Disclosing Mental Health: The Experience of Post Secondary Students Transitioning into a Career/Experiential Learning Environment

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DISCLOSING MENTAL HEALTH:

THE EXPERIENCE OF POST-SECONDARY STUDENTS TRANSITIONING INTO A CAREER/EXPERIENTIAL LEARNING ENVIRONMENT

By

Jennifer Mei

Master of Social Work Degree, Wilfrid Laurier University, 2021

THESIS

Submitted to the Faculty of Social Work

in partial fulfillment of the requirements for

Master of Philosophy in Social Work

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Acknowledgements

This research was done under the supervision of Dr. Ann Curry-Stevens, Faculty of Social Work, Wilfrid Laurier University (WLU) and in consultation with my research committee members, Dr. Maryam Khan, Faculty of Social Work, WLU and Dr. Wendy Hulko, Faculty of Social Work, Thompson Rivers University (TRU).

Land Acknowledgement

As the researcher, I acknowledge my role as a settler and faculty member of Thompson Rivers University located on the traditional unceded territory of the T’kemlups te Secwepemc peoples. This territory is also known by its colonial name, Kamloops, BC. This research also extends to students enrolled at Wilfrid Laurier University which is located on the Haldimand tract, traditional territory of the Neutral, Anishnaabe and Haudenosaunee peoples. This territory is also known by its colonial name, Kitchener, ON. As such, I situate myself in a position of power and privilege as a representative of the academy having its roots in colonization. So, it is with humility I express gratitude the Indigenous peoples of these territories for allowing me to learn on this land and from the people. I also bring action to this acknowledgement by honouring my commitment to the Truth and Reconciliation Commission – Calls to Action in any context where I am in systemically informed power relationships with Indigenous peoples.
Abstract

The stigma associated with mental health and underrepresentation of students with disabilities in higher education is well documented (Barnard-Brak, Lechtenberger, and Tan 2010, p. 411). This presents a disclosure problem for post-secondary students with mental health challenges who are transitioning into a career or experiential learning environment. If students require workplace accommodations, they may find themselves faced with a decision to disclose mental health challenges to a faculty supervisor, career services practitioner or potential employer. Difficulties with mental health can be experienced because of a diagnosed mental health disability or be a symptom of another diagnosable disability.

This study begins to address a gap in the literature on these disclosure experiences and begins research into the lived experiences of students who, through known disclosures to faculty and other students, face abundant concerns about such disclosures. Using survey methodology, student experiences of these disclosure decisions, reactions and learnings were collected in two universities: Thompson Rivers and Wilfrid Laurier. Analysis of survey data identified dominant themes, differences facing different populations, and outliers. These results will be shared along with recommendations for universities, potential employers, and students themselves.

When asked to identify their experiences with disclosing this information to employers, the study shows that 70% of students have “high” or “very high” fears of disclosing, and that these fears generated significant health challenges due to their stress. These results are largely due to prior experiences with stigma, discrimination, and loss of opportunity. Almost all students experienced negative work or health consequences. And of the 58% who go on to disclose to a workplace supervisor, ¾ of them had a negative response. According to a study by Morris (2017), findings showed “that only 1 in 4 (25%) employees with disabilities [including
mental health] who have an unmet need actually made the request to their employer or supervisor for it [and]…of those who did ask their employer or supervisor 40% were refused their request” (p. 10). The most common reason for not disclosing the need for workplace accommodations to an employer was levels of comfort and fear of negative outcomes (Morris, 2017, p.10).

When considering the practice implications of these disclosure experiences, students indicated a need for improved resources, communication, connection, and education related to self-advocacy, self-disclosure, and accommodations. One survey participant expressed a need for universities to "make information related to self-disclosure/accommodations accessible and available to everyone because some students may not even know that these options are and what they would need to engage in these processes” (Survey Participant, 2020). One way to support this request might be to include accessibility education within mandatory career management or career prep courses that are taken by all students pursuing coop education. Another resource might be an accommodations self-assessment tool to help students who are not sure what kinds of workplace supports they need (See Appendix 3). Students should also be provided with resources that can be accessed autonomously and confidentially, if required (TRU Deep Map Community Resources Hub, 2020, para 3). Resources for faculty, career services practitioners, and employers may include answers to frequently asked questions such as how to handle student disclosures, improve accessibility, determine essential job requirements, and implement accommodations. Such information could be provided on-line as well as through career professionals with workplace accessibility expertise within the university. Students who would like to access workplace accommodations will need to provide some level of disclosure.
Therefore, to support students transition into career and/or experiential learning environments, universities will need to develop resources and best practices that will create safer spaces to disclose. These resources should also include ways to support employers in becoming more accessible and inclusive for students with disabilities. Resources could include workshops on ways to become a more accessible employer and a matrix that provides accommodation suggestions for mitigating specific functional impacts (See Appendix 3).
Contents

Acknowledgements ..................................................................................................................... i
Land Acknowledgement ............................................................................................................. i
Abstract ..................................................................................................................................... ii
List of Abbreviations .............................................................................................................. xiii
Glossary................................................................................................................................... xiv

1. Introduction ..................................................................................................................... 1
   1.1 Career/Experiential Learning Contexts ................................................................. 2
   1.2 Mental Health Disclosure Contexts ....................................................................... 6
   1.3 Additional Background to the Issue ...................................................................... 8

2. Researcher’s Context ..................................................................................................... 11
   2.1 Systemic Oppression Experiences ...................................................................... 11
   2.2 Disability and Gender ......................................................................................... 12
   2.3 Culture and Race ................................................................................................ 14
   2.4 Intersectionality .................................................................................................. 15
   2.5 Privilege ............................................................................................................. 15
   2.6 Thesis Experience .............................................................................................. 16

3. Literature Review .......................................................................................................... 18
   3.1 Accommodations Challenges .............................................................................. 18
   3.2 Existing Supports ................................................................................................ 19
   3.3 Accessibility Issues ............................................................................................ 20
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4</td>
<td>Social Constructions of Disability</td>
<td>21</td>
</tr>
<tr>
<td>3.5</td>
<td>Systemic Issues</td>
<td>23</td>
</tr>
<tr>
<td>3.6</td>
<td>Disclosure Issues</td>
<td>25</td>
</tr>
<tr>
<td>3.7</td>
<td>Intersectionality</td>
<td>26</td>
</tr>
<tr>
<td>3.8</td>
<td>Cultural Perspectives</td>
<td>28</td>
</tr>
<tr>
<td>4.</td>
<td>Epistemology &amp; Theoretical Frameworks</td>
<td>30</td>
</tr>
<tr>
<td>4.1</td>
<td>Transformative Paradigm Approach</td>
<td>30</td>
</tr>
<tr>
<td>4.2</td>
<td>Critical Approach to Western Perspectives</td>
<td>31</td>
</tr>
<tr>
<td>4.3</td>
<td>Critical Theoretical Frameworks</td>
<td>32</td>
</tr>
<tr>
<td>4.3.1</td>
<td>Critical Disability Theory</td>
<td>33</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Critical Discourse Theory</td>
<td>33</td>
</tr>
<tr>
<td>4.4</td>
<td>Intersectional Theory</td>
<td>34</td>
</tr>
<tr>
<td>4.5</td>
<td>Anti-Oppressive Practice Theory</td>
<td>35</td>
</tr>
<tr>
<td>5.</td>
<td>Survey Questions</td>
<td>37</td>
</tr>
<tr>
<td>6.</td>
<td>Methodology</td>
<td>45</td>
</tr>
<tr>
<td>6.1</td>
<td>Epistemological Context</td>
<td>45</td>
</tr>
<tr>
<td>6.2</td>
<td>Student Participant Demographics</td>
<td>46</td>
</tr>
<tr>
<td>6.3</td>
<td>Ethical Considerations</td>
<td>46</td>
</tr>
<tr>
<td>6.4</td>
<td>Method of Data Collection</td>
<td>47</td>
</tr>
<tr>
<td>6.5</td>
<td>Methods of Analysis</td>
<td>47</td>
</tr>
</tbody>
</table>
7. Analysis ......................................................................................................................... 49
   7.1 Demographics ........................................................................................................ 50
   7.2 Fear of Disclosure .................................................................................................. 58
   7.3 Disclosure Experiences ....................................................................................... 64
   7.4 Responses to Disclosure ...................................................................................... 65
   7.5 Supports ............................................................................................................... 72
   7.6 Self-Advocacy ..................................................................................................... 75
   7.7 Disclosure and Self Advocacy During COVID-19 .............................................. 79
   7.8 Cultural Considerations ...................................................................................... 83
   7.9 Intersectional Experiences .................................................................................. 85

8. Qualitative Analysis ...................................................................................................... 91
   8.1 Students’ Advice to Employers Hosting University Students ......................... 91
   8.2 Students’ Advice to Universities Who Aim to Support Students ...................... 94
   8.3 Students’ Advice to Other Students Faced a Decision to Disclose .................... 98

9. Discussion ................................................................................................................... 103
   9.1 Key Findings and Implications .......................................................................... 103
      9.1.1 Disclosure Experiences and Accommodations Issues .................................. 105
      9.1.2 Intersectional Complexities to Disclosure .................................................... 106
      9.1.3 White and Racialized Student Disclosure Experiences ............................... 107
      9.1.4 Theoretical Limitations and Recommendations ......................................... 108
9.1.5 Application of Intersectional Theory .............................................................. 109
9.1.6 Application of Anti-Oppressive Practice Theory ............................................ 110
9.1.7 Practical Recommendations ......................................................................... 111
9.1.8 Operational Recommendations .................................................................... 117
9.1.9 The Deep Map: Theoretically Informed Resource Example.......................... 121

10. Limitations and Next Steps for Research............................................................. 123
10.1 COVID-19 Impacts to Research ...................................................................... 123
10.2 Limitations to Use of a Social Model Framework ........................................... 123
10.3 Future Research to Explore a Combined Medical-Social Model Framework ..... 124
10.4 Limitations to Existing Resources for Indigenous Students ............................. 125
10.5 Future Research for Indigenous Student Mental Health Career Resources ....... 126
10.6 Limited Data for Equity-Seeking Student Experiences .................................... 127
10.7 Additional Research for Equity-Seeking Student Experiences ....................... 127
10.7.1 First Time Learners ................................................................................. 128
10.7.2 Bi-Racial/Bi-Cultural Students ................................................................. 128
10.7.3 Students with Different Gender Identities ............................................... 129
10.7.4 Students of Different Age Groups ......................................................... 129
10.8 Limitations in Student Disclosure Experiences for Specific Industries ............ 130
10.9 Exploration of Student Disclosure Experiences for Specific Industries .......... 130
10.10 Contributions to the Literature and Next Steps for Research ....................... 130
11. Conclusion .......................................................................................................................... 133

References ................................................................................................................................ 138
## Table of Figures

Figure 1 - Percentage of Students who Identified as Belonging to an Equity-Seeking Group .....50
Figure 2 - Demographics - Students Belonging to Equity Seeking Groups.................................51
Figure 3 – Demographics - White, Racialized & Indigenous Students .......................................52
Figure 4 – Demographics – Percentage of Students by Age Group.............................................53
Figure 5 - Mental Health Impacts Experienced by Students.......................................................54
Figure 6 – Student Enrollment by University – Wilfrid Laurier and Thompson Rivers ..............55
Figure 7 – Demographics - Student Enrollment by Program..........................................................56
Figure 8 – Demographics - Student Age Groups by University Enrollment ...............................57
Figure 9 - Comparison of Mental Health Challenges by University Enrollment .........................58
Figure 10 - Percentage of Students Who Responded with a High/Very High Fear of Disclosure 59
Figure 11 - Comparison in Student Disclosure Experiences Between TRU and WLU .............60
Figure 12 – Prevalence of Stressors Experienced by Students by Category ...............................61
Figure 13 - Fear of Disclosure to a Potential Employer Demographic Comparison .....................62
Figure 14 - Fear of Disclosure to Faculty/Career Practitioner Demographic Comparison ..........63
Figure 15 - Student Decisions to Disclose to a Workplace Supervisor .......................................64
Figure 16 - Percentage of Students who have Disclosed to a Workplace Supervisor ..................65
Figure 17 – Percentage of Students that Received a High or Very High Positive Response ......66
Figure 18 – Comparison of Positive Responses Expected and Received – LGBTQ2S+, Low Income, Women, Immigrants ........................................................................................................67
Figure 19 – Comparison of Positive Responses Expected and Received – Invisible and Visible Disabilities........................................................................................................................................68
Figure 20 – Comparison of Positive Responses Expected and Received – White, Indigenous, Racialized .......................................................... 69
Figure 21 – Level of Positive Response from Employers Across Groups ........................................... 71
Figure 22 – Level of Positive Response from Faculty/Career Practitioners Across ....................... 72
Figure 23 – Supports – Percentage of Students Who responded With a High or Very high ...... 73
Figure 24 - Supports Recommended by Students ......................................................................... 74
Figure 25 – Self Advocacy – Percent of Students Who Responded with High or Very High..... 76
Figure 26 – Self Advocacy – Percent of Students Who Responded with High or Very High – LGBTQ2S+, Low Income, Women, Immigrants ................................................................. 77
Figure 27 – Self Advocacy – Percent of Students Who Responded with High or Very High – Invisible and Visible Disabilities ................................................................. 78
Figure 28 – Self Advocacy - Students Who Responded with High or Very High – White, Racialized, Indigenous ................................................................................................. 79
Figure 29 – COVID-19 - Percentage of Students Anticipating a Better Response to Disclosure . 81
Figure 30 – COVID-19 Mental Health Awareness – Students’ Level of Confidence to Disclose 82
Figure 31 – Experiences of Marginalized students with Mental Health Challenges ................. 87
Figure 32 – Intersecting Marginalized Identities of Equity-Seeking Students ............................. 89
Figure 33 - Thematic Analysis – Student Advice to Employers ..................................................... 92
Figure 34 - Thematic Analysis - Student Advice to Universities ..................................................... 95
Figure 35 Thematic Analysis - Student Advice to Other Students .................................................. 99
Table 1 – Differences Way Students Define and Experience Mental Health Challenges .......... 84
Table 2 - Students' advice for employers hosting university students in field placements......... 92
Table 3 - Students' advice for universities supporting students in field placements.................... 96
Table 4 - Common themes for disclosure advice given to other students................................. 100
Table A – Figure 31 Shown as Percentages .............................................................................. 88
Table B – Figure 32 Shown as Percentages............................................................................... 90

Appendices

Appendix 1  Survey and Informed Consent
Appendix 2  Research Ethics Board Approvals
Appendix 3  Sample Career Accessibility Resources
Appendix 4  Qualitative Data Analysis Colour Coding Method
List of Abbreviations

ADHD  Attention Deficit Hyperactivity Disorder
AS    Accessibility Services
BSW   Bachelor of Social Work
CAFCE Canadian Association of Career Education
CEL   Career and Experiential Learning
MSW   Master of Social Work
PTSD  Post-Traumatic Stress Disorder
PWD   Persons with Disabilities
TRC   Truth and Reconciliation Commission
TRU   Thompson Rivers University
WHO   World Health Organization
WLU   Wilfrid Laurier University
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodations</td>
<td>Adjustments made to a person’s work environment or schedule to support the way they best work and learn.</td>
</tr>
<tr>
<td>Adaptations</td>
<td>Adjustments made to a person’s work environment or schedule to support the way they best work and learn.</td>
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<td>Career Services Practitioner</td>
<td>A professional with expertise supporting student career development.</td>
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<tr>
<td>Cooperative Education</td>
<td>A paid practical learning opportunity to enhance skills and employability.</td>
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<td>Faculty Supervisor</td>
<td>A faculty member that supervises students in field or clinical practicums.</td>
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<tr>
<td>Field/Clinical Practicum</td>
<td>An unpaid practical learning program requirement that allows students an opportunity to apply academic theory to practice</td>
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<tr>
<td>Field/Coop Placement</td>
<td>Paid or unpaid experiential learning environments.</td>
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<tr>
<td>Functional Impacts</td>
<td>The ways in which a health condition or disability affects the ways people work and learn.</td>
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<tr>
<td>Governing Body</td>
<td>An organization that holds registered professionals accountable to practice ethics.</td>
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<tr>
<td>Intersectionality</td>
<td>A concept that recognizes that people can have more than one intersecting marginalized identity.</td>
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</tbody>
</table>
1. Introduction

This study explores the experience of post-secondary students transitioning into career and/or experiential learning environments who are faced with a decision to disclose challenges with mental health to a faculty supervisor, career services practitioner or potential employer. Mental health challenges can be the result of a mental health diagnosis or other diagnosable disability. I acknowledge that a person’s understanding of the term “disability” can vary within different societal and ideological constructs. Robertson and Larson (2018) write, “Language is embedded in ideological approaches and thus represents how one understands a construct such as “disability” based on the values, assumptions and premises of a particular belief system” (p.2). Because of this, it is possible for people with disabilities to identify differently depending on context. However, variances in how one self-identifies is not always conducive to the structural confines of university service provision for students with disabilities. In many post-secondary institutions, accessing accommodations is often dependent on a medical diagnosis from a doctor confirming the presence of a disability. In this document, I will be using person centered language such as “students with mental health challenges” or persons with disabilities” However, I acknowledge that these terms may not resonate with everyone and place value on the different ways that people may self-identify. For relevancy, this research uses language understood within the structure of most workplace and academic policies; policies that require clinical documentation that indicates a diagnosed disability and makes recommendations for accommodations. However, it is also important to note that due to COVID-19 difficulties with mental health are being experienced by those with and without a formal diagnosis. At this time, there is no telling whether those difficulties will relent or whether new perspectives on how mental health challenges are defined and accommodated will emerge. Therefore, continued
monitoring of how mental health is supported within our “new normal” may be valuable to future exploration on the matter.

The results of this study begin to address the social, economic and political systems of oppression working against the career success of students with disabilities with particular focus on mental health. As a matter of responsibility, post-secondary institutions working within a framework of power and dominance must work towards dismantling their contributions to the oppression of this student population. To do this, the academy will need to recognize the ways in which students with disabilities continue to be underrepresented through unchecked systemic biases and discrimination. Similarly, employers bear a social and legal responsibility to cultivate inclusive workspaces and identify ways in which they can minimize barriers for employees with disabilities. Within this research, student participants with mental health challenges have gifted us with information vital to transforming the way institutions and employers support their career success. This information will be used to inform supports and resources that faculty, career services practitioners and employers can use provide student centered support within current post-secondary constructs.

1.1 Career/Experiential Learning Contexts

For additional context, I will provide some preliminary information on career/experiential learning scenarios and the roles of individuals in those scenarios who may receive a disclosure. Career and/or experiential learning is largely understood as learning that occurs in a practical setting such as paid employment, clinicals/practicums, volunteer, or cooperative education. Practical education is an opportunity for students to apply theory to practice thereby enhancing their future employability. Cooperative education and clinicals/practicums are similar in that both scenarios provide students with an opportunity to gain academic credit and practical
experience relevant to their field of study. However, there are a few primary differences. According to the Atkins (2020), “Cooperative education primarily involves sequential training in both theory and practice; theoretical and practical training are coordinated in a progressive educational program (p. 61). In 2004, the Canadian Association for Cooperative Education (CAFCE) reported that “cooperative education programs exist in 88 Canadian post-secondary institutions with enrollment of more than 78,000 students” (Haddara and Skanes, 2007, p. 12). Cooperative education positions are most often paid whereas practicum/clinical placements commonly unpaid.

Practicum/clinical placements are mandatory practical learning components usually found in helping fields such as nursing and social work. According to Burke and Biberman (2017), the student practicum is an essential and required component of accredited public health education that provides students with hands-on experience in public health practice” (p. 2). During their field practicum, students are required to practice under a licensed professional and meet specific competencies accredited by a regulatory body. The Canadian Association of Schools of Nursing (2016) indicates that 16,248 students entered entry-to-practice programs between 2014 to 2015 (p. 5). According to the Canadian Institute for Health Information (2010), in 2009 there were as many as 34,868 social workers in Canada (p. 251). While this number does not narrow down the average number of students in practicum scenarios within a specific year, it does provide a rough idea of the number of students that would have been required to participate in a practicum.

In any given practical learning scenario, those who may receive a disclosure may include faculty supervisors, career services practitioners and/or host employers. Faculty supervisors are usually instructors or licensed professionals that oversee and assess the student’s learning during
an unpaid practicum/clinical placement. Faculty supervisors may receive a mental health
disclosure at any given time during the student’s clinical/practicum placement depending on
when the student is most affected. They may be faced with the task of determining
accommodations that will mitigate barriers but not compromise the essential requirements of the
course.

Career services practitioners help students prepare for future employment by supporting
them with job search skills, career counselling, coop placements and volunteer opportunities.
Some universities have a specific department, such as the TRU Career and Experiential Learning
Department, that provide these services. Career services practitioners may include but are not
limited to career counsellors, coop coordinators or job developers. Students participating in a
cooperative education program are placed in paid employment related to their academic
program. Students may also opt for unpaid work experience by participating in internship-like or
volunteer opportunities. A career services practitioner may be asked to liaise with the employer
regarding a student’s request for accommodations however, it is the employer’s responsibility
make the adaptations necessary to support the student in meeting the expectations of the job.

The employer collaborates with the student to determine learning outcomes and evaluates
the student’s work performance. During a coop placement, the student is considered an employee
of the company and the employer is responsible for ensure that coop students with disabilities are
reasonably accommodated. Career services practitioners may also support students that are not
participating in a cooperative education program but who have successfully obtained paid
employment. Students in these scenarios may disclose mental health challenges to a career
service practitioner or directly to the hosting employer. In these cases, if a student makes a
request for mental health accommodations, the employer has a duty to reasonably accommodate them (BC Human Rights Code, 2020).

The following statistics have been provided to give an idea of how many students in these careers and/or experiential learning scenarios may be faced with a decision to disclose. In 2018, Statistics Canada reported that 6.2 million (22%) Canadians identified with having at least one disability. Of this population, 13% were aged 15 to 24 and 60% of this population said they had a mental health-related disability. (Statistics Canada, 2018). In 2018/2019, approximately 1.5 million students aged less than 20 to 24 years enrolled in post-secondary education (Statista, 2021). This is the age demographic that most Canadian post-secondary students belong to. Based on these statistics, if we are to assume that 13% of those students identify with having a disability, approximately 195,000 students in career and/or experiential learning scenarios could be faced with a decision to disclose. Statistically speaking, the employment rate for working age adults with disabilities aged 25 to 64 is 59% compared to 80% for adults without disabilities (Statistics Canada, 2018). The 2012 Canadian Survey on Disability indicates that, of those Canadians who report a disability, 1 in 4 is considered low income (Statistics Canada, 2017). This raises significant concerns about future employability and financial welfare of post-secondary students with disabilities transitioning into employment. The results of this research showed that a significant percentage of students choose not to disclose which in turn minimizes their access to resources and supports. Therefore, it is imperative that post-secondary institutions create safe spaces for disclosure and remove themselves as accomplices to low employment and income rates for working-aged adults with disabilities.

Using survey methodology, student experiences of these disclosure decisions, reactions and learnings were collected in two universities: Thompson Rivers and Wilfrid Laurier.
Analysis of survey data identified dominant themes and differences facing different populations. These results will be shared along with recommendations for universities, potential employers and students themselves. The research begins to address a gap in the literature on these disclosure experiences and begins research into the lived experiences of students who face abundant concerns about such disclosures.

1.2 Mental Health Disclosure Contexts

This study focuses on the disclosure experiences of post-secondary students with mental health challenges as a symptom of a diagnosed disability. The purpose of exploring this subject is to learn more about how post-secondary institutions can contribute to supporting equitable access to employment opportunities for students with mental health challenges.

Difficulties with mental-health can be related to a clinical mental-health diagnosis such as anxiety, depression or PTSD or can be due to stressors or other factors associated with disabilities such as chronic pain, traumatic brain injury, ADHD or Autism. According to Levy (2004), people with ADHD have a higher rate for “internalizing problems such as anxiety” (p. 1590). And Ghaziuddin, Ghaziuddin, and Greden (2002) indicate that there is “emerging evidence that depression is probably the most common disorder that occurs in autistic persons” (p. 299). Symptoms of mental health are often episodic, meaning there can be varying stretches of time when a person does not experience any problems with their mental health and vice versa. Mental health symptoms can include but are not limited to feelings of stress or anxiety, low mood, difficulties managing emotions, panic attacks, difficulties with social interactions and oppositional behaviour.

Disclosure can include but is not limited to information about a person’s medical diagnosis, symptoms, feelings, experiences, or a need for workplace accommodations.
Workplace accommodations are adaptations that support the different ways that people work and learn so that they can meet the expectations of a job (e.g. flexible schedule, regular breaks), and thus disclosure becomes a necessary precondition for accommodations. In a post-secondary context, students who are transitioning into employment may find themselves with a choice to disclose a mental health challenge to a faculty supervisor, career practitioner or potential employer. Due to extreme stigma around mental health disabilities many people may be afraid to disclose challenges to others. They may worry about being labelled, experiencing negative attitudes from others, losing their jobs or housing, or experiencing unequal treatment after disclosing (Ontario Human Rights Commission, 2014, para 3). Students may feel that the risk of disclosing is too high especially if it could result in the loss of a career opportunity. According to Dylan Salviati (2019), a TRU coop student with autism, “Invisible disabilities are the most difficult to talk about because a first impression from an employer might be that I look normal but once they have a chance to interact with me, they realize there’s something different.” Salviati (2019) believes that attitudes about disability have come long way but is still worried about discrimination (As quoted in Mei, 2019, para. 4)

To that end, it is important that a person’s medical information is kept confidential to protect their dignity, safety, and right to privacy. The Personal Information Protection Act (2021) governs the “use and disclosure of personal information by organizations in a manner that recognizes the right of individuals to protect their personal information and the need of organizations to collect, use or disclose personal information that a reasonable person would consider appropriate in the circumstances” (para 1.2). Therefore, students have the right to keep their health information private are not required to disclose medical information to anyone prior to transitioning to employment. According to the Ontario Human Rights Commission employers
are not to design “questions in a way that will reveal the person’s diagnosis” (Ontario Human Rights Commission, 2008). This is an important fact for this research, as decisions to disclose are personal – it is thus important to understand the context where students decide to disclose, as it is not required. It may prove that decisions to disclose might be relational, as a precondition for requesting accommodations, as an explanation for performance difficulties, or as a matter of personal or emotional health. Privacy exceptions may only occur within reasonable circumstances as explained in the Personal Information Protection Act (2021, para. 1.2). For example, it may be necessary to disclose to prevent threats to personal safety or the safety of others.

1.3 Additional Background to the Issue

The episodic nature of mental health presents unique employment-related problems. For example, a student may not disclose that they have on-going challenges with mental health until those challenges have begun to impact their ability to meet the expectations of a job. In turn, employers, career practitioners or faculty may feel the student was not being forthright about their situation and that accommodations would interrupt learning outcomes or job responsibilities. The reluctance of students to disclose mental health issues is likely due to fear that stigma will negatively impact employment opportunities: “The stigma of mental illness is devastating…and can affect access to employment” (West, Hewstone and Holmes, 2010, p. 131).

Furthermore, students with intersectional marginalized identities (e.g. LGBTQ2S+, Indigenous, racialized) experience unique and complex barriers that likely play a part in their decision to disclose. For example, “It has been estimated that the unemployment rate for Indigenous peoples is more than twice that of the average non-Indigenous workforce [and]…is even greater for Indigenous peoples with disabilities…because of stereotypes and discriminatory
hiring practices” (Durst, 2018, p. 179). Therefore, it will be of value to disaggregate the survey data by identity. Thus, the narration of this thesis will include literature reflective of other disenfranchised populations where fundamental commonalities in systemic disadvantage intersect. For example, literature from Indigenous, racialized, feminist and LGBTQ2S+ scholars may be referenced where similar discriminatory barriers exist across groups.

During the COVID-19 pandemic, mental health has been of particular concern as people cope with the demands of school, work and family while dealing with financial strains, health concerns and other major life disruptions. While feelings of stress and anxiety during the current health crisis are considered normal, we also know that in any given year 1 in 5 people in Canada will personally experience a mental health problem or illness. According to the Canadian Mental Health Association website, “by age 40 about 50% of the population will have or have had a mental illness” (Canadian Mental Health Association, 2020, para. 2). As Canadians face a greater risk of experiencing increased or new mental health challenges amidst the COVID-19 pandemic, heightened efforts have been made to raise public mental health awareness and provide necessary resources. Considering the impacts of the pandemic on people’s mental health, this study will explore how wide-spread public mental-health awareness impacts the willingness of students to disclose a mental health challenge to a faculty supervisor, career services practitioner or potential employer.

To better understand the experiences of students with mental health challenges related to a mental health diagnosis or other diagnosable disability, this study will explore the following questions: What degree of fear do students experience when faced with a decision to disclose a mental health issue? What can universities learn from students’ experience with disclosure that will improve supports and services? What self-advocacy strategies have students learned from
their experience with disclosure? What are the disclosure experiences of students with intersecting identities of marginalization and privilege across groups? What do students believe about disclosing mental health challenges since the outbreak of the COVID-19 pandemic?
2. Researcher’s Context

As the researcher, I acknowledge that my identity is rooted in intersections of marginalization and privilege. Currently, I am a social work graduate student at Wilfrid Laurier University as well as a Thompson Rivers University faculty member teaching career management, and Accessibility Experiential Learning Coordinator supporting post-secondary students with career accessibility. I belong to intersecting equity-seeking groups of gender, race, culture, and disability while simultaneously holding positions of power and privilege within systems of oppression. Within such a dichotomy, I am both service provider and user, researcher and researched, instructor and student, oppressor and oppressed. I once heard an analogy from black scholar Dr. Kathy Hogarth that resonated with me during a BIPOC panel discussion hosted by the University of Victoria. She explained this dichotomy as, and I paraphrase, “like trying to fly a plane while repairing it at the same time” (2021). Thus, my marginalized experiences are intricately entwined with my work and can not be neutralized or silenced within this research. My biases lie in shared experiences with other students and colleagues with marginalized identities and with the intention to dismantle systems of oppression that perpetuate stigma and discrimination. In this overview of my social positioning, I will provide an overview of how multiple systems of oppression have worked against me within my personal and professional life and how those experiences led to the pursuit of this research.

2.1 Systemic Oppression Experiences

My understanding of systemic oppression was gradual as it took several instances of inequity for me to realize that societal rules were not in place to protect me but to protect society from me. That they were contrived to preserve the values, priorities, and privileges of Western society. Through personal experiences within family, legal, health, academic, and employment
systems, I discovered that if I did not fit status quo expectations of wife, mother, colleague, instructor, social worker, service provider, and student, I would experience emotional violence, trauma, discrimination, racism, financial hardship, and disadvantage. I learned that I would have to prove my worth by looking, acting, learning, and speaking in a way understood by the dominant culture and that I would have to jump through hoops designed to exclude me from opportunities simply offered to the privileged. I’ve recently heard this concept described as a “white performance” (Nazemi, M, personal communication, March 2021). Because of these experiences, I became disheartened, angry and disappointed by the ways in which the systems I believed would protect me had let me down. But I also knew that these experiences gave me essential knowledge needed to push back against such systems. In my opinion it is very difficult for people to fight an injustice if they cannot recognize it. Therefore, the motivation for this research was not only to fill a gap in literature and support employment equity students with mental health challenges, but it is also an act of resistance. This project gave me a constructively angry way give voice to marginalized students in the hopes of facilitating meaningful systemic change.

2.2 Disability and Gender

I belong to the disability community with six diagnosable health conditions considered disability within the medical model. At various stages in my life, I was diagnosed with ADHD, major depressive disorder, generalized anxiety disorder, PTSD, chronic pain, and endometriosis. I was diagnosed with all these health conditions as an adult which led to a great deal of self-reflection on how living with disabilities has impacted my life over time.

When I was doing my undergraduate degree in social work, I was a single mother with two young children. I had left an abusive marriage and was relying on student loans and part-
time work get by. There were times when I found myself precariously close to the poverty line. During that time, I was resolute on completing my education with the goal of one day being able to provide for my daughters without financial struggle. However, continued emotional violence from previous partnerships, as well as academic, financial, and parenting stressors did not do my mental health any favours. At the time, I was not aware that there were academic accommodations available to me nor did I know what I needed. Looking back, I wonder if I was ever able to meet my full potential without those supports in place. I may have successfully completed my degree, but I will never know if having accommodations would have alleviated some of the challenges that come with managing multiple disabilities and improved the quality of my work. Regardless, the additional barriers to education and employment that women with disabilities face is well documented. MacDonald (2018) shares “As a woman with a disability, I would acknowledge my experiences of oppression, including my struggle for accommodations in a doctoral program.” And goes on to say, “women throughout history have been marginalized, subject to abuse and denied access to equitable employment” (p. 148). As a racialized woman with disabilities, I would have feared that disclosing any difficulties with mental health to my faculty supervisor or employer during my undergrad would lead to discrimination and loss of opportunity. It did not help that when I was young, my Christian parents did not believe mental health problems were real health problems. I grew up believing that challenges with mental health were spiritual in nature or had something to do with a person’s morality. Both my parents grew up in families where mental health was either not discussed or denied which inadvertently led to some deep-seeded self-stigma on my part. It was only last year that I disclosed to my departmental colleagues that I live with invisible disabilities.
2.3 Culture and Race

My father’s parents fled China during the Chinese Communist Revolution around 1949. They took refuge in Brunei, Borneo where my father was born. He and his family immigrated to Canada when he was about 10 years old. My Canadian born mother’s parents immigrated from England just after World War II. Both families settled long-term on Vancouver Island.

My father’s family had the most cultural influence on my life; therefore, my worldview is largely influenced by Eastern collectivist values. As one might imagine, these values do not always align with the individualistic priorities of Western society. As a young person in the education system, this was an unknown source of anxiety, social awkwardness, self-doubt, and conflict in my life. However, having been born and raised in Canada, I became well versed in Western ways of knowing which has given me an ability to code switch between collectivist and individualistic cultures. This ability has allowed me a measure of survival within Western society where different worldviews are not readily welcomed or understood.

As bi-racial person of colour I face the obvious problem of racism. I remember as a child being asked if I was adopted because my mother had blonde hair and blue eyes. To further complicate matters, I am considered “ethnically ambiguous” meaning, I can not be visibly categorized into any one racial group. Aside from being bluntly asked what I am, this conundrum also compels people to take guesses at my ethnicity or speak to me in different languages depending on where I am in the world. On countless occasions I have been exposed to anti-Asian racism without warning because some people feel comfortable being openly racist when they don’t think there’s anyone of Asian decent in the room. I do not remember a time when I was not considered “other.”
2.4 Intersectionality

As a person with several intersecting marginalized identities, I have learned that each of my identities uniquely informs the experiences of the others. From this perspective, people’s unique stories should be a central component of this research because people’s marginalized experiences cannot be completely pulled apart and categorized based on each intersecting identity. Dr. Sarah Saska (2021) writes, “Because we are not just one thing. We are not just our gender or race; we are these and so much more, all at once. When examining types of oppression, we must take our whole selves into account in all our complexities…It requires us to consider multiple dimensions of identity and the subsequent experiences based on these identities simultaneously.” (Saska, 2021, para. 2). Within the quantitative confines of this research, students were separated by equity-seeking group to identify commonalities and differences in mental health disclosure experiences. This approach illustrates that diversity exists in the same space as intersecting marginalized experiences, such as with mental health disclosures. It also demonstrates that people with intersecting identities can have multiple experiences of oppression at the same time. This context should be considered when developing resources to support the career development of students with mental health challenges who belong to more than one equity seeking group.

2.5 Privilege

Recognizing my own privilege continues to be a life-long journey and I am likely to have blind spots. So, it is with humility and learning that I share the areas of my life where I hold privilege. I am educated, meaningfully employed, and have access to all basic needs. As a cis-gender, straight woman, I do not experience discrimination based on gender identity or sexual orientation. As experts of their own experiences with systemic oppression and mental health, I
am the learner. I also acknowledge that I am a settler whose privilege is founded on the historical and continued disenfranchisement of Indigenous peoples. The damaging effects of colonization and residential school can be seen in families and communities who continue to experience intergenerational trauma as a result. It is with this in mind that I take up my call to action for truth and reconciliation. Allyship with members of equity-seeking groups that I do not belong to has been gifted to me by individual members of those communities. Finally, but not finitely, I have the privilege of living with invisible disabilities which allows me to navigate my world without fear of immediate discrimination or stigma. In other words, I can pass.

2.6 Thesis Experience

The choice to focus on the disclosure experiences of students with mental health challenges was not only due to the pervasiveness of the problem but also to explore how to accommodate the episodic nature of mental health within a career setting. At first, I struggled to understand how I could research from a Western perspective that pathologizes and categorizes students by diagnosis. Especially, given my belief that on its own this approach can lead to the silencing of intersectional voices. However, within the current infrastructure and culture of the institution, the medical model approach is often used as a foundation for providing students with supports. Therefore, in the interest of providing information that is more easily understood in a post-secondary context, a Western research approach was used in conjunction with critical disability, discourse, and intersectional theories to highlight the experiences of students with intersectional marginalized identities. If I am to do research that is inclusive and transformative, the perspectives of underrepresented populations need to be visible.

From my perspective, a clinical diagnosis does not address the vast differences in the ways that people culturally define and experience mental health. The assumption that clinical
knowledge is superior to the students own lived experience also widens power differentials and undermines the student’s right to self-determination. And, while clinical knowledge is extremely valuable in the treatment of mental health, this information is incomplete when deciding whether to support a student with accommodations. Therefore, to minimize the weight a person’s diagnosis puts on their eligibility for supports, this research defines mental health challenges as a symptom of a diagnosable health condition or disability rather than as a diagnosis of a mental illness itself. Approaching accommodations based on how students are affected by their illness also reduces the chance generalizing their needs and offers an opportunity to find different ways to support them.

As a student and employee learning and working within post-secondary institutions, I have faced my own obstacles of voicelessness within Western academia. The institution has a great deal of authority concerning the validity of knowledge; therefore, it stands to reason that my research needed to be done using Western ways of knowing and communicating. My work often takes me to unsafe, privileged spaces where I voluntarily take on the assumed responsibility of educating my colleagues while simultaneously standing in solidarity with others living with marginalized experiences related to disability, gender, race, and culture. This thesis experience reminds me of an excerpt I read in Teaching to Transgress by bell hooks (1994). In it, hooks recalls a line from a poem by Adrienne Rich that, “moved and disturbed something within” her (p.167). It had a similar effect on me when I first read it. Personally, I think it helped me understand that looking at discourse critically is not just about identifying and countering oppressive language. It is about the taking the next step towards transformation by learning how to speak it. In the words of Adrienne Rich, “This is the oppressor’s language, yet I need it to talk to you” (hooks, 1994, p.161).
3. Literature Review

According to Dutta, Kundu and Schiro-Geist (2009), “Literature on current practices of provision and coordination of disability-related support services by post-secondary institutions is scarce... [and] disability services in higher education is often varied, chaotic and often inadequate to address the basic needs of students” (p.2). Therefore, this literature review is organized according to the key issues surrounding employment equity for students with disabilities with particular focus on mental health. Because literature on this specific subject is scarce, the review relies on existing literature related to equity problems that students with disabilities face in similar or related scenarios. This includes issues related to 1) challenges with accommodating episodic disabilities, such as mental health, 2) existing mental health career supports, 3) conceptualizing accessibility, 4) social constructions of disability 5) navigating systems of oppression, 6) discrimination associated with disclosure, 7) complexities of intersectionality; and 8) differences in cultural perspectives.

3.1 Accommodations Challenges

According to the BC Human Rights Code (2021) “A person must not, without a bona fide and reasonable justification, (a) deny to a person or class of persons any accommodation, service, or facility customarily available to the public, or (b) discriminate against a person or class of persons regarding any accommodation, service or facility customarily available to the public because of the race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age of that person or class of persons ” (Section 8, para. 1). Unfortunately, accommodating disabilities, especially episodic disabilities such as mental health, can be difficult to do when trying to maintain structured productivity expectations.
Workplace accommodations such as a flexible schedule or workspace adaptations can play a key role in creating an inclusive workplace. According to Morris (2017), “the most commonly required types of workplace accommodations were flexible work arrangements (27%), workstation modifications (15%) and human or technical supports (6%)…The more accommodations required, the less likely all needs were met” (p. 3). Morris’ (2017) findings also showed “that only 1 in 4 (25%) employees with [all types of] disabilities who have an unmet need actually made the request to their employer or supervisor for it [and]…of those who did ask their employer or supervisor 40% were refused their request” (p. 10). The most common reason for not disclosing the need for workplace accommodations to an employer was levels of comfort and fear of negative outcomes (Morris, 2017, p.10). These statistics, published by the Centre for Gender, Diversity and Inclusion Statistics, are a grave reflection of the difficulties that employees with disabilities face when trying to access the supports they need to meet job expectations. Without adequate workplace accommodations, employees with disabilities may face additional barriers related to stress and mental health contributing to the belief that people with disabilities are less qualified for the job.

3.2 Existing Supports

As mentioned, Dutta, Kundu and Schiro-Geist (2009), “Literature on current practices of provision and coordination of disability-related support services by post-secondary institutions is scarce. (p.2). Pardo and Tomlinson (1999) have also observed that, “Significantly less attention has been paid to the implementation of academic accommodations in field/practicum settings…a new set of concerns arise around accommodations as students with a disability enter professional faculties” (p.8). Considering that post-secondary students with disabilities have increased substantially over the last twenty-five years, it is alarming that this population continues to be
underrepresented (Barnard-Brak, Lechtenberger, and Tan 2010, p. 411). When it comes to students with mental health challenges DiPlacito-DeRango (2016) remarks, “Despite marked improvements, intervention for students with a mental health problem or illness in Canadian higher education settings remains not yet successful, mature or sustainable” (p.1). She attributes this lack of success to barriers such as stigma, stereotypes, underdeveloped policies and minimal opportunities for professional development and training. Furthermore, students with mental health challenges tend to self-stigmatize by internalizing negative societal attitudes leading them not to disclose or access supports (DiPlacito-DeRango, 2016, pp.1-3).

### 3.3 Accessibility Issues

The episodic nature of mental health often requires creative ways to accommodate students that will allow them to meet workplace expectations. Employers and faculty supervisors with little knowledge of how to accommodate episodic disabilities may see this as a daunting task they would like to avoid. Mental health stigma can also lead to assumptions about a person’s ability to meet workplace expectations. Employers and faculty supervisors may have trouble distinguishing between a functional impact that can be accommodated and a non-ability to meet a requirement of the job. For example, a healthcare student with a mental health challenge may be expected to demonstrate an ability to rapport with patients. In this case, the requirement of the job is to build rapport with patients, not to be free of mental health challenges. If a functional impact, such as mental fatigue, impedes the student’s ability to build rapport, the student may need an accommodation such as a flexible work schedule or more frequent breaks to mitigate that impact. Unfortunately, societal ableist attitudes perpetuate assumptions that all people must meet the same functioning criteria or be deemed unqualified for the job.
Related literature, such as Oakley, Parsons, and Wideman’s (2012) guide for determining essential requirements, does provide a method for assessing whether an academic accommodation is reasonable. Then, if the student is unable to meet the academic requirements with reasonable accommodations in place, faculty may choose to give the student a failing grade. Such a guide could also prove useful as a resource for determining reasonable accommodations for students with disabilities transitioning into career. In which case, if a student is unable to meet the expectations of the job with reasonable accommodations in place, employers may have grounds to terminate the student. At the same time, Indigenous scholars Roberts et al. (2014) critically reminds us that “a requirement might be socially constructed in a way that unwittingly excludes people of a designated group based on assumptions about the group or requirement” (p. 4). While this may also be true for students with disabilities, it is also in reference to the Indigenous experience. Therefore, I refer to Section 2.7 of the Truth and Reconciliation Commission of Canada (TRC): Calls to Action (2012). This section explicitly calls us to work “with Aboriginal groups to develop a joint strategy to eliminate educational and employment gaps between Aboriginal and non-Aboriginal Canadians” (pp. 1-2). I bring attention to this as a measure of accountability when seeking to support Indigenous students within the current construct of the post-secondary system.

3.4 Social Constructions of Disability

The World Health Organization (WHO) (2010) acknowledges that, “It is difficult to define and measure disability, because disability is related to many life areas, and involves interactions between the person and his or her environment” (p. 3). They offer an assessment tool on their website called the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0). This assessment is used to determine “whether a person can carry out the
routine activities required to fulfill his, hers or their roles at home, work school or in other social areas” (WHO, 2010, p. 3). This medical model approach to assessment is widely used and assumes that an impairment in functioning lies with the person. From this perspective, accommodations may be necessary for the person to meet social and professional status quos. The social model, on the other hand, argues that systemic attitudes and inaccessible environments are the problem. From this perspective, barriers for people with disabilities would be minimized by ensuring that environments have already been made accessible. In this case the WHODAS 2.0 assessment may be perceived as unnecessarily pathologizing people who work and learn in different ways. For students with marginalized identities who define or experience mental health in different ways; a social model approach may minimize the need for a medical diagnosis and reduce barriers in environments already made universally accessible. A social model supports the use of universal design concepts which minimize external barriers for students with disabilities thereby contesting the medical model conception that limitations lie with the person who has the disability. D’souza (2004) defines universal design as “the design of all products and environments to be usable by people of all ages and abilities to the greatest extent possible” (p.3).
3.5 Systemic Issues

According to a study by Hartnett et al. (2011), students with mental health issues who are preparing to transition from post-secondary education to career are likely to face additional challenges in the workplace. Their research shows, “people with disabilities have…been underrepresented in the workforce and little information on retaining people with disabilities has been reflected in the critical discourse devoted to disability and employment practices” (p. 17). This observation shines a light on how little systemic or academic attention has been paid to equitable access to employment for people with disabilities. Brohn et al. (2012) found that employers are hesitant to hire applicants with a mental health problem [depression] and were rated less employable than a candidate with no known disability” (p. 9). Brohn et al. (2012) attribute this to stigma and discrimination being a key barrier to finding and keeping work for people with mental health challenges (p.1). The participants in this study believed that they would not be hired if they disclosed meaning they “would be treated unfairly in finding work, if their mental health problem was known about” (Brohn et al. 2012, p.5). The study also showed that participants concealed their stigmatized identity because they wanted to be treated like everyone else in the workplace (Brohan, 2012, p.5). Hartnett, et al. (2011) notes that employers showed concern about hiring and retaining people with disabilities due to both real and perceived barriers that he says, “reflect culturally entrenched discriminatory attitudes towards people with disabilities” (p. 18). The concerns raised by employers then are not altogether surprising considering Pardo and Tomlinson’s (1999) point that, “people’s negative attitudes and reactions to disability are part of the social fabric perpetuated at both the individual and systemic level” (p. 9). The Canadian legal system is a good example of this according to Stienstra (2012):
“Despite the advocacy of people with disabilities, their increased presence in communities, workplaces and schools, and more clearly articulated statements of rights, people with disabilities continue to experience significant exclusion, disadvantage and marginalization in all areas of Canadian society” (p.9).

And, although the Supreme Court of Canada has deemed people with disabilities as a population protected from discrimination under the Canadian Charter of Human Rights, the Supreme Court has also been timid in terms of substantive action “to promote equality within a human rights framework” (Murphy, 2018, p.90).

The stigma that permeates within our societal systems can also cause self-stigmatization and misconceptions about self-worth. In this excerpt, Houssais (2005), a former law student who identifies as gay and blind, shares the impacts of self-stigma on his mental health:

“I had never before realized that I thought less of myself for being disabled, that I saw my partial blindness as a mark of inferiority, of weakness…So, at the age of 25, I had to come out as disabled...I had internalized many false and damaging notions about my disability and being disabled” (Houssais, 2005, p.37).

For students with mental health challenges, the internalization of systemic narratives not only begets more stigma but impacts the students ‘confidence to disclose, self-advocate and access supports. What one says about themselves is not lost on others with similar experiences.

According to a study by the Canadian Human Rights Commission (n.d.), “a significant proportions of Canadians with disabilities are facing systemic social and institutional barriers to a quality education. These barriers are having a negative impact on the educational attainment, training, employment, career path and overall well-being of Canadians with disabilities” (p. 10).
Likewise, Piepzna-Samarasinha (2018), who identifies as a disabled, queer person of colour, shares the additional challenges she faced as a post-secondary student with intersecting identities. She writes:

“…it was unsafe to say that I might need a tutor – tutors and accommodations newly allowed under the new ADA (American Disabilities Act), were for rich white boys; I just had to be twice as smart and keep up if I wanted to get a scholarship. I couldn’t afford to look “stupid” (p. 58).

3.6 Disclosure Issues

Based on these students’ stories, it is no surprise that students are not particularly comfortable with disclosing challenges with mental health. Getzel and Thoma (2008) tell us that some post-secondary students choose not to self-disclose to avoid being labeled and because they have been “made to feel that they do not belong in an advanced degree program because of their need to self-identify for specific services” (p. 73). In a study by Jenson, McCrary, Krampe, and Cooper (2004), post-secondary instructors were shown to assume that students with disabilities are habitually trying to cheat the system. Assigning moral value to a request for accommodations undoubtedly perpetuates stigma and explains the reluctance of some faculty to reasonably accommodate students. One instructor explained, “… it’s unfair to give accommodations to some and not others” (Getzel and Thoma, 2008, p.83). The study further indicated that students were “reluctant to talk to instructional staff and less likely to initiate the conversation” (p. 84). To access academic and/or field practicum accommodations, students must be able to self-advocate, take responsibility for seeking out services, understand how they learn best, overcome barriers, and strengthen their skills to achieve their educational goals. The extra work required of students with disabilities to get access to the tools they need to be
successful hardly seems accessible. And a breakdown in communication seems inevitable if “neither faculty nor students are likely to easily begin a dialogue and both expect the other to initiate the conversation” (Getzel and Thoma, 2008, p. 84). To complicate matters, students with disabilities “entering into postsecondary programs lack an understanding of how their disability effects their learning. As a result, these students are not able to effectively articulate the services and supports needed to meet the academic challenges in college” (Getzel and Thoma, 2008, p. 74). Considering the literature, it is not surprising that students are not keen to broach the subject of accessibility with their instructors in light of the obvious power differential, risk of being exposed to negative attitudes, and inadequate knowledge of their needs.

3.7 Intersectionality

Mental health is of particular concern for people with intersecting marginalized identities. Schmitz et al. (2020) state, “The experience of stigma among individuals occupying marginalized statuses is an important dimension of status inequality and a fundamental explanation of status-based mental health inequalities” (p. 165). Simply put, systemic stigma contributes to mental health problems for people who are already disenfranchised adding yet another barrier to obtaining equitable employment. MacDonald (2018) further explains “Violence against women with disabilities can take the form of economic violence through unemployment, under employment and poverty…high rates of unemployment indicate social exclusion and isolation for many women living with disabilities.” (p. 144).

Intersectionality is an important aspect of this research because of the context it brings to mental health disclosure experiences. According to van Mens-Verhulst and Radke (2008), there is a need for more research informed by intersectionality as a theoretical framework. What stood out for van Mens-Verhulst and Radke (2008) was “the need to unpack “demographic factors”
and analyze power relations” (p. 1). Failure to deal with the current methodological plurality “will likely undermine the transformative potential of intersectionality as a means for considering the *simultaneous* differences in power hierarchies that shape individual lives, resulting in simplified disciplinary approaches to multiplicity” (van Mens-Verhulst and Radke, 2008, p. 1). Anyon (2005) indicates that both racialized minorities and disabled learners have “endured significant barriers and injustices ranging from limited access to educational resources to… negative post-school outcomes (as quoted in Artiles, 2013, p. 329). Taking into consideration the intersectional experience of students with disabilities may help institutions better understand the complex inequities they face. Gillborn (2015) says “an intersectional understanding of the social can be a distinct advantage when trying to understand how particular inequities are re/made in places like schools” (p. 283). Within a career development context, McMahon, Arthur and Collins (2008) tell us, “career theory has been criticized for its lack of attention to cultural influences such as gender, ethnicity, religion, socioeconomic status, and sexual orientation, in people’s career development” (p. 21). For career practitioners, Hartung and Blustein (2002) suggest, they consider how they might “work within broader systems and contexts to create more human and equitable schools, universities and work environments” (as quoted in McMahon, Arthur and Collins, 2008, p.24). As an example, Thompson Rivers University has an Accessibility Services office where students with disabilities, regardless of other marginalized experiences, are seen as only one part of their identity: a student with a disability. This removes the consideration of intersectional contexts which may inform how the student defines and experiences disability. Disability discourse within university policy, perpetuates an environment where students with disabilities are seen as “other” because they do not fit into what is believed to be a “normal” way of academic working and learning. The TRU
Academic Accommodations and Services for Students with Disabilities (2013) policy states, “TRU’s objective is to provide students with disabilities the same rights, responsibilities, opportunities and respect as all other learners, enabling them to integrate into the university environment and achieve their potential for success as self-directed, independent learners” (p.1).

A critical approach to policy discourse is not meant to suggest that universities should not provide services for students with disabilities, rather, to consider the attitudes and systems by which such services are being deployed. The epistemological positioning of this policy does not allow the consideration of intersectional marginalized experiences and the context that those experiences bring to supporting students with disabilities. This point is further supported by literature indicating that historically “institutions work with students with disabilities and presume that their disability is the only, or the most, salient part of their identity” and, therefore, have categorized individuals based on their individual identities rather than recognizing that individuals hold multiple identities” (Evans, Broido, Brown, and Wilke, 2017, p.157). The “problem with this division” as described by Evans, Broido, Brown, and Wilke (2017) is “an individual’s disability is expected to explain all of the life experiences of the individual and presumes similarity of experience about all students with disabilities.” (p.157). This approach only continues to fuel existing systems of oppression that apply additional pressure on students’ mental health (Seng, Lopez, Sperlich, Hamma, and Reed Meldrum, 2012, p.2437). Therefore, a critical lens is needed to reframe university policies in a way that supports strategies for more inclusive career services for students with disabilities.

### 3.8 Cultural Perspectives

Differences in cultural understanding of mental health issues may also play a part in a person’s decision to disclose. For example, the British Columbia Persons with Disabilities social
assistance application provides a list of diagnostic codes associated clinical diagnoses that are considered a verifiable disability (Ministry of Social Development, 2020). While this perspective may provide some clinical guidelines for funding eligibility, people who culturally view mental health in a different way may not access supports though they may be eligible. For example, Chinese American immigrants tend to “express their distress in a very quiet way; when they do look for help, their help seeking behaviour is mainly due to effects of financial distress and acculturation difficulties, not about mental health issues” (Cheung, 2009, p. 147). For Chinese immigrants, difficulties with mental health are attributed to challenges with interpersonal relationships, financial hardship, and a cultural understanding of morality. Similarly, Indigenous people who have experienced traumatic events due to colonization may perceive mental health impacts as part of their social identity rather than an indicator of a mental health condition. Kirmayer, Brass and Tait (2000) write, “These damaging events were not encoded as declarative knowledge, but later “inscribed” on the body, or else built into ongoing social relations, roles, practices and institutions.” (p. 163). Because mental health is understood in different ways across cultures, a Western approach to mental health may not lend itself well to supports and services that are culturally safe.
4. Epistemology & Theoretical Frameworks

This chapter will position this research within an epistemology that supports social justice change. Fundamentally speaking, Western academia is positioned within a colonialist paradigm which informs the structure and method by which student services are provided. From this perspective, student supports are often separated to address needs specific to individual aspects of the student’s identity, for example, disability. Using intersectional, critical disability, critical discourse and anti-oppressive practice theories, the epistemology guiding this research finds itself in an opposing paradigm where the identities of disenfranchised students intersect. Therefore, it is important to contextualize the use of the word ‘decolonize’ to describe the means by which this research aims to dismantle academic systems of oppression. To support this, the centering of intersectionality needs to be the precipice of this work within the context of supporting students with mental health challenges transitioning into employment. This chapter will cover the epistemology of this research as well as critical disability, critical discourse, anti-oppressive, and intersectional theories that inform the outcomes of this project.

4.1 Transformative Paradigm Approach

Working within a transformative paradigm, this research aims to challenge the social construction of disability as a deficit and identify external/environmental deficits or gaps that can be minimized through the development of inclusive supports and resources. This research also acknowledges the need to decolonize the academy’s equity, diversity, and inclusion (EDI) initiatives by taking into consideration the significant role intersectionality plays in the disclosure experiences of students. Thus, this study attempts to amplify the voices of students who belong to equity-seeking groups including Indigenous, racialized, LGBTQ2S+, persons with visible and invisible disabilities, immigrants, low income, women, and refugees. According to Creswell and
Creswell (2018), “a transformative worldview holds that research inquiry needs to be interviewed with politics and a political change agenda to approach social oppression at whatever levels it occurs” (p. 9). Within post-secondary, EDI initiatives developed within the confines of colonialist systems are often counter-intuitive to their intended purpose and in many ways do not achieve the desired outcomes. According to Indigenous scholars, Rogers et al. (2018), calls for inclusion in higher education are “premised on the dominant university framework within a settler colonial state…[where] difference can and should be neatly incorporated on the terms of those doing the including, without any social conflict or significant change in structure, subjectivities, or power relations” (p. 23). Within a transformative paradigm, this would suggest that systemic change requires the decolonization of structures rooted in oppressive colonialist ideals. Gautreaux (2018) describes decolonization as “the process of deconstructing colonial ideologies of the superiority and privilege or Western thought and approaches” (p.22).

4.2 Critical Approach to Western Perspectives

Western approaches to mental health are empirically based and widely used in providing services to post-secondary students with disabilities. Western ideology insists that empirically based knowledge is superior thereby excluding any other ways of knowing. From an Indigenous perspective, Rogers et al. (2018) write, “Western knowledge inherently lacks inclusivity as it built on the premise that the only way to acquire knowledge is by gathering empirical evidence…In Canadian health care and education systems, and in the scientific community, Western knowledge is treated is the most legitimate form of knowledge” (p. 29). Therefore, as the dominant culture, Western ideology informs how mental health challenges are approached in all societal contexts including education and employment.
For post-secondary students with mental health challenges, evidence-based approaches may include a request for medical documentation that proves the student’s need for academic accommodations. Likewise, post-secondary students transitioning into career may be asked by employers to provide similar documentation to support the implementation of workplace accommodations. However, Regehr and Glancy (2015) argue that evidence-based practice is viewed by some as a “cookbook approach that involved extracting best practices from the scientific literature and simplistically applying them to clients without regard to who the clients are, their personal motivations and goals or potentially complicating life situations” (p. 13). Therefore, it is important to look critically at Western approaches to mental health services and how such approaches may fail to be comprehensive for some students with intersectional identities.

4.3 Critical Theoretical Frameworks

Intersectional, critical disability, critical discourse theories were chosen to support a critical examination of current post-secondary career development supports, identify gaps in services, and provide recommendations for resources that will support students with mental health challenges transition into employment. Within these frameworks, the Western social construction of disability is challenged where post-secondary infrastructures have built-in inequities that are fundamentally rationalized and normalized. (Robertson and Larson, 2018, p. 38). The necessary shift towards more inclusive service provision will require careful and reflexive assessment of current practices and a more socially conscious provision model.
4.3.1 Critical Disability Theory

Historically, people with disabilities have been seen by institutions as “other”, those who are sick, dependent and in need of charity and/or care. The goal of critical disability theory is to challenge these assumptions by locating pathology in the environment rather than the individual (Robertson and Larson, 2018, p. 38). According to Robertson and Larson (2018):

“Critical disability theory maintains that discrimination against people with disabilities is so ordinary that it is invisible. Stigma, social exclusion and negative attitudes towards those with disabilities have become so engrained in modern society that most citizens, laws and policies, organizational structures, and indeed even social programs, actively discriminate against those with disabilities without even knowing they are doing so” (p. 2).

The use of critical discourse theory as a foundation to this research is to challenge the oppressive social construction of disability engrained in post-secondary institutions and begin to dismantle systems that continue to put students with mental health challenges at an employment disadvantage. The deconstruction of Western ideals also means to expose institutional injustices and discrimination that oppose the intentions of human rights legislation and the duty to accommodate.

4.3.2 Critical Discourse Theory

Critical discourse theory recognizes the complex relationship between the social construction of disability and the language we use to construct it. Identifying oppressive discourse powered by education, media, and politics requires ongoing critical reflection on societal narratives. The use of critical discourse theory within this research aims to expose the stigma insidiously engrained in university narratives that contribute to the
discrimination of students with disabilities (Getzel and Thoma, 2008, p.83). To change these narratives, oppressive discourse must be challenged, deconstructed, and reconstructed in a way that is socially transformative. According to Threadgold (2003), “…the idea that realities and subjectivities are constructed in and by language; that subjects construct themselves and the world they inhabit in their everyday uses of language; that power relations are constructed and deconstructed by these processes; what we call the social and culture are similarly constructed and deconstructed; that this activity is characterized by narrativity, that changing narratives, telling stories differently, might change the social world and, that the work on and with language is a politics committed to social change” (p. 6).

Threadgold (2003) concludes that we need to “reframe and recontextualize the ways in which we define and how critical discourse analysis is performed and bring together other theoretical frameworks to give attention to different…global and local contexts” (p. 1). Within this research, critical discourse theory is used to deconstruct harmful societal notions about mental health and disability by amplifying the voices of students, critical theorists, and marginalized scholars. These are the voices that bring accountability to the oppressive discourses that fuel colonialist driven societies and offer an opportunity to construct a different, more socially conscious world.

4.4 Intersectional Theory

An intersectional theoretical framework requires consideration of, “… how students experience multiple forms of oppression in their day-to-day interactions within educational systems” (Gautreaux, 2018, p.18). According to Gautreaux (2018), such an approach does not treat race, gender, sexuality, age, or dis/ability as separate, mutually exclusive categories, but
rather, they are “mutually constructing features of social organization” (p.18). In essence, pulling apart and categorizing a person’s intersectional identities undermines the role intersectionality plays in the person’s experience. This, then, minimizes the role multiple experiences of marginalization plays in how students view their mental health and approach their decision to disclose. When services designed to support underrepresented populations are provided using a systems-based approached informed by Western ideology, students with intersecting identities are at further risk of disenfranchisement (Rogers et al., p. 9, 2019).

4.5 Anti-Oppressive Practice Theory

Using anti-oppressive practice theory, this study places value on the lived experiences of students with mental health challenges faced with a decision to disclose. This approach is intended to give students a voice that contributes to the purpose and value of the research where power has been bestowed upon the researcher. Larson (2018) describes anti-oppressive practice as “a progressive/critical approach which places equality, citizenship and full participation in society as essential rights for people with disabilities” (p. 192). So, rather than seeing the researcher as the expert, anti-oppressive practice theory recognizes the research participants as experts of their own lived experience (Brown and Strega, 2015, p. 88). This approach requires researchers to critically reflect on institutionally biased research methods to reduce power differentials between themselves and the participants (Brown and Strega, 2015, p. 107). Jana and Mjias (2018) explain institutional or systemic bias as “the phenomenon that exists when some groups maintain advantage over others in the context of a particular structure” (p. 9). Within a post-secondary institutional structure, marginalized students may experience inequities such as poverty, inadequate housing, racism and lack of employment opportunities. Therefore, researchers must be mindful that, while likely unintentional, institutional research methods have
the propensity to cause additional harm to marginalized participants. According to Brown and Strega (2015), “anti-oppressive theorists create strategies of resistance that target formal, structure, cultural analysis of resisting oppression and moving towards a vision of a difference-centred society” (p.88). Within the transformative paradigm that guides this research, an anti-oppressive practice approach is used to shift power away from the researcher and give students an opportunity to influence systemic change. The caveat being that the intention of anti-oppressive practice does not always come to fruition within the Western framework that informs institutional research.

In summary, while the literature addresses key issues related to the marginalization of people with disabilities in both post-secondary and employment contexts, a gap in the literature exists in identifying issues specific to the disclosure experiences of post-secondary students with mental health issues. Because disclosure is essential to accessing supports such as accommodations, understanding the disclosure experiences of students becomes a key component of addressing the challenges post-secondary institutions in supporting them. Existing literature identifies stigma and discrimination as major contributors to a person’s decision to disclose, therefore, using the theoretical approaches premised in this chapter, this research aims to challenge such narratives as a move towards creating safer spaces for disclosure. To address this issue, students were invited to share their mental health disclosure experiences within career and/or experiential scenarios via survey. The survey included questions related to 1) fear of disclosure, 2) disclosure experiences, 3) response to disclosure, 4) supports, 5) advocacy, and 6) demographics. The results will serve to fill a gap in literature that can be used to inform university education and resources that will increase inclusivity and career support for this student population.
5. Survey Questions

DISCLOSING MENTAL HEALTH:

THE EXPERIENCES OF POST-SECONDARY STUDENT TRANSITIONING INTO CAREER AND/OR EXPERIENTIAL LEARNING

SURVEY

1. FEAR OF DISCLOSURE

The purpose of this section is to explore the level of fear students experience when faced with a choice to disclose mental health challenges that may impact their transition into a workplace environment, including working from home. This section also explores the likelihood that students will request employment accommodations whether they are working on site or from home.

We recognize that a person’s diagnosis is considered confidential, and students are not required to disclose this information to anyone prior to transitioning to employment. According to the Ontario Human Rights Commission (2008), employers are not to ask, “questions that will reveal the person’s diagnosis” (p. #). Many students, however, experience the need and/or desire to disclose for a range of reasons, and experience a range of responses. It is this experience that is the heart of this research study.

1. When faced with a choice to disclose mental health challenges to a potential employer, what is the level of fear that you experience?

2. When faced with a choice to disclose a mental health challenge to career services practitioner or faculty supervisor, what is the level of fear that you experience?
3. When disclosing a mental health challenge to a potential employer, career services practitioner or faculty supervisor, what is the level of stress that you experience?

4. How does this stress affect your life? Please check/circle all that apply
   - Conflict with partner
   - Academic stress – doing homework
   - Academic stress – paying attention/participating in class
   - Academic stress – doing assignments and exams
   - Working part time
   - Worsening mental health
   - Not sleeping or sleeping too much
   - Other health conditions
   - This does not apply to me

5. What is the likelihood that you would disclose a mental health challenge that may require workplace accommodations?

2. DISCLOSURE EXPERIENCES

   This section asks you to share a little about an experience you have had disclosing your mental health challenge to a specific workplace supervisor (while you were at university).

6. Have you ever disclosed your mental health challenges to a workplace supervisor?
   1. Yes
      a. If yes, how many times have you done this?
         i. Once
         ii. Twice
         iii. Three times
         iv. More than three times
   2. No (if no, students will skip to the next section)
   3. This does not apply to me
7. I decided to disclose for the following reasons: (asked to rank-order this list). If you have disclosed more than once, please answer this as a composite of the times you disclosed.  
(NOTE: Although included in the survey, this question did not generate in Qualtrics, therefore there is no data associated with this question.)

1. I needed accommodations
2. I felt like I was hiding something if I didn’t disclose
3. I needed to take time off
4. I needed them to understand my uneven attendance
5. I needed them to understand my uneven work performance
6. I wanted them to know me better
7. I had told others in the organization and needed to let my supervisor know before they found out
8. My stress level was too high without being understood better
9. They asked me, and I needed/wanted to answer
10. Other: ____________(please specify)
11. This does not apply to me

3. RESPONSE TO DISCLOSURE

The purpose of this section is to explore the level of positive responses that students expect to receive and have received from potential employers, career practitioners or faculty supervisors when disclosing mental health challenges.

8. What is the level of positive response you expect to receive from a potential employer?

9. What is the level of positive response you expect to receive from a faculty supervisor or career services practitioner?

10. What is the level of positive response you received when you disclosed to a potential employer?
11. What is the level of positive response you received when you disclosed to your career services practitioner or faculty supervisor?

12. Considering increased efforts to raise public mental health awareness since the COVID-19 outbreak began, do you anticipate a better response from potential employers, career practitioners or faculty supervisors if you were to disclose now?
   1. Yes  2. No  3. I don’t know

13. If you answered yes to the above response, please identify the level of positive response you expect from potential employers, career practitioners or faculty supervisors.

There is a potential that identifying information about a participant could be revealed, because we intend to use some of the responses to the open-ended questions in the survey. This is because something shared might reveal the identity of the person who said it, without the researcher being aware of this. To protect this anonymity, the student researcher will have the faculty supervisor and one member of the thesis committee review all quotes used in the thesis, to ensure that the likelihood of revealing identifying information is very small. Please do not respond to any open-ended questions if you do not want comments to appear in write ups or publications.

4. SELF-ADVOCACY

The purpose of this section is to identify how prepared students feel to request mental health accommodations as well as the level of self-advocacy skills students feel they gained from their experience with disclosure. In this survey, self-advocacy skills are defined as self-determined strategies students use to obtain the support they need to meet job expectations. This
section will also explore what advice students who have disclosed would give to other students in a similar situation.

14. How prepared do you feel to disclose that you require workplace accommodations for difficulties with mental health?


How would you rate your self-advocacy skills based on learning you gained from disclosing a mental health challenge?


15. Considering increased efforts to raise public mental health awareness since the COVID-19 outbreak, how would you rate your confidence in disclosing challenges with mental health?


16. How would you rate your success in obtaining workplace accommodations for mental health?


17. What advice about disclosure would you give to other students who may require workplace accommodations for mental health? Check all that apply.

- I would not disclose
- I would disclose but only selective information
- I would openly disclose if I felt supported
- I would only disclose if my mental health took a turn for the worse
- I would disclose to a potential employer
- I would disclose to my faculty supervisor/career services practitioner
- I would look for resources on the best way to disclose on my own
- This does not apply to me
- Other advice?
6. SUPPORTS

The purpose of this section is to explore the level of university support students feel is available to them and the level of improvement that existing supports need in order for students to feel better supported.

18. What level of university support do you feel is available to you when disclosing your need for workplace accommodations?

19. What level of improvement to university supports is needed to ensure that students with mental health challenges are better supported?

20. With adequate supports in place, how much confidence would you feel disclosing your need for workplace accommodations?

21. What additional supports do you recommend? Check all that apply.
   • Resources for self-advocacy skills
   • Information on legal aspects
   • An employer liaison
   • Accommodations assessment
   • On-line resources
   • One-to-one career services support
   • This does not apply to me
   • Other recommendations?

22. What advice do you have for potential employers who are going to host university students in work-related placements?

23. What advice do you have for universities who aim to support students in such placements?
6. DEMOGRAPHICS

The purpose of this section is to find out more about the specific mental health challenges of participating students and to which equity-seeking groups students belong.

We ask about your identity because we want to know who participated in this study, and if we missed any groups of students. We also want to be able to see if there are any patterns (commonalities and differences) in students’ experiences based on the groups with which they identify.

24. I face these types of mental health challenges related to a mental health diagnosis or other diagnosable disability. Check all that apply. (Optional)

- Anxiety/Stress (e.g. nervousness, worry, fear)
- Depression/Low Mood (e.g. loss of motivation, sadness, irritability)
- Panic attacks (e.g. debilitating burst of fear/anxiety)
- Difficulties with social interactions (e.g. social anxiety, missing social cues)
- Difficulties managing anger (e.g. outbursts, uncontrolled rage)
- Mood swings (e.g. shifting quickly from happy to sad)
- Phobias (e.g. fear of heights, insects)
- Paranoia (e.g. escalated fears and worries, lost sense of reality)
- Something that should be listed here: ____________________

25. I belong to one or more of the following equity-seeking groups. Check all that apply. (Optional)

- LGBTQ2S+
- Indigenous
- Immigrant
- Refugee
- Racialized (non-white)
- Women
- Visible disability
- Invisible disability
- Low Income
- A group that should be listed here: ____________________
- I prefer not to answer
26. I belong to the following age group (Optional):
   • 18– 25 years old
   • 26- 40 years old
   • 41 – 55 years old
   • 56 – 76 years old
   • I prefer not to answer

27. I am the first in my family to receive a post-secondary education (Optional):
   • Yes
   • No
   • I don’t know
6. Methodology

This chapter will position this research methodology epistemologically, describe methods for collecting data, elaborate on the type of data collected, and outline analysis methods. There were limitations to the methodology used within this research due to COVID-19 restrictions. Ideally, there would have been more opportunity to engage with students in a more qualitative way, however, with university closures and work from home orders, the methodology relies mostly on quantitative data collected via survey. Therefore, I have approached the content of this chapter with a critical lens, while keeping in mind the explanatory purpose of this section.

6.1 Epistemological Context

The medical model approach to mental health, which is most often relied upon within post-secondary contexts, is also the model that most heavily influences the methodology used in this research. As such, a primarily quantitative approach was used to collect student data via survey. Aside from COVID-19 restrictions preventing opportunities to connect with students more personally, the reason for this approach stems from the need to develop resources that are conducive to the current structure of the institution. The epistemology guiding this research, however, recognizes that this approach as inherently Western and categorizes mental health experiences in a way that erases important context. Therefore, data collected will be analyzed using critical disability and discourse theories to inform recommendations intended to elicit social justice change for post-secondary students with disabilities. A critical discourse theory approach “is characterized by narrativity, that changing narratives, telling stories differently, might change the social world and, that the work on and with language is a politics committed to social change” (Threadgold, 2003, p. 6). And the goal of critical disability theory is to challenge these assumptions by locating pathology in the environment rather than the individual
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

(Robertson and Larson, 2018, p. 38). With this in mind, this chapter will explain the details of the methodology used to approach this study.

6.2 Student Participant Demographics

Participants included 256 post-secondary students who identify with experiencing mental health challenges related to a mental health diagnosis or other diagnosable disability. Students also had an opportunity to indicate their age group, whether they are a first-time post-secondary learner, and whether they belong to one or more equity-seeking groups. Students also had an opportunity to answer descriptive questions related to advice they would give to hosting employers, universities, and other students faced with a decision to disclose. The survey was administered via Qualtrics, Wilfrid Laurier’s survey platform.

6.3 Ethical Considerations

Ethical considerations were made in gathering information from this vulnerable population. According to Creswell and Creswell’s (2002) guiding assumptions, “research ethics an integral aspect of the research act and each of the phases of the research process” (p.148). A detailed description of the research project was provided to survey participants with an option to withdraw at any time. Participants were assured that, should they choose to withdraw, none of their information will be used in the research results. The survey was anonymous to protect the confidentiality of participants and to create an opportunity for this vulnerable population to be more transparent. Ethical research also “prevents harm for participants and involved others [and]… empowers participants, particularly those of vulnerable and disenfranchised groups” (Creswell and Creswell, 2002, p. 148). To honour the self-determination of all participants, an option was given to provide additional information or opt out of answering a question. And, in
case the subject matter caused an emotional trigger for students, contact information for resources and supports was provided.

6.4 Method of Data Collection

A Likert scale of 1 to 5 was used to collect student responses via survey with a response of 4 or 5 being considered important. Qualitative data was collected using open-ended questions allowing students to provide descriptive responses. Students were invited to fill out the survey via e-mail or social media platform. The survey was organized into the following categories: 1) fear of disclosure 2) disclosure experiences, 3) responses to disclosure 4) self-advocacy and 5) supports and 6) demographics. Questions will aim to capture data related to: 1) intersectional experiences with disclosure, 2) fear students experience when faced with a decision to disclose, 3) students’ experiences with disclosure, 4) advocacy skills students learned from their experience with disclosure, 5) student recommended supports for universities, employers, and other students, 6) positive responses to disclosure from faculty supervisors, career services practitioners and potential employers, and 7) perceptions of mental health during COVID-19 and 8) advice for the field.

6.5 Methods of Analysis

Survey responses were analyzed to determine 1) the number of students who indicated 4 or 5 on the Likert scale 2) the number of students belonging one or more equity-seeking group in addition to disability, 3) the number of students belonging to different age groups, and 4) the number of students that are first-time learners. Results were also examined to determine attributes common to students within each data set including a comparison made between the experiences of equity and non-equity seeking students. However, statistical measures were not used to assess the degree to which the patterns are statistically significant because the sample
size, while large, was not randomized nor representative. To illustrate results, data is represented as numbers and percentages and organized into graphs and charts. Qualitative data was collected using open-ended questions allowing students to provide descriptive responses including recommendations for resources for universities, employers, and other students. Common themes, relevant student quotes and key words were identified within this data using a method of color coding. Results are presented in a table format and organized by common themes related to student advocacy-skills, recommended supports, and disclosure advice to other students. Prevalence of student responses is based on the number of responses related to common themes identified within the descriptive data.
7. Analysis

The results of this study are organized into the following sections 1) demographics 2) fear of disclosure 3) disclosure experiences 4) responses to disclosure 5) supports 6) self-advocacy 7) mental health during COVID-19 and 8) intersectional experiences. There are a few variables that influenced the decision to analyze and organize results in this way. First, the literature indicates that students with disabilities are underrepresented in post-secondary serviced provision creating inequities in practical learning opportunities and career success (Barnard-Brak, Lechtenberger, and Tan 2010, p. 411). One of the reasons for this is students’ fear that disclosing a disability, such as mental health, will result in stigma and discrimination. Therefore, students with disabilities remain at a disadvantage because without disclosure, they are unable to obtain necessary workplace accommodations.

You will also notice in the analysis that there is an underlying focus on intersectionality which aims to give voice to equity-seeking students. As the researcher, I also have personal experience with employment inequities and discrimination due to my own intersectional marginalized identities of race, gender, disability, and culture which, by default, influenced the type of tangible evidence I was looking for in the data. A large portion of my career has been working with individuals with disabilities in the context of career development and I am astounded that this population continues to experience oppression in the form if inequitable employment opportunities. Therefore, this data was analyzed with the intention of providing literature that will hold institutions accountable for improving career supports and services for students with disabilities.

Data generated from Qualtrics was disaggregated using a written analysis, charts, and tables. Equity-seeking demographic comparisons in experience are included in the fear of
disclosure, disclosure experiences, response to disclosure and intersectional experiences sections. These analyses also include the responses of white students to provide a visual comparison in experience between white and racialized and/or Indigenous students who may identify as racialized.

### 7.1 Demographics

Total participants included 256 students from Thompson Rivers and Wilfrid Laurier Universities (See Figure 6). Of these students, 71% indicated belonging to one or more of the following equities seeking groups: 1) women, 2) Indigenous, 3) racialized, 4) immigrant 5) low income, 6) person with an invisible disability 7) person with a visible disability 8) LGBTQ2S+, first-time learners, and 9) a group that should be listed (See Figure 1). The remaining 29% of students that did not identify as an equity-seeking person, indicated that they met the mental health disability criteria required to participate in the survey.

![Figure 1 - Percentage of Students who Identified as Belonging to an Equity-Seeking Group](image)

These results suggest that not everyone who identifies with having mental health challenges also identifies as an equity-seeking person or person with an invisible disability.
However, by definition, all students who participated in the survey are considered equity-seeking by identifying as a person with a diagnosable disability. Students were invited to check all equity-seeking groups that apply therefore the results are illustrated as percentages based on total number of student response, therefore, totals will add up to more than 100%. Twenty-three percent of students indicated that they were first-time post-secondary education learners. Further investigation related to the unique experiences of first-time learners with mental health challenges would likely benefit universities looking to support the career development of this student population. None of the participants indicated that they were a refugee, therefore, even though this group was included as an equity-seeking group option, no data exists for this population (Figure 2).

![Demographics - Students Belonging to Equity Seeking Groups](image)

Of the total 256 participants, 9% indicated they were racialized (non-white) and 7% indicated they were Indigenous. For the purposes of this analysis, Indigenous students were
included as non-white to capture those Indigenous students who are also racialized but who may not have identified as such on the survey. The limitation here is that Indigenous students who identify as white passing and/or racialized could be included in the 7%. Nevertheless, the disparity between white and non-white students is clearly represented in the remaining 84% of students that did not indicate belonging to racialized or Indigenous equity-seeking (See Figure 3).

![Demographics - White, Racialized & Indigenous Students](chart.png)

In terms of age range, students ages 18 – 25 (46%) and 26 – 40 (41%) made up most survey participants. The exploration of social, environmental, and cultural differences between Generation Z, Millennials and Generation X living with mental health challenges is a limitation of this study. However, these numbers suggest further investigation on this topic may be beneficial to informing future career and experiential learning accessibility initiatives (See Figure 4).
In Figure 5, mental health challenges experienced by students were categorized as mental health symptoms or impacts related to a mental health disability or other diagnosable disability. This was done purposefully to avoid common assumptions related to knowing a student’s diagnosis. Because similar diagnoses can present very differently from person to person, the most helpful information is knowing how the student’s symptoms can impact the way they work and learn. For example, a person with chronic pain can experience fatigue as can a person living with a generalized anxiety disorder. In this case, the functional impact possibly requiring an accommodation would be fatigue. The most prevalent functional impacts experienced by participants were anxiety (stress, nervousness, fear) and depression (low mood, sadness, irritability), followed by panic attacks (extreme anxiety, shortness of breath, nausea) and difficulties with social interactions (social cues, communication). Some students also identified these as symptoms they experience under the “Something that should be listed above” category further supporting their prevalence. Students were invited to check all mental health challenges
that applied to them therefore the results are illustrated using numbers and percentages based on student responses. Because of this, percentages will not add up to 100% (See Figure 5).

Figure 5 - Mental Health Impacts Experienced by Students

A comparison was also done to explore differences in age groups and mental health challenges of students enrolled at TRU and WLU. This data was collected to provide institutional context to the survey findings given that there may be differences in culture between the two universities. These results may prove useful in identifying how such differences could influence disclosure experiences and inform resources at each university. Of the 154 students that indicated which university they attend, 37% said they were enrolled at WLU and 63% said they were enrolled at TRU (See Figure 6).
Of the TRU participants, 20% of participants were from the Bachelor of Social Work (BSW) program, 7% were from CEL programs and 33% were from Accessibility Services (AS). Of the WLU student participants, 33% were from the BSW, 64% from the Master of Social Work (MSW) program. Thirty-nine (39%) of students from TRU identified as belonging to another program not listed. This is likely attributed to students registered with TRU Accessibility Services or Career and Experiential Learning Department that were not registered in any of the program options listed on the survey (See Figure 7).
At TRU, 51% of student participants were between ages 18 and 25 followed by 33% of students between the ages of 26 and 40. At WLU, 49% of students were between ages 26 to 40 followed by 39% of students between the ages of 18 and 25. Students older than 40 years old were the least prevalent at both universities. The differences in most prevalent age groups at each university may be attributed to the different types of programs available. Most WLU student participants were also in the MSW graduate program, so it is plausible that they were older than those students enrolled in mostly undergraduate programs at TRU.
An analysis was also done to compare possible differences in the mental health challenges students enrolled at TRU and WLU experience. Results showed that while anxiety and depression were most prevalent at both universities, WLU students showed a slightly higher prevalence in difficulties with social interactions and managing anger, mood swings and paranoia than TRU students (See Figure 9). This may be attributed to the different ages of the students who participated in the survey and/or the types of program they are enrolled in at each university. Variables in life experiences, student priorities, and geographical location may all play a part in creating differences in culture. Therefore, these aspects should be explored further to see whether these differences impact mental health disclosure experiences and subsequent resources.
7.2 Fear of Disclosure

In this section, student participants were asked to indicate the level of fear they experienced when faced with a choice to disclose a mental health challenge to potential employer, faculty supervisor or career services practitioner, rate the level of stress this caused and the likelihood they would request workplace accommodations.

Seventy percent (70%) of students indicated a high or very high level of fear when faced with a decision to disclose to a potential employer. This percentage drops to fifty (55%) when faced with a decision to disclose to a faculty supervisor or career services practitioner. Eighty percent (80%) of students indicated a high or very high level of stress when choosing to disclose...
and only 19% indicated a high or very high likelihood of requesting accommodations, if needed (See Figure 10).

A comparison between Thompson Rivers University (TRU) and Wilfrid Laurier University (WLU) was done to explore differences in student disclosure experiences between universities. Results showed, when deciding to disclose mental health challenges to a faculty supervisor or career practitioner, 28% of TRU students experienced low or very low levels of fear and 72% of students experienced high or very high levels of fear. In comparison, 13% of WLU students experienced low or very low levels of fear and 87% of students experienced high or very high levels of fear. Although more TRU students participated in the survey than WLU students, results show that WLU student experience noticeably higher levels of fear than TRU students. This may be attributed to differences in institutional culture, or types of programs.
participants were enrolled in at the time they took the survey (See Figure 10). Further research would be required to give additional context and meaning to these results.

When asked how the stress of disclosure impacts them, students were most likely to experience academic stress related to a) doing homework (17%), b) paying attention/participating in class (15%) and c) doing assignments (17%). Sixteen percent (16%) of students indicated not sleeping or sleeping too much followed by 13% of students who experience worsening mental health. Students had an opportunity to select all stressors that apply to them. Of the total responses, 78% of students indicated they had more than one stressor potentially resulting in compounded impacts (See Figure 12). This is an important finding for universities as it shows that students’ fear of disclosure negatively impacts their academic performance, well-being, and intimate relationships. Therefore, as a matter of accountability, it is imperative that institutions recognize their contributions to fostering this fear and begin to create safer spaces for students to disclose. The implications of remaining stagnant on this issue
are grave and consideration should be given to the possibility that inaction could lead to serious health and safety consequences for these students.

Figure 12 – Prevalence of Stressors Experienced by Students by Category

A demographic comparison was done to explore the levels of fear additionally marginalized students experience when deciding to disclose mental health challenges to a potential employer. Students were given an opportunity to select all equity-seeking groups that applied to them; therefore, the disaggregation of this data uses percentages based on the total number of student responses. Results showed students belonging to an additional equity-seeking group were most likely to experience high or very high levels of fear when faced with a decision to disclose to a potential employer. Students who identified as women, persons with invisible disabilities and/or LGBTQ2S+ followed by students who identified as low income had the most representation in experiencing high or very high levels of fear. In contrast, white students were
more likely to experience low or very low levels of fear compared to their Indigenous and racialized (non-white) counterparts (See Figure 13). For a break-down of equity-seeking group representation by percentage and percentage of white students to racialized and Indigenous students see Figure 3.

Figure 13 - Fear of Disclosure to a Potential Employer Demographic Comparison

Similarly, a comparison was done to explore the levels of fear additionally marginalized students experience when deciding to disclose mental health challenges a faculty supervisor or career services practitioner. Again, equity-seeking students were given an opportunity to select all groups that applied to them; therefore, the disaggregation of data is illustrated using percentages based on total student responses. Results showed students belonging to an additional equity-seeking group were more likely to experience high or very high levels of fear when faced with a decision to disclose to a faculty supervisor or career services practitioner. Students who identified as women, persons with invisible disabilities and/or LGBTQ2S+
followed students who identified as low income had the most representation in experiencing high or very high levels of fear (See Figure 14). Again, white students were more likely to experience low or very low levels of fear compared to their Indigenous and racialized (non-white) counterparts but felt that they received a higher positive response from university staff as opposed to employers (See Figure 14). For a break-down of equity-seeking group representation and percentage of white students to racialized and Indigenous students see Figure 2 - Demographics - Students Belonging to Equity Seeking Groups and Figure 3.

![Image of Figure 14 - Fear of Disclosure to Faculty/Career Practitioner Demographic Comparison]

The differences in levels of fear that students experience when faced with a decision to disclose to an employer versus a university career practitioner or faculty supervisor may be a matter of survival. Students may feel more comfortable disclosing to university professionals
knowing that their time in post-secondary is likely to be temporary. Universities can also give the appearance of inclusivity by supporting mental health awareness through public discourse, special events, and campaigns. However, the possibility of losing an employment opportunity due to stigma and discrimination, may have financial consequences that limit a student’s access basic needs such as food and housing. Therefore, students may feel that it is riskier to disclose a potential employer.

7.3 Disclosure Experiences

To explore the likelihood that students would disclose a mental health challenge to a workplace supervisor, students were asked to whether they had disclosed and if so, the number of times they had done so. At 58%, more students decided to disclose mental health challenges to a workplace supervisor than the 42% of students who did not. However, the percentage of students who had reason not to disclose is important to note because it suggests that a significant number of students may not accessing workplace accommodations (See Figure 15).

Figure 15 - Student Decisions to Disclose to a Workplace Supervisor
Of the students who did disclose to an employer or workplace supervisor, 31% disclosed at least once with the equivalent percentage of students (31%) disclosing more than three times. Twenty-eight percent (28%) of students disclosed at least twice and 16% of students disclosed at least three times (See Figure 16).

![Figure 16 - Percentage of Students who have Disclosed to a Workplace Supervisor](image)

### 7.4 Responses to Disclosure

Students were asked to indicate the level of positive response they expected to receive followed by the positive response they received when they disclosed to a potential employer, faculty supervisor and/or career practitioner. Findings showed that 19% of students indicated a high or very high expectation of receiving a positive response from a potential employer. Twenty-five percent (25%) of students said they received a high or very high positive response from a potential employer. Forty-five percent (45%) of students said they had high or very high expectation of receiving a positive response from a faculty supervisor and/or career services practitioner. And 51% of students indicated that they received a high or very high positive
response (See Figure 17). Also according to this data, a large percentage of students did not expect to receive nor did they receive a positive response from employers or faculty supervisors/career practitioners. This finding is an important consideration for post-secondary institutions looking to improve mental health supports.

A demographic comparison was done to explore the level of positive response received from employers across student groups. This analysis compares the level of positive response students expected to receive from employers and faculty supervisors/career practitioners to the level of positive response they received. To provide a clearer comparison of findings, student disclosure experiences have been organized into three separate charts. Students were invited to check as many equity seeking groups as applied to them therefore these results are disaggregated based on number of responses for each group represented.

Results for LGBTQ2S+, low income, women and immigrant students showed that students belonging to LGBTQ2S+, immigrants and low-income students received a higher positive response than expected from employers while women received responses equal to or
below expectations. Likewise, LGBTQ2S+ immigrant, and low-income students received a higher positive response than expected from faculty supervisors/career practitioners and women received a slightly lower positive response than expected. There is a significant difference in expected response by low-income students compared to the level of positive response they received.

![Responses to Disclosure](image)

Figure 18 – Comparison of Positive Responses Expected and Received – LGBTQ2S+, Low Income, Women, Immigrants

Results for students with invisible and visible disabilities showed that students with invisible disabilities received a higher positive response from employers and faculty supervisors/career practitioners than expected. However, students with visible disabilities received lower than expected positive response from both employers and faculty supervisors/career practitioners. The data also shows that students with both invisible and visible disabilities received a significantly higher positive response from university staff than they did from employers (See Figure 19).
Results for white, racialized and Indigenous students showed that both white and indigenous students received a more positive response than they expected from faculty/career practitioners. Racialized students also received a higher positive response from faculty/career practitioners than expected but received a lower than expected positive response from employers. Depending on the student’s cultural background, education, achievements and professional experience, perhaps some racialized students perceive themselves as more capable than employers who, generally speaking, have been known to discriminate based on race.
Figure 20 – Comparison of Positive Responses Expected and Received – White, Indigenous, Racialized

A demographic comparison was also done to explore the level of positive response received from employers and faculty supervisors and career practitioners across groups. This analysis includes student responses from very low to very high to give a more fulsome illustration of all student experiences (See Figure 21 and Figure 22).

Findings show that a significant number of immigrants and LGBTQ2S+ students reported receiving a high or very positive response from employers compared to the number of students who identified as women, low-income and/or a person with an invisible or visible disability who received a low or very low positive response. The number of white students who indicated receiving a low or very low positive response from employers was more significant than the number of racialized and/or Indigenous students whose responses were more equally distributed from very low to very high (Figure 21). And while 40% of white student responses reflected receiving a higher positive response from employers than expected, it is important to note that a
majority of 60% indicated that they experienced a low or very low positive response (See Figure 21).

All student groups indicated receiving a more positive response from faculty/career practitioners than employers. However, immigrant and LGBTQ2S+ students both reported a relatively higher positive response from employers than any other group. And low-income students showed a significantly lower positive response from employers than any other group except for students with visible disabilities whose results are reflective of a smaller number of students represented within this study. This may be attributed to demographic differences related to intersections of privilege and marginalization for students belonging to these groups.

Again, white students indicated a lower positive response from faculty/career practitioners than racialized and Indigenous students although only slightly in comparison to their experience with employers (See Figure 22). The differences in disclosure response experiences between white, racialized, and Indigenous students may be attributed to social positioning. Considering the difference in lived experiences between those with white privilege and those without a difference in response expectations would be a reasonable outcome. Whereas Indigenous and racialized students may have a more realistic understanding of the level of positive response they would receive based on more experiences with disclosure.

These results show clear differences in levels of positive response to disclosure from employers and university staff. Most students felt they received a higher positive response from faculty/career practitioners than employers. This may be because students feel disclosing to an employer presents more of a risk to their career opportunities than disclosing to university staff. What is concerning about these findings, however, is that 75% of students felt they did not receive a high or very high positive response from employers and 49% of students felt they did
not receive a high or very high response from faculty/career practitioners. These facts further point to a need for universities to improve career support for students with mental health challenges and perhaps build more collaborative relationships with employers to help minimize negative student experiences. Further exploration into the perspectives of employers would likely be helpful in fostering such collaborations.

![Figure 21 – Level of Positive Response from Employers Across Groups](image-url)
Students were asked to indicate the level of university support they feel is available to them, the level of improvement those supports need, and the level of confidence they would have disclosing with adequate supports in place. Students were also asked open ended questions about the advice they would give to employers, faculty supervisors and/or career practitioners to better support students with mental health challenges transition into the workplace. Results for open-ended questions have been organized by common themes and include related summaries, and direct student quotes (See Table 2 and Table 3).

Thirty-seven percent (37%) of students indicated a high or very high level of university support. Fifty-seven percent (57%) of students indicated a high or very high need to improve
those supports. And fifty-three percent (53%) of students indicated that they would have a high or very high level of confidence disclosing mental health challenges with adequate supports in place (See Figure 23). Student responses indicate a significant need to improve university supports that will bolster confidence to disclose. However, the percentage of students (53%) who indicated they would feel more confident disclosing with adequate supports also suggests that other factors may exist for remaining 47% that contribute to students’ level of confidence to disclose (See Figure 23).

![Figure 23 – Supports – Percentage of Students Who responded With a High or Very high](image)

To determine what university supports students felt were needed most, the following options were provided: 1) resources for self-advocacy skills 2) one-to-one career services support 3) on-line resources 4) accommodations assessment 5) an employer liaison, and 6) information on legal aspects. Students were invited to check all that apply.

The following suggestions for supports have been made in direct response to students’ expressed needs within this study. Resources for self-advocacy skills could include education on how to self-disclose and/or request accommodations; one-to-one career services support may
include career counselling and/or job search skills development; online resources could include tools for navigating accessibility in the workplace and/or links to community resources; an accommodations assessment may involve assessing functional impacts and determining workplace accommodations and/or assistive technology; an employer liaison may collaborate with potential employers or practicum hosts on workplace accessibility; information on legal aspects may include education on human rights and/or steps to filing a complaint.

Of the options given, the supports that students indicated were the most important were resources for self-advocacy skills, one-to-one career services support, an accommodations assessment, and information on legal aspects (See Figure 24). Perhaps the small variances in the percentages representing the number of student responses indicates that students believe they would find most of these supports equally helpful.

Figure 24 - Supports Recommended by Students
7.6 Self-Advocacy

Students were asked to rate the level of preparedness they felt they had to disclose, what self-advocacy skills they had learned from disclosure and how successful they had been in obtaining accommodations. Results were disaggregated by the percentages of students that indicated a high or very high responses (See Figure 25).

Results showed thirty-four percent (34%) of students indicated a high or very high level of preparedness to disclose; thirty-eight percent (38%) said they had learned a high or very high level of self-advocacy skills from their disclosure experiences; and thirty-nine percent (39%) of students indicated they had a high or very high level of success in obtaining accommodations (See Figure 25). It important to note that in contrast, 60% of students indicated a low or very low level of preparedness to disclose; twenty-six percent (26%) said they had learned a low or very low level of self-advocacy skills from their disclosure experiences; and 41% of students indicated they had experienced a low or very low level of success in obtaining accommodations (See Figure 25). These findings illustrate a significant deficit in student self-advocacy skills and success in obtaining accommodations. This deficit continues to exist due to the negative attitudes employers and university staff have towards accommodations thus causing students to fear disclosure and refrain from self-advocating. The consequences for students may be exacerbated mental health issues, additional stress, and a lack of success in their career and/or experiential learning placements.
A demographic comparison was done to explore the percentage of students that responded with high or very high to survey questions related to their level of preparedness to disclose, self-advocacy skills learned from disclosures, and of success in obtaining accommodations. Student groups.

Students identifying as LGBTQ2S+, low income, women and immigrant indicate low levels of preparedness to disclose but an increased level of self-advocacy skills learned from their experience with disclosure. Students in these groups also indicated a slightly higher level of success obtaining accommodations compared to their level of preparedness to disclose but, with the exception of immigrant students, indicated a lower level of success than the level of self-advocacy skills they felt they had learned from previous disclosures. Immigrant students indicated that the level of self-advocacy skills they learned from previous disclosures is equal to their success obtaining accommodations. (See Figure 26).
Students with invisible disabilities indicated a low level of preparedness to disclose but felt they had gained a higher level of self-advocacy skills from previous experiences with disclosure. These students also indicated that their success in obtaining accommodation was only slightly higher than their level of preparedness but lower than the level of self-advocacy skills they had learned from past disclosures. Students with visible disabilities indicated a higher level of preparedness to disclose than students with invisible disabilities and a higher level of advocacy skills as a result of previous disclosures. These students indicated that their level of preparedness to disclose was equal to their level of success obtaining accommodations. The difference in level of preparedness to disclose for students with invisible and visible disabilities could be attributed to the fact that visible disabilities can be seen, therefore, non-disclosure may not be an option.
White, racialized and Indigenous students all indicated low levels of preparedness to disclose. Indigenous students reported feeling the least prepared to disclose than any other group. White students felt they had learned a substantially higher level of self-advocacy skills than their racialized and indigenous counterparts but had lower levels of success obtaining accommodations than only racialized students. Like immigrant students, racialized students indicated that their level of self-advocacy skills were equal to their success obtaining accommodations. These results may indicate that, as a matter of privilege, white students have more confidence in their self-advocacy skills than racialized and Indigenous students. However, their perceived level of skill did not result in an equal or higher level of success in obtaining accommodations. Indigenous students, however, indicated a lower rate of success obtaining accommodations compared to any other group. As pointed out in the literature, this could be attributed to the “stereotypes and discriminatory hiring practices” that have led to more than
double the unemployment rate for Indigenous peoples with disabilities compared to the average non-indigenous workforce (Durst, 2018, p. 179) (See Figure 28).

![Self Advocacy - Students Who Responded with High or Very High – White, Racialized, Indigenous](image)

Overall, these results show students’ success in obtaining accommodations does not reflect the level of self-advocacy skills students thought they had gained from previous disclosure experiences. And in most cases, students’ success in obtaining accommodations was only slightly higher than their level of preparedness to disclose. This may indicate students would benefit from education on effective self-advocacy or that those receiving disclosures have deep rooted biases that lead to the denial of accommodations despite students’ self-advocacy efforts.

### 7.7 Disclosure and Self Advocacy During COVID-19

This chapter explores the differences in student mental health disclosure experiences since the COVID-19 pandemic. During COVID-19, there has been a noticeable boost in mental health awareness initiatives and supports during to help the public cope with isolation, financial
and familial issues that have arisen because of the pandemic. To examine how these initiatives influence students’ willingness to disclose mental health challenges and self-advocate for supports, students were asked to indicate whether they anticipated a more positive response to disclosures and whether they had increased confidence to self-advocate. Results showed that students’ expectations of positive response to disclosure close evenly distributed between “yes”, “no” and “I’m not sure” responses. Thirty two percent (32%) of students said that they anticipated a more positive response due to COVID-19 mental health awareness initiatives, 34% of students indicated that they did not believe these initiatives would foster a more positive response and the remaining 34% of students indicated that they were unsure whether there would be a more positive response due to an increase in awareness (See Figure 29). These results indicate that, at least in this stage in the pandemic, it is unclear as to whether COVID-19 mental health awareness significantly elicits a more positive response to mental health disclosures.

Students also gave advice to employers who are hosting university students in field placements during COVID-19. One student participant said, "I think it is important to recognize that many, many people struggle with mental health day to day, especially during the time of COVID-19. Feeling alone and ashamed of very normal feelings and experiences does nothing to help the situation." Another student participant commented on the importance of “having awareness of co-current mental health and chronic illnesses, and how they affect each other, in addition to the stress associated COVID-19." From these students’ perspective, COVID-19 is an additional stressor that employers need to consider when supporting students with mental health.
There are a variety of factors that could explain these evenly distributed results. Students who expected more positive responses to disclosure may have experienced positive responses in the past and/or during the pandemic and believe that additional mental health awareness continues to encourage such responses. On the other hand, students who received a negative response in the past and/or during the pandemic may believe that awareness initiatives are not effective in positively changing attitudes towards mental health. Students who were not sure or did not believe that an increase in mental health awareness would encourage a more positive response may have had mixed experiences with disclosure in the past and/or during the pandemic or were not faced with this decision enough times during the pandemic to be sure whether such initiatives made an improvement. Perhaps absent or suspended employment opportunities due to COVID-19 restrictions limited the number of times students would be faced with a decision to disclose. However, because lived experiences that may have influenced students’ expectations
were not captured in this data, important context related to social location and identity is missing in further explaining the even distribution of these results.

When asked if COVID-19 mental health awareness influenced their confidence to disclose, 38%, of students felt a low/or very low level of confidence compared to 25% of students who indicated a high or very high level of confidence (See Figure 30).

![Figure 30 – COVID-19 Mental Health Awareness – Students’ Level of Confidence to Disclose](image)

While these results show that one quarter of student’s respondents felt their confidence had increased because of COVID-19 mental health awareness initiatives, there is no known pre-COVID-19 data related to students’ confidence to disclose that could be used to illustrate this improvement. Again, lived experiences that may have influenced students’ confidence to disclose were not captured in this data, therefore, important context related to social location and identity is missing in further explaining these results. Despite this, however, it is important to acknowledge that more students felt that their confidence was low/very low regardless of COVID-19 mental health awareness initiatives. This is concerning considering that the additional stressors brought on COVID-19 only exacerbates an already existing mental health
The future research question that arises from these results is: How effective are mental health awareness initiatives when it comes to reducing stigma, whether internal or external, around mental health disclosure?

### 7.8 Cultural Considerations

The focus of this research has not been on mental health diagnoses but on how mental health challenges impact students’ transition into career and what those impacts mean for student who require accommodations. This approach was to avoid assumptions about what symptoms a student might be experiencing because of their diagnosis. However, this approach also assumes that all students experience mental health in the same way which carries a Western view on how difficulties with mental health might manifest themselves. Because this research does not delve into the unique experiences of each equity seeking group, it does not capture data related to the unique differences in how mental health is defined and experienced by students from different cultures and social positioning. For example, Chinese students may be more likely to experience anxiety in the form of a physical symptom such as a stomachache or Indigenous students may describe mental health using storytelling. According to Fenton (2018) “intergenerational trauma may evade the easily observable or easily measurable given, for example, that some impacts can be related to survivors telling and retelling their stories of trauma to their offspring” (p.7). Because of this, the data collected has was also analyzed using Western methods and organized categorically as opposed to exploring the relationship between mental health and experience through stories. Rogers et al. (2018) write, “Western knowledge inherently lacks inclusivity as it built on the premise that the only way to acquire knowledge is by gathering empirical evidence…In Canadian health care and education systems, and in the scientific community, Western knowledge is treated is the most legitimate form of knowledge” (p. 29). Therefore, as
the dominant culture, Western ideology informs how mental health challenges are approached in all societal contexts including education and employment.

The need to explore the implications of these differences on disclosure and accessing accommodations can be seen in the variety of descriptive responses provided by students under “Mental Health Challenges that Should be Listed” on the survey. Some students described mental health challenges as physical, cognitive, neurological, emotional, and behavioral impacts and some described their mental health challenges as a medical diagnosis. Students were inclined to answer one way or another although a few students did describe specific challenges they experience related to their diagnoses. Although limited in social and cultural context, Table 1 illustrates some of the different ways students define and experience mental health.

<table>
<thead>
<tr>
<th>Challenges/Impacts:</th>
<th>Diagnoses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma; Physical illness due to mental health;</td>
<td>Crohn's Disease; Post Traumatic Stress Disorder (PTSD); Acute Head Injury;</td>
</tr>
<tr>
<td>Higher risk of adverse effects from traumatic and stressful events (e.g. pandemic);</td>
<td>Anorexia Nervosa; ADD/ADHD;</td>
</tr>
<tr>
<td>Fatigue/restlessness; Feelings of impending doom; Abandonment and disconnection to family; Attention; Focus; Slow or learning requirements; Mania; Dissociation;</td>
<td>Schizophrenia; Obsessive Compulsive Disorder (OCD); Psychosis; Asperger’s Syndrome; Autism Spectrum Disorder (ASD); Non-suicidal-self-injury (NSSI); Gender Dysphoria; Bi-Polar 1; Developmental Coordination Disorder; Post-Partum Depression;</td>
</tr>
<tr>
<td>Heightened stress responses; Hopelessness; Racial trauma; Isolation and loneliness;</td>
<td></td>
</tr>
<tr>
<td>Insomnia, chest pains, panic attacks, trouble breathing, digestion issues and persistent nausea; Fainting issues; Grief; Hallucinations; Deregulation; Malnutrition; Eating; Irritability; Anxiety attacks.</td>
<td></td>
</tr>
</tbody>
</table>
7.9 Intersectional Experiences

Intersectional experiences of marginalization and mental health challenges create additional disclosure complexities for students transitioning into career. The data shown in Figure 34 is meant to illustrate how many student participants have likely experienced multiple systems of oppression in addition the stressors that occur when faced with a decision to disclose. These stressors were shown to worsen mental health symptoms which undoubtedly perpetuates an unrelenting cycle of mental unwellness. Participating students were invited to check all mental health challenges that applied to them; therefore, results are shown as the number of student responses from each group. Each of these students identified with belonging to at least one equity-seeking group that intersects with mental health challenges related to a disability. This data was purely compiled to provide context by providing a visual of the mental health challenges that equity-seeking students can experience in addition to their marginalized identities. It does not show any significant findings that the mental health challenges listed are representative of any one specific equity-seeking group (See Figure 31).

A second analysis was also done to capture students’ intersecting identities by equity-seeking group, also acknowledging that all students confirmed their eligibility to participate in this project by identifying as a person with a disability. Again, students were invited to check all equity-seeking groups that applied to them; therefore, results are shown as percentages based on total number of responses. Please note that illustrating intersectional identities difficult because there are unique complexities that come along with belonging to more than one equity seeking group. However, for the purposes of this project, I have attempted to show the different ways in which identities can intersect to illustrate the diverse lived experience that can exist in one persons’ life. In other words, I have used quantitative data to tell a qualitative story. And
considering that the marginalized identities of a student may not be known to university staff, to
serve as a reminder to suspend judgement when serving all students. Therefore, the development
of resources should include student expertise and take into consideration the complexity that
multiple intersecting marginalized experiences have their decision to disclose (See Figure 31).
As MacDonald (2018) explains, “intersecting experiences of race, class, gender or sexual
orientation add yet another layer of oppression and marginalization to the experience of people
with disabilities: (p. 141).
Figure 31 – Experiences of Marginalized students with Mental Health Challenges

Mental Health Challenges Experienced by Equity Seeking Groups

- A mental health challenge that should be listed
- Paranoia (e.g. escalated fears, worries and/or confusion due to a lost sense of reality)
- Phobias (e.g. fear of heights, insects)
- Mood swings (e.g. shifting quickly from happy to sad)
- Difficulties managing anger (e.g. outbursts, uncontrolled rage)
- Difficulties with social interactions (e.g. social anxiety, missing social cues)
- Panic Attacks (e.g. debilitating burst of fear/anxiety)
- Depression/Low mood (e.g. loss of motivation, sadness, irritability)
- Anxiety/Stress (e.g. nervousness, worry, fear)

Number of Student Responses

First Time Learners
LGBTQ2S+
Indigenous
Immigrant
Racialized
Women
Visible Disability
Invisible Disability
Low Income
Groups that should be listed
### TABLE A – Figure 32 Shown as Percentages

<table>
<thead>
<tr>
<th>Mental Health/Identities</th>
<th>First Time Learners</th>
<th>LGBTQ2S+</th>
<th>Indigenous</th>
<th>Immigrant</th>
<th>Racialized</th>
<th>Women</th>
<th>Visible Disability</th>
<th>Invisible Disability</th>
<th>Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety/Stress (e.g. nervousness, worry, fear)</td>
<td>22%</td>
<td>4%</td>
<td>27%</td>
<td>13%</td>
<td>25%</td>
<td>23%</td>
<td>22%</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Depression/Low mood (e.g. loss of motivation, sadness, irritability)</td>
<td>19%</td>
<td>7%</td>
<td>23%</td>
<td>11%</td>
<td>22%</td>
<td>20%</td>
<td>22%</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Panic Attacks (e.g. debilitating burst of fear/anxiety)</td>
<td>14%</td>
<td>13%</td>
<td>7%</td>
<td>6%</td>
<td>9%</td>
<td>14%</td>
<td>5%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Difficulties with social interactions (e.g. social anxiety, missing social cues)</td>
<td>11%</td>
<td>10%</td>
<td>13%</td>
<td>7%</td>
<td>11%</td>
<td>12%</td>
<td>14%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Difficulties managing anger (e.g. outbursts, uncontrolled rage)</td>
<td>6%</td>
<td>12%</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
<td>8%</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Mood swings (e.g. shifting quickly from happy to sad)</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
<td>1%</td>
<td>8%</td>
<td>9%</td>
<td>5%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Phobias (e.g. fear of heights, insects)</td>
<td>3%</td>
<td>18%</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Paranoia (e.g. escalated fears, worries and/or confusion due to a lost sense of reality)</td>
<td>6%</td>
<td>21%</td>
<td>5%</td>
<td>8%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>A mental health challenge that should be listed</td>
<td>9%</td>
<td>11%</td>
<td>15%</td>
<td>50%</td>
<td>15%</td>
<td>10%</td>
<td>14%</td>
<td>3%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Figure 32 – Intersecting Marginalized Identities of Equity-Seeking Students
TABLE B: Figure 32 Shown as Percentages

<table>
<thead>
<tr>
<th>Identities</th>
<th>First Time Learners</th>
<th>LGBTQ2S+</th>
<th>Indigenous</th>
<th>Immigrant</th>
<th>Racialized</th>
<th>Women</th>
<th>Visible Disability</th>
<th>Invisible Disability</th>
<th>Low Income</th>
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</thead>
<tbody>
<tr>
<td>Low income</td>
<td>12%</td>
<td>12%</td>
<td>13%</td>
<td>7%</td>
<td>4%</td>
<td>12%</td>
<td>15%</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>Invisible Disability</td>
<td>16%</td>
<td>19%</td>
<td>14%</td>
<td>2%</td>
<td>18%</td>
<td>22%</td>
<td>13%</td>
<td>31%</td>
<td>18%</td>
</tr>
<tr>
<td>Visible Disability</td>
<td>1%</td>
<td>1%</td>
<td>4%</td>
<td>15%</td>
<td>3%</td>
<td>2%</td>
<td>25%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Women</td>
<td>24%</td>
<td>21%</td>
<td>15%</td>
<td>21%</td>
<td>22%</td>
<td>29%</td>
<td>18%</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>Racialized</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>16%</td>
<td>27%</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Immigrant</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>26%</td>
<td>13%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Indigenous</td>
<td>5%</td>
<td>5%</td>
<td>23%</td>
<td>0%</td>
<td>1%</td>
<td>3%</td>
<td>8%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>LGBTQ2S+</td>
<td>9%</td>
<td>27%</td>
<td>15%</td>
<td>8%</td>
<td>5%</td>
<td>11%</td>
<td>8%</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>First Time Learners</td>
<td>28%</td>
<td>10%</td>
<td>14%</td>
<td>5%</td>
<td>6%</td>
<td>13%</td>
<td>8%</td>
<td>10%</td>
<td>11%</td>
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</tbody>
</table>
8. Qualitative Analysis

The following qualitative data was collected using optional open-ended questions allowing students to provide descriptive responses. Students were asked to provide advice to universities and employers supporting students in practical learning scenarios as well as other students faced with a decision to disclose. Common themes, relevant student quotes and key words were identified within the data using a method of color-coding and organized in a table format (See Appendix 4). Numbers were assigned to student responses using Qualtrics, however because student responses were optional and anonymous, the number assigned to a student response for one qualitative question may not have corresponded with the number assigned to a response to another qualitative question by the same student. Therefore, there is a possibility that quotes from the same student were used as examples in the results for more than one descriptive question. The prevalence of student responses is based on the number of responses related to common themes identified within the descriptive data (See Figure 33).

8.1 Students’ Advice to Employers Hosting University Students

A thematic analysis of students’ advice for potential employers hosting university students in field placements identified common themes related to judgement and stigma, communication, accommodations, safety, and education and awareness. Student responses that were the most prevalent were related to reducing judgment and stigma followed by a need for more open communication with employers (See Figure 33). A summary of student responses and student quotes related to common themes is also provided. (See Table 1).
Table 2 - Students' advice for potential employers hosting university students in field placements

<table>
<thead>
<tr>
<th>Common</th>
<th>Summary</th>
<th>Student Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgement/Stigma</td>
<td>Students ask that employers be open-minded, non-judgemental, supportive, inclusive, kind, understanding and empathetic. Students indicated experiencing a fear that disclosing mental health would jeopardize their job and requested that employers not make assumptions about their capabilities. KEY WORDS: non-judgemental, supportive, inclusive, kind, understanding, empathetic.</td>
<td>&quot;Be open minded and don't write off a student because they disclosed a mental health problem. It takes a tremendous amount of courage to disclose that information and when it is met with resistance, it can be very difficult for the student to feel safe in that space moving forward.&quot; - Survey Participant.</td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td>&quot;Be open-minded and non-judgemental. Create and environment where your employees feel comfortable disclosing. Do not require more info than is needed for the accommodation.&quot; - Survey Participant.</td>
</tr>
<tr>
<td>Awareness/Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
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<tr>
<td>Judgement/Stigma</td>
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Figure 33 - Thematic Analysis – Student Advice to Employers
## DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Summary</th>
<th>Student Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication: Be approachable</strong></td>
<td>Students would like employers to be approachable and communicate effectively about accommodations. Discussion topics include: the degree of support available if students make a mistake or need help, details of what the job involves, whether the workplace is disability-friendly and available mental health supports. Students would also like employers to listen to their needs, ask if accommodations could be necessary, demonstrate a willingness to communicate, provide available resources, check in on workload, and talk about mental health openly. <strong>KEY WORDS:</strong> Check-in, listen, help, support, communicate, openness, approachable.</td>
<td>&quot;Most students want to do well. There is a lot of pressure on students to succeed in workplaces and sometimes that pressure can get to us and cause extra stress and worry. Be clear in the type and degree of support available to students when, not if, they make a mistake or need help.&quot; - <em>Survey Participant.</em> &quot;Make mental health a normal thing to discuss and state that you are willing to work with the student to make sure they get the support they need.&quot; - <em>Survey Participant</em></td>
</tr>
<tr>
<td><strong>Accommodations: “Use universal design concepts.”</strong></td>
<td>Students ask that employers meet their responsibility to accommodate students with mental health challenges to ensure they have the supports necessary to succeed. Students would like a clear explanation of what accommodations are available to them. Suggested accommodations include flexible work schedules, mental wellness and stress check ins, mental health supports, change in ridged expectations of learning and productivity, assistance with disclosure and implementation of universal design principles. Students would like employers to work with them to determine a plan for accommodations on a case-by-case basis. <strong>KEY WORDS:</strong> flexibility, mental wellness, check-ins, mental health, accommodations, universal design.</td>
<td>&quot;Ensure they are aware of the fact that you are a disability-friendly workplace. Often it feels like disclosing will make you seem like an inadequate employee. But, when I feel supported by my school or employer, I excel at what I do. Without basic accommodations like a quiet atmosphere for testing, I've failed classes. When I have accommodations, I place top of my class. Your most valuable employee might come from giving a person the basic support necessary to succeed.&quot; - <em>Survey Participant.</em> &quot;Unpaid work-related placements, like anywhere else, can use universal design concepts that remove barriers and send a message that the space supports accessibility. Consider that accommodations are necessity to function and be productive and all have an overall effect on the team as a whole.&quot; - <em>Survey Participant</em></td>
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## DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Summary</th>
<th>Student Quotes</th>
</tr>
</thead>
</table>
| **Safety:**  | Students ask that employers create a welcoming, safe environment for disclosure and develop inclusive policies and procedures. Situations that may be perceived as unsafe are when a disclosure is met with resistance by the employer, an employee is taken financial advantage of the need for accommodations is professionally held against a person, a person feels like they have to hide an aspect of themselves, an employee is made to feel they are not part of a team or inadequate for a job, and/or a person has been shamed for experiencing mental health challenges. **KEY WORDS:** safe, safety, disclosure, accommodations, discrimination, mental health | "Explicitly create an environment where the employee feels safe to disclose." - Survey Participant.  
"[Learn] how to create & maintain a safe workplace for students and prospective employees with disabilities." - Survey Participant, "Stop perpetuating the culture that people with mental health challenges are incompetent. Everyone has mental health, and everyone can have mental illness, making people feel as though they need to hide that aspect of themselves in draining and toxic" - Survey Participant |
| **Awareness/Education:** Increase understanding of mental health. | Students recommend that employers increase their awareness and understanding of mental health and ensure that their employees receive sensitivity training. Students also ask that employers learn from the lived experiences of people with disabilities, consult accessibility experts and review inclusive policies and procedures. **KEY WORDS:** awareness, training, listening, learning, consulting | "Work with people that are knowledgeable in the field to develop comprehensive workplace policies and programs on Mental Health that include volunteers (employees) from the organization. Employees should be anonymously surveyed about organizational deficiencies around Mental Health that are specific to the employer to gain a picture of where to start." - Survey Participant.  
"Understand that mental illness can be episode based and that potential employee may not even have such situations while working there. Also, that having a mental health disorder puts a lot of stigma and stress on the student or employee and that can be very scary to overcome. So, if someone discloses it to you then you should realize they trust you and are putting faith in you to not lose their job." - Survey Participant |

### 8.2 Students’ Advice to Universities Who Aim to Support Students

A thematic analysis of students’ advice for universities aiming to support students in field placements identified common themes related to awareness and education, communication,
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

stigma and discrimination, accommodations, advocacy and safety, service provision, and resources and supports. Student responses most prevalent were related to providing more resources and supports followed by a need for improved service provision (See Figure 34). A summary of student responses and student quotes related to common themes is also provided. (See Table 1).

The following qualitative data was collected using open-ended questions allowing students to provide descriptive responses including recommendations for resources for universities, employers, and other students. Common themes, relevant student quotes and key words were identified within this data using a method of color coding. Descriptive results are presented in a table format and organized by common themes related to student advocacy-skills, recommended supports, and disclosure advice to other students. Prevalence of student responses is based on the number of responses related to common themes identified within the descriptive data (See Figure 34).

![Figure 34 - Thematic Analysis - Student Advice to Universities](image-url)
### Table 3 - Students' advice for universities supporting students in field placements

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Summary</th>
<th>Student Quotes</th>
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</thead>
<tbody>
<tr>
<td>Resources/Supports: Connection and accessible resources.</td>
<td>Students would like university staff to reach out more often to do regular check ins. Students also indicated that they would like more mental health resources and education on how to disclose mental health challenges to an employer. Students are also interested in understanding what their human rights are and would like resources made inclusive and available to everyone to reach students who may not be aware they exist. KEY WORDS: mental health, check ins, disclosure, disclosing, rights.</td>
<td>&quot;I think counsellors that check in with students via phone or zoom once a month. Students can opt out if they want but it could be like [a] supportive counsellor/case manager.&quot; - Survey Participant.</td>
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<td></td>
<td></td>
<td>&quot;Provide [students] with the resources and the support they need and please make the access to those tools, accommodations, supports [as] equitable [and] as destigmatized as possible, and widely promoted and available.&quot; - Survey Participant.</td>
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<td>&quot;Education for the students on their rights and strategies on coping and disclosing.&quot; – Survey Participant.</td>
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<td></td>
<td></td>
<td>&quot;Make information related to self-disclosure/accommodations accessible and available to everyone because some students may not even know that these are options and what they would need to engage in these processes.&quot; - Survey Participant.</td>
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<tr>
<td></td>
<td></td>
<td>&quot;Make mental health services accessible to people of all lived experiences such as LGBTQ+, people with disabilities, people of colour, etc.&quot; - Survey Participant.</td>
</tr>
<tr>
<td>Service Provision: Provide knowledgeable person-centred support.</td>
<td>Students would like services that are student centred and staff that are well informed on available resources and support. Students ask for more clarity on what services will be provided so that they understand what to expect. They would also like to see more follow through on support promised. Students would also like faculty and staff explain how to navigate disclosure and find inclusive workplaces. Provide information on resources such as counselling and workshops. KEY WORDS: clarity, support, help, student-centred, follow-through.</td>
<td>&quot;Use a person centred, individual approach to support, provide information for student decision making.&quot; - Survey Participant.</td>
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<td></td>
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<td>&quot;Properly evaluate those supervising/employing to ensure they are genuinely supportive.&quot; - Survey Participant.</td>
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<td>&quot;Explain the risks of disclosure, set concrete boundaries of what you will and will not do, and talk directly to the student if there is an issue. Don't let the student find out AFTER they have been fired or sent home.&quot; - Survey Participant.</td>
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## Disclosure Experiences of Students with Mental Health

<table>
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<tr>
<th>Common Themes</th>
<th>Summary</th>
<th>Student Quotes</th>
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</table>
| **Advocacy/Safety:** Safe spaces and tools for disclosure | Students would like university staff to advocate for them and create safe spaces for dialogue. Students report feeling scared, nervous, worried and stressed about deciding whether or not to disclose. Feeling of distressed about disclosing was one the prominent safety concerns for students. Students would also like to feel empowered and have the tools to advocate for themselves. They also expressed wanting university staff to actively listen when students disclose because disclosure is scary and to feel unheard perpetuates additional stress. **KEYWORDS:** Disclosure, advocate, advocacy, mental health, fear, stress | "Give students the tools to advocate for themselves; equip them with knowledge of legal rights; role-play interviews or conversations that the student's might find challenging with the employer to help ground the student and teach them how to inform others of their needs professionally." - *Survey Participant.*  
"Do not pretend that safe places exist for disclosure and that the disclosure will not effect employment negatively" - *Survey Participant.*  
"Listen when a student opens up! It's scary and to be brushed off is even more stressful." - *Survey Participant.*  
"Make sure placements that are being offered are not discriminatory. I had a placement turn me down because I was open about my mental health when they asked." - *Survey Participant.* |

| **Accommodations:** “Allow for flexibility”   | Students indicated a need for more flexibility in work schedules, assignment due dates and staff office hours to help with managing additional stress associated with work-life balance. Flexibility was the most commonly requested accommodation. Students want university staff to be mindful of the additional struggles that students with mental health experience. **KEYWORDS:** flexible, flexibility, stress, understanding | "Accommodations for students who work a set amount of hours per week. This may include extensions on assignments and more accessibility to alternative deadlines and/or test dates." - *Survey Participant.*  
"Whenever possible allow for flexibility in hours and schedules." - *Survey Participant.*  
"Recognize that each person has unique needs and a on-size fits all approach doesn't work. I was thankful that I was able to adjust my course schedule to allow for a lighter course load during the winter months when my depression typically worsens." - *Survey Participant.* |

| **Stigma/Discrimination:** “Be open minded” | Students request that universities to destigmatize and decolonize services and that staff be open, kind, understanding and non-discriminatory. **KEYWORDS** - non-judgemental, discrimination, stigma, decolonization. | "Be open minded and non-judgemental; have conversations instead of making assumptions right away." - *Survey Participant.*  
"[Mental health] is not something to feel ashamed of or try to hide." - *Survey Participant.*  
“Work on de-colonization process." - *Survey Participant.* |
8.3 Students’ Advice to Other Students Faced a Decision to Disclose

A thematic analysis of students’ advice to other students who may need to disclose access accommodations identified common themes related to self-advocacy, transparency, risk assessment, context or situation, and discrimination and stigma. The most prevalent student responses were related to learning self-advocacy skills followed by a recommendation to assess the context or situation before deciding to disclose (See Figure 35). A summary of student responses and student quotes related to common themes identified is also provided below. (See Table 3).
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

The following qualitative data was collected using open-ended questions allowing students to provide descriptive responses including recommendations for resources for universities, employers, and other students. Common themes, relevant student quotes and key words were identified within this data using a method of color coding. Descriptive results are presented in a table format and organized by common themes related to student advocacy-skills, recommended supports, and disclosure advice to other students. Prevalence of student responses is based on the number of responses related to common themes identified within the descriptive data (See Figure 35).

![Figure 35 Thematic Analysis - Student Advice to Other Students](image-url)
Table 4 - Common themes for disclosure advice given to other students

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Summary</th>
<th>Student Quotes</th>
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</table>
| Self-Advocacy “Do your research” and “seek advice.” | Students recommended requesting advice, support and resources from career experts, counsellors, accessibility professionals, unions, and peers for help with disclosure strategies and understanding legal rights. Students with experience disclosing suggested becoming self aware and educated on how to navigate processes as safely as possible. Students also recommended being well prepared with knowledge of the job description, their needs and possible solutions before disclosing to an employer/faculty supervisor. Students also acknowledged that the work/stress required to disclose can be exhausting. KEYWORDS: self-advocacy, knowledge, support, education, self awareness, legal rights, resources. | "I would seek advice from a trusted professional and let them help out with navigating uncertain territories. If there's a union associated with the work, ask question of them and they can often help people navigate through the different services and programs." - Survey Participant.  
"Do your research and know your rights. When I asked for accommodations, I had 4 separate managers tell me that disclosing my diagnosis was necessary - and this was at a mental health agency. They even tried to get me to sign a consent to disclose form in order to bypass me and speak directly to my psychologist! I'm glad I am well versed in advocacy from my experience working with clients and know under no circumstances was I obligated to provide that information." - Survey Participant  
"I would tell the student to consider carefully what information about mental health is appropriate to disclose to employer or faculty advisor. If someone was in the midst of a mental health crisis or focussing on details that and employer doesn't need shouldn't have because it could increase risk and/or stigma etc., I would encourage the other student to process with a friend or counsellor so that they can focus the disclosure as to not cause more complications down the line." - Survey Participant |
## DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Summary</th>
<th>Student Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transparency: Degree of disclosure</td>
<td>Students ranged on the degree of information they would be willing to disclose. Based on their personal assessment of risk, perception of context/situation and feelings of preparedness, most students were likely to engage in partial disclosure. A smaller number of students believed that being completely transparent is the best course of action and even less students said they were most likely not to disclose at all. KEYWORDS: disclosure, risk, transparency, fear</td>
<td>&quot;I would highly encourage [other students] to disclose. I take two medications that keep me level. I have good days and bad days but I have my mental health issues well maintained. However, if a fellow student was unable to function at their usual capacity or can seem to cope with stress, I would highly encourage them to disclose this information.&quot; - Survey Participant.</td>
</tr>
<tr>
<td>Risk/Assessment: Proceed with caution</td>
<td>Students felt the need to proceed with caution and advised other students to assess the possible risks of disclosing mental health. Assessing risks includes getting a feel for company culture, diversity, and evidence that people are actually being supported. Identified risks include stigma, discrimination, oppression, breach of confidentiality, loss of scholarly or job opportunities, feelings of shame and helplessness; all of which can exacerbate an already existing mental health condition. KEYWORD: risk, fear, stigma, discrimination, employment</td>
<td>&quot;I only disclose what is relevant to the job or what they need to know to provide accommodations.&quot; - Survey Participant. &quot;Don't disclose in a job interview/to a prospective employer (if you want the job), even if the job will have to provide accommodations for you to work there.&quot; - Survey Participant. It boils down to trust, guardianship of privacy and whether or not the work is protected by a union. I have disclosed previously and been denied career advancement as a result, therefore, proceed with caution.&quot; - Survey Participant. &quot;Not everyone will respect confidentiality in the workplace. It tends to depend on the level of professionalism. Make sure you're careful with who disclosed to and that there are procedures in place to protect your confidentiality since unfortunately people will treat you differently if they know.&quot; - Survey Participant. &quot;Get a feel for the actual culture of the organization before deciding if/what to disclose. [For example,] do you see clear signs [that] diversity and mental health are valued and promoted? Not like posters on the wall that talk about these ideas but actual people being well-supported.&quot; - Survey Participant.</td>
</tr>
<tr>
<td>Common Themes</td>
<td>Summary</td>
<td>Student Quotes</td>
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<tr>
<td>Context/Situation:</td>
<td>Students recommend that disclosure be relevant to the context/situation. Deciding what and how much to disclosed depends on the job description, workplace, safety and relationship with the person they are disclosing to. Students also indicated that an awareness of systemic perceptions of disability may help in developing self advocacy skills. <strong>KEYWORDS:</strong> situation, situational, context, social, systemic, disability, self-advocacy, awareness</td>
<td>&quot;It is important to acknowledge and validate that disclosing mental health challenges, diagnoses, neurodivergence, (dis)ability etc. takes a huge amount of time and energy. Thus, I would suggest learning about ableism in society and the social model of disability. This is a fight for rights that never ends, and it shouldn't be up to those struggling to self-advocate (in a perfect world). There is strength in knowing this.&quot; <em>Survey Participant.</em></td>
</tr>
<tr>
<td>Deciding to disclose</td>
<td>&quot;depends on the situation.&quot;</td>
<td>&quot;As a student, for me it depends on the situation and faculty member. I [disclose] to student services but I do not to my professors unless I feel particularly comfortable. If I'm having difficulties with mental health, I go through student services and have them contact professors unless I know the professor will have a positive reaction. It's almost a self-protecting instinct.&quot; <em>Survey Participant.</em></td>
</tr>
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<td></td>
<td></td>
<td>&quot;In my opinion, it depends on the situation, the context, the person/people you will be disclosing to, and your relationship to them.&quot; <em>- Survey Participant.</em></td>
</tr>
<tr>
<td>Stigma/Discrimination:</td>
<td>Due to stigma and discrimination, most students did not advise full disclosure. Some students noted that self-stigma played a part in their deciding whether to disclose. <strong>KEYWORDS:</strong> stigma, discrimination, fear, anxiety, self-stigma</td>
<td>&quot;Once people see you in a certain way, like a manic or [psychotic] episode, they never unsee it and forever treat you like that moment when you couldn't manage your illness 100%&quot; <em>- Survey Participant</em></td>
</tr>
<tr>
<td>Disclosing leads to negative perceptions.</td>
<td></td>
<td>&quot;…While mental health is poorly understood at best, more people understand depression and anxiety than say, schizophrenia and bipolar. My experience disclosing my schizophrenia diagnosis was met with the employer panicking and looking fearful. I felt I had to disclose to explain my lack of practical work experience at my age.&quot; <em>- Survey Participant.</em></td>
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<td>&quot;...I have a difficult time disclosing because it's almost like saying I'm helpless. So, to try not to be helpless, I try to bring a solution.&quot; <em>- Survey Participant.</em></td>
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DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

9. Discussion

This chapter will discuss gaps in literature followed by key findings and implications related to 1) institutional service provision 2) disclosure and accommodations issues 3) the disclosure experiences of students with intersectional identities; 3) the disclosure experiences of white and racialized students 4) institutional theoretical limitations and recommendations; and 5) practical resource recommendations for faculty supervisors, career practitioners, employers and students with mental health challenges.

9.1 Key Findings and Implications

The findings of this study have important implications for universities seeking to support career/experiential learning for students with mental health challenges. As expected, students indicated a need for a higher level of improved university support with transitioning into a career and/or experiential learning environment. Students’ expressed desire to be heard and to feel empowered supports an anti-oppressive approach to services, where students drive the direction and content of the resources provided. Considering that the underrepresentation of students with disabilities has been ongoing, perhaps these findings relate back to Robertson and Larson’s (2018) point that “discrimination against people with disabilities is so ordinary that it is invisible” (p.2). From a critical disability perspective, changing this trend requires institutions to reflect on oppressive practices that are normalized and look for ways to reduce power differentials, critically reflect on institutionally privileged biases that inform current practices and take steps towards change. Recommendations for resources and policy are provided later in this chapter.

The results of this study have important implications for faculty supervisors, career practitioners, employers, and students with mental health challenges. The high level of fear
students experience when faced with a decision to disclose, low positive response to disclosure
from faculty supervisors/career practitioners, and employers, and low likelihood that students
will request workplace accommodations (See Figure 10) should serve as a strong reminder of the
institution’s responsibility to align with the Section 15 of the Canadian Charter of Human Rights
and Freedoms. Under Section 15, “Every individual is equal before and under the law and has
the right to the equal protection and equal benefit of the law without discrimination and, in
particular, without discrimination based on race, national or ethnic origin, colour, religion, sex,
age or mental or physical disability” (Guide to the Canadian Charter of Human Rights, 2020,
Section 15, para. 3). Also, according to the Guide to the Canadian Charter of Human Rights and
Freedoms (2020), “The Supreme Court of Canada has stated that the purpose of Section 15 is to
protect those groups who suffer social, political and legal disadvantage in society. Discrimination
occurs when a person, because of a personal characteristic, suffers disadvantages or is denied
opportunities available to other members of society” (Section 15, para. 5). Since it is known that
discrimination for students with disabilities is present within post-secondary structures, the legal
and social responsibility to protect students with mental health challenges should be clear. And
priority given to actions required to develop resources and supports for students with mental
health challenges and those involved in their career success. The goal is for universities to be
champions for students’ right to equitable employment opportunities, not a barrier. It is also
important for universities to remember that students with mental health issues may have other
marginalized identities that are also protected under the Canadian Charter of Human Rights and
Freedoms. Therefore, context related to these identities should also be considered in the
development of resources as to not cause additional harm to these students. As universities
working closely with employers, this responsibility also presents an opportunity to support employers in creating safer spaces for students to disclose.

### 9.1.1 Disclosure Experiences and Accommodations Issues

For students with disabilities transitioning into paid employment or cooperative education programs, the legal duty to accommodate lies with the hosting employer. According to the results of this study, when asked to identify their experiences with disclosing this information to employers, the study shows that 70% of students have “high” or “very high” fears of disclosing. These results are largely due to prior experiences with stigma, discrimination, and loss of opportunity. And of the 58% who go on to disclose to a workplace supervisor, ¾ of them had a negative response. According to a study by Morris (2017), findings showed “that only 1 in 4 (25%) employees with disabilities [including mental health] who have an unmet need actually made the request to their employer or supervisor for it [and]…of those who did ask their employer or supervisor 40% were refused their request” (p. 10). The most common reason for not disclosing the need for workplace accommodations to an employer was levels of comfort and fear of negative outcomes (Morris, 2017, p.10). These facts illustrate a need for employers to bolster workplace accessibility and create safer spaces for students/employees to disclose so that they can successfully meet the expectations of the job with accommodations.

Getzel and Thoma (2008) tell us that some post-secondary students choose not to self-disclose to avoid being labeled and because they have been “made to feel that they do not belong in an advanced degree program because of their need to self-identify for specific services” (p. 73). If the intention is to create safer spaces for students to disclose mental health challenges, this fact should serve as a reminder to faculty supervisors that with “great power, comes great responsibility” (Raime, 2002, n.t.). Disclosure is a required condition for requesting
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

accommodations and, as the acting employer for practicum/clinical placements, universities have a legal duty to accommodate students with disabilities. The BC Human Rights Code (2021) states “A person must not, without a bona fide and reasonable justification, (a) deny to a person or class of persons any accommodation, service, or facility customarily available to the public, or (b) discriminate against a person or class of persons regarding any accommodation, service or facility customarily available to the public because of the race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age of that person or class of persons” (Section 8, para. 1).

9.1.2 Intersectional Complexities to Disclosure

For me, one of the most compelling aspects of this study is the illustration of intersectional identities and the implications this has for student disclosure, access to supports, impacts on mental health and barriers to employment. This illustration was compelling for me because it aligns with my own complex experiences navigating multiple systems of oppression. Within an intersectional theoretical framework, the complexity in experience for students with intersectional marginalized identities is not only reflected in the literature but also in the survey responses of student participants. Eighty-four percent (84 %) of students who participated in this study indicated that they belonged to one or more equity-seeking group. An intersectional theoretical framework requires consideration of, “… how students experience multiple forms of oppression in their day-to-day interactions within educational systems” (Gautreaux, 2018, p.18). As the literature also points out, people with marginalized intersecting identities experience more complex systemic barriers (MacDonald, 2018, p. 141). Dr. Sarah Saska (2021) writes, “Because we are not just one thing. We are not just our gender or race; we are these and so much more, all at once. When examining types of oppression, we must take our whole selves into account in all
our complexities…It requires us to consider multiple dimensions of identity and the subsequent experiences based on these identities simultaneously.” (Saska, 2021, para. 2). As a way of illustrating this concept within the quantitative limitations of this research, the experiences of equity seeking groups were disaggregated to show the complexity in diverse experiences for students with intersectional identities. An illustration of these concepts can be seen in Figure 38 and Figure 39. The compounding effects on mental health for students navigating multiple systems of oppression, highlights the importance of considering intersectional experiences when providing services to all students with mental health challenges.

9.1.3 White and Racialized Student Disclosure Experiences

This study also shows a difference in disclosure experiences between white and racialized students. For example, white students were more likely to experience low to very low levels of fear disclosing mental health challenges than their racialized and Indigenous counterparts. White students also reported a higher likelihood of receiving a low or very low positive response to disclosure. On the other hand, racialized and Indigenous students reported a high or very high level of fear disclosing but unlike white students, were more likely to indicate a high or very high positive response to disclosure (See Figure 18). At first, these results might seem perplexing as one might predict opposite outcomes considering that the literature clearly indicates that non-white people with disabilities are more likely to face multiple systemic barriers to employment (Seng, Lopez, Sperlich, Hamma, and Reed Meldrum, 2012, p. 2437). However, from a position of white privilege, perhaps students experience less fear of disclosure because they expect a higher level of positive response than they received. Whereas non-white students who experience multiple systems of oppression may experience more fear because they expected a far lower positive response than they received. Because of these experiences, white students may
hesitate to disclose again or feel less comfortable requesting accommodations. Culturally, this is important for universities to consider because it indicates an epistemological divide in experiences between racialized and non-racialized students, where white privilege is normalized. According to Evans, Broido, Brown and Wilke (2017), “Institutions of higher education should carefully consider the ways in which the cultural environment of an institution promotes or hinders students, staff, and faculty from feeling able to identify as disabled in a post-secondary environment” (p. 157). Therefore, universities should aim to incorporate intercultural competence measures into resources and service provision. According to Antal and Friedman (2003), “Intercultural competence is the ability to recognize and use cultural differences as a resource for learning and for generating effective responses in specific contexts” (n.p.). Intercultural theory as it applies to the career development of students with disabilities should explored in more depth as universities seek to improve their resources and services for this student population.

**9.1.4 Theoretical Limitations and Recommendations**

In addition to the importance of applying critical disability and critical discourse theories to the structural underpinnings of this research, it is also important to recognize the valuable practical components associated with the intersectional and anti-oppressive practice theories that also inform this research. However, as is the nature of Western research, limitations in the application of person-centred theories are bound to exist. These limitations as well as institutional recommendations will be provided in the next two sections.
9.1.5 Application of Intersectional Theory

Understanding how to incorporate intersectional theory into university service provision requires that we look critically at disability discourse within university policy. For example, Thompson Rivers University has an Accessibility Services office where students with disabilities, regardless of other marginalized experiences, are seen as only one part of their identity: a student with a disability. This removes the consideration of intersectional contexts which may inform how the student defines and experiences disability. Disability discourse within university policy, perpetuates an environment where students with disabilities are seen as “other” because they do not fit into what is believed to be a “normal” way of academic working and learning. The TRU Academic Accommodations and Services for Students with Disabilities (2013) policy states, “TRU’s objective is to provide students with disabilities the same rights, responsibilities, opportunities and respect as all other learners, enabling them to integrate into the university environment and achieve their potential for success as self-directed, independent learners” (p.1). A critical approach to policy discourse is not meant to suggest that universities should not provide services for students with disabilities, rather, to consider the attitudes and systems by which such services are being deployed. The epistemological positioning of this policy does not allow the consideration of intersectional marginalized experiences and the context that those experiences bring to supporting students with disabilities. This point is further supported by literature indicating that historically “institutions work with students with disabilities and presume that their disability is the only, or the most, salient part of their identity” and, therefore, have categorized individuals based on their individual identities rather than recognizing that individuals hold multiple identities” (Evans, Broido, Brown, and Wilke, 2017, p.157). The “problem with this division” as described by Evans, Broido, Brown, and Wilke
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH (2017) is “an individual’s disability is expected to explain all of the life experiences of the individual and presumes similarity of experience about all students with disabilities.” (p.157). This approach only continues to fuel existing systems of oppression that apply additional pressure on students’ mental health (Seng, Lopez, Sperlich, Hamma, and Reed Meldrum, 2012, p.2437). Therefore, a critical lens is needed to reframe university policies in a way that supports strategies for more inclusive career services for students with disabilities.

### 9.1.6 Application of Anti-Oppressive Practice Theory

Similar to the PWD application process mentioned earlier, the methodology used in this research gathers mostly quantitative student data with little social and environmental context. While students did have an opportunity to answer limited descriptive questions, most questions posed in the survey originate out of the academy’s well intended desire to understand how to support the career development of students with mental health challenges. Therefore, student voices are less prevalent creating limitations in the use anti-oppressive practice theory and centring the institution’s service provision priorities. Anti-oppressive practice theory recognizes the research participants as the experts, rather than the researcher (Brown and Strega, 2015, p. 88). And, while the purpose of the questions is well-intentioned, the data collected is centred within the service provision priorities of the institution. There is a chance then, that centring student voices in the development of the survey questions could have influenced the direction of this study. Therefore, while this research has yielded valuable quantitative results, I see the absence of student voices in the development of the survey questions as a limitation to this research. In many ways, the methodology of research is at odds with its epistemology; an epistemology that is, of course, grounded in my own lived experiences as marginalized woman with intersectional identities who has been systemically silenced. These experiences then
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

contribute to a research bias that fundamentally leans on the contribution and expertise of those being researched. This critical reflection on the methodology of this research brings attention to the importance of incorporating anti-oppressive practice theory into the development of services and student resources at a grassroots level.

9.1.7 Practical Recommendations

Universities have a responsibility to ensure that students with mental health challenges and other disabilities are appropriately supported. As stated in the BC Human Rights Code (2021) “A person must not, without a bona fide and reasonable justification, (a) deny to a person or class of persons any accommodation, service, or facility customarily available to the public, or (b) discriminate against a person or class of persons regarding any accommodation, service or facility customarily available to the public because of the race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age of that person or class of persons” (Section 8, para. 1). To support this legal responsibility and as move towards social justice change, this chapter provides recommendations for tools and resources intended to support students with mental health challenges transition into career/experiential learning environment. These recommendations will include resources for students as well as the faculty supervisors, career practitioners and employers supporting them.

On their own, practical tools and resources have little meaning until they are used for their intended purpose. For instance, a hammer is just a hammer until we decide how we are going to use it. Once it has a purpose, the hammer becomes important to the task we set out to complete. This also means that the purpose of the hammer can differ depending on the intentions of the person using it. Therefore, it is important to note that the recommendations provided in
this chapter are grounded in pedagogy and theoretical approaches intended to facilitate social justice change for post-secondary students with mental health challenges transitioning into career. These approaches are explicitly outlined in the Epistemology and Theoretical Frameworks chapter of this thesis. This purpose of these resources was informed by a combination of my own experience with mental health, professional knowledge, the research findings, and most importantly advice from the students who participated in this study. Details regarding these aspects can be found in the Researcher’s Context, Analysis and Qualitative Findings chapters of this document. The resources suggested in this chapter will take time to create and implement as universities and employers learn more about how to become more accessible and students learn more about how to self-advocate. The scope of this work is large; therefore, recommendations provided in this chapter cannot be fully realized and should be seen as opportunities for further development. Thus, I would suggest that dedicated person or persons will be needed to prioritize and mobilize these recommendations.

9.1.7.1 Resource Recommendations for Universities

I will begin by providing some practical recommendations for faculty supervisors and career practitioner as university representatives. Student’s advice to universities included creating supports and resources, being open minded and knowledgeable about mental health and ensuring that practical learning spaces are safe for disclosure. One survey participant asked that universities "Make sure placements that are being offered are not discriminatory. I had a placement turn me down because I was open about my mental health when they asked" (Student Survey Participant, 2020). To support student requests, faculty members supporting students with mental health challenges in field placements may benefit from the following resources:

- Faculty accessibility training covering topics such as:
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

- Defining functional impacts, such as mental health, as they relate to disability.
- Student self-determination and empowerment within systems of oppression.
- The benefits and disadvantages of the social and medical models.
- Universal design concepts and determining accommodations for mental health.
- Recognizing microaggressions, stigma and discrimination.
- Anti-oppressive approaches to supporting students with mental health.
- The intersectional experiences of students with mental health challenges.
- Identifying ways social positioning can influence students’ decision to disclose.
- How to approach student who appears to be struggling in their placement but has not disclosed.
- How to build collaborative relationships with employers hosting field placements

- A field placement accessibility guide for faculty that provides guidance in the following areas:
  - Distinguishing between practicum/clinical placements and other experiential learning placements.
  - Connecting students with accessibility services related to practicum/clinical accommodations.
  - Differentiating between an inability to meet academic requirements and a functional impact that could be mitigated with an accommodation.
  - Understanding legal responsibilities, undue hardship, and how to address safety concerns.
  - Determining rationales and steps for denying an accommodation.
  - Creating an accessibility policy unique to Faculty discipline.
  - Including accessibility information in course outlines/syllabus
  - Incorporating accessibility components into curriculum and course delivery
  - Starting conversations with students about mental health and mental health accommodations
  - Collaborating with employers on creating safer, more accessible workspaces
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

- Practical tools and resources to support field placement accessibility such as:
  - An accommodations self-assessment for students who are unsure of what accommodations they might need.
  - An accommodations matrix that provides accommodations suggestions for common functional impacts.
  - On-line resources specific to faculty supervising students in field placements such as answers to frequently asked questions.

9.1.7.2 Resource Recommendations for Employers

The following recommendations are intended to assist university career services practitioners in supporting students with mental health challenges in coop placements and/or paid employment. Career practitioners may benefit from the following resources:

- A guide for career practitioners supporting students with accessibility that covers topics such as:
  - Deciding when to discuss accessibility in the registration process.
  - Working collaboratively with Accessibility Services to support students in practicums/clinical placements.
  - Approaching a student that is struggling but the student has not disclosed the presence of a disability/health condition.
  - Providing services to a student that discloses that they have a disability and need accommodations.
  - Liaising with employers about students with disabilities who may require accommodations.

- Training for career practitioners with information on supporting students with accessibility and workplace accommodations.

- Training for career practitioners with information on practice theory on how to support this student population in a career context based on intersectionality and anti-oppressive practice theories.

- A decision-making tree to streamline services and work more collaboratively with AS.
Medical form template that captures the information employer may require to approve accommodations.

An accommodations self-assessment form for students who disclose but are not sure what they need.

Links to on-line resources specific to career practitioners.

Consent agreement to disclose a student’s disability information to an employer.

Universal design concepts applied to assignments for career management course.

Social media that promotes accessibility in the career services department.

Likewise, employers have a legal duty to reasonably accommodate and support students/employees who require accommodations. Students’ advice to employers included being non-discriminatory, gaining more awareness about mental health, and maintaining safe workspaces for students to disclose and access accommodations. To address these requests, employers may benefit from the following resources:

Training on working towards a more accessible workplace that covers topics such as:

- Defining functional impacts and accommodations for mental health
- Determining the need for medical documentation and what information should be included.
- Distinguishing between functional impacts due to a disability and an inability to do the job.
- Determining essential job requirements
- Honouring confidentiality
- Recognizing social, political, and environmental barriers and implementing universal design concepts.
- Understanding legal duty to accommodate and undue hardship.
- Creating a safer workspace for people with disabilities to disclose.

Template for a medical form that does not focus on diagnosis.
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

- Accommodations self-assessments for employees/students who may not know what accommodations they need.
- Links to on-line resources specific to employers

9.1.7.3 Resource Recommendations for Students

Resources and education should be made available to students who may find navigating university and employment accessibility processes difficult. This is an important aspect of ensuring students are protected from discrimination as per Section 15 of the Canadian Charter of Human Rights and Freedoms (2021). The number one request from student participants was for universities to have accessible resources and supports to bolster student empowerment and self-advocacy as they transition into career. In response to this request students may find access to the following resources helpful:

- Education and training that will cover the following topics:
  - Navigating the job search process as a person with mental health challenges related to a disability.
  - Deciding when/how to disclose mental health challenges to an employer.
  - Requesting workplace accommodations from an employer.
  - Understanding legal aspects related to human rights and the duty to accommodate.
  - Managing microaggressions in the workplace.
  - Using strengths-based language when disclosing to an employer.
  - Applying universal design concepts to everyday job duties.
  - Understanding how social positioning and intersectionality can influence workplace communication and experiences.
- Quick tips for navigating the job search process as a student with mental health challenges related to a disability.
- A career accessibility representative at career fairs and orientations
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

- One-to-one career services support that includes career counselling and/or job search skills development.
- Online resources that include tools for navigating accessibility in the workplace and/or links to community resources.
- An accommodations assessment that identifies functional impacts and determines workplace accommodations and/or assistive technology.
- An employer liaison to collaborate with potential employers or practicum hosts on workplace accessibility.
- Information on legal aspects including education on human rights and/or steps to filing a complaint.
- Resources and supports that can be accessed autonomously and confidentially if desired.

9.1.8 Operational Recommendations

The recommendations provided for universities thus far are most useful on the micro level to assist with student-facing service provision. On a macro level, the pedagogy and theoretical approaches that guide this research also inform the way that these recommended services are deployed. Over the course of this thesis, I have spoken in depth about the importance of recognizing the complexities of intersectional identities for students living with mental health challenges; and the problems that can occur when universities try to serve only one of those identities. Earlier in this document, I provided a critique of the TRU’s accessibility policy by asserting that the epistemological positioning of this policy does not allow the consideration of intersectional marginalized experiences and the context that those experiences bring to supporting students with disabilities. Followed by this point made by Evans, Broido, Brown, and Wilke, (2017), “institutions work with students with disabilities and presume that their disability is the only, or the most, salient part of their identity” and, therefore, have categorized individuals based on their individual identities rather than recognizing that individuals hold multiple identities” (p.157). The “problem with this division is…an individual’s disability is expected to
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

explain all of the life experiences of the individual and presumes similarity of experience amount all students with disabilities.” (p.157). You may be wondering how, within current post-secondary infrastructures, can universities possibly provide services that consider the complexities associated with multiple identities. If that is what you are thinking, you’re not alone and you’d be right to wonder. There will be limitations this work because the systems in place are counter intuitive to how inclusivity is perceived within the epistemology of this research. However, there are a few recommendations that I can provide related to operational policy that may help universities move in the right direction.

9.1.8.1 The Institutional Concept of “Referring In”

Usually, when a student requires accessibility support, they are referred out to the professional at the university with expertise in the area. For example, a faculty supervisor may refer a student who has disclosed a mental health challenge to the accessibility services office to discuss possible practicum accommodations. The student may have to go through processes that require them to interact with several individuals before getting the supports they need. When services are provided in this way, a disconnect can happen between the faculty supervisor, the student, and the advisor who determines the accommodations. An alternative way to support this student may to “refer in” instead of referring the student out. “Referring in” means that the accessibility expert is brought into the scenario so that the faculty supervisor, accessibility advisor and student can make an accommodation plan together. This ensures the faculty supervisor is the student’s primary connection, minimizes the inaccessible steps to obtain services, and is less “othering” than referring the student to disability specific services. This is also an accessibility learning opportunity for the faculty member and the student. Now, if the student is also Indigenous and requires cultural supports, perhaps a university Indigenous support
person can be “referred in” to the scenario as well; keeping in mind that the student should take the lead on deciding who is referred in and still has a choice to be referred out if desired. While not entirely perfect, this approach can work within existing systems and is potentially less abrasive for students with mental health challenges to navigate. Meeting students where they are by “referring in” allows faculty supervisors and career practitioners to see the student’s intersecting identities and what those identities might mean for their experiential learning placements. According to Evans, Broido, Brown and Wilke (2017), “Taking an intersectional approach is imperative when an individual’s experiences are not defined by a single identity but rather by the simultaneous experiences of the multiple identities they hold” (p. 44). A shift in this direction, may prove challenging because, as Prince (2018) points out, “substantial societal change moves slowly in the way people think about disability and inclusion [and] can be a source of exclusion and discrimination for people with disabilities; [However], it can also be a tool for challenging prejudicial beliefs, discriminatory actions and removing barriers” (Prince, 2018, p.111) Therefore, the micro level recommendations for tools and resources provided within this chapter are meant to assist faculty supervisors and career practitioners in supporting students with disabilities within existing infrastructures. Incorporating this approach also aligns with student requests for more connection and support from university staff as identified in this study.

9.1.8.2 Employment Universal Design Concepts and COVID-19

An inclusive approach such as this would also support implementing universal design concepts in the workplace. When employers centre the needs of employees/students with disabilities, what used to be accommodations would then become workplace norms. For example, an in an office setting an employer may have text to speech software installed on all
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

computers for employees who retain information better by hearing it. When tools are available
to everyone, the exclusion of people who work in different ways is eliminated. I think this is
especially important to keep in mind given the different ways many of us are working and
learning due to COVID-19 restrictions. I think we can also acknowledge that COVID-19 has
shifted and challenged many operational, social, and environmental status quos. Working from
home is one of the changes in work context that impacts the way many of us, disability or no,
connect with each other and do business. Many of us are working of the side of the kitchen
counter, in our living rooms or bedrooms, in spaces where our work and home lives collides. The
exacerbation of familial, financial, social, and political pressures due to the pandemic has also
perpetuated an influx of mental health challenges that is now at an all-time high. Since
challenges with mental health can be diagnosed as a disability and is one of the leading
symptoms associated with other diagnosable disabilities, it is important that university staff are
mindful the processes required to access accommodations. From a universal design perspective,
access to tools and equipment that will support the different ways all people work and learn can
also help to alleviate mental health concerns. For example, a person that lives with chronic back
pain may have had an ergonomic chair at the office without a documented disability but does not
have access to one at home. As a result, not only can the person’s chronic pain impact
productivity, but it can also cause or amplify mental health symptoms such as anger, irritation,
anxiety, and depression. Likewise, access to technology/equipment that helps with things like
organization, time management, reading, writing, and communicating could effectively mitigate
additional stress for people whose usual strategies to stay productive are no longer available to
them at home. Unfortunately, the process to get medical documentation that supports the
approval of technology and equipment is even more arduous than it was pre-COVID-19. And
taking on this challenge feels impossible when medical professionals are at capacity and appointments are brief and/or virtual. That said, employers are encouraged to support employees that express barriers due to a disability or medical condition with or without documentation until the appropriate documentation can be obtained. Alternatively, the employer can operate on good faith. From my perspective, the likelihood of people admitting to having mental health challenges or disabilities is far less of a risk than someone taking advantage of the process. Either way, human rights concerns may arise depending on how the policy for obtaining accommodations is implemented.

9.1.9 The Deep Map: Theoretically Informed Resource Example

I will conclude this chapter with an example of resource informed by intersectional and anti-oppressive theories that was facilitated through my position as Accessibility Experiential Learning Coordinator at TRU. The TRU Deep Map Community Resource Hub provides central access to university and community resources aimed at supporting students with intersecting barriers to employment (Thompson Rivers University, 2020, https://access.trubox.ca/). This interactive map provides access to resources related to housing, food disparity, mental health, healthcare, employment accessibility, academic supports, Indigenous services, LGBTQ2S+ safe spaces, and more. The map can be accessed online so that students can access supports autonomously without having to disclose to university staff or employers. It also serves a resource for faculty, career services practitioners, and employers who are supporting students with employment barriers including mental health challenges. More recently, this map was developed by students in the form of an app to increase the mobilization and accessibility of this resource. It is now available on Google Play and iStore by searching “TRU Deep Map”. As an experiential learning opportunity, both the website and the app were informed, designed and
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

developed by TRU students for TRU students. These resources were developed intentionally to help minimize systemic barriers to employment and support our diverse student population successfully transition into employment. However, access to these resources may also serve to benefit many other important aspects of students’ lives as well as the lives of community members, especially considering the additional stressors caused by COVID-19.
10. Limitations and Next Steps for Research

This chapter will discuss the limitations of this study followed by next steps for research, respectively. Limitations related to the following topics will be addressed in the next sections: 1) COVID-19 restrictions impacts; 2) Use of a social model framework; 3) Existing Indigenous mental health career resources; 4) Data related to specific student groups not fully captured within the scope of this research; 5) Industry specific mental health disclosure experiences; and 6) Contributions to the literature. In response to the limitations outlined in this chapter, the following recommendations for next steps in research will be discussed: 1) Exploring a combined medical-social model framework to mental health 2) Indigenous mental health career resource recommendations; 4) Additional data for specific student groups not captured within the scope of this study 4) Mental health disclosures in specific fields of practice such as social work or nursing where situational or environmental factors may influence a decision to accommodate; and 6) Additional research to address gaps in literature.

10.1 COVID-19 Impacts to Research

This research was done in the context of the COVID-19 pandemic which inarguably caused limitations to using preferred methodology and theoretical approaches. I had intended to integrate focus group and interviews to better reflect my epistemological orientation to the research. Given the close of the universities in spring and summer 2020, and the subsequent delays these caused in numerous elements of preparing for this study and possible recruitment, I turned to research that relied on primarily quantitative data.

10.2 Limitations to Use of a Social Model Framework

As a result, this also study positions itself within a definable social construct which also leads to limitations. For example, the use of literature in this study supports a social model
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

perspective which asserts that disability is a social construction that can be solved by changes in environment, policies, and processes. A social model supports the use of universal design concepts which minimize external barriers for students with disabilities thereby contesting the medical model conception that limitations lie with the person who has the disability. D’souza (2004) defines universal design as “the design of all products and environments to be usable by people of all ages and abilities to the greatest extent possible” (p.3). Therefore, within the context of this study, less emphasis was put on the importance of clinical healthcare for people with mental health challenges. This bias towards a social model places limitation on the concept that clinical perspectives also contribute to health and wellbeing of students with disabilities. This limitation exists because “the social model disagrees with the medical model’s position that impairments are inherently disabling and suggests that it is society that disables individuals with impairments…where the medical model places the deficit within the individual, the social model states that problems reside in the environment that fails to accommodate people with impairments and that society has failed this population” (Haegele and Hodge, 2016, p. 201).

10.3 Future Research to Explore a Combined Medical-Social Model Framework

Arguably, the combination of both approaches would bring valuable contributions to accessibility work within the current systemic construct. As in my practice, I have filled out the assessor portion of the BC Persons with Disabilities (PWD) application form. The questions are reminiscent of the medical model with a heavy focus on the person’s bio-social-psycho impairments. By nature, our political system uses the PWD application to triage people with disabilities by determining whether their impairments are severe enough to prevent them from working. This decision is based on assessments by the person, their doctor, and a registered social worker (or another qualified registered professional). When completing the social worker
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

assessor portion, I ask the client to contribute as much social and environmental context as possible. This supports a person-led, anti-oppressive practice approach within the structure of the medical model by capturing the external contexts that influence how the person functions. Without this additional context, the information provided to the government may not accurately reflect the person’s barriers and the person may be denied financial assistance. Therefore, to provide additional context to this research, this study includes contributions from my own lived experiences and long-term professional involvement in accessibility work. The data I chose to disaggregate and analyze was in many ways influenced by a combination of my social positioning, personal marginalized experiences, and professional social work practice in academic and employment related fields.

10.4 Limitations to Existing Resources for Indigenous Students

Already existing career resources for Indigenous students with accessibility needs appear to be limited at both TRU and WLU. While exploring this matter, I found that there are several indigenization initiatives underway at both universities but no formal policy in response to Section 2.7 of the TRC: Calls to Action outlining strategies for supporting career equity for Indigenous students. At TRU, however, we currently have an Indigenous Experiential Learning Coordinator dedicated to supporting the career development of Indigenous students within the Career and Experiential Learning Department. The Indigenous Experiential Learning Coordinator is responsible for recruiting and connecting Indigenous students with experiential learning opportunities as well as developing Indigenous career education and resources. (TRU Website, 2021). Unfortunately, capacity for providing such resources is limited as this position is only funded temporarily, and due to ongoing budgetary restrictions, there is no formal plan to expand staffing in this area. Lack of funding is one of the biggest contributors in the
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

discontinuity of services and elimination of follow up support for students once funding is
exhausted. In my role as the Accessibility Experiential Learning Coordinator, Indigenous
students who require support with mental health accommodations may be connected with me for
additional support. Again, my position is funded on a temporary contract basis, therefore
accessibility career services may not continue in the long term. The TRU Accessibility Services
office supports all students with accessibility needs in practicum/clinical scenarios but they do
not have documented best practices related to serving Indigenous students with disabilities. As I
am not employed at WLU, I am not as familiar with existing Indigenous career resources there
but note that there is webpage that links students to external Indigenous career resources. There
does not appear to be staff dedicated to career accessibility, however not unlike TRU,
practicum/clinical students can request accommodations through the WLU Accessible Learning
Centre. These limitations in accessible career resources for Indigenous students demonstrate a
need for additional research on the subject in collaboration with Indigenous groups, students,
and/or scholars as per Section 2.7 of the TRC: Calls to Action (2012) (pp.1-2)

10.5 Future Research for Indigenous Student Mental Health Career Resources

This study is positioned within academic colonial systems of oppression and
acknowledges the role such systems have played in the disenfranchisement of Indigenous
peoples. According to Indigenous scholars, Rogers et al. (2018), calls for inclusion in higher
education are “premised on the dominant university framework within a settler colonial
state…[where] difference can and should be neatly incorporated on the terms of those doing the
including, without any social conflict or significant change in structure, subjectivities, or power
relations” (p. 23). Therefore, within the context and limitations of this research, I refer to the
Section 2.7 of the Truth and Reconciliation Commission of Canada (TRC): Calls to Action
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

(2012). This section explicitly calls us to work “with Aboriginal groups to develop a joint strategy to eliminate educational and employment gaps between Aboriginal and non-Aboriginal Canadians” (pp. 1-2). While a small number of Indigenous students participated in the survey, descriptive answers provided by these students did not include any cultural advice related to mental health disclosures. Therefore, as a matter of responsibility, I would suggest that any additional research specific to Indigenous student mental health disclosure experiences be done in collaboration with Indigenous groups and/or by Indigenous scholars.

10.6 Limited Data for Equity-Seeking Student Experiences

Within the scope of this project, there are limitations in data related to the diverse disclosure experiences of the equity seeking student groups represented in this project. As illustrated in the analysis chapter, this research only provides a snapshot of intersectional disclosure experiences to illustrate the importance in considering these experiences when developing resources. An even more distinct limitation in data exists for first-time learners, bi-racial/bi-cultural students and students of different genders and age groups. The next section will provide recommendations for next steps in research for the following student groups: 1) First-time learners; 2) Bi-racial and bi-cultural students; 3) Students with different gender identities; and 4) Students from different age groups.

10.7 Additional Research for Equity-Seeking Student Experiences

As discussed in previous chapters and as the literature points out, it is important to consider the “ways that students’ multiple and intersecting identities may influence their understanding of disability, their support system, their coping mechanisms, and the relative impact of their disability in a higher education setting.” A next step to this research would be a more in-depth exploration of the unique mental health disclosure experiences of students from
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

specific equity-seeking groups transitioning from higher education settings to career settings. Additional research in these areas would serve to fill a gap in literature that continues to explore how intersectional theory can more comprehensively inform career services and resources. In the same vein, additional research related to the unique disclosure experiences of bi-racial, bi-cultural, and white-passing students would also provide additional intersectional context to disclosure experiences.

10.7.1. First Time Learners

A more detailed account of the mental health disclosure experiences of first-time learners would be a welcome addition to this research. As indicated in the data analysis chapter, twenty-three percent (23%) of student participants indicated that they were first-time post-secondary education learners. As this is a significant number of students, a better understanding of the demographics that comprise this group and their unique experiences with disclosure would be of benefit universities looking to learn more about how to support this student population.

10.7.2. Bi-Racial/Bi-Cultural Students

Bi-racial and bi-cultural student data is not specifically captured in this research but falls within the scope of intersectional experiences. Post-secondary institutions may also benefit from a better understanding of disclosure experiences of bi-racial and bi-cultural students. Because this population is often un-categorizable, their unique experiences as “ambiguously ethnic” are likely to go unnoticed (Buzz Feed, 2014). A bi-racial person may navigate the world as a person of colour or be white passing. They may have been raised within the dominant culture or within a different culture or community. These complexities can cause a sense of belonging challenge both racially and culturally. Presumably, these complexities would make providing culturally safe services challenging. For example, I identify as a bi-racial person of colour who is
Disclosure experiences of students with mental health intrinsically connected to my Chinese culture. However, my experience with disclosure may be quite different than someone who has a similar connection with Chinese culture but is white passing. In terms of career development, universities would benefit from learning more about how to apply culturally safe practices inclusive of this student population.

10.7.3. Students with Different Gender Identities

A detailed account of the disclosure experiences of students with different gender identities was also identified as a limitation of this research. Next steps to this research should consider the complexities in disclosure experiences for students whose gender identities intersect with LGBTQ2S+ identities. For example, “transgender individuals were four times more likely than cisgender respondents to say that they strongly agree with being comfortable discussing their mental health with a colleague.” (Mind Share Partners’ Mental Health at Work, 2019, p. 13). This component is key to the development of resources for students with different gender identities transition into career.

10.7.4. Students of Different Age Groups

Finally, additional research into the differences in mental health disclosure experiences of post-secondary students from different age groups would be required. A deeper dive into the different ways mental health is perceived by different generations and how those perceptions impact transitioning into career/experiential learning environments would undoubtedly provide a valuable contribution to the literature. According to the Mind Share Partners’ Mental Health at Work 2019 Report (2019), “Baby boomers and Gen X’ers were more than two times likely to have never talked about their mental health at work than Gen Z-ers…and 80% likely to have never talked about their mental health at work than millennials” (p. 13). In a post-secondary context, different perceptions about disclosing difficulties with mental health likely influence
students approaches to requesting accommodations. In terms of age range, students ages 18 – 24 (26%) and 26 – 40 (41%) made up most survey participants in this study. Therefore, additional information related to the disclosure experiences of student within these age groups would likely prove useful.

10.8 Limitations in Student Disclosure Experiences for Specific Industries

This research does not cover the student disclosure experiences within different types of industries. Attitudes towards mental health and accommodations may vary within different disciplines due to specific nuances in language, culture, and practical learning expectations. For example, the healthcare profession may have safety or learning outcome concerns related to certain accommodations.

10.9 Exploration of Student Disclosure Experiences for Specific Industries

Just as it is important to consider context related to students’ multiple identities, it is also important to consider differences in environmental context. This provides an opportunity for additional exploration related to mental health disclosures in specific fields of practice such as social work or nursing where situational or environmental factors may influence a decision to accommodate.

10.10 Contributions to the Literature and Next Steps for Research

This study only begins to address the gap in literature related to supporting students with mental health challenges transition into career and/or experiential learning scenarios. As Dutta, Kundu and Schiro-Geist (2009) point out, “Literature on current practices of provision and coordination of disability-related support services by post-secondary institutions is scarce... [and] disability services in higher education is often varied, chaotic and often inadequate to address the basic needs of students” (p.2). Pardo and Tomlinson (1999) echo this concern stating,
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

“Significantly less attention has been paid to the implementation of academic accommodations in field/practicum settings…a new set of concerns arise around accommodations as students with a disability enter professional faculties” (p.8). Filling this gap will require further research focused on shedding additional light on how universities and employers can support the career development of students with mental health challenges and other disabilities. While there is literature related to the experiences of students with mental health challenges in the context of academia and employment respectively, there is a gap in literature related to how universities can support these students with their transition from one context to the other. This is likely because “stigma, social exclusion and negative attitudes towards those with disabilities have become so engrained in modern society that most citizens, laws and policies, organizational structures, and indeed even social programs, actively discriminate against those with disabilities without even knowing they are doing so” (Robertson and Larson, 2018, p. 2). Therefore, critical reflection on institutional practices must be deliberate so that the injustices that students with disabilities face can be brought to the surface and addressed within the research. Without this critical lens, negative attitudes may continue to erase the experiences of students with disabilities and extend gaps in literature that could serve to support this student population.

As seen in this discussion, several opportunities for additional exploration have emerged out of this study. This due, in part, to the social, political, and environmental complexities that occur when mental health is experienced in different ways by different groups of people. Depending on context, these complexities likely influence disclosure experiences and asks for workplace accommodations. This study also offers an opportunity to acquire additional qualitative data that could not be gathered within the scope of this project. Additional student perspectives would serve to augment the quantitative results presented in this document and help
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

address the gap in literature related to supporting the career development of post-secondary students with mental health challenges. This includes supporting all individuals involved in the career success of students with mental health concerns including the students themselves.
11. Conclusion

The intention of this research was to gain a better understanding of the mental health disclosure experiences of post-secondary students so that universities could learn how to better support their transition into career/experiential learning environments. Therefore, I would like to bring attention to the research question posed as a means of gaining this understanding. These questions were: 1) What degree of fear do students experience when faced with a decision to disclose a mental health issue? 2) What can universities learn from students’ experience with disclosure that will improve supports and services? 3) What self-advocacy strategies have students learned from their experience with disclosure? 4) What are the disclosure experiences of students with intersecting identities of marginalization and privilege across groups? 5) What do students believe about disclosing mental health challenges since the outbreak of the COVID-19 pandemic? In the conclusion of this thesis, I will provide an overview of the ways in which this study answered these research questions and how this learning contributed to the recommendations for resources.

As mentioned earlier, the episodic nature of mental health challenges can be difficult to accommodate within currently structured academic and employment expectations (See Section 1.3). The issue that arises from these expectations, among other things, is that students are reluctant to disclose mental health challenges for fear there will be doubts about their ability to do the job thus resulting in missed opportunities. Findings showed high levels of fear of disclosure among students which perpetuated additional stressors. These stressors included difficulties meeting academic expectations, strain on relationships, and increased challenges with mental health (See Figure 12). This is an important finding for universities as it shows that students’ fear of disclosure negatively impacts students’ academic performance, well-being, and
DISCLOSURE EXPERIENCES OF STUDENTS WITH MENTAL HEALTH

intimate relationships. The high level of fear and subsequent stressors that students experience related to disclosure should be cause for concern and consideration should be given to the social and legal implications of not addressing this problem (See Figure 10). The advice students gave to universities supporting students in field placements may provide some insight into how to address the problem. According to the qualitative findings, students expressed a need for additional mental health resources and supports (See Table 3). One survey participant asked that universities “provide [students] with the resources and the support they need and please make the access to those tools, accommodations, supports [as] equitable [and] as destigmatized as possible, and widely promoted and available” (Survey Participant, 2020). Another student said, “Use a person centred, individual approach to support, provide information for student decision making” (Survey Participant, 2020). This advice aligns with the anti-oppressive practice theory approach to the recommendations provided to universities in the Operational Recommendations section of this document (See Section 9.3.5).

Students indicated a need for self-advocacy resources for in both qualitative and quantitative findings. Overall, most students did not indicate they had learned high or very high level of self-advocacy skills from their disclosure experiences, however, the percentage of those who did closely matched the percentage of students who were successful in obtaining accommodations (See Figure 25). However, this was not the case for most students belonging to additional equity seeking groups. These findings showed that percentage of students who felt they had learned self-advocacy skills was higher than the percentage of those who were successful in accommodating them (See Figure 26, Figure 27, and Figure 28). Students’ advice to other students faced with a decision to disclose provided additional insight into self-advocacy skills learned from disclosure experiences. One participant said, "I would seek advice from a
trusted professional and let them help out with navigating uncertain territories. If there's a union associated with the work, ask question of them and they can often help people navigate through the different services and programs" (Survey Participant, 2020). This is also useful advice to universities looking to bolster career service supports for students with mental health challenges. A recommendation for faculty and career practitioner training related to support student’s accessibility processes was included in the Practical Recommendations chapter.

As suggested in the literature review, the disclosure experiences of students with additional marginalized identities were more complex. Quantitative findings showed that students with intersecting marginalized identities experienced high fear of disclosure to employers and faculty supervisors/career practitioners. Findings also showed that most students with intersecting identities felt they received a low positive response from employers but a high positive response from faculty supervisors/career practitioners. Interestingly, racialized students felt they received a higher positive response from employers and faculty supervisors than white students did. Perhaps students with white privilege expected a higher level of positive response than they received, while racialized students expected a lower response then they received. These findings show the importance cultural competency plays in the development of mental health resources for students with different social positioning. Figure 31 and Figure 32 provide and illustration of the number of students with mental health that have one or more additional marginalized identity to show complexities students with intersecting identities experience. Based on intersectional theory and the literature on intersectional experiences, these complexities were considered in the recommendations for resources.

COVID-19 was an unexpected variable to this research which also provided an additional opportunity to learn whether this unprecedented event impacted students’ beliefs about
disclosing mental health. Considering the extensive mental health awareness campaigns and additional public mental health resources made available in response to multiple pandemic stressors, students were asked two questions related to mental health disclosure during COVID-19. These questions were: 1) Considering increased efforts to raise public mental health awareness since the COVID-19 outbreak began, do you anticipate a better response from potential employers, career practitioners or faculty supervisors if you were to disclose now? And 2) Considering increased efforts to raise public mental health awareness since the COVID-19 outbreak, how would you rate your confidence in disclosing challenges with mental health? There were no significant findings that indicated students anticipated a better response from employers due to mental health awareness initiatives related to COVID-19. Student responses indicating “yes”, “no” and “I don’t know” were close to even across the board. It is uncertain whether these results indicate that COVID-19 mental health awareness campaigns were not significantly effective or if it was too early in the pandemic for students to provide an informed answer. Question 2 elicited the same uncertainty in results. While more students said they had a low/very low level of confidence despite of COVID-19 mental health awareness than students who indicated a high/very high level of confidence, there is no prior data to analyze whether there was an increase or decrease in confidence in comparison to students’ confidence pre-pandemic. Within the qualitative data, however, one student contributed this perspective on the additional stressors caused by the pandemic, "I think it is important to recognize that many, many people struggle with mental health day to day, especially during the time of COVID-19. Feeling alone and ashamed of very normal feelings and experiences does nothing to help the situation" (Student Participant, 2020). This student perspective provides important context to the increased level of support universities may need to provide to students during this time.
In my view, this research has yielded valuable results that can be used to inform career resources for universities, employers, and students who experience mental health challenges result of a disability. It has also unveiled a vast scope of possibilities to expand research and address gaps in literature that could further support post-secondary students with mental health challenges transition into career and/or experiential learning environments.
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APPENDIX 1

Survey and Informed Consent
APPENDIX 2

Research Ethics Board Approvals
APPENDIX 3

Sample Career Accessibility Resources
APPENDIX 4

Colour Coding Methodology