, service providers from the Accessible Learning Centre and Counselling Services, and faculty).
- Research findings will provide this institution with the information necessary to begin developing a customized action plan for sustaining existing institutional supports (should the research reveal that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new services) which may be more conducive to the success and satisfaction of Laurier students with mental health issues (should the research reveal that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

Rationale for Conducting the Study

- Researchers estimate that the early onset of psychiatric symptoms (those occurring at age 16 or earlier) (Jayakody, Danzinger, & Kessler, 1998) has contributed to the lower-than-average levels of educational attainment observed among people with MHI's (Kessler, Foster, Saunders, & Stang, 1995; Mowbray, Megivern, & Pellerito, 2003). It has been well-documented that individuals with early-onset of MHI's are significantly less likely to enter university and, once in university, are more likely to terminate studies without completion (Kessler et al., 1995). The onset of MHI's such as schizophrenia or bipolar disorder is often manifested in the young adult years (15-24), a time when most individuals are pursuing education or formulating career plans (Beiser, Erikson, Fleming, & Iacono, 1993; Collins & Mowbray, 2005; Cooper, 1993). In a national survey by Kessler and colleagues it was found that approximately 37% of youth between the ages of 15 and 25 have a diagnosable MHI (Kessler, Zhao, Nelson, Hughes, Eshleman, Wittchen & Kendler, 1994). In the past the lack of effective pharmacological treatments and poor psychosocial supports led many individuals with MHI's to interrupt or terminate their academic studies (Cooper, 1993; Kessler et al., 1995). With the development of improved
- College and university officials have noted a sharp increase in the number of students with a MHI on campus over the past two decades (Mowbray, Mandiberg, Strauss, Stein, Collins, Kopels, Curlin, & Lett, 2006). It is estimated that approximately 12-18% of students on college and university campuses have a diagnosable MHI (Mowbray et al., 2006). Considering that many students do not disclose their MHI's, the prevalence is probably much higher (Soydan, 2004). The trend of increasing number of students with a MHI on college and university campuses is expected to continue to rise in years to come (Mowbray et al., 2006; Sharpe, Bruininks, Blacklock, Benson & Johnson, 2004; Stone & Archer, 1990).
- Although there has been a marked increase in the number of students on campus with a MHI, the retention rate of these students is still quite low. Approximately 86% of individuals with a MHI withdraw from college or university prior to completion of their degree (Kessler, Foster, Saunders & Stang, 1995). Though few studies have been published on the post-secondary experiences of individuals with MHI's, the few that have been published consistently show that these students face many barriers in pursuit of a post-secondary education (Cooper, 1993; Loewen, 1993; Weiner & Weiner, 1996).
- There are strong indicators, however, that individuals with MHI's can succeed in higher education given the appropriate treatment and support (Collins, Bybee, & Mowbray, 1998; Collins & Mowbray, 2005). **[PS100 Students] See also chapter 15 (Treatment of Psychological Disorders) pages 650 (Deinstitutionalization) page 644 (Overview of Five Major Approaches to Treatment)**. Institutional supports, or academic accommodations, offered specifically to students with a psychiatric disability, defined by Collins (2005) as individuals who have a diagnosed "mental illness" or MHI that limits (or interferes with) one or more major life activities (such as learning, thinking, communicating, sleeping, and academics) are in most cases provided by disability support service (DSS) offices located on all college and university campuses (Sharpe, Bruininks, Blacklock, Benson, & Johnson, 2004). Additionally, students with MHI's (those with and without a documented psychiatric disability) may also use campus counseling services to address their mental health concerns (Benton, Robertson, Tseng,

Newton, & Benton, 2003; Megivern, 2002; O'Malley, Wheeler, Murphey, O'Connell, & Waldo, 1990). Recent debate, however, has centered on whether accommodations and supports provided by DSS offices and counselling services are adequate enough to meet the needs of students with a MHI; inadequate supports have been linked to the low retention rate of these students (Collins & Mowbray, 2005; Loewen, 1993). Across the few studies conducted in this area, it is clear that supporting the increasing number of students with MHI's has posed serious challenges for service providers, faculty, and others who work closely with these individuals (Collins & Mowbray, 2005; Kiracofe, 1993; Sharpe & Bruininks, 2003; Stone & Archer, 1990).

Questions or Concerns

- If you have questions at any time about the study or procedures, or you experience adverse effects as a result of participating in this study, you may contact Amanda Weckwerth at (phone: 519-884-0710 ext. 3718, office: 232 King Street, K232A, weck2220@wlu.ca) or Dr. Geoff Nelson of the Psychology Department at Laurier at (phone: 884-0710 ext.3314, gnelson@wlu.ca, office: N2075F).
- If you feel your rights as a participant have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.
- If you would like a copy of the results of this study, I will be providing a summary of research findings to study participants. This will be done by posting the results on the Laurier website. The summary will be available by the end of the second term (April 30, 2008).

Once again, thank you for your participation in my research study.

Sincerely yours,

Amanda Weckwerth

Appendix P

Campus Service Assessment Tool: Letter of Invitation/Informed Consent Statement

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Psychology Department, Wilfrid Laurier University
Department of psychology (phone: 884-0710, ext. 3718, weck2220@wlu.ca, office: 232 King Street, K232A).

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710, ext.3314, gnelson@wlu.ca, office: N2075F).

My name is Amanda Weckwerth and I am a Masters candidate in the Community " Psychology program at Wilfrid Laurier University. I am conducting a study entitled "Supporting University Students with Mental Health Issues: A Needs Assessment." I am inviting you to participate in this research study by completing this Campus Service Assessment Tool. You have been purposefully selected to fill out the survey because of your knowledge. That is, you have been identified as the person with the most knowledge with regard to the supports and services, or accommodations provided by your office to students with mental health issues or the student population in general at Wilfrid Laurier University.

Purpose of the Study

- The purpose of this study is to understand the post-secondary educational experiences of students with a mental health issues, or rather, to hear directly from, and obtain the perspectives of a variety of individuals within the Laurier community who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, potential successes experienced by students with mental health issues here at Laurier. This study additionally seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to Laurier students with mental health issues, to determine what types of institutional supports are essential in meeting the personal, health, and educational needs of Laurier students with mental health issues (and/or, which are crucial to their success and satisfaction at as a student attending this institution) and, to determine the adequacy of available institutional supports in meeting the personal, health, and educational needs of students with mental health issues here at Laurier.
- Research findings will provide this institution with the information necessary to begin developing a customized action plan for sustaining existing institutional supports (i.e., the research reveals that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new services) which may be more conducive to the success and satisfaction of Laurier

students with mental health issues (i.e., the research reveals that certain aspects of available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

Study Components

- Study components include forming an advisory committee (with students with mental health issues, administrators, and faculty), administering a needs assessment questionnaire (to students with mental health issues) and a Campus Service Assessment Tool (to one staff member from the Accessible Learning Centre, one staff member from Counselling Services, and one staff member from Health Services) and, conducting individual and focus group interviews with various stakeholders (namely, students with mental health issues, administrators, service providers from the Accessible Learning Centre and Counselling Services, and faculty).

Terminology:

- For the purpose of this study, the term "mental health issue" will be used in place of "mental illness" or "mental disorder" (as defined by the DSM-IV-TR, 2000) to avoid the use of medical model language which is associated with a deficits focus. Examples of mental health issues include, but are not limited to depression, anxiety, and schizophrenia, and eating disorders.

Note to the Accessible Learning Centre

- For the purpose of this study, the term mental health issue will be used in place of the term "psychiatric disability". By psychiatric disability I am referring to individuals with a diagnosed mental health issue that limits (or interferes with) one or more major life activities" such as learning, thinking, communicating, and sleeping, or academics for example.

Procedures

- By completing the Campus Service Assessment Tool, your participation in the study would consist of answering a number of closed-ended and open-ended questions relating to the supports and services are provided by your office to students with mental health issues, which should take approximately 15-30 minutes of your time. Please note that your participation in this research is purely voluntary, and that if you chose not to participate, you are free with do so without consequence. You may terminate your participation at any time you wish without consequence. Even if you agree to participate you have the right to omit any of the survey questions. If you withdraw from the study before data collection is completed your data will be destroyed. If you wish to have your data destroyed please contact Amanda Weckwerth or Dr. Geoffrey Nelson.
- The Campus Service Assessment Tool which you are being asked to fill out is designed to collect information about services provided to students with mental health issues (or psychiatric disabilities) at post-secondary institutions. This survey is meant to be filled

out by the person from each office with the most knowledge regarding support services for students with a mental health issue. It should be noted that even though you may believe (or know) that your setting does not provide supports and services for students with mental health issues, the information you provide is considered valuable information for the purpose of this study.

Potential Risks

- I do not believe that you will experience any major risks to your well-being by participating in this research. You may potentially find filling out the questionnaire to be tedious and/or experience feelings of boredom. As was mentioned, you are free to omit the answers to any questions and to withdraw from the study at any time without consequence.

Potential Benefits

- Your input in this study should be instrumental in providing valuable information to Wilfrid Laurier University regarding how three of the settings (i.e., the Accessible Learning Centre, Counselling Services, and Health Services) which are frequently utilized by students with mental health issues for support) respond to students with mental health issues and will aid in providing the institution with the information necessary (along with other data collected) to begin developing a customized action plan for sustaining or enhancing services intended to meet the personal, health, and educational needs of Laurier students with mental health issues.

Confidentiality

- Your responses to the survey questions are completely anonymous and confidential. You will not be required to identify your position or role at Wilfrid Laurier University or your name or any identifying information; you are only required to identify the name of your office (i.e., Counselling Services, the Accessible Learning Centre, or Health Services). Surveys are to be returned to me in an enclosed envelope to my campus mailbox located in the Psychology Department so as to ensure anonymity and confidentiality. Your survey responses and consent form will be stored separately in a locked filing cabinet in a locked office in the psychology department. Data will be entered into Microsoft word and a hard copy will be made which will be stored on a disk. The disk will be stored in a locked filing cabinet in a locked office at the university. The only persons with access to your survey responses are me, Amanda Weckwerth and Dr. Geoffrey Nelson. Raw survey data (or hardcopies of the survey) will be disposed of immediately after the data is recorded which will be done shortly after receiving a copy of the Campus Assessment Tool and the signed consent form. Consent forms will be disposed immediately upon commencement of the study.

Publication or Distribution of Research Findings

- With regard to the use of the information you provide, the contents of closed-ended questions and questions which require short, open-ended responses (and which are purely descriptive) will be displayed in a summary table (one table will be generated for each of the three settings). The information you provide will be included in a written report (along with other data collected from this study) that will be given to the institution and will be, along with other data collected from this study, presented to important stakeholders within the Laurier community (to be determined by the advisory committee). Findings may also be reported in academic publications. I will also be providing a summary of research findings to study participants. This will be done either by posting the results on the Laurier website or by sending you a summary. The summary will be available by the end of the second term (April 30, 2008).

Questions or Concerns

- If you have questions at any time about the study or procedures, or you experience adverse effects as a result of participating in this study, you may contact Amanda Weckwerth at (phone: 519-884-0710, ext. 3718, office: K232A, weck2220@wlu.ca) or Dr. Geoff Nelson of the Psychology Department at Laurier (phone: 884-0710, ext.3314, gnelson@wlu.ca, office: N2075F).
- If you feel your rights as a participant have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

Sincerely yours,

Amanda Weckwerth

Appendix Q

Campus Service Assessment Tool: Consent Form

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Psychology Department, Wilfrid Laurier University
Department of psychology (phone: 884-0710, ext. 3718, weck2220@wlu.ca, office: 232 King
Street, K232A).

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone:
884-0710, ext.3314, gnelson@wlu.ca, office: N2075F).

I have read the "Campus Service Assessment Tool: Letter of Invitation/Informed Consent Statement" and understand the information included in this form. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigators's Signature _____ Date _____

Note: Please enclose this document along with the completed survey in the enclosed envelope.

Appendix R

Invitation for Role on Research Advisory Committee

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Department of Psychology (phone: 884-0710, ext. 3718, weck2220@wlu.ca, office: K232A).

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710, exU314, gnelson@wlu.ca, office N2075F).

Dear Laurier Students, Administrators, and Faculty:

My name is Amanda Weckwerth and I am a Master candidate in the Community Psychology program at Wilfrid Laurier University. I am conducting a study entitled "Supporting University Students with Mental Health Issues: A Needs Assessment." I am inviting you to participate in this research study by sitting on an advisory committee that will be formed for this study. You were purposely selected for your role on this committee due to your role in this institution or as a result of citing interest in sitting on this advisory committee.

- First, I would like to inform you about the study and what my goal is in conducting this study. This study is being conducted to hear directly from, and obtain the perspectives of a variety of individuals within the Laurier community (namely, students with mental health issues, faculty, service providers, and administrators) who can provide valuable information to Wilfrid Laurier University regarding the issues and barriers which students with a mental health issue at Laurier may face, as well as, any potential successes experienced by students with mental health issues here at Laurier. This study additionally seeks to identify what institutional supports (e.g., services provided by the Accessible Learning Centre) are available to meet the personal, educational, and health needs of Laurier students with mental health issues, to determine what types of institutional supports are essential, or rather, necessary for ensuring that the personal, health, and educational needs of Laurier students with a mental health issue are being met (and/or, which are crucial to the success and satisfaction of students at Laurier with mental health issues) and, to determine the adequacy of available institutional supports in meeting the personal, health and educational needs of students with mental health issues here at Laurier.
- Research findings will provide this institution with the information necessary to begin developing a customized action plan for sustaining existing institutional supports (should the research reveal that certain aspects of available services are seen as particularly effective in meeting the educational, personal, and health needs of Laurier students with mental health issues) and/or to enhance existing services (and possibly to implement new services) which may be more conducive to the success and satisfaction of Laurier students with mental health issues (should the research reveal that certain aspects of

available services are viewed as particularly ineffective in meeting the personal, educational, and health needs of Laurier students with mental health issues).

- Interviews and focus groups will be conducted with key stakeholders (namely, administrators, faculty, and service providers) and with Laurier students with mental health issues, to hear directly from and obtain the perspectives of a variety of individuals who can provide valuable information with regard to the above mentioned areas. In addition a need assessment questionnaire will be administered to Laurier students with mental health issues and a campus service assessment tool will be administered to one individual from Counselling Services, the Accessible* Learning Centre, and Health Services with the intended purpose of obtaining information regarding the types of services available to students with mental health issues at Laurier.
- In sum, the intended goal of this study is to gather information that will provide the university with important information regarding the educational experiences of students with mental health issues and needed supports that could potentially be used enhance or sustain appropriate institutional supports for students with mental health issues at Laurier, thus ensuring the success and satisfaction of these students (or rather to ensure that their personal, health, and educational needs are being met).

Purpose of the Advisory Committee

- This study will form a project advisory committee to allow key stakeholders a real say in carrying out the research (providing input and guidance throughout the research process) and to ensure that research is grounded in the university context. The rationale for forming an advisory committee is as follows: to build a partnership for change, to enhance the perceived (or real) trustworthiness of the research findings, to improve the likelihood of buy-in from those involved, and to strengthen the commitment of stakeholders to use the results to make change; or rather to increase the likelihood that findings will be used to generate positive changes (such as the development of important institutional supports) within the Laurier community.

Committee Members and Commitments

- Key stakeholders who will be asked to sit on this committee include the following individuals: (a) the Manager of the Accessible Learning Centre, (b) the Dean of Students, (c) the Director of Counselling Services, (d) possibly 2 students with mental health issues, (e) possibly one faculty member, (f) the Manager of Health Services, and (g) and the Director of Learning Services. This committee will meet approximately four times over the course of two school semesters and will provide input and guidance regarding the refinement of data gathering tools, determining potential recruitment strategies, interpretation of research findings, the development of a dissemination plan, and the formulation of an action plan. Each meeting will take approximately 2 hours of your time.
- Please note that your participation for a role on the advisory committee is purely voluntary, and that if you choose not to participate, that there are no consequences. You are under absolutely no obligation to sit on the project advisory committee. Should you

choose to play a role in this study by sitting on this advisory committee, you can, without consequence, terminate your participation in this study. I do not believe that you will experience any major risks to your well-being by sitting on the advisory committee. Rather, I believe that by sitting on the committee you will benefit as such an opportunity will provide you with a "voice" about the services designed to be helpful to Wilfrid Laurier University students with mental health issues. With regard to students with a mental health issue, sitting on the advisory committee may prove to be a very empowering experience for you. In addition, through sitting on the advisory committee, you will learn much about how an advisory committee operates and the processes involved. Each committee member's input is seen as instrumental in enhancing (or sustaining) the services at Laurier for students with mental health issues and to ensure the research is done in a context appropriate and respectful and manner.

Note to Students

- If you are interested in sitting on this advisory committee you will need to sign the "Consent to be Contacted" form to provide me with your consent for me to contact you for the purpose of inviting you to sit on the advisory committee. This form is to be returned in a sealed envelope to the receptionist at the Accessible Learning Centre. Please note, your contact information will not be shared with anyone and contact information will be stored in a locked filing cabinet in a locked room to protect your confidentiality.

Note to Administrators and Faculty

If you are interested in sitting on this advisory committee please contact me by email weck2220@wlu.ca or by phone: (519) 884-0710, ext. 3718, office: 232 King Street, K232A.

Sincerely yours,

Amanda Weckwerth

Appendix S

Consent to Be Contacted Form: Student Advisory Committee Members

Project Title: "Supporting University Students with Mental Health Issues: A Needs Assessment"

Researcher: Amanda Weckwerth, BA, Masters Candidate, Community Psychology, Wilfrid Laurier University Department of psychology (phone: 884-0710, ext. 3718, weck2220@wlu.ca, office: 232 King Street, K232A)

Advisor: Dr. Geoffrey Nelson, Department of Psychology, Wilfrid Laurier University (phone: 884-0710 ext.3314, gnelson@wlu.ca, office: N20.75F)

Consent to be contacted:

I give my permission for Amanda Weckwerth (principle researcher) to contact me for the purpose of inviting me sit on the advisory committee.

Yes_____No_____

Participant's Name_____

Participant's Email Address_____

Participant's Mailing Address_____

Students Signature_____

Note: Please return this form to in an enclosed envelope to the receptionist at the Accessible Learning Centre

Appendix T

Table 4

Issues, Barriers, and Personal Concerns of Survey Respondents (n = 78)

Variables	Number (Valid %)					Total n
Tasks	Extremely Difficult 0)	Moderately Difficult (2)	Just a Bit Difficult (3)	Not At All Difficult (4)	Mean Rating	
Managing time effectively	33(44.0)	23(30.7)	12(16.0)	7(9.3)	1.91	76
Preparing for exams	20(27.0)	31(41.9)	19(25.7)	4(5.4)	2.03	75
Disclosing your MHI to professors	34(46.6)	15(20.5)	10(13.7)	14(19.2)	2.05	73
Studying effectively	25(32.9)	29(38.2)	17(22.4)	5(6.6)	2.09	75
Writing essays	22(28.9)	25(32.9)	20.0(26.3)	9.0(11.8)	2.21	76
Remembering information for tests and exams	17(23.4)	26(34.2)	27(35.5)	6(7.9)	2.29	76
Giving an oral presentation in class	26(34.7)	11(14.1)	21(28.0)	17(22.7)	2.39	75
Concentrating/paying attention in class	18(23.7)	21(27.6)	25(32.9)	12(15.4)	2.41	76
Selecting relevant and important information from lectures and written work when studying	15(19.7)	27(35.5)	20(26.3)	14(18.4)	2.43	76
Speaking in class	23(30.3)	13(17.1)	21(27.6)	19(25.0)	2.47	76
Writing exams	16(21.6)	21(28.4)	23(31.1)	35(48.6)	2.47	74
Asking a professor for academic assistance	12(15.4)	26(33.3)	20(26.3)	18(23.7)	2.58	76
Joining clubs/extra curricular activities on campus	17(22.4)	14(18.4)	25(32.9)	20(28.3)	2.63	76
Developing close friendships	15(19.7)	15(19.7)	23(34.2)	20(26.3)	2.67	76
Comprehending course material	8(10.5)	22(28.9)	13(43.4)	13(17.1)	2.67	76
Working on group assignments with other students	11(14.7)	16(21.3)	30(40.0)	18(24.0)	2.73	75

Inviting a student to do something with you	11(14.5)	22(28.9)	18(23.7)	25(32.9)	2.75	76
Negotiating the university bureaucracy	9(12.2)	17(21.8)	28(37.8)	20(27.0)	2.80	74
Advocating for yourself on campus	11(15.1)	14(19.755)	24(32.9)	24(32.9)	2.84	73
Asking a classmate for help-	7(9.2)	22(28.9)	22(28.9)	25(32.9)	2.86	76
Initiating conversations with peers on campus	9(11.8)	16(21.1)	24(31.5)	27(35.5)	2.91	76
Selecting courses	6(7.7)	19(24.4)	27(34.4)	24(30.8)	2.91	76
Taking notes in lectures	10(13.5)	16(21.6)	19(25.7)	29(39.2)	2.91	74
Asking a T.A. for academic assistance	6(7.7)	18(24.0)	22(29.3)	29(38.7)	2.99	75
Explaining the side-effects of one's medication	9(12.5)	16(20.5)	13(18.1)	34(47.2)	3.00	72
Developing informal social relationships	7 (9.2)	14(18.4)	24(31.5)	31(40.8)	3.04	76
E-mailing or telephoning a fellow student	5(6.6)	13(16.7)	18(23.7)	40(52.6)	3.22	76
Using library/resource material on campus	4(5.6)	10(13.9)	23(31.9)	35(44.9)	3.24	72
Standing in line	6(7.9)	11(14.5)	18(23.7)	41(53.0)	3.24	72
E-mailing/telephoning a department on campus	3(4.0)	13(17.3)	21(28.0)	38(50.7)	3.25	74
e-mailing a professor	5(6.7)	9(11.5)	18(24.0)	43(57.3)	3.32	75
E-mailing a T.A.	1(1.3)	8(10.7)	11(14.7)	55(73.3)	3.60	75
PERSONAL CONCERNS	Number (Valid %)					
	Strongly Disagree (1)	Somewhat Disagree (2)	Somewhat Agree (3)	Strongly Agree (4)	Average ranking	Total no
Fear of failure	1(1.3)	12(16.2)	18(24.3)	45(58.1)	3.39	74
Frustration	2(2.7)	12(16.0)	32(42.7)	29(38.7)	3.17	75
Management of stress	4(5.3)	17(22.7)	20(26.7)	34(45.3)	3.12	75

Depression	3.0(4.0)	13(17.3)	29(38.7)	29(38.7)	3.15	75
Low-self esteem	1(1.3)	22(29.3)	25(33.3)	27(36.0)	3.04	75
Problems with concentration	7(9.6)	12(16.4)	26(33.3)	28(38.4)	3.03	73
Housing	6(10.8)	10(21.6)	18(24.3)	32(42.2)	3.00	74
Handling crises	4(5.4)	21(28.4)	31(41.9)	18(23.1)	2.85	74
Lack of awareness as rights as a student with MHI	17(22.7)	12(16.0)	24(32.0)	22(29.3)	2.68	75
High anxiety	6(8.0)	12(16.0)	18(24.0)	39(52.0)	2.57	75
Difficulties performing certain tasks	13(17.6)	12(16.2)	32(43.2)	17(23.0)	2.72	74
Finding employment	10(13.5)	21(28.4)	30(40.5)	13(17.6)	2.62	74
Hopelessness	15(20.3)	16(21.6)	28(37.8)	15(20.3)	2.58	74
Lack of assertiveness	14(18.9)	20(27.0)	24(32.4)	16(21.6)	2.57	74
Job skills	9(12.2)	25(32.1)	28(37.8)	12(16.2)	2.58	74
Greater sensitization of university community to MHI's	10(13.9)	24(33.3)	22(30.6)	16(22.2)	2.61	72
Decision making regarding career direction	10(13.6)	19(25.7)	26(35.1)	19(25.7)	2.73	74
Completion of university degree	7(9.6)	18(24.3)	30(40.5)	7(9.0)	2.90	73
Management of MHI	17(23.0)	20(27.0)	19(25.7)	18(24.3)	2.51	74
Managing finances	19(27.5)	18(24.3)	30(40.5)	7(9.0)	2.34	74
Listening problems	19(25.7)	29(39.2)	17(23.0)	9(12.2)	2.22	74
Personal alcohol abuse	42(56.0)	14(18.7)	11(14.7)	8(10.7)	1.80	75
Personal drug abuse	46(61.3)	13(17.3)	8(10.7)	8(10.7)	1.71	75
Side-effects of medication	26(35.6)	20(27.4)	10(13.7)	17(23.3)	2.25	73
Social activities on campus related to alcohol consumption	33(44.0)	32(42.7)	6(8.0)	4(5.3)	1.75	75

Appendix U

Table 5

Concerns and Barriers of Students with MHI's at Wilfrid Laurier University, 2007

Currently Available Supports and Accommodations for Students with MHI's

Issues and Barriers and Personal Concerns	Current Supports Perceived to be Helpful In Reducing Barriers	Weaknesses, Difficulties and Dilemmas Associated with Currently Available Supports and	Suggestions for Changes to Existing Supports and Accommodations and Ideas for New Programs to Meet the Needs of Students with MHI's
A. TASKS (Academic/ Social)			
1. Difficulty concentrating and completing tasks ³	Peer tutors	Tutors need more information about MHI's; OSAP ineligible students may be unable to afford tutoring services	Recruit and train peer tutors with MHI's (buddy system study session)
	Exam accommodations provided through the ALC	Lack of access to private rooms; maximum time on exams insufficient in some instances. Students who defer exams may be unwell when scheduled to write deferred exams.	More private exam rooms/time to write exams; revisions to exam policies for students with MHI's; funding for students who are ineligible for OSAP to be able to receive exam accommodations
	Assistive technology/adaptive software	Those ineligible for OSAP cannot afford assistive technology/adaptive software in some cases	Funding for students who are ineligible for OSAP to be able to afford assistive technology/adaptive software
	Faculty support	Faculty refusal/reluctance to support students; difficult for students to negotiate completion dates with professors regarding extensions on assignments	Faculty support; faculty education/awareness training; advocacy for students with MHI's
	Learning Services study skills workshops	Students cannot attend workshops due to scheduling conflicts; workshops are poorly advertised; information about workshops not easily accessible	More effective advertising of workshops; improved accessibility of information about workshops; workshops scheduled at times when more students are able to attend
	Note takers	Poorly advertised; difficult to access information about services; students unaware of eligibility for supports	Improved access to information about services; more effective advertising of services
	ALC accommodation/wellness plans	Independently navigating/negotiating bureaucratic/administrative systems difficult/inconceivable for many students	Assistance with negotiating/navigating various aspects of bureaucratic/administrative systems (peer/other)
	2. Performance anxiety ³		Three hour classes seen as a learning barrier for many students with MHI's Rigid and preventative course structure/requirements/curriculum
Exam accommodations provided through the		See above for details	See above for details

	ALC Learning Services workshops Counselling Services performance coaching program	See above for details Poorly advertised; difficult to access information about services	See above for details Improved access to information about services offered/eligibility criteria; more effective advertising Campus wide awareness raising/anti-stigma campaigns
3. Reluctance/ refusal to disclose due to stigma*		Related to strong concerns about stigma/stereotyping	
4. Complex nature of MM's"	ALC accommodation/well ness plans	Independently navigating/negotiating bureaucratic/administrative systems difficult/inconceivable for many students with Mill's	Assistance with navigating/negotiating various aspects of administrative/bureaucratic systems (e.g., peer with or without a MHI)
	Learning strategists	Those ineligible for OSAP cannot receive support from a learning strategist in some instances; some students reported lacking a health balance between school work and leisure	Funding for students who are ineligible for OSAP to be able to access supports provided by learning strategists
	Learning Services workshops on stress management	Students unable to attend workshops due to scheduling conflicts in some cases; Workshops are poorly advertised; accessing information about workshops is difficult for many students.	Improved accessibility information about workshops; more effective advertising of workshops; better coordination of scheduling of workshops and student availability. Some students reported wanting to learn how to better manage their stress. Faculty support (see above for details)
	Faculty support	See above for details	
5, Organizational/ Institutional/ systemic barriers"	Supplemental instructors Assistive technology Note takers	Pedagogical methods which differ from the learning styles of students with MHPs in some instances	More effective advertising and improved access to information about note taking services, sessions with supplemental instructors held at more accessible times; use of pedagogical methods which are suitable to multiple learning styles
	ALC accommodation/well ness plans	Lack of consistency of care on campus; poor referral process; lack of communication, collaboration and coordination between service providers on and off campus; difficult for students to independently navigate/negotiate various aspects of bureaucratic/administrative systems Students reported experiencing delays in receiving support from the ALC and being unable to receive counselling from Counselling Services (e.g., when experiencing a crisis) Campus-wide lack of access to information about available services on and off campus Lack of institutional policies, procedures, structures or guidelines for university staff to be able to effectively support students with MHI's	Improved collaboration, communication and coordination between service providers on and off campus; assistance with negotiating navigating various aspects of bureaucratic/administrative systems Timely access to services, supports and accommodations
			Access to information about available services available on campus and in the community Development of policies, procedures, structures and guidelines for university staff to be able to effectively support students with MHI's

B. PERSONAL

CONCERNS

6. Negative emotional impact of stigma"		Lack of opportunities for students with MHI,'s to connect with other students with MHI's	Social support group on campus; buddy system (students with MHI's)
7. Financial*	OSAP BSWD bursary fund	Those ineligible for OSAP cannot afford a psycho-educational assessment/obtain documentation of disability (required to access ALC supports and accommodations) in some cases; student drug plan does not cover all medications; students cannot afford to pay for medications In some instances.	Bursary funding for students who are ineligible for OSAP to be able to access supports and accommodations through the ALC; development of an emergency script fund for students who cannot afford to pay for their medication
S.Quality of supports on campus/in the community ^{8,}		Service providers, faculty, and university staff lack sufficient knowledge in the area of MHI's/responding/supporting students needs with MHI's in some cases	Access to service providers, faculty, and staff members who are knowledgeable and/or have received mental health training (e.g., having a psychiatrist on staff or link to psychiatrist/counsellors' specialized in the area of mental health); faculty and staff training about mental health issues
	Faculty support	Faculty refuse or are reluctant to (or lack sufficient information about MHI's) to support to students with MHI's	Faculty training sessions on MHI's; development of resources, guidelines, and implementation of structures to enable faculty to effectively support students with MHI's
9. Side effects of medication ³	ALC accommodation/wellness planning Note takers	Lack of continuity of care and follow-up between service providers on campus and in the community Some students are unaware of note-taking services, and/or their eligibility for note-taking services. Services are poorly advertised and information about note-taking services is not easily accessible.	Improved continuity of care and follow-up between service providers on and off campus More effective advertising; improved accessibility of information about note-taking
10. Campus wide lack of understanding and awareness ³		Campus climate viewed as unsupportive, un-accepting of students with MHI's; campus-wide lack of understanding/awareness of MHI's. Outreach seen as critical, ALC lacks the time to devote to outreach efforts.	Campus-wide education and awareness raising, anti-stigma campaigns, etc.
11. Self-imposed/systemic pressure		Systemic and self-imposed pressure to follow the norm and take a full course load as opposed to taking a more manageable course load	
12.Unwillingness/reluctance of Professors to provide supports and accommodations"		Faculty refusal to grant extensions on assignments or provide help during office hours	Faculty support; mandatory training sessions for faculty; appointed advocates for students with MHI's (buddy system with students with MHI's)/self-advocacy
13.Personal issues resultant ofMHI ^a		Feeling alone and misunderstood; low self-confidence/self-esteem; feeling of hopelessness and being overwhelmed. Lack of opportunities to connect with other students with MHI's	Social support group, buddy system (students with MHI's)
14. Problems		Students cannot attend counselling sessions, Learning Services workshops, or	Extended hours of operation of Counselling Services, Improved

supports and accommodations on campus /in the community"		sessions with supplemental instructors as a result of scheduling conflicts	accessibility of Learning Services workshops and supplemental instructor sessions; more effective advertising and accessibility of information of Learning Services work shops
	Faculty Support	Faculty refusal/reluctance to support students with MHI's Counsellors and campus doctors lack sufficient training about MHI's. Students unable to access mental health services in a timely fashion; treatment connections to community mental health resources are <u>inadequate</u>	Faculty support; faculty education and awareness training; appointed advocates for students with MHI's (e.g., buddy system with other students with MHFs)/self-advocacy Access to specialized care in a timely fashion. Building community connections viewed as essential to in forming links to treatment
Mobile Crisis response team		Students unable to access emergency care on and off campus in a timely fashion; crisis intervention on and off campus is lacking	Access to emergency care
	ALC accommodation/wellness plan	Maximum number of counselling session per semester is insufficient in some cases; continuity of care and follow-up on and off campus is viewed as extremely poor Students are sometimes unable to access supports from the ALC in a timely fashion; students are frequently unable to immediately access counselling services in emergency situations as a result of insufficient resources	Continuity of care and follow-up by service support offices both on campus and in the community Being able to access services and supports on campus in a timely fashion; increased staffing and space essential for service offices to improve access
15. Lack of accessibility/availability of information about services and Mill's on and off campus"		Campus doctors fail to provide students with adequate information related to ones MHI; service providers, faculty, and university staff need more training and awareness of MHI's and mental health services available both on campus and in the community; information about available services needs to be better communicated (e.g., more advertising/more effective advertising of services)	Access to information about ones •MHI, resource booklets, etc. of campus and community supports available for students with MHI's (available to everyone at Laurier), better advertisement of campus service support offices, psycho-educational outreach; website fixed, easier to navigate; Laurier ambassadors, res dons, faculty to educate student population
16. Difficulties with social relationships ³		Difficulty fitting in with peers/making friends. Attributed to issues related to not knowing who they can trust as well as a lack of peer understanding and awareness about MHI's. No opportunities are available for students with MHI's to connect with other students with MHI's.	Social support group on campus,; buddy system (students with/without MHI's)
17. Help seeking (not utilizing available supports and accommodations)"		Lack of help seeking related to doubts by students that their needs will be addressed, fear of stigma and stereotyping judgment upon disclosure, past experiences with ineffective help, and difficulties students with MHI's face with regard to navigating/negotiating bureaucratic/administrative systems. <u>Other reasons include, a lack of awareness</u>	Social Support Group; buddy system with two to three students with MHI's

of one's disability status, that a MHI's constitutes a valid reason for accommodations, embarrassed for needing supports and accommodations, not knowing that one has a MHI, and a lack of knowledge of various support offices/available resources and where they are located.