

Impact of Chronic Health Conditions on Student Mental Health

A CICMH Toolkit



CENTRE FOR INNOVATION IN
CAMPUS MENTAL HEALTH



Canadian Mental
Health Association
Ontario

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How to Use This Toolkit

The impact of chronic health conditions and student mental health toolkit is intended for post-secondary faculty, staff (front line, supporting and administration), and any other student-facing workers. The [Accommodations and Accessibility toolkit by CICMH](#) is a complementary toolkit which covers the following topics that may be relevant:

- Definitions and models of disability
- Ableism and stigma
- Intersectionality of disability
- What undue hardship and duty to inquire means
- The roles and responsibilities of accommodation
- Universal design for learning
- Recommendations for accessibility and accommodation

The goal of the chronic health conditions toolkit is to bring awareness, education, and recommendations based on the unique challenges students with chronic health conditions face. This toolkit aims to equip Ontario post-secondary campuses with knowledge to support students with chronic health conditions within their academic and mental well-being journey. The information gathered in this toolkit is sourced from both literature online as well as the insight provided from post-secondary staff with experience.

We recommend using this toolkit in a way that makes sense for your needs. You are welcome to print the full toolkit or any specific section you need.

- Part I builds knowledge on the experiences and challenges of having chronic health conditions
- Part II discusses key actions to address some of these challenges
- Part III is the appendix which provides links to additional resources

This toolkit is a living document and will be updated with any current and new knowledge. If you have any questions or feedback regarding this toolkit, you can email the project lead **Tarin Karunagoda** at tkarunagoda@campusmenathealth.ca or info@campusmentalhealth.ca.

Disclaimer

This toolkit is meant for **educational and awareness purposes only**. Any health concerns and diagnoses must be done through a health professional. This toolkit does not intend to promote certain modalities over others.

Additionally, this toolkit does not provide an exhaustive list of chronic health conditions students may face, nor all the possible impacts and actions required to support students with chronic health conditions. We hope to equip readers with an introductory perspective on students with chronic health conditions and what their needs are, especially for readers who have little to no familiarity with chronic health conditions.

We want to also acknowledge that this toolkit largely uses research based on the medical model and Western worldviews. There are important cross-cultural discussions related to chronic health conditions that are beyond the scope of this toolkit but merit further attention and reflection.

Positionality Statement

This toolkit was created in collaboration with post-secondary staff and students who have lived and/or professional experience with chronic health conditions, post-secondary mental health, and accessibility needs of students. The project lead and primary author, Tarin Karunagoda, brings lived experience of chronic health conditions, as well as an educational background of biomedical science and neuroscience.

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Writing Contributors

Isabella Spensieri
Bindia Darshan

Reviewers

Isabella Spensieri
Bindia Darshan
Carly Schulz
Sara Pudim
Emily Ellwood
Kerry Morrison
Yumna Farooq

Interviews

Yumna Farooq
Sarina Wheeler
Shehryar Saharan
Dr. Zara Khawaja

We are also grateful to our post-secondary and community partners who filled out our toolkit needs survey as well as attended our regional forums for informing us of the needs and providing important information for the content of this toolkit.

Part I: Understanding Chronic Health Conditions

What are chronic health conditions?

Chronic health conditions (chronic diseases/illnesses) are widely experienced among Canadians, with 45% of individuals diagnosed with at least one major chronic condition* (Statistics Canada, 2023). Atlantic provinces lead in prevalence for one or more chronic health conditions per individual compared to other provinces (Statistics Canada, 2025), due to a combination of lifestyle and demographic factors (O'Neill, 2025). Additionally, despite an increase in unmet health care needs between 2022 to 2023, fewer individuals reported having a regular health care provider (Statistics Canada, 2025).

** The above data from Statistics Canada are based on chronic health conditions such as arthritis, high blood pressure, diabetes, cancer, heart disease, stroke, and mood disorders.*

Within the context of post-secondary demographics, the data on the prevalence of chronic health conditions is limited and varied. The National College Health Assessment provides data on the prevalence of different chronic health conditions within the Canadian reference group, such as depression (24.6%), irritable bowel syndrome (6.2%), migraines (12.9%), and asthma (15.8%) (American College Health Association, 2022). A New Zealand study that looked at chronic conditions in high school students found the prevalence to be 18% (Denny et al., 2013). A Serbian study estimated 16.5% of university students experienced some sort of chronic health condition, with asthma and chronic bronchitis as the most common types (Gazibara et al., 2017). Asthma was also found to be the most prevalent chronic condition among university students (26%) within a mid-Atlantic US study (Barsell et al., 2018). The Centers for Diseases Control and Prevention (CDC) reported 54% of adults aged 18-34 experience at least one chronic health condition (Watson et al., 2019).

However, it is important to understand that definitions of chronic health conditions can vary between studies and across different organizations (Bernell & Howard, 2016). The World Health Organization (WHO) states that chronic health conditions are non-communicable, prolonged and slow to progress, stating 4 main types: cardiovascular diseases (heart attacks and strokes), cancers, chronic respiratory diseases (asthma), and chronic obstructed pulmonary disease (Bernell & Howard, 2016; World Health Organization [WHO], 2025). It's notable that mental health conditions are not specifically named as one of the types despite conditions such as depression and anxiety fitting this definition and affecting a large demographic of people. Additionally, with this definition, conditions such as the Human

Immunodeficiency Virus (HIV) would not be considered a chronic disease as it is communicable.

The criteria this toolkit will use will be similar to the Australian Institute for Health and Welfare (Bernell & Howard, 2016):

- The health condition lasts for a long period of time, potentially leading to other health complications.
- At times, there is an associated functional impairment or disability. (Ex. Functional impairment such as when cells in the body do not respond to insulin as it should normally).
- The cause of the condition is complex and may have multiple factors.
- The development period can be lengthy and initially may not involve symptoms.

With these criteria in mind, we will now go over some characteristics of chronic health conditions and the unique experiences that can impact post-secondary experiences for students.

As we progress through this toolkit, we will discuss the ways students with chronic health conditions may need support. While direct treatment/medical supports are part of that conversation, social and structural supports such as access to treatment, financial feasibility, and stigma all play a role in why students may struggle.



Chronic vs. Acute Health Conditions

The following table summarizes some characteristics of chronic vs. acute health conditions (Holman, 2020; Murrows & Oglesby, 1996):

Acute	Chronic
<ul style="list-style-type: none">• A limited period of time• Development of symptoms are usually instant• Cause is clearly identified• Affects a portion of the body• Usually able to presume prior lifestyle but sometimes can lead to permanent disability	<ul style="list-style-type: none">• Long term, often over 3-month period to a lifetime• The development of symptoms and severity is gradual• Cause is not clearly identified• Treatment and management focused, often with no cure• It can often affect multiple systems within the body• Lifestyle changes and constant management are often required

Table 1: A comparison of acute and chronic health conditions.

Nature of Chronic Health Conditions

The nature of chronic health conditions often contributes to why students may struggle to manage them, as well as why people around them might misunderstand and unintentionally act as a barrier for students to feel understood and supported.

1. Invisible vs. visible health conditions

Chronic health conditions are often invisible, and as a result have a greater capacity for being misunderstood.

- Ex. A student with irritable bowel syndrome (IBS) may have to visit the bathroom often during class. From an outside perspective, this might be labeled as disruptive as it is not a visible condition.

Any visible aspects of a chronic health condition might also be misunderstood by the public if proper education and awareness are not provided.

- Ex. A student with a thyroid condition or a student starting psychotropic medication for their mental health condition might experience weight gain. Due to weight stigma and/or toxic fitness culture, they might be labeled as being “unhealthy” or “lazy”.

Sometimes the condition may only be visible due to treatment or the presence of an accessibility tool. (Ex. The presence of a mobility aid or bodily changes like hair loss due to medication)

When chronic health conditions are invisible:

- People are often quick to judge or misunderstand.
- It is harder for someone experiencing these conditions to seek help, especially ongoing support due to stigma.
- The burden to prove that their condition affects them can be a frustrating and repetitive experience, especially when trying to acquire a diagnosis.
- In a qualitative study of university students in the United Kingdom with chronic illnesses, participants expressed that because their disability was invisible, they were often treated with less acceptance and understanding of their disability compared to if their disability had been visible (Hamilton et al., 2023).

2. Episodic nature (Fluctuations)

The symptoms of chronic health conditions can worsen or “flare up” for many reasons. One of the biggest contributors to these flare ups can be stress (Public Service Commission of Canada, 2007). Stress has been shown to impact chronic health conditions directly and indirectly (such as lack of sleep, lack of time for self-care, etc.) and since the post-secondary period can be extremely stressful, flare-ups can be common. When flare ups are unpredictable, students are unable to prepare and may have a hard time completing their academic responsibilities.

3. Overlapping nature (Multimorbidity)

As mentioned in Table 1, many systems in the body can be impacted by a singular chronic health condition, which can lead to multiple chronic health conditions existing at the same time (Whitson & Boyd, 2024).

- Ex. Polycystic Ovarian Syndrome (PCOS) impacts the reproductive system (such as the fertility and menstrual cycle). However, it is also associated with insulin sensitivity and can increase the risk of type 2 diabetes (Purwar & Nagpure, 2022).

These different symptoms within different areas of the body can often feed into each other indirectly and make the condition worse. Because of this, students may need support in ways that go beyond a primary care physician and address each component of their symptoms through a team of health care professionals. This can be an incredibly exhausting process if the care they need is not readily accessible.

Health Care in Canada

It is important to note that securing interprofessional care within the Canadian health care system can be incredibly challenging. Canada continues to lag behind in chronic health condition management (Nasmith L. et al., 2010), with minimal improvement in the delivery and coordination of primary care over the last decade (Aggarwal et al., 2023). Since 2014, the growth rate of family doctors has declined by nearly 50% (Canadian Institute for Health Information, 2024) and roughly 35% of Canadians wait more than 3 months for an initial consultation with a medical specialist (Statistics Canada, 2025). Compared to other developed countries, Canada underperforms in care coordination; physicians report poor communication between health care providers and inadequate staffing which can cause fragmented care and negatively impact patient outcomes (Zhang, 2025).

For students with chronic conditions, these systemic challenges can leave them physically and emotionally exhausted in navigating a health care system that is not yet fully equipped for supporting patients with complex and ongoing needs.

The International Classification of Functioning, Disability and Health (ICF) Model

Chronic health conditions are viewed and conceptualized in various ways by people who are experiencing them, treating them, or creating policies around them. There are various models of disability that can explain these views, and it is important to acknowledge how these models can impact the outcome of a person living with a chronic health condition.

For example, if a health care provider views chronic health conditions primarily through a medical model, a patient may feel their health condition is just a problem to fix, and that their other needs, such as financial security, housing, and trauma, are not important factors in to consider during treatment. The different models of disability can be found in detail in the [Models of Disability section in our Accessibility and Accommodations toolkit](#).

A framework that is not discussed in the Accessibility and Accommodations toolkit is the ICF model (WHO, 2001). The ICF model is a framework that describes health conditions as a dynamic interaction of the following components in the table below:

Component	What it means	Some Examples
Body functions and structures	How a person’s body is able to function	Mental function, immune function, pain, speech function, respiratory function
Activities	What a person is able (or not able) to do at an individual level	Ability to move around, communication, retaining information from class, general tasks
Participation	How a person is able (or not able) to participate or get involved in all areas of life within a societal level	Maintaining social life, participate in school, help roommates with chores
Environmental factors	How the environment impacts their abilities and function within different levels	Natural environment, human-made structures, attitudes around the person, technology, policies
Personal factors	How certain personal factors may influence their abilities and function within different levels	Sex, gender, race, age, having children, occupation

Table 2: Components of the ICF model framework

This framework aims to look at disability and health conditions holistically and understand how different areas may interact with each other to make a person’s experience worse or better.

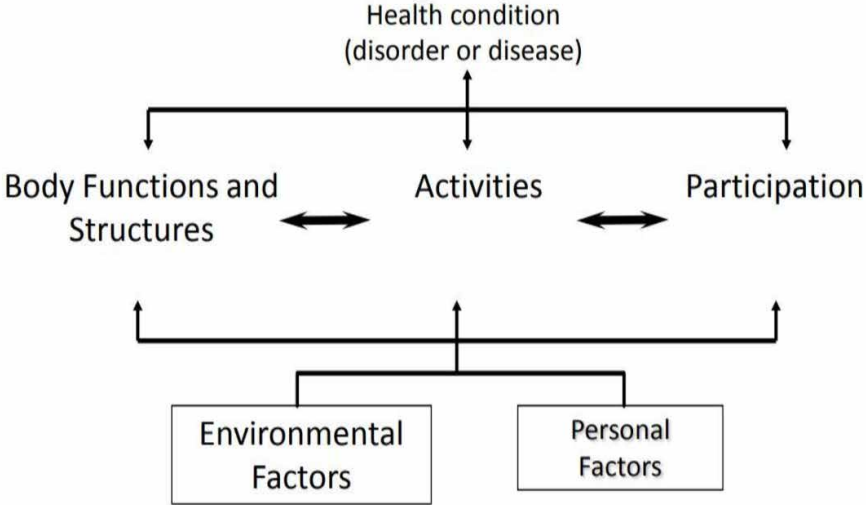


Image 1: Components of the ICF Model (WHO, 2001)

The diagram below models an example of a 27-year-old woman with panic disorder and how different aspects of the health condition interact to impact her life and her abilities, such as handling stress. This framework also acknowledges the reciprocal nature between problems of emotional functions and restricted social relationships. [You can read more about the ICF model and framework here.](#)

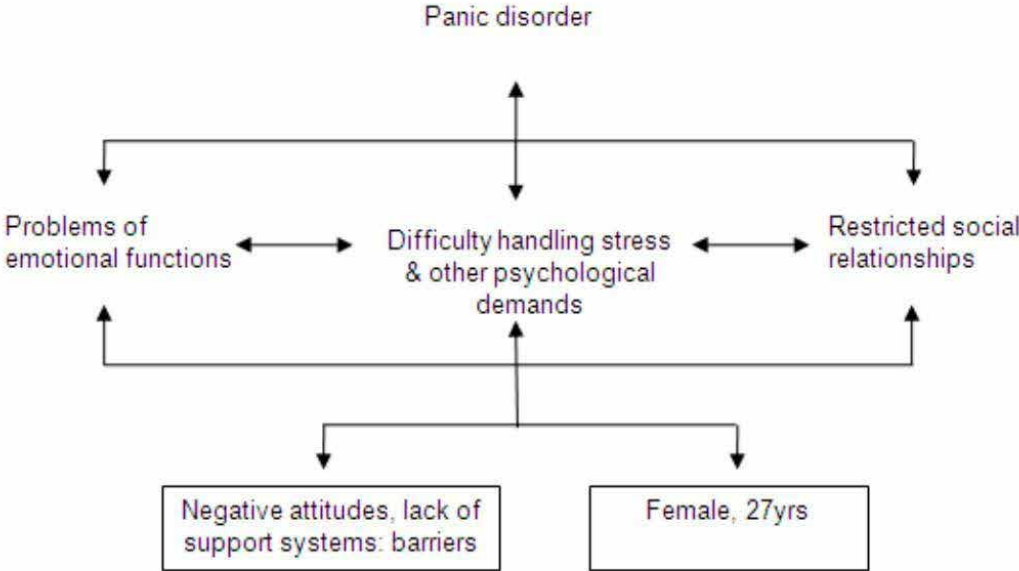


Image 2: ICF model on a case study (WHO, 2001)

Equity Deserving Groups and Health Conditions

When looking at chronic health conditions, it's important to step back and consider how different environments, backgrounds, historical contexts, and social interactions may shape someone's journey with their health condition, how it impacts their treatment and support, and how they are able to navigate health management.

Social Determinants of Chronic Health Conditions

As WHO describes, “the conditions in which people are born, grow, live, work, and age, and the set of forces and systems shaping the conditions of daily life” (WHO, 2025) can impact the various aspects of chronic health conditions.

For example, Cockerham et al. (2016) state that an individual who grows up in a household that smokes may also adopt the habit once grown up, or just the simple exposure can predispose them to a respiratory health condition. Socioeconomic and educational factors can also impact whether someone is able to minimize or abstain from the habit if there is substance use dependency (Cockerham et al., 2016).

Some other factors that may impact a person with chronic health conditions:

- Socioeconomic status
 - Ex. Being able to afford specialized health care or having health insurance that covers treatment.
- Discrimination
 - Ex. Past experiences of discrimination either based on health conditions or personal characteristics, such as race, may discourage future help seeking.
- Access to health care
 - Ex. Being able to access health care either through monetary means, having time, or being physically close to access support may increase the quality and timeliness of support before the health condition worsens.

Indigenous Health

The impact of colonialism and its lasting detrimental impact on the health, sociocultural, educational, and economical foundation of Indigenous communities have resulted in a disproportionate number of Indigenous peoples having chronic health conditions (First Nations Information Governance Centre, 2018; Skelly et al., 2018). In addition to this, Indigenous Peoples may encounter barriers when seeking support such as discrimination, stereotyping, and a general lack of understanding of Indigenous ways and culture.

Some of the ways that Indigenous People can be supported is to provide access to traditional nutritional food needs, addressing food insecurity and access to traditional medicines. Additionally, preserving traditional knowledge and wisdom to promote agency in their community is also recommended (Sinka et al., 2025). Any programs to address health knowledge and ambiguity must involve community, family members, and build opportunities for leadership, all initiatives must be rooted in cultural safety, partnership, and power sharing (Brooks-Cleator et al., 2018).

Health Care Experiences of Equity Deserving Groups

Medical biases and inappropriate care are barriers that can greatly impact a person’s experience and trust within the health care system. Sometimes these types of care can lead to serious harm. Some of these experiences are often too common, whether it’s because it is implicit bias rooted in racism, lack of awareness, and/or whether it was taught as a way to approach patient care. The table below provides some examples of what certain groups of people may experience. Please note that this is not an exhaustive list.

Population Affected	Example
Black women (Misogynoir)	<ul style="list-style-type: none"> • White women are two times more likely to be screened for cervical cancer compared to black women due to difference in patient-provider relationship (rooted in discrimination) (Washington & Randall, 2022). • Physicians believing that black women have a higher pain tolerance than their white counterparts. This consequently leads to an increased risk of pregnancy-related mortality among Black women (Medical Council of Canada, 2025).
Indigenous people (Cooke & Shields, 2024)	<ul style="list-style-type: none"> • Not receiving timely treatment • Disbelief in their experience of their health condition • Stereotyping Indigenous people as poor patients or dependent on substances • Stereotyping Indigenous women and girls as “poor mothers” and “sexually permissive”

<p>People with larger bodies (College of Physicians and Surgeons of Ontario's Publication for Ontario Doctors, 2021)</p>	<ul style="list-style-type: none"> • Health care providers turning to weight loss as a first line of treatment, even if health concerns are unrelated. This leads to a lack of receiving appropriate and timely care, thereby worsening the condition. • People with larger bodies being viewed as lazy, not disciplined, or not trying hard enough to get better • Health care providers not assessing people with larger bodies holistically, and instead reducing them only as a result of intentional dietary choices and physical activity
<p>Women/Assigned female at birth (Koven, 2025)</p>	<ul style="list-style-type: none"> • Chalking valid concerns to anxiety, “being hysterical”, or being a “hypochondriac” • Assumed pain tolerance or expectation to endure pain (Ex. During IUD (Intrauterine Device) insertion) • Any pain shown is assumed to be exaggerated • Health recommendations based on research on men and applied to women
<p>2SLGBTQIA+ people (Comeau et al., 2023)</p>	<ul style="list-style-type: none"> • Use of gendered terms to describe body parts towards non-binary and gender diverse people can lead to gender dysphoria • Misconception that lesbians do not need cervical cancer screening • General unpreparedness to treat transgender people.
<p>South Asian people</p>	<ul style="list-style-type: none"> • Lack of rapport building and culturally sensitive care contributes to patients not feeling safe and/or comfortable seeking help (Vakil et al., 2023) • Advising patients to cut out foods that are cultural staples without any conversation on how to adapt their cultural foods to fit their health needs (Uddin, 2025) • Lack of understanding in the influence of family dynamics and stigma when it comes to the effect it has on chronic health conditions, help-seeking and management (Basri et al., 2022; Goel et al., 2022)

Table 3: Harmful experiences faced by equity deserving groups

A lot of these experiences described here can overlap among different people and are not exclusive to one demographic. Understanding these biases and racial discrimination are important, even if

campuses don't have direct control over how health care providers may choose to care for their patients. This awareness, as well as the ability to validate a student's experience if they experience any of these situations, could reduce feelings of loneliness for the student, potentially empowering them to take action, so that they can get the help that they deserve.

The Importance of Disability Justice

Disability justice is a term coined by Sins Invalid (a group consisting of disabled queer women of colour) in 2005. It is a comprehensive framework intended to secure rights of disabled people by acknowledging that intersectionality plays a role in disability. Experiences of people of colour, incarcerated people, Indigenous peoples, homeless people, and many more compound on disability/health conditions they may experience. You can read more about disability justice [here](#).

Student Voice: [Have a Little Empathy: Students with Chronic Disease Feel Ignored and Misunderstood](#)

This article from a student paper at Toronto Metropolitan University, outlines experiences of students with chronic health conditions and navigating the health care system for diagnosis and accommodations. The quotation below describes a student's experience:

"I kept being told that there was nothing wrong with me for the next four years," says MacKay. She recalls doctors reading through her medical history, noticing her diagnosed mental health disorders and immediately dismissing her pain. "They would be like 'It's in your head.'"

Impact of Different Chronic Health Conditions

The following chronic health conditions intend to highlight the nature of the disease and how it may influence a student's day-to-day activities. This is not a comprehensive list and is not intended to be used as diagnosis. Explaining every type of health condition is beyond the scope of this toolkit. Therefore, the primary objective in this section is to understand how different health conditions affect a student's ability to participate in school and in their social life, as both of those areas have a profound impact on student mental health. For any detailed information regarding any of the conditions mentioned, please consult a health care provider (such as a doctor or a nurse) or an expert on the topic (e.g., a scientist).

Chronic Mental Health Conditions

Mental health conditions traditionally tend to be omitted from the list of chronic health conditions despite these conditions affecting individuals for most of their lives, with physical, emotional and cognitive manifestations. In Ontario, over a third of post-secondary students have reported experiencing some sort of formal mental health diagnosis, with depression and generalized anxiety being the most common (Moghimi et al., 2023). Additionally, no two students experience the same condition in the same way, due to either sociological factors, genetic factors, or both.

Condition	Academic Impacts	Social Impacts
Depression (Major Depressive Disorder) (Mayo Clinic, n.d.)	<ul style="list-style-type: none"> • Inability to focus in class due to low energy or feeling jittery • Missing morning classes due to low energy and inability to get out of bed • Missing assignment deadlines due to memory issues • Loss of motivation and interest to do well in school 	<ul style="list-style-type: none"> • Feeling inclined to isolate and avoid social activities • Reaching out less to friends and family due to internal turmoil • Feeling exhausted by pretending to be okay around friends/family • Questioning whether family/friends love you or if you are worthy to them
Anxiety (Generalized Anxiety Disorder) (Cleveland Clinic, 2025)	<ul style="list-style-type: none"> • Fatigue during class due to lack of sleep • Having to go to the bathroom right before a test/exam due to digestive irritability • Being unable to focus in class or studying due to restlessness, mind going blank, or racing thoughts 	<ul style="list-style-type: none"> • Avoiding social situations as they feel threatening • Being scared that you are bothering friends/family • Feeling the need to control loved ones due to fear of being hurt

It is important to note that conditions like depression and anxiety can often manifest as a byproduct of a different health condition (as mentioned before in our section on how chronic conditions can overlap) (Turner, 2000).

Neurological Health Conditions

Neurological health conditions pertain to any condition that occurs due to disruption or injury in any component within the nervous system such as the brain, the cells in the brain, the spinal cord and the nerves anywhere in the body (Cleveland Clinic, 2025).

Condition	Academic Impacts	Social Impacts
Traumatic Brain Injury (Philipson et al., 2023; Supporting Students With Disabilities, n.d.)	<ul style="list-style-type: none"> • Dropping out of school if the injury is severe • Inability or difficulty keeping up with classes and assignments due to fatigue and needing frequent rest • Challenges in partaking in classes that use online platforms due to screen time • Taking time to understand concepts and not remembering what was learnt 	<ul style="list-style-type: none"> • Increased difficulty in attending social events or gatherings due to fatigue, headaches, sensitivity to light or sounds, etc. • Personality or mood changes impacting quality of relationships • Anxiety/depression affecting how friendships and relationships are perceived • Not reaching out to social supports due to guilt around feeling like a burden • Stopping participation of sports or other extracurricular activities that attend to social needs
Migraines (Mayo Clinic, n.d.)	<ul style="list-style-type: none"> • Increased difficulty or inability to attend class, study or complete assignments due to intense pain that can last multiple days • Missing class due to light and sound sensitivity • Dealing with nausea or vomiting while on campus 	<ul style="list-style-type: none"> • Missing social gatherings and plans due to intense pain of a migraine • Having to cancel or reschedule plans due to an unpredictable migraine
Multiple Sclerosis (MS) (Hoffman et al., 2019; Mayo Clinic, n.d.)	<ul style="list-style-type: none"> • Trouble getting to different classes or taking more time than usual • Inability to partake in class effectively due to fatigue, vision problems, or trouble with processing/remembering information • Dealing with symptom flare-ups due to stress from school, thereby making it harder to complete schoolwork. • Limited accommodations by professors/instructors due to not understanding the nature of MS 	<ul style="list-style-type: none"> • Not having lots of time for social plans due to things like needing naps due to fatigue, going to appointments, etc. • Limited options for socializing that accommodate MS symptoms

Endocrinological Health Conditions

Endocrinological health conditions are health conditions that manifest due to irregularities of hormone levels or disruption in how the hormones affect our body.

Condition	Academic Impacts	Social Impacts
Diabetes (Type 1 and Type 2) (Hagger et al., 2022)	<ul style="list-style-type: none"> • Feeling self-conscious about having to bring food to class and eat in front of people, even potentially get in trouble by the instructors • Missing class/labs/study opportunities due to spaces prohibiting food to manage hypoglycemia • Fatigue and poor concentration in class due to fluctuating blood glucose levels 	<ul style="list-style-type: none"> • Not attending parties or other social events that may not be accommodating to the needs of someone who has diabetes • Being unable to confide in someone about the struggles of diabetes due to stigma or shame • Feeling anxiety and struggling with body image due to stigma, diet culture, and fatphobia
Addison's Disease (Mälstam et al., 2018)	<ul style="list-style-type: none"> • Feeling extreme anxiety during high stress periods (ex. exams) • Taking more time to get between classes due to physical fatigue • Having to step outside of class or missing class due to nausea 	<ul style="list-style-type: none"> • Inclination to decline social events due to fatigue
Hypothyroidism (British Thyroid Foundation, n.d.; Mohammed et al., 2023)	<ul style="list-style-type: none"> • Challenges in focusing and partaking in class due to fatigue and sleep issues • Forgetting details in classes • Spending time catching up on work due to missed classes when attending appointments or catching up on sleep 	<ul style="list-style-type: none"> • Increased sense of loneliness • Having trouble with conversations due to brain fog or memory issues

Chronic Respiratory Diseases

Chronic respiratory diseases are conditions that impact the respiratory system such as the lungs and the airways, and impact how one can breathe. While there are genetic factors to some of these conditions, environmental factors such as air pollution and tobacco smoke can play a role (Public Health Ontario, n.d.).

Condition	Academic Impacts	Social Impacts
Asthma (Carpentier et al., 2007; Mayo Clinic, n.d.)	<ul style="list-style-type: none">• Having a hard time breathing in rooms that may be dusty or if there is an allergic reaction• Flare-ups of asthma at night can impact sleep, thereby impacting attention and focus in class	<ul style="list-style-type: none">• Limited participation in sports or physical activity depending on the severity of the asthma
Cystic Fibrosis (Cystic Fibrosis Canada, n.d.)	<ul style="list-style-type: none">• Not being able to study collaboratively due to various appointments• Difficulty keeping up with courses compared to peers without the disease	<ul style="list-style-type: none">• Struggling with body image may lead to stress when meeting with friends/family• Finding time to socialize can be challenging when there are other competing demands like physiotherapy, doctors' appointments, rest, etc.

Student Success Story: Elspeth Arbow

Diagnosed with cystic fibrosis, Elspeth Arbow at the University of Toronto shows that academic success is possible with patience, lots of support, and strength.

“Take your time,” she says. “The only rush is when you think you have to meet a four-year standard or whatever... It doesn't matter as long as you get it done. If that takes you four years, great. If it takes six years, cool. If it takes you 10 years – it's all the more powerful when you do finish.”

You can read her journey [here](#).

[Myth or Fact Activity](#)

The Supporting Students with Disabilities Module (developed by the Anglophone postsecondary institutions of New Brunswick) provides an insightful section on chronic health conditions. You can test your knowledge and understanding of chronic health conditions in the myth and facts section. In the same module, you can also find a section on [scenarios](#) that may give insight into a student's day-to-day life with chronic health conditions.

Recent Campus Trends

Below are some health conditions that have either become more relevant than ever or conditions that often fall under the radar despite how common it is. Like the section before, these conditions are described for awareness purposes.

Long COVID

Long COVID (or Post Acute Sequelae of COVID) refers to the various long-term effects noted after someone experiences COVID-19 once or multiple times (Al-Aly et al., 2024). The constellation of problems resulting from a COVID-19 infection is still being studied but has shown to affect anyone regardless of age and baseline health status. It affects multiple systems such as endocrine (hormonal) systems, immune systems, reproductive systems, and cardiovascular systems. Some of the most common experiences people with long COVID have reported include:

- Fatigue
- Brain fog and memory issues
- Worsening of symptoms (fatigue or flu-like symptoms) after minimal exertion (also known as post exertional malaise)
- Disruptions in blood pressure and heart rate affecting how the body regulates itself. (Ex. Dizziness when getting up from a laid down position)

Other signs of long COVID that have been noted so far are as follows (Mayo Clinic, n.d.; Sakurada et al., 2024):

- Problems with sleep
- Digestive issues such as bloating or constipation
- Headaches
- Shortness of breath
- Increased likelihood of getting sick again post infection due to dysregulated immune system
- Irregular and painful menstrual symptoms

Recovery can take some time, showing low recovery within a year of having long COVID symptoms and around 7-10% recovery rate after 2 years (Parotto et al., 2023). Any resulting health conditions such as heart disease, mood disorders, anxiety, and diabetes can be chronic. However, the severity of symptoms tends to be milder within the young adult demographic in general (Alkhormani et al., 2024).

A study from the United States noted some risk factors for severity of long COVID in a university setting (Landry et al., 2023):

- Being female
- Having another underlying condition
- Not being fully vaccinated
- Being a former/current smoker
- History of infection and re-infection

Another study on university students noted a decrease in physical performance (such as flexibility, strength, and endurance) after three months of their initial COVID-19 infection, as well as poorer sleep quality (Hao et al., 2024).

University Health Network has compiled resources and information on long COVID that may be helpful such as self-management, how to get back into exercise after COVID-19, and living with post-COVID symptoms. Please note that the page is archived and is no longer being updated. You can access the page [here](#).

Chronic Pain

Chronic pain is pain that continues for more than three months, and it may be primary in nature (i.e., the pain has no discernable cause or it happens even after bodily tissue healing has occurred, such as pelvic pain or fibromyalgia), or it may be secondary in nature, which means that is experienced in tandem with another illness, disease, or concern (e.g., pain after surgery, arthritis, cancer-related pain) (Government of Canada, 2023; Health Canada, 2021).

It has been reported that approximately 8 million Canadians live with chronic pain (Government of Canada, 2023; Health Canada, 2021). For youth and children, it is estimated that approximately one in five live with persistent pain (Health Canada, 2021).

At the post-secondary level, it has been noted that chronic pain can detrimentally affect students in numerous ways, including socially and psychologically, and in terms of their overall quality of life and academic functioning (Serbic et al., 2023).

“My chronic pain started when I was 19 years old, just as I was going into my second year of undergrad. I’ve been living with pain every day since then. My third year of undergrad was particularly rough. My pain was at an all-time high, and it took a toll on my mental health. I wish chronic pain was addressed more in the young adult age group. I felt really alone during that time.

I just remember having to ‘push through’ the pain all the time – like having to do a class presentation or doing group work– I managed to do it, but no one knew that I was experiencing excruciating pain. I became really good at hiding it. Sometimes I felt compelled to hide it. It was my default mode.”

– Ontario master’s student, age 23

Supporting Students with Chronic Pain

A qualitative study of college students with chronic pain in the U.S. and the U.K. provides several supports for post-secondary institutions to consider, such as:

- Peer support
- Ensuring seating (desks and chairs) promote comfort
- Affordable physiotherapy
- Allowing flexible class attendance and assignment deadlines
- Providing the option of online lectures and awareness initiatives (e.g., posters) about relevant resources for students with pain both on and off campus (Donovan et al., 2025)

Some key organizations that can provide more information and chronic pain supports:

[Power Over Pain Portal – Power Over Pain](#)

Power Over Pain is an online portal for youth and adults in Canada that offers free resources including articles, videos, podcasts, courses, workshops, and peer support. This online portal can also be used to get connected with national and provincial health services. Power Over Pain is a collaborative project between people living with pain, clinicians, researchers, and community organizations.

[People in Pain Network | Self-Manage your Pain](#)

People In Pain Network is an online community where people can access free resources and join free peer support groups in pain self-management (virtual or in-person).

[LivePlanBe](#)

LivePlanBe offers free online educational programs that have been created in consultation with people with lived experience. Funded by Pain Canada, LivePlanBe offers programming designed to educate and improve the lives of those living with pain. This website also offers a comprehensive library of resources on all things related to pain including emotional well-being, goal setting and planning, and nutrition.

Gynecological Health

Gynecological health conditions refer to the various health conditions revolving or related to the uterus, fallopian tubes, ovaries, or cervix (Bigambo et al., 2022). Despite being classified as gynecological, these conditions can have a full body effect due to their hormonal underpinnings. Some causes are yet to be fully determined, which adds to the complexity of gynecological health conditions and diagnosis (Rich-Edwards, 2009). Endometriosis and polycystic ovarian syndrome (PCOS) are two of the most common gynecological conditions people may experience (Bigambo et al., 2022).

Endometriosis

Endometriosis is a condition affecting 1 in 10 people, where the tissue similar to the inner lining of the uterus grows outside of the uterus (WHO, 2023). Sometimes this growth can occur outside of the pelvic region as well (Mayo Clinic, n.d.). As the tissue builds up and is not broken down and shed during the menstrual cycle, it may lead to significant amount of pain, especially during the menstrual period. Someone with endometriosis may experience (Mayo Clinic, n.d.):



- Very painful periods
- Pain during urination or bowel movements
- Pain during sex
- Heavy menstrual bleeding
- Lower back pain
- Fatigue
- Diarrhea/constipation

While diagnosis may depend on these signs, there also may be people who may experience no symptoms. However, they may find out they have endometriosis when they are unable to fall pregnant (Mayo Clinic, n.d.).

For students with endometriosis, their day-to-day life can look very challenging (Gupta et al., 2021):

- Dealing with heavy bleeding during class and having to routinely go to the bathroom
- Unable to pay full attention and/or focus on academics due to painful periods every month
- Having to potentially deal with iron deficiency and its subsequent effects like brain fog and fatigue

To learn more:

[Endometriosis Network Canada: “Life with Endo” Empathy Awareness Tool](#)

This resource is a tool created with the support of the University of British Columbia’s Biomedical Visualization and Communication Certificate program. It outlines different experiences someone with endometriosis may go through via illustrations and analogies. Endometriosis Network Canada provides support and education to raise awareness and impact policies across Canada.

[The Endo Educational Organization of Canada: “Fact Check”](#)

The Endo Educational Organization of Canada is a nonprofit organization that aims to educate people on endometriosis. In the attached link, you can find additional details about endometriosis, along with some fact checking common misconceptions.

Polycystic Ovarian Syndrome

Polycystic Ovarian Syndrome (PCOS) is a condition marked by the existence of small sacs on the ovaries as well as the presence of irregular periods (WHO, 2025). People with PCOS may also experience hair loss, acne, and hair growth on the face, chest, and back due to an increase in a hormone called androgen (mainly associated with male sex hormone but naturally exists in both male and female bodies). Some individuals may also develop insulin resistance and see an increase in weight.

The cause of PCOS is not known, but it impacts 1.4 million people across Canada (Lujan et al., 2008). It can impact fertility and lead to other health complications such as type 2 diabetes, heart disease, and endometrial cancer (WHO, 2025).

For students with PCOS, challenges with this health condition may look like (Betkowski, 2025; Li et al., 2020; Patel et al., 2025):

- Emotional distress that leads to reduced academic productivity
- Increased academic stress which makes the symptoms worse
- Feeling alone in their struggles, especially if health care providers are not understanding
- Feeling judgement or shame due to appearance
- Fatigue due to lower sleep quality, which can affect academics
- Impaired memory and executive function, impacting academics
- Feelings of shame due to fatphobia if there is weight gain
- Potential development of disordered eating/eating disorders due to feelings about weight gain and any conflicting messages from people around them

To learn more about PCOS (for educational purposes):

- [Fact Sheets on PCOS by Children’s Hospital of Eastern Ontario \(CHEO\)](#)

CHEO provides two fact sheets to help understand PCOS and the types of management that is provided by a health care provider. One of the fact sheets is on general PCOS information as well as the various management options that may be discussed with someone who has PCOS. The other fact sheet goes over the types of medications that may be suggested by a doctor to someone with PCOS. While choosing to take medication is up to the individual, it’s important to be aware of the different types of medication, what side effects they might come with, and what might happen if one stops taking it. Each person can have a different experience with medications, so it is important to consult with a doctor when considering medication.

- [Nutrition Management for PCOS by the University of Guelph](#)

This page on nutrition management for PCOS by the University of Guelph provides information on certain dietary practices that can help with insulin resistance. It highlights the importance of incorporating some of these practices in a mindful way, especially in ways that feels good physically and mentally.

- [PCOS Toolbox by PCOS Together](#)

PCOS Together is a research and community outreach program based out of the University of Alberta. This toolbox provides information on the primary pathway to care, ways to advocate for yourself, and frequently asked questions about PCOS. Please note that some of the information on health care support may be specific to the province of Alberta.

Mental Health Impact of Chronic Health Conditions

As mentioned in previous sections within this toolkit, the various barriers and challenges students may face while having a chronic health condition can put a great strain on their mental health. Not only are the symptoms themselves distressing, but the process of getting accommodations, going through the health care system, coordinating within health care teams, and juggling everything on top of academics can weigh a lot on students.

Additionally, students who have a pre-existing mental health condition may find it challenging to cope with a new diagnosis and to switch their lifestyle and routine to manage their new chronic health condition (such as medication schedules, attending multiple appointments, adherence to a certain type of diet due to food sensitivity, etc).

Some of the main mental health impacts students with chronic health conditions may face are outlined below (ConnexOntario, 2025):

Grief

- The loss of identity as students may feel defined by their health condition
- Loss of normalcy and witnessing others having a comparatively normal post-secondary experience
- Grieving things one may have been looking forward to but is no longer possible due to the health condition
- Grieving the potential the student had before the onset of their health condition

Stress

- Dealing with uncertainty, in terms of symptoms as well as availability of supports (depending on the cost or access to a specialist)
- Heightened sense of stress due to the health condition
- Distress due to any change in physical appearance
- Anxiety over potential new infection or health complication

Mood

- Deep feelings of sadness or anger due to the loss of norm
- Low mood due to loneliness or lack of "normalcy"
- Frustration due to not being able to cognitively participate in classes due to mental fatigue, memory loss or brain fog
- Frustration if the healthcare system is not providing answers or meaningful support
- Frustration due to having to repeatedly explain, justify, or disclose their condition to multiple providers, instructors, or support staff

While these are real and valid feelings, it is important to help students figure out ways to live a thriving life despite their health condition. It is also important to include mental health as part of any conversation related to chronic health conditions (Turner, 2000).

Part II: Supporting Students with Chronic Health Conditions

In this section, we will outline the various ways to support students who have chronic health conditions. As mentioned earlier, students with chronic health conditions may grapple with stress, grief, and low moods due to the difficulties of their condition and the structural barriers. The following section will outline actions that may remove/reduce those barriers or empower students to be able to navigate post-secondary. In saying that, we want to acknowledge that each campus may differ in their accessibility and accommodations policies. Therefore, we encourage consulting with your post-secondary institutions on any specific practices.

Accessibility and Accommodations

Educational settings have a duty to accommodate students with disabilities, and, as per the unique needs of the student and their educational program, this could encompass potential accommodations, such as the following (Ontario Human Rights Commission, n.d.):

- Providing class materials in Braille
- Physical adjustments in buildings (e.g., ramps)
- Additional time for test taking
- Note-taking by a volunteer

This list is certainly not exhaustive, but it highlights some examples of what accommodation might look like in an educational setting. Notably, for post-secondary institutions specifically, any accommodation cannot change standards and requirements for a particular educational program; that said, so long as those requirements are met, accommodations should facilitate a student to meet those required program standards (i.e., adapted ways to achieve those required standards) (Ontario Human Rights Commission, n.d.).

To learn more about disability, accessibility, and accommodations, please refer to our [Accessibility and Accommodation toolkit](#).

Universal Design for Learning (UDL) is a framework for teaching and learning that provides flexibility and accommodations to every learner, despite their abilities and needs. It is a great way for faculty to accommodate students with chronic health conditions as a first step and great way to reduce the stress a student may feel if they are experiencing flare ups.

What are some ways faculty can embed UDL?



1. Flexible Curriculum Design

“One of the best layouts in undergrad that I experienced was a prof who automatically incorporated flexibility into participation/attendance grade, where you could self-select which tutorials to attend (as long as you met the minimum) and/or could miss some classes without the need to get accommodations”
– Student with a chronic health condition

Curriculum designs like the one described above can greatly help students with chronic health conditions because it reduces the administrative burden. It can be an additional mental load for students to go and seek out accommodations (especially if diagnosis is not certain). Therefore, having flexible opportunities to participate in class can help students greatly. Optional assignments or providing choice in what is counted for the final grade can help students when they are dealing with episodic symptoms or unpredictable bad days.



2. Recording Lectures

Recording lectures can be beneficial for students with chronic health conditions as they do not have to worry about missed classes or stepping out of class for a moment if they have flare-ups or find focusing in class challenging. It is also valuable for students who attend the class to be able to revisit the lectures if they want to.



3. Providing Examples of Assignments, Tests and Exams

Providing examples of assignments, tests and exams can be a way to reduce a student's stress and anxiety if they understand what is expected from them early on. They can test their knowledge with no repercussion to their grade and help them understand the nature of the questions that might get asked so that they know how to best study. Additionally, they can understand if they would require additional accommodations if tests or assignments are long. This can be especially helpful for students with chronic health conditions who may not have a lot of time between their appointments, other classes, and studying.



4. Removing Attendance Based Grades

Attendance based grades can be a challenge for students with chronic health conditions to achieve as they may miss a class or many classes depending on the severity of their health condition at a given time.

Importance of Hope and Optimism

Many people experience chronic health conditions and lead fulfilling and satisfying lives. It can be a scary time for students if they don't know how to navigate their life within post-secondary or if a change in their health status means they no longer have the life they used to have.

These feelings of loss, while important to acknowledge, do not negate that we can approach supports and student life with a strength-based approach. Hope and optimism can help students:

- Feel empowered and in control of their lives
- Help realize they deserve advocating for themselves
- Understand their capacity for resiliency

A study by Askew et al. (2017) on how young adults with cystic fibrosis transition into adulthood noted that:

“Despite having a life-limiting disease, [young people with cystic fibrosis] are functioning well in their lives, gaining independence, undertaking further education and employment, forming relationships, and planning to undertake parenthood.” (Askew et al., 2017, p 123)

How can we embed hope, optimism, and empowerment without alienating the student?

- Adopt a strength-based approach where a student's strengths are also acknowledged, not just their challenges
- Celebrate any type of progress in their health, academic, and social journey
- Encourage and model self-compassionate behaviours such as being kind to yourself, not pushing the limits of your body when not feeling well, and setting boundaries
- Share stories of students who have been able to navigate post-secondary with a chronic health condition

A strength-based approach, compared to a deficit-based view, focuses on how the strengths of an individual can promote behavioural change. In this context, it looks at how our personal or interpersonal strengths and values can help with chronic disease management. Studies have shown that strength-based approaches improve patient outcomes in clinical settings and improve self-efficacy (Halili et al., 2025).

A strength-based worksheet developed by CICMH can be found in the appendix of this toolkit. This worksheet asks students questions about their strengths and hopes in order to reflect on what can help with self-management.

Teaching Students How to Advocate for Themselves

Advocating for oneself is not a skill that is taught to everyone, but it is extremely beneficial to have, especially for students with chronic health conditions or disabilities. Advocating for oneself can look like:

- Advocating for accommodations from staff or faculty
- Advocating for better support by a health care provider, especially if symptoms are dismissed
- Advocating for accommodations at a workplace/co-op/placement

Student Voice: [The Importance of Speaking Up: Managing Chronic Illness in the Workplace – First Year Co-op Student](#)

Jordan Leis, a first-year student, talks about his experience with ulcerative colitis and starting a co-op.

“I was so worried about being an inconvenience to my boss. In your first year, engineering students know very little about the industry so, you’re trying to sell yourself as the lowest liability option. That pitch wouldn’t work for me as someone with chronic illnesses because my bosses would have to worry about me.”

It’s important to remember that, while advocating for oneself is encouraged, students are under no obligation to disclose their disability or chronic health condition to faculty, staff or placement/co-op workplace. In addition to this, accessibility advisors or staff are always there to help advocate on behalf of the student if students are not comfortable advocating for themselves directly to faculty.

Ways for Students to Advocate for Themselves (Fu, 2023; Women’s Health and Equality Queensland, 2025)

With a doctor:

- ✓ Clearly stating “These condition/symptoms are impacting my ability to function in life/school” or that you are “currently experiencing a flare up of disability related symptoms”.
- ✓ If possible, keep track of how your condition is impacting you by taking notes and writing down dates and times. Note down the functional impairments you may experience and be prepared for your appointment as much as you can.
- ✓ If you are comfortable, bring a trusted friend with you to your appointment if they may be able to help with advocating for you

- ✔ Practice what you would want to say beforehand with a friend and write down what you would like to chat about
- ✔ Try to figure out what your desired outcome is with your health care visit
- ✔ Ask questions such as why a certain treatment option or lack of treatment is being recommended, whether there are alternative options, if there are side effects for certain medications, and where you can go to find more information on what was discussed at the appointment.
- ✔ If you need a note, remember that this may not be covered under your student health plan, and it is not covered under OHIP.
- ✔ If you are looking to provide documentation for your campus accessibility services, look into the documents and prepare the form you need to fill out to the best of your ability before your visit.
- ✔ If there is still dismissal of concern or you don't feel fully supported, consider talking to a trusted friend or family member for support and consider if this health care provider is the right person for you.

Role of Social Media

While each person's experience is unique, social media has shown to play a role in how people with chronic health conditions share information with each other. Some examples are Tik Tok videos on certain health conditions, Instagram pages or Reddit forums. These social media communities enable people to learn from their peers, such as their experiences with health care providers and the medical information and advice they have received (Kjærulff et al., 2023). This would be an important consideration for health care providers as students may use these peer experiences to inform how they seek out support.

With faculty (Fairmont University, n.d.):

- ✔ Review what your own responsibilities are for your own accommodations and what you need to be accountable for as a student
- ✔ To avoid delays in accommodation, reach out to your professor immediately after classes begin. Schedule a time and chat in person. Be persistent if you don't receive a response via email and potentially try to chat with them after class.

- ✓ Prepare for your meeting by noting down specific times of the year that you may think would be a challenging time (October/November when it gets darker at night earlier (daylight savings), high stress periods like midterms and exams where flare-ups may occur, etc.).
- ✓ Discuss what your main challenges might be throughout the semester and if there is anything concerning in terms of assessments or course delivery that might be impacted by your chronic health condition.
- ✓ Let them know that you will be in touch with them throughout the semester so that they know to keep an eye out for your email if it pops up.
- ✓ If there are concerns or dismissal, connect with your campus' accessibility services. This is also applicable if you are not comfortable talking about your need for accommodation directly with the professor.

Additional Information:

[Tips for Communicating with Your Professors About Accommodations](#)

Fairmont State University outlines what students can do when communicating with their professors and what to do before, during and after meeting with them. While the process of acquiring accommodations can differ between the US and Ontario schools, the general tips on communicating with professors can be applicable. (For specific steps, please consult the Accessibility and Accommodations Services at your school).

[Transition Resource Guide: Advocacy & Disclosure](#)

The Transition Resource Guide highlights some additional information on how and when to disclose your health condition, how to advocate for oneself as well as the benefits and risks of advocating.

Creating Spaces for Students with Chronic Health Conditions

Students with chronic health conditions may often feel isolated with their experience, which can lead to stress and lower moods. Creating a community that understands the unique challenges of students with chronic health conditions can be helpful in many ways beyond addressing feelings of loneliness. It can cultivate positive feelings and provide a space to learn and help each other. It can especially be helpful for any incoming student to meet older students who have figured out how to navigate post-secondary (Victoria University, 2018).

To create community, it is also important for a physical space to be available. Students often feel the desire for community but do not have a place to gather outside of their classrooms or their homes. These “third spaces” are important in providing an opportunity to connect. For students with chronic health conditions, these spaces can be modified to be more accessible. For example, having spaces that are centralized and accommodated to those who may be sensitive to harsh light, loud sounds, or fragrances. For some students, having opportunities to connect virtually can be beneficial if they are not able to be on campus in person.

Students with chronic health conditions can also reflect on who is in their social support system and reflect on who they can turn to during flare ups or generally challenging periods. Support network mapping is an exercise that can help students identify who they can reach out to during different periods of their campus life and what those social connections serve. If you would like to try creating your current social support network map, [this tool](#) by Columbia University can guide you through the process of identifying specific people in your life.

Students can also create a list of what they consider to be their community of support, which can include places in the neighborhood, people at school or work, social communities and clubs, and online communities (Kids Help Phone, 2023).

Campus Spotlight:

[University of Waterloo Chronic Disease Club](#)

A club that creates community, raises awareness, and connects students with chronic health conditions with each other and their campus' accessibility services.

[Queen's University Chron's and Colitis](#)

A club that fundraises and spreads awareness about irritable bowel disease (IBD), led by students with lived experience.

Speaking to Someone with a Chronic Health Condition

Having a chronic health condition can be an isolating experience, especially when faced with stigma or stigmatizing conversations (Jennings-Edquist, 2023). A lot of the time, responses to having chronic health conditions are meant well, but they are extremely unhelpful to those who hear it. Questioning whether things are “really that bad” or asking if they have tried “yoga” or “eating better” invalidates the experience of chronic health conditions and minimizes the toll it has on a person. Here are some general considerations to keep in mind if a student discloses having a chronic health condition or any experiences revolving it (Baron-Williams, 2024; Jennings-Edquist, 2023):

Do Not:

- o Assume you know everything about the experience, even if you personally know someone who has had the same chronic health condition. Try to avoid statements like “I understand” if you personally do not have experience of a chronic health condition.
- o Give unsolicited advice or suggestions unless specifically asked. Even then, acknowledge that their story and history with the health condition can be different.
- o Question their experience, especially if you have the same chronic health condition. Different people may go through it and cope with it differently.

- o Oversimplify the experience or approach it with only positivity. Acknowledging the hard and complex aspects of having a chronic health condition is okay.

Do:

- o Offer to listen to what it is like to have a chronic health condition and ask questions about how it impacts their life if they are comfortable disclosing (Note: Students do not have to share what their diagnosis is, nor do they have to disclose anything if they choose not to)
- o Ask what the best way would be for them to feel supported
- o Ask about how things are going instead of pretending things are okay, especially if you are aware of the health condition.

“But despite all the ways people put their proverbial feet in it, the response that bothers me most is silence. Radio silence, sometimes from long-term friends or relatives – people who already know I’ve been on a merry-go-round of surgeries and drug infusions – but haven’t once asked after my health” - Grace Jennings-Edquist (Jennings-Edquist, 2023)

You can read more about how best to talk about someone’s chronic health condition in Grace’s article: [‘Silence can be incredibly hurtful’: How to talk to someone about their chronic illness](#)

Recommendations

STAFF

- Partake in education and awareness initiatives on chronic health conditions, specifically with an anti-oppressive and trauma-informed lens.
- Understand the importance of cultural safety in the context of providing support for chronic health conditions, especially for front-line staff who may not wish to further stigmatize students' experiences.
- Create opportunities for students with chronic health conditions to connect with each other and share their experiences or provide mentorship (peer programs).
- When creating programs or initiatives for students with chronic health conditions, co-design with students with lived experiences.
- Provide snacks or water within spaces that students gather between classes.
- Create opportunities for students with chronic health conditions to showcase their strengths
- Engage in critical self-reflection to assess biases and stigmatizing beliefs.
- Help students create a kit of items they may need if their chronic health condition flares-up. An example can be found in the appendix.
- Create a plan for graduating students so that they know where to access supports after graduation.

FACULTY

- Reach out to accessibility services to better understand your own role and how you can collaborate better to support the student.
- Be mindful about how you are discussing accommodations with a student who has chronic health condition and try not to ask questions that may lead to disclosure.
- Adopt UDL within the classroom as much as possible, whether it is within syllabi, rubrics, office hours and assessment strategies.
- Be mindful about students who have chronic health conditions in the classroom and try not to draw attention to them if they have to leave class or if their assistance device makes a sound. Note that sometimes their cellphone may be part of their medical device.
- If there is a student who uses accommodation in class, make sure to monitor your emails to ensure any time sensitive emails are not missed. This includes emails from accessibility services.
- Share with other faculty about what you're doing to support students, and how your practices are making a difference in their lives.

POST-SECONDARY INSTITUTIONS

- Train faculty and staff on disability, chronic health conditions, cultural safety, accessibility and accommodations.
- Provide faculty and instructors with resources that gives them capacity to properly support students with accommodations, especially within big classes.
- Ensure access to accessibility services and their information is easily available for both students and faculty.
- Create policies that require UDL within classrooms.
- Ensure students can access health care teams at their campus health services or be referred to a community health centre that can support their needs.
- Provide third spaces (spaces for students to be in that are not school or home related) for students to be able to step away from academics to socialize and rest.
- Create structural changes to ensure easy and barrier free access to washrooms, having functional automatic doors, availability of feminine hygiene products, snacks, and other materials after hours that students with chronic health conditions might need during an emergency.



PART III: Appendix

Resources by CICMH

Toolkits

- [Trauma-Informed Practice & Care](#)
- [Anti-Oppressive Practice - Part 1](#)
- [Anti-Oppressive Practice - Part 2](#)
- [Invisible Intersections: A Toolkit on Supporting 2SLGBTQ+ Students on Campus](#)
- [Campus Peer Support](#)
- [Eating Disorders](#)

Webinars

- [Accessibility & Accommodations](#)
- [Addressing Mental Health and Well-being by Creating Balanced and Supportive Physical Environments](#)
- [Academic Accommodations for Postsecondary Students with Mental Health Disabilities](#)
- [Engagement & Co-design](#)
- [Non-Death Loss in the Campus Environment: Understanding Grief and Loss Among Students, Staff, and Faculty](#)
- [Social Prescribing](#)
- [Building Strengths-Based Resilience in Students](#)

Information Sheets

- [Toxic Positivity](#)
- [Loneliness & Connection](#)
- [Boundaries](#)
- [Stress and Anxiety](#)
- [Rest and Sleep](#)
- [Two-Eyes Seeing: Supporting Indigenous Student Mental Health](#)
- [Creating Healthy Placement Environments](#)
- [Health Insurance for International Students](#)

External Resources for Students

[Brain Injury Recovery Toolkit](#) by Keep Your Head Up

While this resource is specific to brain injury recovery, it includes various tools such as an energy journal, goal setting sheet, symptom tracking sheet, sleep journal, and many more that students might find helpful.

[The Job Demands and Accommodation Planning Tool](#) by Institute for Work and Health

This tool was created to help employees with chronic and episodic health conditions to identify strategies and accommodations based on the employee's work demands in order to best support them. This can be a valuable tool for students with chronic health conditions who are transitioning out of post-secondary and into the workplace.

[Health Tracking Forms and Checklists](#) by Health Link BC

This section provides various checklists, forms and tracking sheets depending on the health condition you may have. These items can be filled out and printed in order to track symptoms, flare ups and other information that can be beneficial for your knowledge as well as for your health care provider. Some examples on this site include an [Asthma Diary](#), [Menstrual Diary to Monitor Premenstrual Symptoms](#), [Sleep Journal](#), [Food List](#) for Diabetes and [Planning to Be More Active When You Have Chronic Disease](#)

[Question Builder](#) by The Australian Commission on Safety and Quality in Health Care

The question builder tool provides a way for students to prepare for their health care appointment, depending on whether it is a follow up or an appointment for a new symptom.

Flare-Up Kit for Students (Example)

Below is an example of what a student with chronic health condition might want to have compiled in case of a flare up of symptoms. This is not an exhaustive list and can vary in terms of need based on the person and the health condition. We recommend that a health care provider is consulted if supplements and medications are part of the kit.

- ✓ Granola Bars
- ✓ Easy and low effort recipe ideas
- ✓ Electrolytes for hydration
- ✓ Fidget toy or toys that help with grounding
- ✓ Heating pad or hot water bottle
- ✓ Ginger candy or medication for nausea
- ✓ Pain management medication (like ibuprofen or acetaminophen)
- ✓ Supplements like iron, probiotics or magnesium
- ✓ Ear buds for reducing surrounding noise
- ✓ Eye mask
- ✓ Fluffy socks
- ✓ Dry shampoo
- ✓ Mouth wash
- ✓ Tissues
- ✓ Wet wipes



Strength-Based Worksheet

Having hope is important! Take a moment to think and acknowledge what strengths you bring to the table and assess the inherent resources you have. Click [here](#) to access a list of examples of personal strengths.

Prompts & Answers

My top 10 strengths are...

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Reflection Questions

What qualities are you most proud of?

I helped others by...

1.

2.

3.

Would you offer yourself the same help?

I capture my flow by... *[Activities that you fully immerse yourself in and focus on that heighten creativity and productivity, often losing track of time and self-awareness.]*

1.

2.

3.

Would you offer yourself the same help?

My hopes are...

1.

2.

3.

What brings you hope?

What do you dream about?

Some challenges I have overcome are...

- 1. _____
- 2. _____
- 3. _____

What strengths worked the best for you?

The strengths I used to overcome challenges are...

- 1. _____
- 2. _____
- 3. _____

What kind of supports have you used that have been helpful to you?

References

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