Canadian Journal of Higher Education
Revue canadienne d'enseignement supérieur

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Kate Parizeau

Cite this article

Article abstract

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UNEVEN LEARNING LANDSCAPES AHEAD: INSTRUCTOR PERSPECTIVES ON UNDERGRADUATE STUDENT MENTAL HEALTH

KATE PARIZEAU
UNIVERSITY OF GUELPH

Abstract

This study investigates instructor perspectives on undergraduate student mental health in a mid-sized comprehensive university in southwestern Ontario. Through a survey (n = 190) and two focus group discussions (n = 8), instructors reported different perspectives toward student mental health (some inclusive, some tolerant, and some discriminatory); changing workloads and pressures associated with addressing student mental health; and a predominant framing of mental health conditions as biomedical concerns. Using the conceptual framework of learning landscapes (Noyes, 2004), I argue that students with mental health concerns experience uneven and sometimes inequitable learning environments across their post-secondary education due to the differing microclimates created by individual instructors. While institutional policies and advocacy efforts to support mental health on campus may help to shift the learning landscape, they are unlikely to change the biases exhibited by some instructors that represent barriers to accessible post-secondary education.

Keywords: student mental health, post-secondary education, instructor perspectives, biomedical discourses

Résumé

Cette étude examine des perspectives d'instructeurs portant sur la santé mentale des étudiants de premier cycle dans une université polyvalente de taille moyenne du sud-ouest de l'Ontario. Dans le cadre d'un sondage (n = 190) et deux groupes de discussion (n = 8), des instructeurs ont rapporté différentes perspectives quant à la santé mentale des étudiants (certaines inclusives, d'autres tolérantes et d'autres discriminatoires); des augmentations de charges de travail et des pressions associées à la santé mentale des étudiants; ainsi qu'un cadrage prédominant des problèmes de santé mentale comme étant des inquiétudes biomédicales. Utilisant le cadre conceptuel de «learning landscapes» (Noyes, 2004), je soutiens que les étudiants ayant des préoccupations au niveau de leur de santé mentale vivent des «learning landscapes» inégaux et parfois inéquitables durant leurs études postsecondaires en raison des différents microclimats créés par les instructeurs individuels. Bien que les politiques institutionnelles et les efforts pour soutenir la santé mentale sur le campus puissent aider à modifier des «learning landscapes», il est peu probable qu'ils changent les préjugés manifestés par certains instructeurs que représentent des obstacles à une éducation postsecondaire accessible.

Mots-clés : santé mentale des étudiants, éducation postsecondaire, perspectives des instructeurs, discours biomédicaux

Introduction

Trends of increased undergraduate student mental health issues have been reported across anglophone post-secondary contexts (Brown, 2018; Castillo & Schwartz, 2013; Hughes et al., 2018; Peake & Mullings, 2016; Storrie et al., 2010). While addressing student mental health has become a high priority for many Canadian post-secondary institutions, meeting student needs has proved challenging. DiPlacito-DeRango (2018) notes that although there is substantial research and writing on student mental health in Canada, there is little scholarly work that focuses on the role of instructors in this issue. This study describes instructors' perspectives on under-

graduate student mental health in their classrooms in a mid-sized comprehensive university in Ontario.

In Ontario, people with disabilities are guaranteed rights to accessible education and protection from discrimination through the provincial Human Rights Code (Condra et al., 2015; Ontario Human Rights Commission, 2014, 2018). Additionally, the *Accessibility for Ontarians with Disabilities Act* brought in accessible education compliance requirements in 2013, including mandatory instructor training on the Act (Accessibility for Ontarians Disabilities Act, 2012). Mental health challenges are considered disabilities under these pieces of legislation. Universities therefore have a responsibility to ensure that students with mental health issues receive an accessible and non-discriminatory education. However, post-secondary education is provided by frontline instructors who are responsible for interpreting and delivering institutional policies, and trainings alone cannot create accessible classroom environments.

Student Mental Health and Post-Secondary Learning Environments

Mental Health on Campus: An Overview

The Canadian version of the 2019 National College Health Assessment survey reveals the widespread mental health strain experienced by students in Canadian post-secondary institutions (American College Health Association [ACHA], 2019). For example, at some point in the previous year, 63.6% of respondents reported that they had "felt things were hopeless," 51.6% had "felt so depressed that it was difficult to function," 68.9% "felt overwhelming anxiety," 16.4% had "seriously considered suicide," and 2.8% had attempted suicide. There is an on-going increase in these reported mental health symptoms among students as compared to earlier runs of the survey (ACHA, 2013, 2016, 2019).

Research has also documented the diverse mental health stressors that instructors experience in higher education (Mountz, 2016; Nishida, 2016; Parizeau et al., 2016; Tucker & Horton, 2019). Peake and Mullings (2016) highlight the additional stress experienced by instructors facing marginalizing oppressions, and Loveday (2018) notes that precariously employed instructors face

particular constraints and stressors associated with their casualized labour (this category includes sessionals, adjunct lecturers, or short-term contract faculty). Mental health is therefore a concern for those working and learning in higher education.

Canadian universities have instituted various policies and resources in order to address student mental health concerns, but the issues persist (Peake & Mullings, 2016). Many interventions focus on the individual student, which often pathologize and stigmatize students experiencing mental health stressors. Thomas (2017) documents the difficulties McGill University has experienced in working to better address student mental health, noting the challenges of reorganizing existing services, coordinating information across resource platforms on campus, and effectively promoting mental health resources and services to students. Furthermore, the impacts of awareness-raising campaigns for students and institutional policies to promote mental health are not well-evidenced (Fernandez et al., 2016). While institutional interventions and policies are important elements in addressing student mental health, they are not sufficient alone.

A number of studies have highlighted the role of instructional design and the tone of classroom interactions as important structural factors influencing student mental health (Baik et al., 2019; DiPlacito-DeRango, 2018; Fernandez et al., 2016; Hsu & Goldsmith, 2021; Markoulakis & Kirsh, 2013; Meredith et al., 2021; Smith, 2020). One example of how classroom dynamics impact student mental health is that some students choose not to disclose their mental health difficulties to instructors or other campus authority figures because they are concerned about how this disclosure will be received, and whether it will impact their academic assessment or future opportunities (Martin, 2010; Quinn et al., 2009; Venville, 2014). Understanding instructor perspectives, attitudes, and practices with regard to mental health is key to understanding the mental healthiness of undergraduate students' learning environments.

Mental Health as a Social Phenomenon: Moving Beyond Medical Discourses

One of the central factors shaping student learning environments is how student mental health is discursively framed in higher education. Peake and Mullings (2016)

distinguish between different framings of mental health prevalent in higher education settings. There is a neuroscience-based biomedical model of mental health, which focuses on the physiology of the brain as the root of mental health symptoms and which sees the solution to mental health concerns as based in traditional psychiatric treatments (including medications and behavioural therapies). This framing tends to situate mental health accommodations within a formalized disabilities framework. In contrast, a (bio)psychosocial model of mental health acknowledges physiological contributions to mental health concerns but situates these biological factors within social and structural contexts. This model places mental health

> as an affective phenomenon generated interpersonally through precarious social relations. It is a call for mental distress to be understood as a structural and relational condition, symptomatic of the stressed and anxiety-ridden environments in which we live and work, best addressed by protesting against and working to change those environments. (Peake & Mullings, 2016, p. 259)

The (bio)psychosocial model of mental health enables consideration of the many contextual factors in post-secondary education settings that can either promote mental well-being or present mental health stressors. For example, academic pressures, financial difficulties, and interpersonal relationships can present mental health stressors for students (Linden & Jurdi-Hage, 2017; Markoulakis & Kirsh, 2013; Stanley & Manthorpe, 2001), and individuals have different means of coping and levels of personal resilience (Linden & Jurdi-Hage, 2017; Markoulakis & Kirsh, 2013). The availability and accessibility of mental health resources on campus is also a contextual factor influencing student mental health, which can include one's ability to navigate institutional systems, the appropriateness of care offered, and managing stigma and discrimination as a mental health services user (Giamos et al., 2017; Markoulakis & Kirsh, 2013; Stanley & Manthorpe, 2001). Some authors have argued that the neo-liberalization of higher education has led to increased academic pressures, increased financial stress, and reduced access to resources, all of which can be mentally stressful for students, faculty, and staff (Nishida, 2016; Peake & Mullings, 2016). Studies have observed that different groups of

students may face particular mental health stressors in post-secondary learning environments, including racialized students, Indigenous students, women, mature students, queer students, gender minorities, international students, and those of lower socio-economic status (de Moissac et al., 2020; Hop Wo et al., 2020; Lipson et al., 2019; McLafferty et al., 2017; Prieto-Welch, 2016). These stressors have been connected to experiences of discrimination, difficulties in navigating institutional structures that were not designed with these students in mind, and difficulties in accessing support (including the financial resources required to attend higher education). There are therefore a number of systemic, structural, and institutional factors beyond a student's individual physiology that can contribute to their mental health stress. A more holistic examination of student learning environments may enable further insights to the growing prevalence of mental health symptoms experienced by undergraduates.

Student Mental Health and Learning Landscapes

This research project frames the learning environments of undergraduate students as a complex collection of factors that can alleviate or contribute to mental health stressors. Noyes (2004) developed the geographical metaphor of learning landscapes with respect to primary and secondary school settings in order to invoke the multiple facets of educational environments that can impact student learning. This includes their *geology* (educational infrastructures and structures, including curricula and policies), *climate* (attitudes and perspectives that influence interpersonal interactions at multiple scales), *human impact* (interventions to create change in the learning landscape), and *time* (the recognition that the factors impacting and shifting learning landscapes can play out over different timescales). Others have adapted this concept for post-secondary environments with a particular focus on educational spaces as the focal point of the landscape metaphor (Neary et al., 2010; Thody, 2008). However, I believe it is important to revisit Noyes's (2004) more fulsome understanding of the various factors that impact pedagogy and learning environments when describing post-secondary learning landscapes. While many elements of this extended metaphor pertain to undergraduate student mental health, the focus of the

current study is primarily on the microclimates created by instructors through their teaching practices.

Drawing from survey and focus group discussion data, I argue that instructors create learning landscapes through their teaching, and that the diverse perspectives, attitudes, and behaviours reported by instructors indicate that undergraduate students experience uneven and inequitable learning landscapes throughout their post-secondary education.

Methods

This research study was conducted between the summer of 2018 and the summer of 2019 at a mid-sized comprehensive university in southwestern Ontario. A survey and focus groups were the methods of data collection employed in this study. In the first stages of designing this research, I had a series of conversations with campus stakeholders to learn about their concerns and perspectives on undergraduate student mental health in the classroom. For example, I consulted and shared a draft survey with health and wellness leadership on campus, administrators, student life representatives, and representatives of the unions on campus that represent instructors. The survey included both Likert scale and open-ended questions and was piloted in an instructional support group. In the Winter 2019 semester, a research assistant and I searched the university's public online databases for all undergraduate courses offered that term. I sent a study recruitment email to 645 instructors teaching during the above-noted semester who had listed publicly available contact information in their course listings (four part-time instructors did not include contact information in their listings). In total, 190 instructors completed the survey for a response rate of 29.5%. Survey data was collected using Qualtrics online software and was imported into SPSS for data analysis. Eight survey respondents participated in two focus groups during the Summer 2019 term to further explore the survey themes; each focus group lasted approximately two hours. Focus group discussions were recorded and transcribed by a research assistant. The open-ended survey questions and focus group transcripts were thematically coded to identify key patterns and discourses related to mental health in the classroom. There was a high level of data saturation in the surveys and focus group discussions, and the results from the mixed methods employed in this study were triangulated in order to ensure rigour.

Limitations of the study included my inability to reach all instructors working at the university due to fluctuations in teaching responsibilities. Many instructors did not receive the survey because they were on research leave, do not usually teach in the winter terms, or had not been offered sessional work that term. Some of those who participated in the study noted that graduate instruction and supervision presents its own challenges with respect to addressing mental health concerns. While this topic was out of scope for the current study, the mental health of graduate students is of paramount concern in contemporary academia and is worthy of further investigation. This study collected data from instructors affiliated with a single Canadian university; the findings may have been different if additional post-secondary institutions with different mental health policies and practices were included in this study. Finally, the COVID-19 pandemic will undoubtedly have long-term implications for mental health in post-secondary institutions, and the learning landscapes described in this article have already shifted substantially since the timing of this study.

Results and Discussion

Survey respondents included instructors from every college on campus. Respondents included instructors represented by the faculty union (which includes tenure-track and contract instructors—69% of respondents), the union for sessional instructors and graduate student instructors (22%), and other unions and associations on campus (this would include staff who teach as part of their work responsibilities—6%). Three percent of instructors did not know which union represented them. The focus groups included full-time faculty, contract faculty, and sessional instructors (including graduate student instructors).

Instructors' Characterizations of Student Mental Health and Accommodations Systems

One of the most notable findings from the survey and focus groups was how different instructors characterized mental health and students experiencing mental health stressors. Some were very supportive, expressing concern and support as they work to build inclusive learning

environments: "I enjoy working with students with mental health issues. I think everyone deserves a good education" (Survey Respondent [SR] 167). Another respondent said the following:

> My biggest concern is about whether students with mental health concerns are getting the help that they need. Counselling services has been very busy in the past few years and students may not be able to access support when they need it. (SR21)

In contrast, many instructors characterized students with mental health concerns as problems, obstacles to classroom management, or as less intellectually capable than others: "I have to treat them with kid gloves and give them extra leeway" (SR140). SR84 noted, "It [mental health] reduces the flow of my teaching as I will need to explain things a bit slowly to that one student." Similarly, SR118 stated, "We must STOP treating mental health issues as 'disabilities.' Sorry to be blunt, but students need to take responsibility for learning to manage their own health and solving their own problems." The perception of mental health issues as not qualifying for disability status was expressed by other instructors as well. Hindes and Mather (2007) observed that instructor perceptions of psychiatric disabilities were more negative than their perceptions of other types of disabilities. Some instructors described the process of granting accommodations as potentially compromising their course content: "[Accommodation] makes it difficult to design classes and assignments to reward hard work and excellent work" (SR109).

A common representation of students presenting with mental health concerns is that they may be manipulative or advantage seeking:

> Students are also far more willing to resort to it [mental health] as an excuse, and I am confident that many students who do not have legitimate mental health concerns are aware that if they say the words "mental health" or "anxiety" they will get an extension, no questions asked. (SR83)

Another respondent similarly stated, "I wonder if some students are not taking advantage of such accommodations to get extra time for no real reasons other than they are being very competitive and want an advantage over other students" (SR172).

The adversarial relationships that many instructors perceive with their students (particularly students disclosing mental health concerns) likely contributes to a key tension that was commonly reported among instructors. They described being put in the position of an arbiter of whether mental health concerns were real or legitimate, and whether these concerns are deserving of academic accommodation. Another common theme in the survey and focus group discussions was the perceived incompatibility of mental health accommodations in the classroom with the "real world" of post-graduation work.

This study finds that instructors' perceptions of students' mental health are therefore varied, including many examples of negative stereotypes and discriminatory attitudes. Notably, many instructors were trying to balance their concerns for students' mental health with the academic integrity of their courses and the principle of fair treatment of all students.

Impacts of Student Mental Health on Teaching Practices and Workload

When survey respondents were asked how much student mental health impacted their teaching practice, 22% of respondents said "a great deal," 44% said "a moderate amount," 30% said "a little," and 4% said "not at all." When asked how much time per week they spent addressing student mental health concerns in their undergraduate teaching, 10% of survey respondents reported that they spent no time addressing student mental health concerns, 56% reported that they spent less than an hour per week, 29% reported one to two hours per week, and 5% spent more than two hours per week. Most respondents (77%) said that their encounters with student mental health concerns had changed over time, and 23% said their encounters had remained consistent. When asked to explain how their encounters had changed over time, the most common response was an increase in the number of students expressing mental health concerns, as well as the commensurate increase in workload required to address more student mental health concerns in the classroom. Some noticed an increase in the severity or complexity of the mental health issues that they were encountering in the classroom. A number of respondents indicated that they provided more coursework accommodations now than in the past,

but they felt this was a straightforward process that did not significantly change their workload or time spent on teaching activities.

Most respondents (70%) said that their workload (with respect to addressing student mental health) has increased over time, while 29% said it has remained the same, and one respondent (0.5%) said their workload has decreased over time. A relationship was observed between survey respondents who said that their teaching had been impacted "a moderate amount" or "a great deal" and those who reported an increased workload associated with addressing mental health in the classroom ($p = 0.000$; $\chi^2(1) = 27.231$). Conversely, those who reported that they did not spend any time addressing student mental health concerns were more likely to say that their teaching was not impacted by student mental health concerns ($p = 0.022$; $\chi^2(1) = 5.262$).

When asked to elaborate on the impacts of student mental health on their teaching, instructors described making changes to their teaching practices, including designing assignments differently, providing accommodations (e.g., flexible timelines or assessment formats), increasing contact time with students (e.g., office hours and email), bringing mental wellness resources into the classroom, supporting students who had already missed course content or assessments, providing referrals for mental health resources, changing communication styles (e.g., communicating expectations/deadlines more frequently; communicating the same material both verbally and online), creating multiple formats for course content to increase accessibility, providing emotional support for students, mediating students' interactions with classmates (e.g., group work), training teaching assistants so they are better equipped to deal with student mental health concerns, providing make-up sessions for missed class content, and spending time learning about student mental health issues.

Some instructors described pedagogical changes that they made to the content of their courses, either to address diverse student experiences in the classroom, to reduce their reliance on content that could be (re)traumatizing or upsetting to students, or to align better with the principles of universal design. All these efforts are indicative of increased instructor workload:

> It takes time—a lot of additional time, beyond typical teaching activities (prep, delivery, grading, etc.)—to deal with individual students, their concerns, etc. This

leaves less time for other things (actually—it just adds to my workload and stress, as other things still need to be done). (SR20)

Some instructors described the socio-emotional impacts that they have experienced as a result of addressing student mental health concerns: "Carrying the weight of someone's emotional well-being is really tough" (SR108). Similarly, SR166 noted, "As a survivor, I found this [disclosure] difficult for her and for my own mental health," while SR47 remarked, "My own mental heath is jeopardized and there is no real support for excessively stressed and overworked faculty." Some instructors also described feeling guilt, frustration, or other complex negative emotions as a result of engaging with student mental health. Some respondents commented on the lack of support for instructors who do the emotional labour of caring for students in distress.

The survey results and focus group discussions also reflected the uneven distribution of this emotional labour across different instructors, noting that supporting student mental health concerns tends to fall disproportionately on instructors who face systemic discriminations: "The 'emotional labour' required of faculty with 'visible' differences—like me, has increased over time—in serious and significant ways" (SR133). Some respondents noted the gender dynamics of mental health care work: "I also worry about equality, and who it actually is that's doing this emotional labour? You look around the table—we're all women, and…that's not a surprise to me" (FG2: R8). Some commented on racialized or Indigenous identities as a dimension of this labour:

> And then sort of thinking about racialized colleagues and our Indigenous colleagues.… Like, if you're a Black student who doesn't feel particularly supported on this campus, and there are only, you know… certainly my friends who are female racialized colleagues, the vast majority of them are like, snowed under by trying to provide this kind of support. (FG2: R7)

Some sessional instructors noted that they are not as well remunerated as faculty for their teaching work and are not given access to the same supports for advising students. Despite the increased workload that student support represents for these precariously employed

instructors, an analysis of the survey results indicated that sessional instructors' time allocated to supporting student mental health were no different than faculty and staff instructors ($p = 0.232$; $\chi^2(1) = 1.429$), indicating that sessional instructors regularly do this student support work, even if they are not remunerated or supported in doing so.

These results suggest that instructor workload is increasing over time with respect to addressing student mental health concerns. Instructors are spending more time supporting students directly, and many also spend time designing their course delivery to address students' accessibility needs and requested accommodations. Other observers have also noted that addressing student mental health concerns can add to instructors' workloads, and that this increased labour is not adequately addressed by institutional administrations (Condra et al., 2015; Hughes et al., 2018). Parizeau et al. (2016) reflect on their experiences of the unequal distribution of emotional caring labour often associated with addressing student mental health concerns, noting that:

> Students tend to share their mental health struggles with us because we have raised mental wellness issues in class, because they identify with us (e.g., faculty of colour approached by students of colour), or because our positionality makes us seem approachable (e.g., female faculty being told we seem "nice," "friendly," and "unintimidating"). (p. 200)

This study similarly suggests that some instructors are more likely to take on the extra work of supporting students' mental health than others are, and also that increased instructor workload can place logistic and emotional burdens on instructors.

Institutional Procedures and Training for Addressing Student Mental Health

When asked to rate their familiarity with campus procedures for accommodating or otherwise addressing mental health concerns in the classroom, 22% of survey respondents said that they were very familiar with these procedures, 65% were somewhat familiar, 11% were not familiar, and 2% were not sure. Those who said their teaching was impacted "a moderate amount" or "a great deal" were more likely to report that they were very familiar with institutional procedures for addressing student mental health ($p = 0.005$; $\chi^2(2) = 10.628$). Survey respondents were also asked whether they had completed university training for addressing student mental health on campus and were given a list of different training initiatives and programs that have been offered to instructors in recent years. Overall, 38% listed specific training they had completed, and 62% did not.

Respondents were also asked whether they had completed any human rights, diversity, or intercultural competency training to support their teaching practice. Many of the listed options for training sessions address disability and accessibility in the post-secondary context, and some of these trainings are required by the university (although there is no follow-up to ensure that instructors complete these required trainings). Respondents could also write in other trainings that were not listed. In total, 22% had not completed any such training, and 78% had completed at least one training of this type.

Those instructors whose teaching had been impacted a *moderate amount* or *a great deal* by mental health in the classroom were more likely to report that they had received institutional student mental health training ($p = 0.016$; $\chi^2(1) = 5.854$), as well as human rights training ($p = 0.007$; $\chi^2(1) = 7.349$). In contrast, those who reported that they spent *no time* addressing student mental health in their teaching were less likely to have completed institutional student mental health training ($p = 0.036$; $\chi^2(1) = 4.411$), and those who said they were not familiar with institutional procedures were less likely to have taken institutional student mental health training ($p = 0.000$; $\chi^2(1) = 35.567$) or human rights training ($p = 0.001$; $\chi^2(1) = 14.770$). Some were aware of training opportunities, but said they didn't have time for, or did not see the value in, learning more about supporting students with mental health concerns: "If someone comes to me in crisis, I'll help them out but as a pre-tenure faculty there is no value to me professionally to allocate time to these sorts of things [training sessions]" (SR65).

The Ontario Human Rights Commission strongly advocates for institutional training in order to provide accessible education opportunities: "Education and training on disability issues and human rights are essential to developing a 'human rights culture' within an institution that supports the values and principles of the [Ontario Human Rights] Code." (Ontario Human Rights Commission, 2018, p. 105). Other observers have also noted an ongoing need for mental health training in post-second-

ary institutions (Brockelman et al., 2006; Brown, 2018; Condra et al., 2015; DiPlacito-DeRango, 2016; Fernandez et al., 2016; Hsu & Goldsmith, 2021; Hughes et al., 2018; Martin, 2010; McLafferty et al., 2017; Quinn et al., 2009; Storrie et al., 2010; Thomas, 2017). This study has found that, although the study university makes mental health training available to all instructors, the majority reported that they did not complete these trainings. Instructors who reported that their work is more impacted by student mental health were more likely to have availed themselves of institutional training sessions, and those who were not familiar with campus procedures for addressing student mental health concerns were less likely to have taken the relevant training. It is possible that engaging in mental health training may help instructors to better deliver accessible education and meet student needs, but there appears to be resistance among some instructors in completing such training.

Medicalization and Professionalization of Student Mental Health Concerns

When asked where survey respondents directed undergraduate students who had shared mental health concerns with them, the most popular answers were on-campus resources, including counselling services (88%), health services (61%), the accessibility services office (58%), and the wellness centre (21%). Some encouraged students to seek academic supports on campus as well, including attending instructor office hours (45%), speaking to an undergraduate program counsellor (45%) or faculty advisor (17%), or seeking support from a course teaching assistant (4%). Some instructors also suggested off-campus services, including private counselling (18%) or other medical professionals (8%). Among the 16% of surveys with write-in responses, common resources suggested to students included the police, crisis lines, other students, friends, family, library resources, spiritual resources, or mental health websites. Only 6% said they do not direct students to any resources when they share mental health concerns.

The prominence of counselling, medical, and accessibility services among instructor referrals reflects the dominant framing of mental health within the biomedical model of health. This perception was very evident in the open-ended survey responses, where many instructors commented on their lack of psychiatric training and the

need for mental health to be addressed through biomedical systems: "I am a professor, I am not a counsellor. I was hired to teach for my expertise on the subject material. I am not a medical practitioner, therapist, or counsellor" (SR177). SR11 similarly stated, "this is ultimately not my job and shouldn't be, as I was never trained for it and have no real insight into psychology and/or psychiatry," and SR55 said, "I would expect that students citing 'mental health' issues be required to produce (at least to academic advisors) proof that they are under the care of an attending physician." These types of comments relegate mental health care to the purview of medical specialists. The biomedical paradigm has implications for how instructors understand the means for addressing mental health concerns: imagining mental health as a biomedical phenomenon implies that there will be acute interventions within the medical system that can "fix" or "cure" mental health issues, rather than understanding mental health stressors as potentially protracted and complex social phenomena. For example: "This will sound harsh, but I think that students with health issues should seek help, get treated, and come back to class when they are ready to follow the program like everyone else" (SR100). SR47 asked, "You wouldn't want us to do surgeries on people without a medical degree, wouldn't you? So why would you do it with mental health? Get the specialists and leave the rest of us alone." Another respondent explicitly equated physical and mental health concerns:

> Asking a prof to treat mental health issues is like asking a prof to fix a ruptured [spleen] or to treat brain cancer. I am not qualified to do it, but we are expected to. No student would come to me for help if they had a broken arm, but they do (and are encouraged to) if they have a broken brain. (SR26)

These quotations emphasize Storrie et al.'s (2010) observation that "academics often have unrealistic expectations of the work of community mental health services and the type of support they can provide" (p. 3). Biomedical discourses reinforce stereotypes of students who experience mental health strain as "broken," stigmatized (DiPlacito-DeRango, 2016), or otherwise not fit for participation in academic life.

There are accessibility implications for students who are treated as though there is no place for them within post-secondary education when they request support

for mental health concerns. As Stanley and Manthorpe (2001) argue, "the student with mental health problems is further robbed of his or her claim to full citizenship by the mental illness label which calls into question their rationality and competence" (p. 50). In addition to being discriminatory and paternalistic to students with mental health concerns, biomedical framings of student mental health misrepresent the potential role of instructors in supporting students. Biomedical analogies focus on a patient/doctor dyad, and so instructors invoking this discourse presume that they are being cast in a health professional role when addressing student mental health. In contrast, a broader social understanding of mental health stressors recognizes that many community supports can contribute to an individual's mental well-being in different ways. DiPlacito-DeRango (2018) encourages instructors to see their particular role as recognizing mental health concerns in the students they work with, providing appropriate academic accommodations that are within their purview, providing references to services and resources, and contributing to a campus atmosphere of positive mental health. Post-secondary institutions are not asking instructors to be psychiatrists or counsellors, but rather to be responsible authority figures who frequently have first contact with students who are experiencing diverse difficulties.

The biomedical discourse of mental health was not universally adopted among survey respondents and focus group participants. Some instructors were explicitly critical of this paradigm. For example, SR181 said, "The university should be addressing this issue in a preventative way rather than using after-the-fact approaches so typical of medical practice." Others noted the potentially stigmatizing effect of medicalizing mental health concerns: "And the other thing that I think happens, is it—because it's characterized as a medical issue, I think some students are reluctant to access the system, because…there's still a stigma, right?" (FG1: R3).

While they afford important protection of private health information, accommodation systems drawn from disability practices that are common to Canadian universities may reinforce the biomedical framing of student mental health concerns. At many universities, the accessibility services office is positioned as a gatekeeper for rights-based access to classroom accommodations, and students are required to provide formal documentation of their conditions to the office (rather than to instructors).

While this system can relieve instructors of the responsibility to discern the legitimacy of individual accommodation requests, it also creates bureaucratic challenges for students in immediate mental health crises. Students facing acute mental health stressors or crises may have no other recourse than to make a disclosure to their instructors in order to ask for short-term accommodations, and hope that they are willing to grant them. Condra et al. (2015) note that the accessibility services model of documenting disabilities may not be as effective for students experiencing mental health disabilities, which can change in intensity over time.

Suggestions for Addressing Undergraduate Mental Health in the Classroom

When asked for suggestions in addressing student mental health on campus, survey and focus group participants provided a variety of responses. Some stated that the university is doing a good job of supporting student mental health and should continue doing what it currently does. Some called for more institutional resources to support students, including more resources for counselling and accessibility services, smaller classrooms, and more teaching assistant support. Some noted that there are often long waitlists for counselling and accessibility services, and also suggested providing 24/7 access to student supports in the formats that current students prefer (e.g., chat and text options for accessing services remotely). Instructors also asked for more information about how accessibility services function, and about how students navigate accommodations processes both formally and informally. Some noted that improved communication between instructors and university support staff may help to better support students.

Some participants identified that changing institutional academic expectations of students might support student mental health (e.g., requiring fewer courses for full-time status, reducing course load expectations, offering pass/fail options or otherwise adjusting assessment procedures, and providing more breaks in the semester schedule). Improving student resiliency by providing them with training on mental health resources and developing coping skills was suggested, as was supporting students in changing their work habits or lifestyles.

Some survey respondents asked for more training for

instructors, including mental health training, instructional design training, and the creation of teaching support groups. A few noted that formally recognizing training activities as service work or professional development activities in instructor assessment processes would enable them to dedicate more time to these activities. However, one respondent pointed out the need to move beyond the paradigm of training individual instructors:

> We have not created a system that allows for the protection of students from the personal biases of those in charge and no amount of workshopping is going to change that. We need to take a high level, systemic approach to protecting all equity-seeking members of our community. (SR22)

To this end, other respondents commented on the need to change the culture of stigma around mental health in post-secondary education (see also Sandhu et al., 2019), and one made explicit connections between the austerity agenda of the provincial government and increased mental health stressors at the university. Many of these recommendations mirror those offered by other observers of increasing mental health concerns in higher education (e.g., Baik et al., 2019; Condra et al., 2015; DiPlacito-DeRango, 2016; Giamos et al., 2017; Hsu & Goldsmith, 2021; Hughes et al., 2018).

Learning Landscapes of Mental Health in Post-Secondary Education

Returning to Noyes's (2004) concept of learning landscapes helps to understand the role of instructors in campus mental health planning. The *geology* of learning landscapes with respect to student mental health includes certain spaces on university campuses (including accessibility services offices, counselling and other wellness services spaces, and other therapeutic spaces such as green space on campus), but also relevant policies, institutional practices, curricula, etc. In recent years, Canadian universities have dedicated more resources to enhancing these infrastructural and structural resources to support student mental health. While there may be room for improvement, these geological features of universities are increasingly coming online. The time element of learning landscapes could be reflected in the time needed for post-secondary institutions to effectively inform community members of the resources available

to support mental health, or the time required to change campus cultures of stigma and discrimination around mental health issues. The other important temporal aspect of this issue is that student mental health concerns seem to be increasing over time in university settings, which will impact not only the individual experiences of students dealing with mental health stressors, but also the demand for campus mental health resources and the time, effort, and emotional labour required of instructors and others working to support the student body.

This study has focused on one of the *microclimates* of post-secondary learning landscapes: the environments that instructors create in their classrooms through their attitudes and practices. The diversity of instructor perspectives and approaches to addressing mental health indicate that there are many microclimates that students must navigate across campus—likely one for each course that they take. Students will find some instructors eager to be inclusive of those with mental health concerns, other instructors who are committed to meeting formal accommodation requirements and possibly open to granting informal accommodations, and some instructors who may be hostile to the presence of students with mental health issues in their classes. The geological features of post-secondary mental health planning described earlier will do little to change the perspectives of those trenchantly opposed to the equitable provision of accessible education for students with mental health disabilities. However, policies, training, and increased resources will likely support the efforts of instructors actively working toward inclusion and may enable or inspire those relying on the formal accommodations system to consider how their course design and classroom practices might be planned to pre-empt mental health stressors, or at least provide students with flexibility in times of crisis. The *human impacts* element of learning landscapes may contribute to these efforts as well. These can include instructors, staff, and administrators who work to highlight examples of inclusive teaching, decision makers who create structures that enable and recognize instructor innovation and professional development around mental health, and campus community members who advocate for the rights of students, staff, and instructors experiencing mental health stressors.

Conclusions

This study reveals that post-secondary students are engaging with different learning landscapes across the multiple courses they take. Instructors have different attitudes toward student mental health: some are committed to creating inclusive educational environments that enable students dealing with mental health concerns to succeed, while others are dismissive, distrustful, or even resentful of requests to engage with students' mental health. Many instructors are living in the tensions on this issue. They want to be helpful and supportive, but also feel a responsibility to create a fair learning environment for all their students. Many reported that addressing student mental health has placed substantial strain on instructors, requiring that they expend increasing time, effort, and emotional labour (including experiencing mental health stressors themselves).

The predominance of biomedical framings of mental health among instructors implies that many do not see mental health as within their purview: it is rather believed to be within the realm of psychiatrists and counsellors, and not part of the everyday practice of teaching a diverse group of students. This attitude has accessibility implications for students and may actually exacerbate the mental health stress experienced by students facing an instructor with this attitude. Perceiving mental health concerns as external to higher education is also discriminatory in Ontario, given the legislative requirement to create accessible educational systems for people with all disabilities, including mental health conditions. Shifting the learning landscapes of post-secondary institutions to meaningfully address mental health on campus may be a long and complex process, but such transformations are essential at all scales of higher education to ensure accessible learning opportunities are created for all students.

Acknowledgements

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Contact Information

Kate Parizeau
kate.parizeau@uoguelph.ca