



CENTRE FOR INNOVATION IN  
Campus Mental Health

**Academic Accommodations for Postsecondary Students with Mental Health Disabilities - Webinar Q&A**

*Dr. Michael Condra has gone through the questions asked by webinar participants during the webinar in the chat pod and has provided detailed responses below. Simply, click on the question below and you'll be taken to his response.*

**List of Questions:**

For the purposes of this study, were addictions and eating disorders included? ..... 2

By not emphasizing the diagnostic label, how do you ensure that a “disability” is truly present?..... 2

Can you comment on the OHRC assertion regarding the responsibility of institutions to inquire where, in the absence of documentation, to help a student who is clearly unwell?..... 3

Were students with ASD - Autism spectrum disorder identified and/or considered in the survey ..... 4

Can other Regulated Health Care Providers (i.e. OTs) complete the documentation forms as they are well placed to be commenting on the functional impact of students’ disabilities? ..... 4

In regards to Behaviours of Concern, where does confidentiality fall when connecting with other departments outside the counselling office when safety is not a concern? ..... 4

With regards to the Appendix C and the box regarding "permanent disability" - have you found that some mental health professionals choose not to say it is permanent due to the stigma attached? ..... 5

What happens in the case of a student with mental health issues who would need to repeatedly postpone exams (and often the same one), should there be set limits? ..... 5

Functional Limitations Assessment Form for Postsecondary Students with a Disability - Appendix C does not have the hover capabilities to further explain the functional limitation listed ..... 5

Do diagnoses made by qualified professionals need to be based on recent assessments/ evaluations? If not, how can we assess the functional limitations? ..... 6

What is the institution's responsibility when a student cannot afford to provide documentation? ..... 6

How should DS providers reconcile the new guidelines here with the BSWD guidelines currently in practice, especially with regard to providing a disability-related rationale for various technology and services? ..... 6

What can provincial governments do to improve the provision of academic accommodations to students with disabilities (mental health disabilities, and otherwise)? ..... 6

How do the recommendations become provincial policy? ..... 6

Are there recommendations for how district school boards can better prepare/support students who may require accommodations with the transition to post-secondary? ..... 7

Are there some guidelines for providing academic accommodations for students with psychiatric disabilities? ..... 7

Working with the Health Sciences programs, there are a lot of placements that students have each semester, were there any recommendations related to field placements or co-ops? ..... 7

How to coach a student to share functional limitations with placement agency with a positive outcome. .... 8

Students who have never had an equitable opportunity to succeed at school may be unsure what accommodations would result in them having equitable opportunities at success. How would you advise these students? ..... 8

How will these changes affect eligibility for BSWD and other OSAP grants? ..... 9

Accommodations for Students with Borderline Personality Disorders ..... 9

Would calculator, reader or scribe ever be an appropriate accommodation for someone with only a mental health diagnosis?..... 10

How can those in non-healthcare professions assisting students balance accommodating needs with helping students develop coping skills to improve their abilities over time? ..... 10

Could you please speak to, even briefly, non-classroom settings such as field education, nursing placements, teaching placements for education students, practicum settings or other non-traditional academic settings? ..... 10

**For the purposes of this study, were addictions and eating disorders included?**

The approach we took (which focuses on Functional Limitations as a basis for accommodation planning) is applicable in all mental health conditions, including Eating Disorders. As we mention in the final report (P.1):

*The topic of addictions was not included in the scope of the proposal. While the human rights principles with respect to accommodating addiction-related needs are the same as for other disabilities, we believe that this area merits separate consideration.*

**By not emphasizing the diagnostic label, how do you ensure that a “disability” is truly present?**

**Q.** While we agree that the focus should not be on the diagnostic label, the process/exercise of determining a label often provides the rigor that ensures that a "disability" is truly present. We have concern that the criterion described "experiences functional limitations...that impairs..." will result in many instances where common challenges e.g., exam anxiety" will be misconstrued as valid disabling conditions warranting accommodation.

This is an important issue and there are a number of considerations here.

The form includes the phrase you’ve mentioned ("*experiences functional limitations...that impairs*"); underneath it says:

***I confirm that:***

*This student has a disability based on a diagnosed\* health condition according to the criterion outlined above, [yes/no] or*

*I am monitoring this student’s condition to determine a diagnosis [yes/no]*

Thus, in order to receive ongoing accommodations, there must be evidence of a disability, not just a limitation. The second option (“I am monitoring ...”) has been inserted to deal with those situations where a significant functional limitation is evident, but the diagnosis is not yet clear. As pointed out by Dr. Cheng, it sometimes takes her 18 months after the onset of (often quite disruptive) symptoms to reach a conclusive diagnosis

Part of the challenge is our continuing use of terminology which may cloud the issue. “Exam Anxiety” is one such example, since it suggests a labelling process akin to diagnosis and implies an “entity”. However, Exam Anxiety, like all other forms of anxiety, occurs on a continuum. That is, most students find exam-taking stressful; you are correct in suggesting that for many people this is a common challenge, and with appropriate supports they will be able to complete exams without too much challenge. For some students, however, the degree of anxiety they experience significantly disrupts their performance in examinations; we have seen a number of students over 30 years of work for whom the anxiety associated with writing an examination is severely disruptive and in some cases it has derailed academic careers.

The following two cases (both based on actual examples) illustrate this point:

- *Student No. 1: “I don’t want to talk to anyone before the exam. I’m really tense for the first 10 minutes of the exam, find it hard to focus. It gets a little better after that, but I’m tense throughout and at the end I’m exhausted”*
- *Student No. 2: “The night before each exam I sleep very poorly. I try to convince myself I will be OK once I get into the exam hall. Once inside, my heartbeat gets faster and I sweat profusely, I start to feel extremely stressed, thinking ‘everyone else looks so calm’. During the exam it gets worse, and I feel panicky; I feel frightened and I start to believe that other people are staring at me. I can’t form answers; I just can’t concentrate. Twice I’ve had to leave an exam early because I was so stressed. Other times, I just don’t finish the questions because I’ve run out of time because of lack of focus. Meanwhile I get 90’s on all of my assignments. It is so disheartening”.*

Clearly, Student No. 2 is experiencing significant disruption and in this instance we believe an accommodation may be appropriate.

By the way, the assessment of disruption which results from social anxiety follows a similar approach. In the event that the anxiety is sufficiently disruptive we may consider an accommodation for class presentations. However, students who experience social anxiety may in some cases self-select courses to avoid the requirement to do a presentation which would be highly anxiety-arousing, and thus not even request an accommodation. This option does not exist for students who experience severe anxiety during examinations.

## **Can you comment on the OHRC assertion regarding the responsibility of institutions to inquire where, in the absence of documentation, to help a student who is clearly unwell?**

This issue is described in *Policy on Preventing Discrimination Based on Mental Health Disabilities and Addictions* (Ontario Human Rights Commission, 2014). The Commission has said that in this type of situation (i.e. where the individual’s behaviour suggests the possible presence of a disability), the accommodation provider has a responsibility to reach out and offer accommodation and assistance (see pages 49-51 of the Policy for a discussion of this issue).

We have some thoughts about this in the educational context. Philosophically, we are very supportive of the thrust of this recommendation. It signals that we all have a responsibility as community members to reach out and offer support when we see someone who seems to be in difficulty. Practically, this is a recommendation will be most applicable in

situations where the behaviour of concern is most likely to be noticeable – for example, in small classes, in labs, on field placement and occasionally in administrative offices. Sometimes the behaviour presents itself in writing (e.g. an email or a handwritten note submitted with or as part of an essay). In each of these cases, we believe it is important to follow up with the student and talk about supports; we have advocated this approach for many years, and have provided information for faculty on how to identify and respond to students in distress.

In discussions we have had with policy analysts from the Commission, we've talked about the applicability of this recommendation in situations where contact is limited to large-enrollment classes and where the opportunity for observation of individual students is extremely limited. The intent of the policy requirement is to respond only to behaviour that is observed and/or experienced.

### **Were students with ASD - Autism spectrum disorder identified and/or considered in the survey**

No specific diagnostic group was identified in the survey. In the case of ASD (rather like the situation with anxiety referred to above), since there is a spectrum of impact, the key issue is identifying where the functional limitations are and how these have an impact in the academic sphere.

### **Can other Regulated Health Care Providers (i.e. OTs) complete the documentation forms as they are well placed to be commenting on the functional impact of students' disabilities?**

I am curious whether other Regulated Health Care Providers who can be delegated the controlled act of communicating a diagnosis, such as Occupational Therapists, are able to complete the documentation forms as they are well placed to be commenting on the functional impact of students' disabilities.

We see no difficulty with this.

### **In regards to Behaviours of Concern, where does confidentiality fall when connecting with other departments outside the counselling office when safety is not a concern?**

The purpose of the BOC form is to provide members of faculty with a resource to deal with situations involving student behaviour. As mentioned in the webinar, the form is only useful if an implementation process and education of faculty has taken place.

From our perspective, communications regarding Behaviours of Concern ought to involve the least amount of personal information possible in order to deal with the situation at hand. In this context, it is quite feasible to respond to many concerning situations without disclosing personal information about a student. In some circumstances, personal information may need to be disclosed; in these situations, the absolute minimum information should be relayed in order to deal with the issue of concern. This is why we encourage members of faculty to focus on what is observable (behaviour) and avoid speculation regarding possible explanations for the behaviour (such as inferring the presence of mental health issues, etc.).

## **With regards to the Appendix C and the box regarding "permanent disability" - have you found that some mental health professionals choose not to say it is permanent due to the stigma attached?**

I've run into some issues where a psychiatrist has chosen not say it is permanent because they feel it would negatively impact the treatment for the individual. The main issue here is confirming permanent disability with OSAP and accessing the BSWD - their guidelines state that "permanent" must be checked...

This is indeed a concern for students who need to access the BSWD. Since our research looked specifically at the accommodation process and best practice in that area, the issue of funding was not the focus. From the human rights perspective, both permanent and temporary disabilities merit consideration for accommodation. Having said that, it had been pointed out by many stakeholders how the lack of a "permanent" disability label and the lack of the identification of a specific diagnosis will disadvantage lower income students who have mental health disabilities. Our intention was never to create a two-tier system of accommodation and we have made MTCU aware of our concerns. We also completely understand – and support – the reluctance the some HCPs experience in labelling a disability as "permanent". Aside from the lack of certainty about whether or not it is in fact permanent, there are consequences which result from the "permanent" label (such as difficulty in obtaining mortgage insurance). As pointed out earlier, the funding issue has to do with the BSWD requirement for a "permanent" designation. It will be interesting to see what changes occur with the BSWD going forward

## **What happens in the case of a student with mental health issues who would need to repeatedly postpone exams (and often the same one), should there be set limits?**

I'd need to find out a little more about this situation. What's causing the postponement of the examinations? Is the postponement the result of the re-emergence of symptoms?

Requesting the postponement of an exam because of a "flare up" of symptoms, or sudden hospitalization would not by itself constitute an "undue hardship" for the institution and the student would be entitled to postpone and re-write; the student would need to provide documentation to support the request. In the case of repeated requests related to the same exam, we could envisage at some point the need for the instructor, the student and the advisor to meet and discuss what other ways the student could meet the essential requirements of the course. From a Universal Design for Learning perspective an alternative form of evaluation might be the best option.

## **Functional Limitations Assessment Form for Postsecondary Students with a Disability - Appendix C does not have the hover capabilities to further explain the functional limitation listed** - can the PDF - assessment form with this capacity be sent ? Thank you.

I've checked the form and the hover seems to be working. If you have any difficulty, please get in touch with Mike directly ([condram@queensu.ca](mailto:condram@queensu.ca)) and we'll be happy to find a solution.

## **Do diagnoses made by qualified professionals need to be based on recent assessments/ evaluations? If not, how can we assess the functional limitations?**

The general principle is that we accept the documentation in good faith, unless there is a reason which casts doubt on it. With regard to mental health, we'd be reluctant to set a specific length of time within which documentation could be considered valid, and outside which it is not. As a first step, the student's self-report (perhaps in response to the question "Has anything changed with regard to your disability since this assessment was carried out") would likely be the most appropriate approach. Where this does not elicit sufficient information, or where there is still uncertainty, it may be appropriate to consider a re-evaluation.

## **What is the institution's responsibility when a student cannot afford to provide documentation?**

Sometimes specialists charge a fee for document completion which can be a barrier for students to access accommodations.

In the policy document from June 2014, the Ontario Human Rights Commission asserts that if the institution is requesting documentation above and beyond what is being provided by the student, then the institution is responsible for the costs involved. We understand that this assertion may be re-examined.

## **How should DS providers reconcile the new guidelines here with the BSWD guidelines currently in practice, especially with regard to providing a disability-related rationale for various technology and services?**

The basis for on-going accommodations continues to be the presence of a disability (as identified by a health care professional). To access the BSWD, the student will still be required to have evidence of a disability. In this respect, the rationale for requesting technologies and services under the BSWD will not need to be changed; the rationale should link the request to the functional limitations associated with the disability.

## **What can provincial governments do to improve the provision of academic accommodations to students with disabilities (mental health disabilities, and otherwise)?**

This is a good question – and a broad one. If we look at the gaps, this might help make choices. One clear gap is rapid access to service (assessment, early intervention, treatment), and this is the first place to which we would like to see resources increased. Secondly, accessibility services in postsecondary institutions are straining under the weight of increasing numbers and we believe need increased support. Thirdly it would be good to see provincial governments spearheading provincial requirements for accommodation - documentation, policies and processes in collaboration with PSE institutions – to create an equitable system across each province. Fourthly, the issue of requiring a diagnosis and the designation of a "permanent disability" to qualify for funding needs to be overhauled to reflect the reality of episodic and temporary conditions. Finally, they could become more engaged in applied research just as MTCU has done in Ontario; this would continue to the work of developing best practices in the area of accommodation, always realizing that the area of accommodation is fluid and change will always be a part of evolving best practices.

## **How do the recommendations become provincial policy?**

The research makes recommendations for best practice. Some recommendations are based on the Ontario Human Rights *Policy on Preventing Discrimination Based on Mental Health Disabilities and Addictions* (2014). The Policy is reflected in a number of the project's recommendations:

1. Functional Limitations as a basis for accommodations
2. Temporary accommodations
3. Accommodations without documentation,
4. Accommodations after a test deadline,
5. Dispute resolution

Whether or not to implement the recommendations is a matter for each institution to determine. The challenge will arise if a student brings a complaint to the Ontario Human Rights Tribunal. The Tribunal will consider policy in this area and institutions will need to have a very strong rationale if they decide to ignore the recommendations listed above. We believe that there will be announcement soon from the Ontario Human Right Commission about a recent decision that will impact the sector; this information will be posted on the Commission's website shortly.

## **Are there recommendations for how district school boards can better prepare/support students who may require accommodations with the transition to post-secondary?**

Yes, more collaboration between school boards and colleges and universities. Students (and their parents) who are planning to attend college and or university should be better prepared in understanding:

1. The differences between accommodations at the post-secondary level (based on the functional limitations that results from a disability) and those at high school (some of which can be based on academic performance below grade level).
2. The expectations regarding autonomy, self-management in the postsecondary system
3. The range (and limits) of services available in colleges and universities.

We see Disability Advisors from colleges and universities performing an educational outreach role to local high schools to bridge the existing gap in information.

## **Are there some guidelines for providing academic accommodations for students with psychiatric disabilities?**

In particular when it comes to recommending providing them with equipment (e.g. laptop) and services (e.g. tutoring)?

Accommodations for students with psychiatric disabilities should be based on functional limitations. The question would be, what functional limitation(s) would require a laptop or tutoring? Thus, while we wouldn't rule out these as accommodations, they would need to be clearly linked to the limitation(s) identified.

## **Working with the Health Sciences programs, there are a lot of placements that students have each semester, were there any recommendations related to field placements or co-ops?**

Our report contains a number of recommendations in this complex area. The central one is the use of accommodation teams (Recommendation 11, p. 26);

*Accommodating students with complex needs requires the input of professionals with different areas of expertise working in a collaborative model. **The recommendation** is that colleges and universities establish accommodation teams to facilitate this process. These teams would involve collaboration between content experts (members of faculty) and accommodation experts (staff in the Office for Students with Disabilities) and would deal with requests for complex accommodations.*

This is a “design” issue and involves developing an on-going (not ad hoc) team. Both the OSD staff and the faculty have significant expertise to contribute, the former because of their understanding of accommodation processes, the latter because of their awareness of program requirements and structures. In our experience, Advisors are concerned that students are treated equitably and fairly. For their part, faculty in professional schools are concerned that the accommodation being provided in fieldwork does not undermine or sidestep the acquisition of essential skills or competencies. Both of these “voices” are important, and both need to be heard (thus, the importance of team approach in the recommendation).

It will also be tremendously important to encourage professional schools to work on developing **Essential Requirements** for programs and courses. These help hugely in developing a clear understanding of which accommodations are or are not appropriate in a given situation.

## **How to coach a student to share functional limitations with placement agency with a positive outcome.**

We recommend that the accommodations be handled by the faculty supervisor and the setting together with the student. Students do not have an obligation to share personal information (such as the nature of their functional limitations), just their accommodations. As well, it is important to educate and inform staff in training settings of their responsibilities regarding accommodation and their need for information. There seems to be an emerging concern that some settings will not accept students with disabilities; colleges and universities need to offer more transition support to students with disabilities and to placement settings as a way of helping students settle into the placement and to quickly solve any challenges that may present themselves.

## **Students who have never had an equitable opportunity to succeed at school may be unsure what accommodations would result in them having equitable opportunities at success. How would you advise these students?**

We are aware that some students choose not to share their mental health disability-related information because of stigma, shame, embarrassment. However, we would advise students to become aware of their rights regarding accommodations. Accommodations provide students with a way of demonstrating mastery of the material; they do not provide an advantage. Our project’s handbook for students (**Post-Secondary Students with Mental Health Disabilities**) and the project videos (links to both of these is on the Centre’s web page) provide students with useful information. As well, we would recommend that when students feel that they are not being accommodated appropriately they should engage the appeal process at their institution. Our report recommends (Recommendation No. 9) that “... *each institution create a procedure dealing with accommodation appeals working from the framework of the*



*Code and the school's accommodation policy to deal with these situations [complaints about accommodations]. Access to the Appeal Committee should be streamlined and the Committee should be able to meet quickly and provide a speedy response so that the student is not disadvantaged by a lengthy appeal process. (p.27)*

## **How will these changes affect eligibility for BSWD and other OSAP grants?**

Currently a diagnosis is required for funding from BSWD and OSAP. Since our research focused on documentation requirements for accommodation we did not address funding. We will be interested to see how this unfolds as we worry that if the requirement for funding does not change then it will create a two-tier system of documentation requirements (i.e. no diagnosis needed for accommodation but a diagnosis needed for funding).

## **Accommodations for Students with Borderline Personality Disorders**

The issue again is in relation to the functional limitations as they are evident in the academic environment. As well, there are very significant variations in how this range of difficulties is evident. When we consider the characteristics of this disorder

*List of symptoms: BORDERLINE PERSONALITY DISORDER*

- 1. Frantic efforts to avoid real or imagined abandonment*
- 2. A pattern of unstable and intense interpersonal relationships*
- 3. Identity disturbance,*
- 4. Impulsivity in at least two areas that are potentially self-damaging*
- 5. Recurrent suicidal behavior,*
- 6. Emotional instability*
- 7. Chronic feelings of emptiness*
- 8. Inappropriate, intense anger or difficulty controlling anger*
- 9. Transient, stress-related paranoid thoughts or severe dissociative symptoms*
- 10. Dissociative symptoms*

All of the items on the list create distress/disruption for the person experiencing them. However, some may not be evident in the academic environment. Numbers 4, 6, 8 and 9 might result in problems in group work or in exams (e.g. #9 might manifest as intense anxiety in examinations) and in these circumstances consideration for accommodation would be appropriate. A strong caution: careful assessment is very important here. Just like all other situations, determining the functional limitations is vital – even more so since the diagnosis will not be provided. ;

## Would calculator, reader or scribe ever be an appropriate accommodation for someone with only a mental health diagnosis?

It would depend on what the functional limitations are. If the student had difficulty concentrating and writing in stressful situations then the accommodation would be matched to the functional limitation. If the calculator, reader or scribe were provided to deal with (for example) overwhelming anxiety in relation to reading or writing an exam (although the former is difficult to envision) then there may be a case to be made for the accommodation. In the case of the calculator, we would need to add in the concern about the Essential Requirements of the course and whether the calculator would undermine these. (For an interesting analysis of this particular issue, see Page 4 of ADA Requirements: Testing Accommodations: (U.S. Department of Justice Civil Rights Division *Disability Rights Section*) available at [http://www.ada.gov/regs2014/testing\\_accommodations.html](http://www.ada.gov/regs2014/testing_accommodations.html))

## How can those in non-healthcare professions assisting students balance accommodating needs with helping students develop coping skills to improve their abilities over time?

Workshops on time management, organization, note taking skills etc. useful apps, group study groups, support groups. If the focus of the Disability Office is as a hub for students with disabilities and with the Transition program role now part of the AFSD, then there are lots of opportunities to provide education on time-management, note taking skills, etc. Collaboration between on-campus services is also important; many campuses now have these services within their Counselling or Student Success centres.

## Could you please speak to, even briefly, non-classroom settings such as field education, nursing placements, teaching placements for education students, practicum settings or other non-traditional academic settings?

*Sorry, I'm repeating my answer from above.* Our report contains a number of recommendations in this complex area. The central one is the use of accommodation teams (Recommendation 11, p. 26);

*Accommodating students with complex needs requires the input of professionals with different areas of expertise working in a collaborative model. **The recommendation** is that colleges and universities establish accommodation teams to facilitate this process. These teams would involve collaboration between content experts (members of faculty) and accommodation experts (staff in the Office for Students with Disabilities) and would deal with requests for complex accommodations.*

This is a “design” issue and involves developing an on-going (not ad hoc) team. Both the OSD staff and the faculty have significant expertise to contribute, the former because of their understanding of accommodation processes, the latter because of their awareness of program requirements and structures. In my experience, Advisors are concerned that students are treated equitably and fairly. For their part, faculty in professional schools are concerned that the accommodation being provided in fieldwork does not undermine or sidestep the acquisition of essential skills or competencies. Both of these “voices” are important, and both need to be heard (thus, the importance of team approach in the recommendation).

It will also be tremendously important to encourage professional schools to work on developing a list of **Essential Requirements** for programs and courses. These help hugely in developing a clear understanding of which accommodations are or are not appropriate in a given situation.