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**Developing Documentation Standards and Guidelines for Academic Accommodations for Students with Mental Health Disabilities Attending Post-Secondary Institutions in Ontario**

**SUMMARY OF RECOMMENDATIONS**

1. **Functional limitations as the basis for academic accommodations**

The basis for academic accommodations in postsecondary education has always been the presence of functional limitations, arising from a diagnosed disability, and impacting the performance of academic tasks. We are recommending that the information provided by Regulated Health Care Providers to postsecondary institutions focus on the assessment of a discrete set of functional limitations in relation to the academic setting and linked to an underlying disability. We recommend the use of a consistent set of scales across the province to provide an assessment of limitations and a basis for determining appropriate accommodations. This recommendation is in line with the OHRC Policy on Preventing Discrimination Based on Mental Health Disabilities and Addictions, 2014.

**2. Accommodations provided in good faith**

There are situations which do not conform to the typical process for providing accommodations. One such circumstance occurs when students seek academic accommodations without having documentation of a diagnosed condition. This may happen for a number or reasons; as one example, difficulties with timely access to mental health services may militate against receiving appropriate assessment. We believe that in this situation the student’s request for accommodation should be given consideration, and that, unless there are reasons to suggest otherwise, interim accommodation should be provided.

**3. The provision of temporary accommodations**

When a student experiences the symptoms of a mental health condition for the first time and it affects their academic functioning the student may request accommodations. At that point it may not be clear how long mental health symptoms will last; also, the formal diagnosis may not be clear. We heard from practitioners that, in the case of some mental health problems, it may require up to 18 months to arrive at a conclusive diagnosis. In these circumstances, temporary accommodations are recommended with documentation which indicates the temporary nature of the Functional Limitation.

**4. Retroactive accommodations**

These are accommodations granted after a scheduled evaluation – test, assignment - has taken place. A range of extenuating circumstances may cause a sudden disruption in a student’s functioning and impair their capacity to fulfil their academic responsibilities. In situations like these, students will not be able follow the institution’s customary protocol for arranging accommodations; at the same time, their academic functioning is significantly disrupted. From a procedural fairness perspective, requests for accommodation should be considered irrespective of when the request is made. The institution may justifiably require documentation to explain the reason for the retroactive request.

**5. OSD to communicate accommodation needs to professors**

The responsibility for the provision of accommodations lies with the institution; students should not be required to communicate or negotiate their accommodation needs with their professors. Because colleges and universities have a large proportion of part-time faculty it is even more imperative that the institution be responsible for communicating the accommodations needs of students directly to professors so it is clear that the provision of accommodations is an institutional responsibility. In both the focus groups and the surveys, students described having to meet in person with professors to deliver accommodation letters as a barrier. We recommend that the communication regarding recommended accommodations flow directly from the Office for Students with Disabilities to professors. We recognize that this is the practice in many post-secondary institutions currently.

 **6. The need for clear policies regarding academic accommodation**

It was evident from our survey and focus groups that there is great confusion as to what policies actually exist at each institution. We recommend the development of inclusive policies for all students including: voluntary and involuntary withdrawal polices, return to study policies, etc. taking into account mental health concerns. For a discussion of promising practices, see OCADU’s and Ryerson’s work on **Policy Approaches to Post-Secondary Student Mental Health**[Policy Approaches to Post-Secondary Student Mental Health](file:///E%3A%5Cworking%20file%5CHealth%20%20http%3A%5Ccampusmentalhealth.ca%5Cwp-content%5Cuploads%5C2014%5C05%5CPolicy-Approaches-to-PS-student-MH.FINAL_April15-2014.pdf)and Bazelon Center example mental health policy [Policy on Supporting Campus Mental Health](http://www.bazelon.org/portals/0/education/SupportingStudentsCampusMHPolicy.pdf)

**7. Streamlined services for students**

(i) We heard from all stakeholder groups that the pressures created by the increase in the number of students with mental health conditions has resulted in the system being unable to provide the range of services and supports that would best meet the needs of these students in order to help set them up for success. One promising model involves a Case Management Approach for students with complex mental health needs. The role of the Case Manager is to help students to successfully navigate their challenges, while remaining enrolled and ultimately achieving academic success. The Case Management Approach model is currently being piloted by Georgian and Centennial Colleges. The findings from that project may spur more widespread use of this approach to meet the growing demands of students with mental health disabilities. Please see link to this MHIF project. [Case Management Approach](http://campusmentalhealth.ca/project/extending-the-circle-of-care-a-case-management-approach-to-postsecondary-student-mental-health-services/%20)

(2) Students also indicated in our surveys and focus groups that they were unaware of the services that were available to them. We are recommending that institutions ensure that information about mental health services be communicated in many different formats to students; on course syllabi, brochures, web pages, orientation packages, acceptance packages, etc.

(3) We are recommending that Offices for Students with Disabilities examine the re-registering process for returning students whether it be by semester or yearly with a view to eliminating any unnecessary steps which may currently be required.

(4) We are recommending that Offices for Students with Disabilities examine the process for yearly updates of documentation both from the perspective of the student and of the institution.

**8. Effective training for faculty on mental health and the accommodation process**

In both focus groups and the on-line survey, faculty members overwhelmingly requested education and training on the areas of mental health and accommodation. We have recommended two on-line resources for specific topics in mental health (mental health awareness and how to talk to a student who may have a mental health condition). To complement these, we have developed eight videos focused on accommodation issues as well as a Behaviour of Concern Form that can be customized to each program of study. We recommend that institutions ensure that faculty members are provided both with access to these materials and incentives for participating in training. We also recommend that institutions provide information on each course syllabus about how students may access accommodations for all types of disabilities including mental health disabilities: this would ensure that faculty and students are aware of these services.

**9. Accessibility advisory committees**

 To demonstrate that accommodating students with disabilities is an institutional responsibility, we are recommending that colleges and universities set up Accessibility Advisory Committees for each school/faculty which would advise the Dean on matters related to accommodations including the resolution of disagreements. Please see the University of Manitoba’s model for Accessibility Advisory Committees. [University of Manitoba's Guide to Accessibility Advisory Committees](http://umanitoba.ca/student/saa/accessibility/media/Guidelines-for-AAC-and-AT.pdf)

**10. Accommodation teams**

To demonstrate that accommodating students with complex disability needs requires the input of professionals with different areas of expertise, we recommend that colleges and universities set up accommodation teams. These teams would involve collaboration between content experts (members of the faculty) and accommodation experts (staff in the Office for Students with Disabilities). Please see the University of Manitoba’s model on Accommodation Teams. [University of Manitoba's Guide to Accommodation Teams](http://umanitoba.ca/student/saa/accessibility/media/Guidelines-for-AAC-and-AT.pdf)

**11. System for denied accommodations**

It is important for institutions to have a mechanism which students can use in the event that a member of faculty refuses to grant an accommodation which has been recommended by the Office for Students with Disabilities. We recommend the formation of an Accommodation Appeal Committee at each institution to deal quickly with these situations. Please see Carleton University’s policy, [Carleton University's - Accommodation Appeal Process](http://carleton.ca/pmc/policies-and-responsibilities/accommodation-appeal-process/) and the University of Manitoba’s policy [University of Manitoba - Denied Accommodations](http://umanitoba.ca/admin/governance/governing_documents/governance/sen_committees/scaaap.html.)

**12. Student satisfaction survey**

Many student participants commented on the lack of opportunity to provide feedback on their experience with academic accommodations. Receiving feedback from stakeholders who are “at the centre” of accommodation services would provide valuable information to help each institution review its practices and consider improvements. We suggest that institutions survey students registered with the Office for Students with Disabilities on a yearly basis to determine what is working well and what areas are identified for improvement.

**13. The OSD as a resource for students with disabilities.**

A number of students commented that they felt that OSDs could act a hub for students with disabilities who believe they would benefit from such a connection. With assistance from the Case Manager, clubs and activities could be planned to help students navigate and integrate in college/university life. Models already exist where academic and social support activities are offered to students with disabilities throughout the year.

**14. Learning Disabilities and Attention Deficit Hyperactivity Disorder**

We had hoped to create a universal checklist that could be used to verify the needs of all students with disabilities; it became clear that this could not work for students diagnosed with Learning Disabilities or Attention Deficit Hyperactivity Disorder. After reviewing the research and consulting with an expert in the field, it became clear that, at present, clinicians do not consistently follow accepted diagnostic criteria when making these diagnoses. We therefore recommend strongly that the Ministry of Training, Colleges and Universities, in collaboration with the College of Psychologists of Ontario, create a Task Force to explore how to deal with the issue of inconsistent diagnostic standards being employed for LD and ADHD, with a view to creating a standardized checklist similar to the one we have recommended in this report.