Post-Secondary Instructor Engagement in Student Mental Health Promotion

Kira Smith

Department of Integrated Studies in Education

McGill University, Montreal

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Abstract

The prevalence of post-secondary student mental health concerns has led Canadian post-secondary educational institutions to identify student mental health as an ongoing issue and a burgeoning crisis, which demands immediate systemic, institution-wide action. Instructors are uniquely situated to promote student mental health, yet there is an insufficient understanding of how instructors can effectively engage in student mental health promotion and what institutional support instructors need. My research explores the ways that instructors currently engage in student mental health promotion and how the organization of a post-secondary institution supports or hinders efforts to do this work. Using a variety of qualitative research methods, I conducted an institutional ethnography of a large faculty at McGill University, exploring the way that institutional practices and policies regulate and shape the experiences of all members of the university community - students, administrators, staff members and instructors – vis-à-vis student mental health promotion. Focussing primarily on in-depth, semi-structured interviews with fourteen members of the university community, this study documents institutional support mechanisms (i.e., resources, supports, training, institutional organization) that facilitates instructor engagement in mental health promoting activities. The study reveals two primary types of mental health supporting activities: student supporting activities and assessment-related activities, illuminating how these activities are shaped by particular institutional policies, processes, and priorities, such as the University Student Assessment Policy and the tenure and promotions processes. The thesis culminates in recommendations for McGill University and more broadly, post-secondary institutions that wish to empower their instructors to engage in effective mental health promotion.

Résumé

La prévalence des problèmes de santé mentale auprès des étudiants du niveau postsecondaire a mené les établissements canadiens d'enseignement postsecondaires à identifier la santé mentale des étudiants comme étant un problème récurrent et une crise croissante qui exige des mesures immédiates et systémiques à l'échelle de l'institution. Les professeurs sont particulièrement bien placés pour promouvoir la santé mentale des étudiants. Malgré, on ignore comment les professeurs peuvent s'impliquer efficacement dans la promotion de la santé mentale des étudiants et de l'appui institutionnel dont ils ont besoin. Mes travaux de recherche explorent les façons dont les professeurs s'impliquent actuellement dans la promotion de la santé mentale des étudiants et comment la structure d'une institution postsecondaire appuie ou empêche les efforts pour accomplir ce travail. Ainsi, à l'aide de diverses méthodes qualitatives, j'ai réalisé une ethnographie institutionnelle à une grande faculté de l'université McGill afin d'explorer comment les pratiques et politiques institutionnelles réglementent et façonnent les expériences des membres de la communauté universitaire, y compris les étudiants, les administrateurs, les membres du personnel et les professeurs, face à la promotion de la santé mentale des étudiants. En se basant principalement sur des entretiens semi-directifs approfondis menés avec quatorze membres de la communauté universitaire, cette étude décrit les mécanismes de soutien institutionnel (ex : ressources, appui, formation, structure organisationnelle) qui encouragent l'implication des professeurs dans les activités promouvant la santé mentale. Ainsi, deux types principaux d'activités appuyant la santé mentale sont révélés à travers l'enquête : les activités de soutien aux étudiants et les activités liées aux évaluations. L'étude démontre comment ces activités sont façonnées par les politiques, les processus et les priorités institutionnelles, tels que la politique de l'université relative à l'évaluation des étudiants et les politiques en matière de

permanence et de promotion. La thèse culmine avec des recommandations pour l'université McGill et, plus largement, pour les institutions postsecondaires qui souhaitent encourager leurs professeurs à s'impliquer dans la promotion efficace de la santé mentale.

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Introduction

I was walking home from a meeting in February of 2016, feeling more embarrassed and demeaned than I was willing to let on. As a student representative, the formal university committee was a familiar site of spirited discussion, which I felt comfortable engaging in with other committee members. However, unlike previous conversations, this conflict felt disturbingly revealing. During this meeting, I attempted to advocate for certain accommodations for students with mental health concerns, and I was abruptly shut down by an instructor who likened my perspective to something that would cause the ruin of the McGill's academic integrity. While I understood this comment as hyperbolic, I still felt exposed as someone with mental health concerns and lacking much relative power. More troubling, it seemed that I'd unintentionally walked in on a systemic issue that had forgotten to lock the bathroom door. I was upset by the instructor's response, and wondered: "Why did they respond that way?" "What experiences have they had that culminated in what happened today?" and "What can the university do to help professors better understand us (students) and help professors help us?" This radical disruption to routine discursive practices with respect to student mental health sparked my interest in exploring the institutional relations that were coordinating our divergent positions. Looking back, I see this encounter as the moment this research began.

Beginning one's research in personal experience is one of the distinguishing features of institutional ethnographic (IE) research. As Timothy Diamond observed, an institutional ethnographer's "own experiences consistently form the bases for research problematics," (Diamond, 2006, p. 59). At the time, I did not have the language for describing what I had experienced, but I knew that there was a distinctive difference between what was "supposed to happen" during our committee meeting and what actually happened. This encounter showed me

that something was that was “bigger” than the instructor and me, and I wanted to figure it out. Now, I understand this encounter as a disjuncture, or “disconnection and separation between [my] experience and knowledge of the world, and the ‘ruling’ or authoritative representations of these experiences,” (Ng et al., 2017). Given that these disjunctures are critical to understanding how an institution can better serve people, this research is an exploration of the relationship between what people actually do and actually experience in terms of mental health promotion at a university, and the institutional texts and understandings meant to account for/enable this work.

Immediately after this encounter in 2016, I was motivated to translate my discontentedness into action, and create an institutional text that supported instructors in being best able to support students. Fortuitously, an institutional leader shared my vision and by early 2017, I was working with them and a number of other wonderful McGill community members to create a resource that would support instructors to create community in the classroom. This project had clear connections to student mental health, although I still harboured a desire to study instructor mental health promotion more closely. In May 2017, I was hired by Teaching and Learning Services as a project assistant to further support the project.

Through this project, I had the opportunity to meet many thoughtful and engaged instructors, who talked about their teaching experiences with me. Although the focus of the project was building community in the classroom, student mental health arose in discussion. One early-career instructor shared with me their apprehensions surrounding their encounters with students. The instructor found that during one-on-one meetings, such as office hours, students were seeking emotional support from them. While the instructor was happy that students felt comfortable speaking with them, they were finding this emotionally taxing. I appreciated how this instructor – despite the numerous professional and personal obligations that they had – was

deeply concerned for their students' mental health and recognized that they were not able to sustainably provide students with the support they needed. This led us to wondering together about the role that an instructor should play in students' lives and how the university was or was not supporting them to play this role.

In this way, spontaneous conversations with people I encountered in my professional life have made me think critically for quite some time about questions surrounding instructor engagement in promoting student mental health. Further, each of these encounters, including my experience with the disgruntled instructor, which shaped the starting place for this research, has rooted this research in empathy for instructors. Recognizing that all that instructors do is often challenging, unrecognized, and laborious, I intend for this research to validate the experiences of instructors by serving as a written account of the varied experiences of eight instructors (four of whom currently also hold administrative titles). At the same time, by drawing on the accounts of students, this research also looks to the student standpoint as legitimate and elevates to equal standing the experiences of students, whose mental health is at stake. The inclusion of staff member and administrator experiences is inherently an acknowledgement of the way that experiences of all McGill community members are interwoven and intersecting with one another, as much as they intersect with the institution as it is coordinated by and coordinates them.

During my master's coursework in 2018, I finally had the opportunity to dedicate time to trying to understand how McGill was supporting instructors and how other universities were doing so differently. In writing one specific research paper, I discovered that other Canadian universities had comprehensive mental health strategies (e.g. the University of Calgary) and initiatives with a plethora of resources for instructors to promote students' mental health (e.g. the University of British Columbia and Simon Fraser University). Looking to these other

universities, I became increasingly curious about what was happening at McGill and whether it was working, as I was not able to find any information that pertained to McGill's approach to supporting instructors to engage in mental health promotion. I hoped that my research could begin to fill this gap.

Further, it was distinctively important to me that I would use my time with participants to ask them about their understandings of what needed to change and how this change could come about. Despite having previously had these conversations, I found that they were often held briefly after meetings, or cut short by dismissals of their importance or potential to actually foster change at the university. In recognition of the value of participants' experiential knowledge, I hoped that my research could prompt action by serving as a collection of McGill community members' understandings of ways to foster meaningful, institutional change.

Research Objective and Research Questions

These experiences have each uniquely contributed to this research. Formally articulated, this research aims to explore post-secondary instructors', students', administrators', and staff members' experiences with respect to instructor engagement in student mental health promotion, and, ultimately, to produce a body of knowledge that informs institutional approaches to providing support for instructors promoting student mental health. Specifically, this study asks: 1) What are post-secondary instructors currently doing to promote student mental health and how do they understand this work? 2) What support and resources do/would enable or hinder instructors' promotion of student mental health? 3) What must the university do to empower and facilitate instructors' efforts to promote student mental health?

Description of Chapters

The introduction aims to introduce my arrival at this research. In chronological order, I share three memorable experiences that each uniquely contributed to the development of this research. I conclude this chapter by stating my research objective and research questions.

Chapter 1 and Chapter 2 both aim to provide sufficient information and context for a clear understanding of the research project and the field at hand. In Chapter 1, I outline my project description, detailing my research orientation and methods. I also describe the pilot study I conducted and the lessons learned that influenced the formulation of this research. Chapter 2 offers a contextualizing synthesis of what is currently known about the intersections of mental health and post-secondary education. I discuss mental health, mental health promotion and instructor engagement in mental health promotion, emphasizing that this research does not conceptualize or theorize about what instructor engagement in mental health promotion does or should look like.

Chapter 3 and Chapter 4 both address my first and second research questions by centering on what instructors are doing to promote student mental health and the corresponding resources and supports that instructor need, but do not have; and those that they have, but which do not adequately address their needs. Each chapter is focussed on one set of mental health promoting activities that emerged from the data. Chapter 4 focusses on participant experiences of student-supporting activities, which include: finding or fostering a safe space for the student, directing the student to resources or further support, and listening and engaging in conversation with the student about their mental health concerns. Chapter 5 grapples with assessment-related activities, specifically: assessment of student learning and assessment-related accommodations. In both

chapters, I detail the way in which broader institutional systems and institutional resources facilitate or hinder instructors' ability to engage in mental health promoting activities.

Chapter 5 is a discussion of approaches and opportunities for fostering change, addressing research questions two and three. As a consolidation of ideas that arose from co-brainstorming with participants, the chapter proposes three primary approaches: clarify the instructor role vis-à-vis mental health promotion, consolidate and create supports for instructors that facilitate their engagement in mental health promotion, and implement and utilize formal structures that encourage and empower instructor engagement.

Last, the conclusion situates my own research findings in relation to scholarship about post-secondary institutions and mental health promotion. It outlines next steps that I intend to take to personally contribute to fostering an institutional organization that facilitates instructor engagement in mental health promotion.

Chapter 1: Project Description

Research Orientation

I view the experiences of instructors, students, administrators, and staff as key to facilitating and empowering instructor engagement in student mental health promotion. By beginning from the experiences of university community members in various roles to ultimately investigate how these experiences are shaped, this research has its roots in institutional ethnography. Institutional ethnography is a mode of inquiry that begins from the experiences of individuals to investigate “relations of ruling” (or “the forms in which power is generated and held in society” (Smith, 1999, p. 79)) that coordinate these experiences (Nichols, 2016; Smith, 2005, 2006). While my research occasionally uses the term “post-secondary institutions” to refer to universities and colleges, “institution” in the context of institutional ethnography is “meant to inform a project of empirical inquiry, directing the researcher’s attention to coordinated and intersecting work processes taking place in multiple sites” (DeVault & McCoy, 2006, p. 17). While an institution cannot be studied in its entirety, the aim of institutional ethnography is to “explore particular corners or strands within a specific institutional complex” (DeVault & McCoy, 2006, p. 17). This research takes up the particular corner that is concerned with instructors’ engagement in student mental health promotion at McGill.

This research also aspires to reflect two principles of critical ethnography. First, it aims to be “the starting point for the critique and transformation” (Simon & Dippo, 1986, p. 199) of institutional conditions that facilitate or inhibit the work of instructors. Second, this research foregrounds a form of data that has is under-represented in faculty development (i.e., instructor experiences) (Reyes Cruz, 2008). Critical ethnography and institutional ethnography are synthesized through my understanding of social practices as “recursively accomplishing and

regulating" (Simon & Dippo, 1986, p. 199) and reflexively textually-mediated, such that texts contemporaneously report on and construct reality (Atkinson, 1990, p. 7).

Methods

This research was conducted at McGill University and draws on the experiences of members of the university community who are uniquely hooked into the institutional and social relations that shape these very experiences. In engaging with instructors, students, administrators, and staff members, this research features complex, complementary, inter-related experiences that, when drawn together, help us begin to unravel the organization of the institution that shapes instructors' engagement in promoting student mental health. Reflecting the iterative and recursive nature of most institutional ethnographies, my research occurred in two phases. Phase 1 (four months) allowed me to start exploring and learning about the field, develop and test data collection methods, and build trust within the community. Phase 2 (eight months), drew on lessons learned from Phase 1. While all work has been conducted at McGill, this research has broad implications for post-secondary institutions' approaches to faculty development, mental health promotion, and the two in tandem. In the following section, I will discuss Phase 1 methods and lessons learned, and Phase 2 methods.

Phase 1

In the winter semester of 2019, I conducted a "first phase" of my research as coursework in fulfillment of " Ethnographic Methods" taught by my supervisor. As my first formal experience conducting interviews and observations, Phase 1 served as a pilot, an experimental opportunity, to learn more about and try-out data collection and analytic methods consistent with institutional ethnography. Phase 2 drew on lessons learned from Phase 1.

During Phase 1, I sought to explore the experiences of key community members (students, instructors, administrators, and staff members) and begin to uncover the institutional structures that shape their experiences, culminating in a deeper understanding of instructor engagement in student mental health promotion. The pilot research asked: 1) What are post-secondary instructors doing to promote student mental health and how do they understand this work?, and 2) What support (i.e., structures and/or resources) currently do/would enable or hinder instructors' promotion of student mental health? The first phase was also intended to include an analysis of texts; however, this task ended up exceeding the scope of the study.

Phase 1 Methods: Participant Observation, Recruitment and Interviews. Bookending the beginning and end of Phase 1, I conducted observations of two 90-minute committee meetings. This committee is the only formal, institutionally-mandated site where conversation about instructor promotion of student mental health takes place between all key community members – instructors, students, administrators, and staff members. At both meetings, I circulated my research consent form (for informational purposes only), stating that I would be taking minimal field notes and using publicly available minutes taken by the secretary.

After the first meeting, I identified and interviewed two instructors and two students. The instructors and students were selected due to their attendance at the first committee meeting. The instructors and students were each affiliated with different programs for differing lengths of time. Following these interviews, I determined it would also be beneficial to the research to interview two additional staff members and an administrator. This is consistent with IE practice, such that, "in many investigations, informants are chosen as the research progresses, as the researcher learns more about the social relations involved and begins to see avenues that need exploration," (DeVault & McCoy, 2006, p. 23). Each of the seven interviews was conducted one-on-one in a

setting with which the participants were comfortable and during the month between the first and second committee meetings that I observed. The interviews were semi-structured, organized around open-ended conversational prompts, and framed as "talking with people," consistent with institutional ethnographic methods (DeVault & McCoy, 2006, p. 22), to which participants tended to respond positively. I consistently clarified that participants were welcome to take a break or pass on any questions, but at the request of the participants, each of the interviews surpassed the allotted 30 minutes, reaching 60 minutes in some cases. Each interview was unique, allowing me to "to learn about a particular piece of the extended relational chain, to check the developing picture of the coordinative process, and to become aware of additional questions that need attention" (DeVault & McCoy, 2006, p. 7). One student's interview was audio recorded (after receiving their written consent), but all other interviews in Phase 1 were not. Interviews were sequenced such that students were interviewed first, followed by instructors, administrators and staff members. The two staff members with whom I met both clarified that it would be best to meet with them again in 4-6 months, as they felt they had little to contribute to my study. While ultimately these staff interviews informed my understanding of their roles, they did not yield much relevant data.

Phase 1 Lessons Learned. Phase 1 marked a first step toward understanding how, and whether, instructors are promoting student mental health and the institutional support they are receiving, if any, in these efforts. As my first foray into institutional ethnography, Phase 1 of my study was ambitious, though fruitful. In conversation with instructors, students, administrators and staff members, it seemed that many instructors were making strides to promote student mental health. However, the instructors with whom I talked seemed to implicitly have a definition of "mental health promotion" that misaligned with my own. I noticed that late into the

interviews we were spending a considerable amount of time clarifying terms. In this way, a key lesson learned was the need for me to be conscious of the way my language reflects scholarly and institutional discourse, rather than real instructor talk. I also determined that it would be beneficial to begin my next phase of interviews with a brief introductory question about understanding of terms and context to both set a terminological foundation for the interview, foster a conversational tone, and learn more about how different people conceive of mental health.

The second important thing I discovered in Phase 1 was that I needed to shift my approach to interviewing, as instructors and administrators had resisted drawing on their experiences and responded with theoretical understandings or perspectives. The interviews became most fruitful when I explicitly told instructors that I saw them as co-investigators and I needed to get brought up to speed with their experiences first, as over-simplified as the process of explaining them may seem. Nonetheless, instructors rarely spoke in detail about their own experiences and seemed most comfortable speaking in conceptual terms. I used these first interviewing experiences to form my approach to interviewing in Phase 2.

Last, I made note of a few areas that were unexplored, due to the scope of Phase 1. I was not able to engage participants in lengthy discussions of texts such as institutional resources (e.g., McGill's Early Alert Button, Helping Students in Difficulty Folder) and the accommodations documentation process, despite these topics arising frequently – if briefly – in our conversations.

Phase 2

Phase 2 Participant Recruitment. Before recruitment for Phase 2 began, I was invited to visit a few committee meetings, including one committee specific to the faculty from which I

would recruit, to share my research and introduce myself to those in the community who were engaged in conversations surrounding student mental health. As well as providing me with an opportunity to tell people about my study, these meetings also allowed me to learn more about the institutional response to student mental health promotion. I let attendees know that they were welcome to contact me if they were interested in my research and that I would be recruiting shortly. After receiving REB approval **(**REB File #: 19-11-029[1]**)**, I began actively recruiting participants. I made it a priority to recruit participants who were either unaffiliated with a faculty (i.e., administrators) or affiliated with the specific faculty (instructors, students, administrators, and staff) that had become the focus of my study. This specific faculty was selected because it allowed for some contextual congruencies (e.g., similarities due to faculty-wide policies and practices), while also being composed of many different departments with distinctive subcultures. Due to my previous work with the faculty, I also had previous institutional relationships with key informants on which I could draw.

While I planned to recruit instructors through a blurb in an information bulletin, informal conversations with colleagues led me to take the more targeted approach. Phase 2 recruitment thus involved emailing instructors (see appendix 1.0) who sat on committees that discuss student affairs and/or teaching and learning. The purpose for drawing from these groups was to engage instructors who, in serving as representatives of their departments, are potentially engaged in conversations about students with their colleagues within and outside their own department. The contact information for these instructors was available online, and instructors were chosen randomly, with the exception of two instructors, who were chosen later. This often occurs in institutional ethnographies, as "informants are chosen as the research progresses, as the

[1] REB approval for Phase 1 was secured by my supervisor.

researcher learns more about the social relations involved and begins to see avenues that need exploration," (DeVault & McCoy, 2006, p. 23). One instructor formerly held an administrative role relevant to student mental health and was selected for this purpose. Another instructor was selected for their departmental affiliation, as I "point[ed] toward next steps in [the] ongoing cumulative inquiry" (DeVault & McCoy, 2006, p. 18) when a participant mentioned to me in a previous interview that this department might be of interest for its historically "tougher stance" on student affairs issues, including mental health.

Administrators and staff members were selected for their specific roles and responsibilities pertaining to student mental health, while students were selected for their roles as student leaders in advocating for student affairs. These participants were recruited through a personalized email. Email addresses of participants were publicly accessible and advertised on official organizational webpages (e.g., the McGill University website). Participants were also sent the consent form in advance and were invited to send along any questions before we met.

With regard to administrators, I was fortunate to have used Phase 1 as an opportunity to determine who I needed to speak with (or speak with again – as I came back to two participants to conduct follow-up interviews). Institutional ethnographers emphasize "the 'amount of legwork and conversation' required, event to have a sense of where in the structure one might need to conduct interviews," (Maraj Graham in DeVault & McCoy, 2006, p. 29).

Phase 2 Interviews. Phase 2 interviews were conducted with four instructors, four students, four administrators, and two staff members.[2] All but one staff member and three administrators were not directly affiliated with the faculty of focus. While a broad range of departments, genders, and labour categories (e.g., full professor, academic administrator) at the

[2] Participants are named by title and randomly-assigned number (e.g., Instructor 1). Administrators also hold instructor roles, but they will be distinguished by their additional role.

university were represented, a shortcoming of this study was the lack of representation from racialized community members and early-career faculty members. I acknowledge that racialized people experience systemic and institutional barriers to holding positions of power in academic settings, as chronicled in scholarly research (Bhopal, 2019; Canadian Association of University Teachers, 2018; Li & Koedel, 2017). Although in an institutional ethnographic study, the aim is "not to generalize about the group of people interviewed, but to find and describe social processes that have generalizing effects" (DeVault & McCoy, 2006, p.18), I want to be clear that I recognize institutional processes produce a range of different effects, depending on how people are positioned in and by them. Many participants expressed concerns that their experiences were not broadly shared (e.g., observing that newer faculty members might experience things differently). It is important to note here that a desire to expand the diversity of experience and identity of participants does not derive from my view of the participants as a "sample," meeting arbitrary "categorical" goals (DeVault & McCoy, 2006, p. 32). Rather, it stems from a realization of the way in which certain voices (e.g., early faculty and racialized people) are systemically excluded and/or silenced in academia, and that instructors' work to promote student mental health will be shaped by the other social and institutional relations (e.g., social relations of gender or race or institutional relations associated with tenure and promotion) they are participating in.

Understanding the dialectical nature of the interviews, I interviewed participants in rounds, such that all participants in a particular role were not interviewed at once. While scheduling constraints played a part in the order of interviews, it was a goal to ensure that there were opportunities to reflect on what I was learning from people occupying different roles in different proximity to the institution. Interviews were conducted for 40-60 minutes at the

participants' location of choice – frequently their office or a bookable room on McGill campus, with one interview conducted via phone call. At the beginning of the interview, participants were invited to ask any questions about the interview process and my research generally. They signed an informed consent form, which I retained, and were offered a copy. Participants were reminded that they were welcome to skip a question or stop or pause the interview at any point. They were also provided with a list of support services available to them. I used the voice memo application on my personal password-protected phone and after concluding the interview, offered to send along a copy of the transcript or the voice recording itself, if participants desired.

My personal approach to interviewing was informed by my experience providing peer support and facilitating psychoeducational groups, as well as what I had learned from Phase 1. Due to my training and experience, my communication style is largely influenced by active listening. With an emphasis on careful and nonjudgmental listening, checking understanding, and asking generative questions, active listening seemed to lend itself well to interviewing; however, I discovered that my use of minimal encouragers and statements intended to be validating (e.g., "I hear you," "right," "mhm") could have been interpreted as agreeing with participants. While I do not think this is problematic, I would clarify to participants that this was my approach.

Additionally, as informed by interview techniques in IE, I approached each interview as an opportunity to build upon previous interviews to learn "how things worked." I prepared for interviews by rereading jot notes from previous interviews and highlighting the threads on which I would hope to tug. Yet, I was often surprised by the direction of interviews and I attempted to balance my goals for the interview with "encouraging [participants] to talk in ways that reflect the contours of their activity. The words of Dorothy Smith, quoted in DeVault & McCoy (2006) aptly describe my approach to interviewing and inquiry:

> You have a sense of what you're after, although you sometimes don't know what you're after until you hear people telling you things… Discovering what you don't know – and don't know you don't know – is an important aspect of the process. (p. 24)

As previously described, in Phase 1, I struggled to focus interviews on participants' experiences, and they tended toward sharing their ideas using institutional and conceptual explanations. This reliance on conceptual terminology was less of an issue in Phase 2; my sense is that this is because I began all of these subsequent interviews by framing them as opportunities for coinvestigation of the university. I clarified that in order for me to be a worthy coinvestigator, I needed to first understand what was actually happening and I asked for participants to "fill me in" before we began to analyze together.

A critical concern of many participants, particularly staff members, was the potential for reidentification. I took these concerns very seriously. The informed consent form indicated to participants that despite generalized markers used in place of specific position names, due to the small sample population, it was possible that participants could be re-identified. For this reason, this study takes extra precaution in not naming the faculty of focus. Additionally, while it would greatly benefit this research to name the specific roles of each instructor, administrator, staff members, and student, I have chosen not to in order to protect participant confidentiality to the best of my ability. To further protect participant confidentiality, I use generic role descriptors (e.g., "Instructor" is used in place of a more specific title such as "Associate Professor" or "Course Lecturer") and gender-neutral pronouns to refer to all participants (e.g., "their").

Interviews were transcribed in batches, such that I was able to review transcripts from early interviews in preparation for interviews to come. While I anticipated transcribing all interviews independently, an untimely fractured wrist meant that I relied on an online

transcribing program (Temi) to complete the transcripts. Interviews were coded manually using Microsoft Word and using the research questions as parent codes. Institutional ethnographers debate whether the logic of sophisticated data analysis software runs against the institutional ethnographic approach and given the modest data set, the use of coding software seemed unnecessary (DeVault & McCoy, 2006, p. 38). Child codes associated with each parent code reflect the specific interests, experiences and ideas of participants, allowing me to generate specific insights vis-a-vis my research questions. Child codes were also used to identify key institutional policies, texts, and processes that required further investigation on my part.

Phase 2 Text Analysis. In institutional ethnographies, texts are usually understood in this way:

> Some kind of document or representation that has a relatively fixed and replicable character, for it is that aspect of texts – that they can be store, transferred, copied, produced in bulk, and distributed widely, allowing them to be activated by users at different times and in different places – that allows them to play a standardizing and mediating role. (DeVault & McCoy, 2006, p. 34)

As is common in institutional ethnography, I began “listening for texts” during the early stages of interviewing (DeVault & McCoy, 2006, p. 34). In particular, there were a few texts that seemed to play some coordinating role in the experiences of instructors, but I was struck by the lack of texts that I encountered. It seemed that participants’ experiences with instructor mental health promotion, were more deeply mediated by communal values than by any clearly identifiable texts.

Phase 2 Participant-Observation. As with Phase 1, I also hoped that Phase 2 would include an observation of instructors and staff members engaging in informal learning about

student mental health promotion (e.g., through workshops), but these learning opportunities had yet to occur. In place of these observations, I drew on experiential knowledge gleaned through my participation in mental health promotion activities as a student, as well as formal field notes produced during eight participant-observation experiences – e.g., a number of relevant public events and individual meetings with local informants concerning student mental health, a student protest, a letter-writing event, committee meetings, and individual meetings with local staff members and students working in either student mental health promotion or teaching and learning.

In participant observation sessions, I was keenly aware of the way in which my various identities impacted my own production of knowledge and others' experiences of me doing so. At first, I felt that I passed as "just a graduate student" during my participant-observation of events, and I was most comfortable inhabiting this identity. When I was recognized for my work at Teaching and Learning Services or as a student representative or as a former employee for other McGill departments, I felt that my observations were inhibited by my self-consciousness. In each of these instances, my institutional affiliation was brought to the fore and I felt tension between this proximity to the institution and my research interests, which I saw as being at odds with my financial and professional interests. I worried that this position prohibited me from being able to conduct observations. This discomfort dissipated when I acknowledged that my own experiences as a student and an employee might offer useful insights into the institutional relations I was investigating. In trying to temporarily suppress my other identities, I was attempting to maintain a sense of objectivity that would have in turn denied my particular, embodied experience. As Dorothy Smith explains in Timothy Diamond's chapter, "Where Did You Get the Fur Coat Fern?" participant observation "You're working and you're observing and the observing has this

kind of double consciousness" (Diamond, 2006, p. 52). By rejecting my positivist instincts and accepting this "double consciousness" in participant observation, I grew progressively more comfortable.

Concluding Remarks

In this chapter, I have fully explicated the orientation and methods of this research project, including Phase 1, the course work-based research that served as an experimental pilot. Having gained this fundamental understanding of the research, the next chapter will further provide necessary contextualization and explore mental health and mental health promotion as they are understood within and outside of post-secondary education.

Chapter 2: Context for Understanding the Field

Before seeking to answer my research questions, it is necessary to contextualize and situate this study within its societal and institutional context. This chapter includes a broad overview of definitions of "mental health", the state of Canadian post-secondary student mental health and McGill University's approach to promoting student mental health, particularly in the context of other Canadian post-secondary institutions. This chapter concludes by defining and exploring "mental health promotion" more specifically, providing conceptual grounding that is foundational to the remainder of this research. Although this chapter might initially appear to be inconsistent with IE's demand that one begin one's investigation in people's everyday experiences, it became clear in Phase 1 of my research that I was conceptualizing mental health promotion differently than my participants. As such, this chapter offers a synthesis of what is currently known about the intersections of mental health and post-secondary education as a means of situating the divergent conceptualizations of mental health promotion at the heart of my study.

Mental Health

Terminological inconsistency and inaccuracy plagues discussions surrounding mental health, as there is no common definition employed by scholars, practitioners, policymakers and the public. In particular, there are two challenges in determining what is meant by "mental health": conflation of mental health and mental illness, and the use of the term "wellbeing".

A number of scholars have noted that the traditionally dominant approach to understanding mental health in healthcare is the biomedical or pathogenic approach (Eriksson & Lindström, 2008; Langeland & Vinje, 2016). In this approach, there is a significant emphasis on "disease" or illness. Critics of the pathogenic approach note that it ignores subjective

understandings of health and disregards differences in an individual's capacities and resources for health promotion, ultimately disempowering individuals (von Heimburg, 2010). As such, this research has not been designed to reflect a pathogenic approach.

A second conceptual barrier to understanding "mental health" is the use of the terms "wellbeing" or "wellness". In post-secondary and scholarly discourse, mental health is often considered part of a person's broader, more holistic "wellbeing" or "wellness". Historically, scholarly definitions of "wellbeing" have often been contested for being complicated, limited or overly broad (Dodge et al., 2012). There are distinctive trends in the way that wellbeing has been defined in academic discourse (Dodge et al., 2012): Scholars have put emphasis on either quality of life, goal achievement, psychological capacity, life satisfaction, or positive mental health, among other aspects (Dodge et al., 2012). The most dominant definitions of wellbeing in the past thirty years have relied on theories about equilibrium or homeostasis in light of challenges and/or significant life events (Cummins, 2013; Headey & Wearing, 1989). Ultimately, scholars have proposed a definition that draws on these early theories and synthesizes many aspects of the contested definitions: "Wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge" (Dodge et al., 2012, p. 230).

In the post-secondary context, some institutions have sought to define wellbeing by cataloguing various dimensions of it. For example, the University of Calgary and Simon Fraser University, have defined well-being as "the positive characteristics of physical, social and mental health" (SFU Health and Counselling, 2016; University of Calgary, 2018). At the same time, the terms "health" and "well-being' have been swapped in the "Okanagan Charter: An International Charter for Health Promoting Universities and Colleges" (2015) a seminal document informing

many Canadian post-secondary institutions' approaches, uses "health" to refer to the physical, mental and social well-being of students.

This trend of defining wellbeing or wellness is also apparent in the McGill context, where the "What is Wellness?" webpage hosted by McGill Student Services, provides a dimensions-based definition of wellness, but does not define the dimensions. The website details that "there are 8 components to wellness, each of which can be thought of as a single spoke on the wellness wheel" (McGill University, n.d.-a). One of the "slices" depicted on the graphic image of the wellness wheel is "mental health," yet the webpage that provides links to resources for each of the slices lists "emotional wellness" as an equivalent to mental health (McGill University, n.d.-b).

The terminological inconsistency of the McGill website intersects with the lack of a clear definition for wellness or for any of the dimensions listed, making it difficult to understand exactly what "wellness" and the various dimensions (and the presence and absence of a particular dimension) look and feel like for people. Without a clear definition of mental health, it may be difficult to understand exactly what should be done to promote it.

Participants in my study reiterated that there was no clear understanding of mental health among McGill community members. A lesson learned from Phase 1 of this research led me to begin all Phase 2 interviews by asking participants how they understood the term "mental health" and how they arrived at this understanding. The intention was to ensure that the participants and I were using terminology consistently, and to set a comfortable, conversational tone to the interview, rather than to gather relevant data. Yet, as I began to analyze the data for this study, it became clear that the various conceptualizations of mental health people employ are relevant to my findings. How people understand mental health shapes how/whether they engage in mental

health promotion at the university. Furthermore, the different definitions of mental health people that people brought to this study, illuminate the lack of a clear institutional definition that is shared among members of the community.

As Student 3 shared, “That’s part of the issue is that mental health can mean a lot of different things and… there’s some institutional shortfalls because not everyone understands the same thing.” Similarly, Instructor 3 and Administrator 1 commented on the way in which instructors and students often used “mental health” differently. In reference to student advocacy surrounding the provision of mental health services, Administrator 1 stated that “it’s very difficult to have a single conversation around this because it gets sideways all the time because you never know what people mean.”

As a means of clarifying “mental health,” the University of Calgary (2018), for example, clearly outlines their institutional understanding of mental health and mental illness in the preamble of their “Campus Mental Health Strategy.” Moving forward, a concrete next step would be for the McGill community to arrive at a shared understanding of mental health, and for the university to clearly articulate this definition and make it accessible to all members of the McGill community. This definition would serve as the foundation of any further efforts to engage in mental health promotion.

Definition Aligned with This Research

Cognizant of the aforementioned challenges and the plurality of definitions for the term, some of which are influenced by stigma surrounding mental illness, I purposefully set out to understand how people understood and used the term “mental health” in the context this research. I also clearly communicated my own understanding of the term, which reflects the definition of mental health proposed by the Government of Canada:

> Mental health is the capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity. (Government of Canada, 2006)

This approach to defining mental health has been used in other influential documents, such as the "Post-Secondary Student Mental Health: Guide to a Systemic Approach" (CMHA & CACUSS, 2013). Additionally, this definition is in alignment with Keyes' two continua model of mental health and the principles that fundamentally guide this study. The model asserts that mental illness and mental health are related, but distinct, such that optimal mental health is considered "flourishing" or "feeling good about and functioning well in life" (Keyes, 2005) and is not dependent on the absence of mental illness (Gilmour, 2015; Keyes, 2005; Perugini et al., 2017). From this model, it follows that an individual with a mental illness is capable of experiencing optimal mental health, and an individual without mental illness symptoms can experience poor mental health.

Connections to the complete state approach to understanding mental health can be made here. The complete state approach incorporates the pathogenic approach and the "salutogenic" approach, which views "health as the presence of positive states of human capacities and functioning in cognition, affect, and behavior" (Keyes, 2014, p. 179). In this way, I do recognize the value of a pathogenic approach and the importance of certain sectors of the post-secondary institution to treat mental illness and reduce the risk of mental illness for those vulnerable to it. Additionally, this research fundamentally aims to take a salutogenic approach, in that it "seeks to elevate levels of health as more than the absence of illness" (Keyes, 2014, p. 179). Put

differently, I am explicitly interested in the promotion of "positive mental health" and the roles post-secondary institutions might play in pursuit of this goal. This research more directly contributes to a salutogenic approach because it is directed toward "mental health promotion" rather than "mental health treatment."

While I avoid cataloguing mental health as a dimension of a broader concept, I do acknowledge that dimensions of wellbeing (or "health" or "wellness") are interrelated and co-dependent. I see it as an ontological impossibility to distinctly separate mental health from the other dimensions. Nonetheless, for the purpose of this work and the scope of this research, I deemed it necessary to focus explicitly on mental health because it would not be possible to adequately conduct an MA thesis project on the various dimensions of wellbeing.

Although I have spent the first part of this chapter outlining the scholarly and professional understanding of mental health that I have engaged with throughout this study, interviews and observations focused on the actual things people do to support mental health among themselves and others. The generous conceptualization of mental health I have employed is important because it allowed me to see all kinds of activities as potentially mental health promoting (e.g., activities related to the use of academic assessment strategies, which aim to reduce student stress). I am aiming to actively avoid "institutional capture" in my research (Smith, 2005, p. 256). As an individual who has been affiliated with the university for seven years, in different capacities, I have observed institutional discourses, or "widely shared professional, managerial, scientific, or authoritative ways of knowing states of affairs that render them actionable within institutional relations of purpose and accountability," surrounding mental health promotion on campus (Smith, 2006, p. 118). I have occasionally used my positioning to "appropriate the institutional discourse" and "move with ease through its processes," to serve my

(typically advocacy-related) goals. Yet a concern with learning the institutional discourse is to fall prey to institutional capture, which occurs when the researcher and the person with whom they are talking are both familiar with the institutional discourse, and the researcher "easily lose[s] touch with the [person's] experientially based knowledge (Smith, 2006, 225). A further concern is that in being "conceptually beholden" to institutional discourse, one misses an opportunity to investigate institutionalized ways of knowing and doing (Smith, 2006, p. 122). Because the institutional ethnographer is seeking to discover the organization of the institution through particular experiences, when "institutional discourse swallows, perspective, the local, the particular, and the subjective experience of workers", a meaningful investigation is prevented. For example, within the McGill context, the term "wellness" is frequently used in institutional settings (e.g., committee meetings) to point to mental health. Administrator 1 reiterated what can be gleaned from all McGill online materials, saying "I'm going to give you the view from the administrative side: when we are talking about student mental health, we actually talk about wellness now." As applied to my research, by actively rejecting use of the term "wellness," this research is guided by a purposeful choice to avoid participation in an institutional discourse and focus on mental health, clearly but generously defined.

Post-Secondary Student Mental Health

Collective societal concern surrounding post-secondary student mental health has been mounting during the decade, as reflected in media coverage of, what a number of post-secondary community members have deemed, "the crisis of student mental health" (Fidelman, 2017; Gergyek& Hemens, 2020; Hensley, 2019; Lunau, 2012; The Sunday Edition, 2019). While discussions of mental health in the media often surround mental health crises, such as student deaths by suicide, there should also be attentiveness to the significant prevalence of mental

health concerns among post-secondary students at large. The 2016 National College Health Assessment revealed overwhelming rates of mental health concerns, finding that 65 per cent of Canadian post-secondary students self-reportedly experienced overwhelming anxiety within that year, 44 per cent had felt so depressed that it was difficult to function, and 13 per cent had seriously considered suicide (Tellier & Di Genova, 2017). With a view to the McGill context in particular, "Student Psychological Wellbeing at McGill University; a report of findings from the 2012 and 2014 Counselling and Mental Health Benchmark Study," published by McGill Student Services, provides notable conclusions:

> Overall, in comparison to the American benchmarks, McGill students reported higher academic distress and more depressed mood. In addition, McGill students reported feeling less supported by their social networks, friends and family. Also of concern are the high feelings of anxiety amongst McGill students. (DiGenova & Romano, 2014)

These findings should not be considered novel or incidental, as they are supported by research conducted outside of the post-secondary setting. As Kutcher (2017) notes in "Child and Youth Mental Health: Investing in the Front End," "we have known for some time now that the majority of mental disorders can be diagnosed by age 25 years." Here, Kutcher points to research showing the peak of the onset of mental illness to be 18-24 years old, the age of most post-secondary students (Kessler et al., 2005; McGorry, 2014). Further, post-secondary students "have shown significantly higher rates of mental health problems than the general public" (Lee & Jung, 2018). This research is rooted in and motivated by these realities.

Systemic Approaches by Canadian Post-Secondary Institutions

There is significant cause for concern surrounding student mental health, which has increasingly motivated many Canadian post-secondary institutions' commitments to promoting

student mental health. A comprehensive examination of the approaches taken by Canadian post-secondary institutions to promote student mental health extends beyond the scope of this research. However, a contextualizing overview of the concept and application of a "systemic approach" across Canadian post-secondary institutions will be given here because this offers some insight into dominant institutional conceptualizations of mental health in Canadian post-secondary settings.

There are two prominent, and similar, frameworks associated with systemic approaches to addressing student mental health on Canadian post-secondary institution campuses: the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA) framework; and the World Health Organization (WHO) framework. In what follows, I discuss each in turn.

This CACUSS & CMHA framework is outlined in the "Post-Secondary Student Mental Health: Guide to a Systemic Approach" (CMHA & CACUSS, 2013) and is described as:

> Comprehensive, and views the whole campus as the domain to be addressed and as responsible for enhancing and maintaining the mental health of community members; [it] extends the focus beyond the individual and strategies such as treatment, skill building and awareness to the whole campus including its environment, organizational structure, policies and practices. (CMHA & CACUSS, 2013, p. 8)

By way of this approach, all post-secondary community members have "a collective, shared responsibility for creating campus environmental conditions that support student learning and mental health" (CMHA & CACUSS, 2013, p. 8).

Second, the WHO's framework, "Health Promoting Universities," which is aligned with the broader "Healthy Settings" approach to mental health promotion, shares much in common

with the CACUSS and CHMA framework (Tsouros et al., 1998). The WHO's Healthy Settings approach "recognizes how the culture, structure and processes of an institution influence the creation of supportive environments, and encourages initiatives involving the whole campus community" (University of Calgary, 2018, p. 1). Describing health promotion at universities as a "systemic approach" responsibilizes all members of the post-secondary institution's community contributing to a whole-campus, university-wide approach to promoting the mental health of all.

McGill University's Approach. McGill University has not laid out a systemic approach to addressing student mental health. Of note is the way in which the university's approach to student wellness and mental health has shifted significantly over recent years. The two most significant changes were the implementation of a "collaborative care mode" or "stepped care model" in the fall of 2016 and the launch of the "Student Wellness Hub" in the summer of 2019. Traditionally, a stepped care model seeks to provide patients with "the least restrictive", or least time- and resource-intensive, treatment first and "stepping up" the treatment if needed (Bower, P., & Gilbody, S., 2005). As described by McGill Student Services, collaborative care focusses on "awareness, prevention, and early intervention" and creates a "flexible, holistic model of care" (McGill University, n.d.-c). A practical implication of this shift was the fusion of "Counselling Services" and "Psychiatric Services," which once operated as independent units, into one administrative unit (McGill University, 2018). While the move ostensibly offered a number of benefits to students, including significantly reduced wait times, some students and Student Services staff voiced criticism. Some argued that the new model lent itself to inadequate care, for example stating that counsellors' "main goal is to figure out how they can get rid of the student" by referring them to a different service or resource (Jasinski, 2017; McCready & Richer Vis, 2018).

Notwithstanding this negative feedback, the collaborative care model has continued at McGill and the introduction of the "Student Wellness Hub" marked the adoption of a "hub-and-spoke model" that seeks to further increase access to services. Largely thanks to a $14 million donation, the "Hub" "integrates existing campus services and creates new ways to access them" physically, through major renovations to the physical space, and virtually, through increased online information (McGill Reporter, 2019). Another significant change is the introduction of Local Wellness Advisors (LWAs), the spokes of the Hub, who are locally-situated within faculties and other groups of students to offer population-specific support to students, instructors and staff (McGill Reporter, 2019; McGill University, 2018).

Beyond information about the LWAs, messaging concerning the role of McGill community members limits their role to communicating with students about the Hub. On the "Faculty/Staff Resources" homepage, the Hub is described in the following way: "The Student Wellness Hub presents a new model of delivering care to students, and faculty and staff play an integral role in ensuring that students receive clear, consistent messaging about our health and wellness services" (McGill University, n.d.-d). Therefore, the role of instructors in contributing to the promotion of student mental health is very limited (both in breadth of role and amount of information). (The role of instructors will be further discussed in Chapter 5.)

Mental Health Promotion

My interest in studying "mental health promotion" in the context of higher education derives from my understanding of it inside and outside of this context. As I see it, mental health promotion is seeking to "elevate levels of positive mental health and protect against its loss (Davis, 2002 ; Keyes, 2007 ; Secker, 1998)" (Keyes, 2014, p. 180). In this way, mental health promotion targets all members of the population, as a necessary complement to treatment and

prevention (Keyes, 2014). Mental health promotion then, inherently focuses on strengthening mental health, rather than treating and ameliorating symptoms of mental illness. From this notion, it follows that mental health promotion is a meaningful endeavour that could serve to benefit all post-secondary students, both with and without mental illness (Keyes, 2005; Canadian Mental Health Association, n.d.).

Additionally, mental health promotion is strengths-based, rather than deficit-based. The Canadian Mental Health Association (2008) describes mental health promotion as "constructed on a foundation of empowerment, helping people and communities to recognize their strengths and determine their own destinies. And it provides resources to enable this empowerment in a supportive environment." When compared with outcomes associated with treatment and clinical interventions, mental health promotion, while important, has been less frequently studied and measured (Canadian Mental Health Association, 2008; World Health Organization, 1986, 2004). This research understands that mental health promotion is a necessary complement to mental health treatment and merits formal investigation.

Instructor Engagement in Mental Health Promotion

Despite the movement of many post-secondary institutions toward a systemic approach to address student mental health, there has been very little scholarship on "mental health promotion" as it relates to the work of instructors. While some scholars have identified that instructors are critical to broader systemic approaches (Davidson & Locke, 2010; Schonert-Reichel & Lawlor, 2010; Silverman & Glick, 2010), Di Placito-De Rango is the only scholar to write about the potential and need for post-secondary instructors to play a pivotal role in supporting the mental health of students. In "Situating the Post-Secondary Instructor in a Supportive, Role for the Mental Health and Well-Being of Students", Di Placito De-Rango

(2017, p. 285) proposes a "(re)conceptualized understanding of the post-secondary instructor—as one who not only creates, delivers, and/or facilitates academic curriculum, but who can also promote or supplement support for the mental health and well-being of students."

Di Placito De-Rango acknowledges that, in adopting a systemic approach to supporting student mental health, there must be a reconceptualization of the role of the instructor. She states:

> This understanding recognizes that addressing student mental health relies on instructors to help drive such efforts. This suggestion does not imply that "teachers bear responsibility for providing therapeutic interventions to their students with mental health problems; this is clearly not their role in the school system (Whitley et al. 2012, p. 66)." (Di Placito De-Rango, 2017, p. 285)

Rather, it proposes the "opportunity for instructors to engage as promoters and supporters of student mental health; the unique or novel initiatives of support they practice can be acknowledged, valued, and utilized" (Di Placito De-Rango, 2017, p. 285).

Di Placito De-Rango suggests in her redefinition of the instructor role, three actions that instructors can undertake "Recognize, Render, and Redirect." "Recognize" is identifying that student mental health may be of concern and not diagnosing a mental health concern. "Render" is providing support to students in a variety of forms, including making academic accommodations, incorporating mental health into the curriculum, encouraging critique, reflection, problem-solving and collectivity, promoting organization, routine, and structure; and ensuring open channels of communication between instructors and students. Last, "Redirect" is the response to students who have been "recognized" that entails pointing them to forms of support.

Instructor Engagement in Student Mental Health Promotion at McGill

Importantly, this research does not adopt Di Placito De-Rango's framework for understanding instructor engagement in mental health promotion (though each of the three actions suggested will be discussed). I have shared Di Placito De-Rango's understanding as a means of introducing the way in which the instructor role has been conceptualized in scholarship. It is important to recapitulate here that, consistent with institutional ethnographic ways of working, I do not use "mental health promotion" as a term or a concept to refer to a specific set of activities. I also do not advocate for a certain conceptualization of the instructor role or attempt to use the research I have conducted to theorize "instructor engagement in mental health promotion" nor suggest what it should look like. Rather, I use the term "mental health promotion" to direct the reader's attention to the actual things people do to support student mental health, while avoiding repeatedly stating "those things that instructors are doing that participants understood as promoting the mental health of their students."

Concluding Remarks

Through this research, I found that instructors often engage in a variety of activities for a variety of reasons in a variety of ways and participant understandings of this work differ to a significant extent. For the purpose of sharing this research, I proceed by setting out two sets of activities that are undertaken by instructors, emerging from the data: student-supporting activities and assessment-related activities. This division represent an obligation to present a coherent written account of the research conducted and is not intended to suggest that many activities are not intertwined or undertaken at once. The following chapters then address both my first research question ("What are post-secondary instructors currently doing to promote student mental health and how do they understand this work?") and my second research question ("What support and resources *do*/would enable or hinder instructors' promotion of student mental health?").

Chapter 3: Student-Supporting Activities

Tracing the sequence of interviews, after settling on a definition of "mental health" for our purposes, participants and I consistently moved into a discussion of the actual things that participants do and experience as mental health promotion. My intention in working this way with participants was not to take our shared understanding of mental health promotion for granted; rather, my focus was on discovering what people do and experience that they (and other people at the university) would understand in these terms. Questions were tailored to each participant and the direction of the conversation, such that topics that were most resonant with participants became the focus. For example, student-participants and staff member-participants were asked about their experiences *with* instructors, while administrator-participants and instructor-participants were asked about their experiences *as* instructors and *with* fellow instructors. As the discussion progressed, I followed up with questions targeting certain facets or activities that other participants had experienced. This chapter addresses my first research question by characterizing activities that McGill instructors are currently undertaking (which they link to mental health promotion).

This chapter characterizes a set of activities that emerged as important in participants' descriptions of their experiences as students, instructors, staff members, and administrators. As participants described, instructors may provide one-on-one support to students with mental health concerns by engaging in the following activities to various extents: finding or fostering a safe space for the student, directing the student to resources or further support, and listening and engaging in conversation with the student about their mental health concerns. To introduce and contextualize each activity, I begin each section by describing how participants talk about the mental health promotion work that they do or have experienced. From here, in some cases, I

trace from participants talk into the scholarly literature or grey literature to situate people's accounts as reflective of a wider set of institutional practices and discursive structures linking instructors at McGill with those at other post-secondary institutions who are engaging in activities that are widely understood to be mental health promoting. I then describe institutional resources or supports for instructors; those they need, but do not have; and those that they have, but which do not adequately address their needs (responding to my second research question). As I will go on to discuss, there are often insufficient or inadequate institutional resources and supports, and additionally, there are noteworthy challenges that hinder instructors' ability to engage in the activity. In all, there is a distinctive institutional failure to equip instructors to directly support students with mental health concerns.

I was first pointed toward the importance of instructors providing direct support to students with mental health concerns during Phase 1. When asked about their experience with instructor mental health promotion, both of the instructors' I interviewed in Phase 1 first shared stories about one-on-one interactions with a student in crisis outside of class time. One instructor told me about a time when during a discussion of a deadline, a student "broke down out of nowhere" and disclosed having recently been assaulted. Similarly, the second instructor shared that during office hours, a student told them they "felt hopeless and overwhelmed" and were "on the verge of dropping out." Both instructors said that they listened to the student and briefly discussed what the student had been experiencing, directed them to resources, and/or made academic accommodations. Drawing on what I had learned in Phase 1, in Phase 2, participants and I delved further into experiences where they/an instructor supported them/a student with mental health concerns. These responses are detailed below.

Finding or Fostering a Quiet or Safe Space

Finding or fostering a space in which students with mental health concerns can simply spend time was a part of many participants' experiences, as an activity preceding other student-support activities (e.g., resource referral, and listening and engaging in conversation). In experiences shared by Instructors 2 and 3, finding or fostering a safe/quiet space was the ultimate form of support given to a student in immediate need of assistance. Often, faculty offices and empty classrooms were used to enable this support. In their one-on-one exchanges with students, the instructors were unexpectedly required to support students while in a setting that was academic in nature. Instructor 2 relayed an encounter during their office hours:

> I had a student who was in one of my lecture classes my very first semester teaching here and she came into my office and said, "Yeah I just had this really weird experience. This guy, I really thought I would never see again. I just saw him walking on campus and, uh, it just rattled me. Anyway, I'm here to talk about the course material." And then she asked me a question about the course material and I was answering her, but I'm like, she's not listening to anything I'm saying. And I said, "Are you okay? Do you want to talk about this?" and she's just like, "Oh no. Uh, tell me more about this term." Literally for the next hour and a half, she just asked me a series of questions about the coursework that were completely unrelated and it was just like. I just need to sit in a room and process what's going on and this is about as private a place as I can do, you know? And so it was one of these really weird experiences where perhaps in that moment there was maybe like if I had then had more training, I would've been able to be like, "Okay, I can see what's happening to you and maybe let's walk you over to like see somebody at the wellness center" or something like that. Um, and so, on the one hand, I sort of wished

> that like, I knew more at the time how to handle that kind of thing, but it also ended up being a thing about like where at the end of the day I was minimally useful just in the sense that like this was a quiet space where she could, you know, freak out.

While it was unclear to Instructor 2 what exactly the student was experiencing, as the student did not directly express interest in receiving support when the instructor asked, they recognized that the student was in some form of distress. In this case, the instructor first attempted to ask the student if they would like to talk, and then let them sit in the office, which was an ostensibly private and safe space for the student. In retrospect, the instructor stood by this response given their knowledge-level at the time, although they would now have directed the student to on-campus support ("I sort of wished that I knew more at the time how to handle that kind of thing").

Tellingly, in terms of instructors' assessments of the availability of suitable and accessible institutional supports, Instructor 3 determined that the best option for the student was not to direct them to on-campus support, but instead to bring them to a quiet space. Instructor 3 reasoned that their actions were necessary, as a result of difficulty accessing immediate support on campus:

> Because when a student stops by my office in the middle of the exam period and says, "I'm, I'm having a panic attack." I, you know, it is true that it's not easy to get that person connected up with help quickly. And I did something out of the box, um, because I couldn't, I couldn't think of anybody I could get her to quickly enough who she would be willing to go to see […] She didn't even know me, but she said, "You helped me during the exam period last year. I ran into you by chance and I'm back again," and I said, "Okay, well do you, would you go to the [advising] office because there's somebody

> there who is a wellness advisor who might be able to refer you to resources?" And she basically said, she said, first of all, she said, "I haven't had a good experience in the past at [the advising office]." And she said also, "I don't have time, I have this exam is coming up in two hours and I need some help either, you know, making a decision about requesting a deferral or getting my act together and going in and taking that exam." And so I think I came in at that point, I was no longer [administrative role], but I came in sort of with my [administrative role] hat on and I said, "Honestly, I would advise you to take that exam and here's why." And I actually, I took her over to the Birks building because I said, "It sounds as though you need a quiet space." And I said, "You know, the Birks building?" She said no. I said, "There's a lounge there where it will likely be much quieter when it is at the library. Let me show you where it is." And then walked her over.

Much like Instructor 2, Instructor 3 was not expecting to encounter a student with a mental health concern and both encounters resulted in the instructor finding or fostering a quiet or safe space for the student. Drawing on their experience in an administrative role, Instructor 3 was able to advise the student on an academic decision, as well. In the excerpt above, Instructor 3 clarifies twice that their interaction with the student was a result of the student's inability to access support from the institutional offices designated for them. Instructor 3 states that "It's not easy to get that person connection up with help quickly" and "she said, I haven't had a good experience in the past at [the advising office]."

It is difficult to know whether this understanding reflects the immediate support that is actually accessible to students, as there is no significant data or consolidated feedback on the most recent changes made to faculty advising office operations and Student Services. Yet, what is noteworthy is that Instructor 3 *understands* there to be an institutional shortcoming in the lack

of immediate support for students and this understanding shapes their approach to supporting the student. As will be further discussed in Chapter 4, this understanding is shared by many members of the McGill community, who have frequently pointed to the lack of adequate mental health care for students (Cline, 2019; Hurley, n.d.; McGill Tribune Editorial Board, 2015). If support does exist for students, then the McGill community may not have be adequately informed and consequentially, instructors may not be making proper student referrals. In this way, Instructor 3's account sheds light on the importance of informing instructors about the accessibility (or inaccessibility) to immediate supports for students and suggests that a systemic approach, where instructors play a key role in mental health promotion, will require shifts in how instructors understand their work and how they undertake to do it in light of offerings from university mental health services. If there is no accessible, immediate institutional support for students, it seems that the institution is organized such that instructors are required to be frontline responders to students with mental health concerns, regardless of their intention, will or expertise to do so.

As Instructor 2 and Instructor 3 explained, these interactions can arise unexpectedly within a space intended for academic conversation (e.g., personal office, office hours). Drawing from Instructor 3's experience, instructors may be positioned to respond because they are distinctively available and accessible when compared with other forms of on-campus support, which require appointments booked several weeks in advance. However, these accounts also suggest that instructors may not be sufficiently connected to the other existing services and supports to provide an appropriate frontline response. It is also possible they will understand their roles primarily as educators and administrators, rather than as frontline mental health promotors. Considering these realities, it may be unsustainable and problematic for instructors to

be situated as frontline responders. As will be further addressed in this chapter (see "Listening and Engaging in Conversation") instructors are ill-supported to engage in these interactions as no guidance is given for how an instructor might foster a safe space for students nor are instructors explicitly advised that they are to play a role in student mental health promotion. As will be further discussed in Chapter 5, this form of mental health promotion (i.e., providing direct support to students with mental health concerns) is not currently outlined by the university as within the official purview of instructors. Given that instructors may be required to engage with students in crisis or immediate need of support, the lack of training, resources, and other forms of support provided to instructors is a significant institutional oversight.

Referring Students to Resources

Instructor 3's account points to another instructor activity that instructors actually do when supporting students: referring students to resources and additional supports. Participants did not frequently discuss experiences of this activity, itself; rather, conversations seemed to come back to participants' experiences with institutionally-provided resources that were designed to facilitate referrals.

Administrator 2 was the only participant confident that instructors were frequently sharing resources with students. They stated:

> They may not feel comfortable sharing personal experience…but they will share resources and they will seek out resources to be able to share…. I have had faculty who have come and said, "I'd like to know more about the, the Hub and I'd like to know more about what you're doing so that we can share it with the students."

From the instructor standpoint, students rarely need a referral because they have an existing knowledge of resources. As Instructor 2 relayed, "Almost in every case though, the

student says, ‘Yes, I'm seeing a therapist,’ or ‘Yes, I have an appointment to see someone at the wellness center,’” and Instructor 1 related, “I haven’t had students say like, ‘I don’t know what to do.’”

Meanwhile, Students 2, 3 and 4 each shared concerns surrounding the process by which instructors refer to resources and noted the importance of this activity. Student 2 share that some instructors refer students to resources without adequate knowledge of whether the resource is appropriate for the student, stating: “They'll say I don't know what this means, but here’s some information for you…. If you offer a resource and don't know what it does and don't know what it means, you can end up doing a lot more harm than good.” Students 3 and 4 both found that instructors they had engaged with did not provide resources or did not know what resources existed. Thus, while referring students to resources seems like a critical activity for instructors, and one that administrators suggest instructors are undertaking, interviews with students suggest that some instructors may not be effectively doing so and may not understand the importance of doing so. Indeed among all the people I spoke with, few participants had experiences with/as instructors referring students to resources, even though we spent a significant amount of time during interviews discussing their awareness of and use of institutional resources designed to support this activity. In particular, I was very interested in learning about participants’ experiences with two supports for instructors: The Helping Students in Difficulty Folder and the Early Alert System. My interest derives from the nature of these two supports: they can be used to promote student mental health, and they are the only institutionally-provided, stand-alone resources that are intended to be used by instructors.

Support 1 for Referring Students to Resources – the Helping Students in Difficulty Folder

First, the Helping Students in Difficulty Folder, formerly called the Red Folder, is available online or in physical copy and was designed by the Office of the Dean of Students for use by instructors and staff members. The Folder is “a guide for what to do and who to contact in emergencies, crises, and worrisome or difficult situations” (McGill University, n.d.-e). Administrator 2 spoke to the utility of the Folder saying, “It’s a necessity ‘cause there’s a sense of reassurance” for instructors to know that there are resources to which they can direct students. Yet, in a discussion of a staff meeting they attended, Instructor 3 relayed to me that “Even after all these years, people were not conversant with the Red Folder, which is astonishing because you know many people have been at the university for 30 years of more.” Supporting this conclusion, when I asked if they had heard about or used the Folder, two instructors responded that they were not familiar with, nor had they used the Folder.

Next, I asked participants in instructor roles how they had or would hypothetically use the Folder, asking them to role-play a scenario with me if there were sufficient time during the interview. Administrator 4, whose knowledge of the resource was more profound than that other participants by nature of their role, stated:

> We always say to the profs, “Don't pick it up and look at it. Don't pick it up when a student’s sitting with you. Look at it before,” but basically it’s really basic. In fact it could probably be a bookmark with like three numbers on it.

Yet, Instructor 3 and Administrator 2 shared alternative uses with the latter asserting that “Professors won’t read something like this…until they need it…. I’m not gonna grab this until I’m faced with a student who I’m concerned about.” In the same way, Instructor 3 shared how they interacted with the Folder to support a colleague who needed to make a referral:

> It actually stemmed from a meeting we had… It was very surreal that like, later that afternoon, one of our own colleagues came by my office and just said, "I just had a student, like spent an hour in my office talking about how she's been sexually assaulted and all this stuff." And she's like, "I don't know what to do. What the fuck do I do?" And I'm like, "Well, I was just sending you this, let's look up what to do on the website." But I mean it literally took a bad experience that…I have a colleague freaking out, for me to then go to this website where it's like, "Oh, right. Like there are the places where I can send the student." And so when I say the website, I should probably know it, but I have it saved desktop cause I know I'll never remember it… the "Helping Students in Difficulty" PDF. So I have that on my computer because I know I'll never remember what website you actually go to for this. And so, you know, and in fact after that kind of frustrating, very frustrating meeting with my colleagues where they were mostly like, "I don't want to deal with any of this shit," I'm like, "Well, we kind of have to deal with it a little bit." So I then emailed the PDF to everybody in the department and said, "Have this sitting on your computer or printed out by your desk."

When I asked Instructor 3 how they would physically use the Folder, they responded:

> You know what, I have done that once in a while. Like I've said like, "Hey, I think there are places I can send you and here they are." Um, and I don't show them this [online version of the Folder] because, you know, like, I don't want them to see "worrisome behaviour" and for them to say like, "Oh no. Which one is he saying I am?" Um, and so I do that.

Instructors thus describe choosing to use and not use the "Helping Students in Difficulty" folder in a range of different ways, as well. Given their position at the university, Administrator

4's account of how to use the Folder is probably most consistent with the institution's intended use of this resource. Yet, there was a marked discrepancy between the function of the folder in theory (that is, as Administrator 4 describes it) and in practice, as the experiences of Administrator 2 and Instructor 3 suggest. Notably, both the website that hosts the Folder and the Folder itself do not provide any instruction on how the Folder should be used. It might be unreasonable to expect instructors to use the resource in the institutionally-desired way, when instructors are not adequately informed of the institution's desired uses of it nor its intended purposes. But, as I have already indicated, it is not clear that all instructors even see their role in the university as inclusive of mental health promotion. Ultimately, it is also unclear whether an instructor would use the resource as intended if they were informed about the institution's desired uses of it. A natural outcome of this missing instruction and lack of dialogue about the resource is that the effectiveness of the resource is limited, as well as instructors' ability to effectively refer a student to resources that promote their mental health.

Support 2 for Referring Students to Resources – the Early Alert System

Noticeably missing from participants' accounts were mentions of the "Early Alert System," the other institutionally provided resource for instructors supporting students with mental health concerns. (No instructor-participants had used it.) The Early Alert System (EAS) is a feature available to instructors on McGill's learning management system "myCourses" (Desire2Learn) that "allows instructors to express concern for a student experiencing difficulty" (McGill University, n.d.-f). According to the EAS description, instructors can anonymously and confidentially signal to the Case Manager at the Office Dean of Students that a student may be in need of assistance, thus referring students to the Case Manager for support. At the outset, it

seemed to me that the EAS could mitigate the aforementioned issue of instructors not having sufficient knowledge to make effective referrals.

The EAS was of particular interest to me because it is one of the few institutional resources, but also because I witnessed impassioned student responses to the System while at a "Public Assembly & Letter-Writing Soiree" on December 11, 2019. I intended to attend this student event as a participant-observer, but I responded to the organizers' call for active listeners and acknowledged that I may not be able to observe the meeting if I were needed by attendees. Ultimately, I was not contacted for active listening support and was able to observe the meeting. Following a presentation by the Student Society of McGill University (SSMU) Executives and a representative from the Association of Graduate Students Employed at McGill (AGSEM), attendees engaged in a general discussion about the functioning of the Wellness Hub. The discussion was wide-ranging, but I was struck by the very personal testimonies that some attendees gave of negative experiences as patients of the university's new Wellness Hub. In particular, I was shocked to hear biting criticism of the EAS as a way for instructors to 'narc on students.' I was very curious about this understanding of the EAS, and I realized then that I had never engaged in conversation with students about it – my understanding derived solely from my lived experience as a student and my interactions with instructors and administrators, who were fervent supporters of the System. I bookmarked the Early Alert System as a topic of note, particularly for my student and instructor interviews.

Conversations with student-participants would confirm that there were concerns surrounding the EAS. One student articulated that instructors are told to use the EAS when "there's a student who's difficult or [they] don't know how to deal with [them]," saying that instructors are not given a whole lot of details and its very much of 'Oh yes, the student will be

sent to the Dean of Students without your name being used.'" I did not understand the connection between what this student was describing and "narking," so I asked: "So what is the primary fear about using it? What is the 'narc' aspect? That it'll be on their file or…" The student clarified:

> We just call it narking on your students because it's like sending a student who might have a medical need to a non-medical person… I just personally don't feel comfortable flagging a student with a disciplinarian, which is in my opinion the role of the Dean of Students…. If, for example, there was a system that would refer someone to a counselor directly, I would have very different feelings. But, this is like a thing that a student doesn't like consent to and is forced to go to this thing that might make it worse.

I asked the student if they would prefer if, hypothetically, it were not possible for the student to go directly to a counsellor but instead the student could meet with an intermediary who was not a disciplinary officer. The student responded:

> I mean if it was someone who was a caseworker who is a social worker who has that training, I would say yeah, like that would be an interesting way of like working that intermediary step. But that would be someone with training. Um, I'm not thinking of like yet another administrator sitting down with someone.

The student-participant made it clear to me that they understood the EAS as a means for reporting on and disciplining students with mental health concerns, instead of offering them meaningful support.

Administrator and instructors did not share the same understanding of the EAS. Instructor-participant talk about the EAS was very limited due to a lack of instructor use of this resource. The extent of instructor engagement with the EAS was "never having seen the button

on learning management system McGill uses (myCourses) before, but making note of it when they did see it recently." Alternatively, administrators were familiar with the EAS and shared positive experiences with it. According to one administrator, the case manager who makes contact with students finds that "98% or more [students] respond and respond positively." Yet, this administrator acknowledged and anticipated the opposition and gave a response to it, explaining:

> There's a perception by some students that it's overreaching by the administration into a student's private life. But the reality is our early alerts, the response is extremely positive. The thing about it is it's a bit misunderstood. It's the same as a prof calling up somebody and saying, 'I'm worried about the student.' We're a community and we have a responsibility to help each other…. Um, so, so there's a narrative and a certain perception that doesn't match the reality a little bit, but many, many, many schools have this kind of system and it's pretty common practice in most institutions of higher learning.

One staff member shared the way that instructors were also concerned about the EAS:

> One or two of the professors in the room felt it was almost like tattling, but they weren't really sure about the best time to use it. And so we just had to, we had a conversation… Typically when students do receive a cold call from the Dean of Students that they're shocked that professors had noticed that anything was going on and they usually actually felt, they usually appreciated it… Um, but yeah, some professors were like, "Oh, I don't know about that and I don't want to feel like I'm betraying the student."

Confused by the confusion and varying experiences with the EAS, I contacted the case manager who directly receives the EAS notifications and reaches out to students. I asked for them to explain the EAS to me and they clarified that after they receive the alert from instructors,

the case manager contacts students via email with an unspecific message, and students are not required to respond to the email or pushed toward any kind of action. Additionally, as the case manager explained, the alert does not appear on the student's academic record. I wondered why there were such divergent understandings of the EAS: the only congruency between the understandings of the students and administrators/staff members was that students are not contacted by a counsellor directly. It seemed that both understandings have been documented and shared publicly (AGSEM, 2019; Buddle, 2017), but there was no evidence to suggest significant dialogue between those who hold these opposite understandings.

Altogether, a key finding on the topic of resource referrals is that the prevalence of instructor engagement in this activity is unknown. Findings about the institutional support that instructors could access are more complex. There seems to be radical divergences between experiences of administrators, students, and instructors with both the Helping Students in Difficulty Folder and the Early Alert Systems. With regard to both resources, administrator-participant talk reflected positive experiences, as they found the resources effective and understood instructors to be using the resources. On the other hand, instructors, students and staff members gave alternative accounts. Staff members and instructors indicated that instructors had not frequently or ever used either resource. A lack of instructor awareness of the existence of the Helping Students in Difficulty Folder and Early Alert System seemed to inhibit use and there was a general lack of clarity surrounding how they should be used, which again may inhibit use.

When we consider relevant grey literature, this finding – that instructors were not frequently referring students to resources or using designated institutional supports for doing so – elucidates a critical disjuncture between institutional expectations of instructors and what is actually happening. In grey literature, referring students to resources is mentioned as a key way

for instructors to engage in mental health promotion. Among other scholarly blog posts, the National Standard for Psychological Health and Safety of Post-Secondary Students Scoping Review, a Canadian standard that will outline voluntary guidelines for post-secondary institutions vis-à-vis student mental health, recommends this activity. As stated in the Review: "all faculty and staff need to be trained to support early identification and appropriate referral of students with emerging or ongoing mental health problems" (Linden et al., 2018, p. 7). McGill follows suit: the Wellness Hub website states that they aim to "facilitate [faculty and staff's] role of connecting students to the support they need" (McGill University, n.d.-d). Thus, it seems that referring students to resources is a critical activity that McGill both expects instructors to engage in and seems to believe that they are preparing instructors to engage in. However, with inadequate resources and no clear pathway for actually preparing instructors to effectively refer students to resources, the institution does not systematically prepare instructors to meet this expectation.

As well, the divergence between administrator and student understandings of the Early Alert System is a critical finding. Students voiced concerns that directly opposed administrator-participants' understandings. In particular, there were different understandings of the intended and actual use of the resource, such that student fears surrounding "narking" and institutional overreach can be pit against administrators' praise of the resources' infallibility. (As students relayed to me confidentially, their concerns are also rooted in their other negative experiences at McGill, which have led to a general sense of institutional mistrust.) Considering that students for whom these resources are used may potentially have mental health concerns, the disjuncture between students' understandings and the administrators' understandings may come to represent

systemic, institutional ignorance of the needs of an already stigmatized population with exceptional needs.

These differences in understandings of institutional supports points to a critical lack of dialogue between key stakeholders. This lack of dialogue may be significantly hindering administrators' and staff members' ability to adequately support instructors and, consequentially, instructors' ability to make appropriate referrals, and consequentially, students' ability to access adequate care. Having sat on committees over the years that featured conversation between students, instructors, and administrators on the topic of mental health, I wondered about this persistent disjuncture: there seem to be locations for fostering this dialogue and, yet, there are still radically divergent understandings. (This discussion of dialogue will be continued in Chapter 5.)

Listening and Engaging in Conversation

As I relayed in the introduction to this section ("Providing Direct Support to Students with Mental Health Concerns"), engaging in one-on-one conversations with students explicitly about their mental health is a noteworthy activity for many instructors. While, according to participants, conversations frequently surrounded assessment-related accommodations, this section will discuss conversation as they happen apart from accommodations, as accommodations are explored at length in Chapter 4. While almost all participants discussed this activity and, in particular, voiced concerns about it, no scholarly literature points to the prevalence of instructors engaging in conversation with students about their mental health. Thus, these efforts, although prevalent, have gone largely undocumented and are excluded from institutional discourses about mental health promotion on Canadian campuses.

Administrator 4 was the only participant who shared a positive experience wherein they listened to and engaged with a student about their mental health concerns outside of the context of the student's desire for academic accommodations. After a number of academic signals – noticing that the student was struggling with late submissions and absenteeism – Administrator 4 asked the graduate student under their supervision "how are you doing?" When the student divulged that they were struggling with their mental health, Administrator 4 asked how they could help the student, saying to the student, "If you need more time, let's talk about that" and further clarified that the student's mental health was a priority. Administrator 4 relayed that all ended well with the student completing their degree. They also explained their approach and the value of listening, saying that "people sometimes just need to talk and people need to listen." On the other hand, Instructor 2 expressed concern about inviting students to share their experiences. According to Instructor 2, their colleagues may "feel like they know how to handle those conversations. I don't know if I know how to handle those conversations." Further detailing their approach to supporting students, they stated that they "try not to be too prying about information." They go on to explain: "[I do not invite them to open up to me] in part because I know that's not a good thing to do, but also in part because I feel like if that is, then that can of worms is open, I don't know how to deal with that can of worms." The interview proceeded as follows:

Kira: So would the can of worms for you be students then disclosing things to you in terms of needing your support and then you not knowing how to negotiate that?

Instructor 2: Yeah, I mean, and again, this is where I feel like it's not entirely altruistic because I know that on the one hand, you know, I read the websites and so they say like, you know, there are responses, you know, "Thank you for sharing that

> with me. Yeah. That sounds difficult." You know, all that kind of stuff. Yeah. Um, but I, I'm genuinely wary in that I sort of, feel like if I start being in that conversation, then they'll want a different relationship with me than the relationship we have, which is instructor and student. Um, but I feel complicated about that because there are some times where you're like, you know what, I am an instructor and [you're a] student, but we're also two people. And like sometimes it's nice for one person to reach out to them, you know? So, I'm a little ambivalent about my wariness of you know, getting involved in their lives.

Instructor 1 similarly questioned whether they should be supporting students and experienced conflict in determining how to respond. When a student disclosed personal issues to them, they stated: "I felt like I wasn't doing my job if I didn't say anything in response to what he said." I asked whether their concern was that their response might be perceived as being directional (e.g., giving the student advice) and the instructor responded: "I didn't think it was my place." The instructor ended up "throwing some ideas out there." Student 3 shared that in their conversations with instructors, they found that "professors are really scared because if someone comes to them with this, like 'I think I might kill myself,' they don't know how to respond." Here, it seems that instructors and students understand instructors as not adequately equipped or positioned to respond to students with mental health concerns.

There is no evidence that the institution meaningfully recognizes or is addressing these concerns surrounding instructor inability to respond or instructor trepidation with respect to student-instructor boundaries. The existence of online resources, available to instructors to assist them in listening and engaging in conversation with students about their mental health challenges, does not appear to mitigate these concerns. Instructor 2 noted that the "Wellness Hub

page" had "some good strategies to have on hand." However, these resources are limited and require navigation of the Student Wellness Hub website, which may not be an intuitive move for an instructor seeking resources to inform their teaching practices (for example, they may be more apt to check the Teaching and Learning Services website, which hosts all other instructor resources). On the Student Wellness Hub website, there is a tab accessible from the main screen called "Faculty/Staff Resources" (McGill University, n.d.-d). There are two tabs on that webpage that are relevant to instructors who are engaging in conversation with students. The first focuses on terminology and making accurate student referrals to the physical and virtual Wellness Hub. Second, "Faculty FAQ's" include very brief answers to questions in the following categories: 1) information about the Hub and mental health note policy for instructors (i.e., "What are Access Advisors and Local Wellness Advisors?," "Is the Hub finished?," "Has our policy on medical notes changed?"), 2) practical information for student referrals ("How does this change where I refer students?," "If a student has a general medical question, where should I refer them?," "Where should I send students after-hours?," and, "As a faculty member, what can I do to help connect students with health and wellness resources?"), and 3) a strategy for responding to mental health crisis ("What should I do if a student mentions harming themselves or suicide?"). Finally, at the bottom of this page, there is the statement "If you'd like to learn more about helping students in difficulty, the Dean's Office has additional resources," which links to the Office of the Dean of Students' website "Staff Resources." On the "Staff Resources" page, the only information pertinent to how instructors should engage in conversation with students is included under the "Helping Students in Difficulty" tab (McGill University n.d.-e). Figure 2 is an image of this tab, which has been included below (McGill University Office of the Dean of Students, n.d.). Notably, there are seven, single-sentence bullet points under the heading "Tips

for talking to a student in difficulty".

McGill.CA / OFFICE OF THE DEAN OF STUDENTS / For Staff

Helping Students in Difficulty

Worrisome Student Behaviour

Early Alert System

The Helping Students in Difficulty Folder

This resource, created by The Office of the Dean of Students, is your guide for what to do and who to contact in emergencies, crises, and worrisome or difficult situations.

If your unit would like paper copies of the 2019 edition of the Helping Students in Difficulty folder, it is available at the Office of the Dean of Students, Suite 2100, Brown Student Services Building, or call 514-398-4990.

− Tips for talking to a student in difficulty

- Establish proper rapport by listening
- Talk in a private place (unless the student is aggressive)
- Ask if the student is already connected to a McGill Student Service, and if you may call that service
- Don't ask too many questions
- Be careful not to overstep your boundaries
- State your understanding of their concerns and feelings
- Develop a concrete action path

Figure 1: [Screenshot of the McGill University Office of the Dean of Students "The Helping Students in Difficulty Folder" website]. (n.d.). https://www.mcgill.ca/deanofstudents/staff/helpingstudents

Hosted on the Student Wellness Hub and Office of the Dean of Students websites, these brief tips and FAQ's require an instructor to purposefully search out these resources with intention, navigating through numerous webpages and tabs to find relevant information. Additionally, the brief, 1-3 sentence-long suggestions for speaking to students do not adequately prepare an instructor to engage with a student. For example, "Be careful not to overstep your boundaries" is useless, unless "boundaries" are clarified. It is doubtful that this short statement could address the above-mentioned conflict that Instructor 1 and Instructor 3 shared with regard to knowing how to respond to students while maintaining boundaries. Altogether, the resources provided by McGill for instructors are significantly lacking in detail and utility, which is concerning when instructors may have to respond to students in crisis, as Student 3 shared.

Concluding Remarks

In this chapter, I have outlined three activities that instructors engage in when they are providing direct support to a student with mental health concerns and I will summarize key findings here. Fundamentally, it seems that instructors are engaging in a variety of activities in attempt to provide students with direct support. For example, instructors regularly spoke of finding a safe (i.e., quiet and private) space for a student to be. However, they also explain that they engage in this activity because they are unaware of other forms of support that are immediately accessible to students or when they are unsure how else to respond. This is of significant concern. As earlier described, this understanding – that there is not immediately accessible support for students – is shared by many members of the McGill community. However, in the case that immediate support is available but not adequately communicated, instructors are misinformed and they may not be directing students to timely and adequate sources of care. Alternatively, if instructors are indeed well-informed, there is a significant institutional failure to offer students immediate support and institutions are effectively requiring instructors to serve as ill-equipped frontline responders.

The discussions of referring students to resources, and listening and engaging in conversation with students (i.e., the other two activities in this section) further show how the institution is failing to adequately equip instructors to provide direct support to students with mental health concerns. As explored within the context of referring students to resources, existing supports for instructors are not widely used, and they are not consistently understood or trusted by members of the community. In the context of listening an engaging in conversation with students, instructors experience significant challenges that are not adequately addressed by the institution or the currently available institutional resources. Critical questions surrounding the

role of instructors, instructor-student boundaries, and how to actually engage with a student with mental health concerns are not answered by the institution. Instructors are currently grossly under-prepared and under-supported to effectively support students, yet they are consistently required to do so. Further, administrators did not indicate that there is an institutional understanding of these systemic shortcomings. From the administrative understanding, instructors know how to and do provide support to students with mental health concerns, instructors have effective resources, and the organization of the institution is serving instructors and students. If instructors are to be able to effectively provide direct support to students with mental health concerns, there must be an institutional understanding of instructors' and students' experiences and corresponding institutional action.

Chapter 4: Assessment-Related Activities

When I began formally embarking upon this research at the start of my master's degree, I was most intrigued by the possibility that instructors were engaging in mental health promoting activities that were inherent in their academic responsibilities (i.e., their teaching). A month into my degree, an article by Lane et al. (2018) was published, detailing research on student perspectives on pedagogical practices that positively influence student wellbeing. Students ranked their preferences for pre-determined teaching practices that were identified by the researchers (through scholarly sources, student surveys and experiential knowledge of the researchers) to be effective in promoting student learning. The study found that of the top four student preferences for practices that positively influenced their wellbeing, three concerned assessment ("When the instructor is clear about the expectations for assessment;" "When the instructor takes complicated assignments and breaks them into smaller components;" and "When the instructor provides feedback at multiple points in the course.") These findings were interesting to me, but I was still curious about the experiences of instructors and administrators, and if/how they had experienced mental health promotion as it intersected with assessment.

Similar to Chapter 3, this chapter is organized to bring into view a set of mental health promoting activities in which instructors are actually engaging. Through interviews and observations of meetings with instructors, administrators, staff members and students, activities surrounding assessment of student learning and assessment-related accommodations emerged as important to participants. Where relevant, I will share institutional resources and support that instructors could draw on when engaging in these activities. Ultimately, however, the lack of institutional support that instructors receive compounds with significant institutional barriers that

which students experience, resulting in an absence of activities that promote mental health and the existence of practices that are actively detrimental to students' mental health.

Assessment of Student Learning

During Phase 1, I observed a committee meeting at which the primary agenda item was, fortuitously, "How do academics represent a burden on the mental health of students?" While meeting attendees were welcome to discuss any aspects of students' academic experience, this meeting was dominated by discussions of the negative impact of assessment on students' mental health. Notably, participants in Phase 2 also expressed that methods of assessing students' learning had great potential to hinder or promote student mental health, as assessment is "where the vulnerability of students really declares itself" (Administrator 2). Notably, participants shared a number of activities that they found both did and did not promote student mental health, and many had had negative experiences with assessment-related activities. My conversations with participants about assessment typically surrounded issues of administering clear assessments and maintaining academic rigor, and offering a variety of assessments and barriers to doing so.

Clear Assessments and Academic Rigor

A concern surrounding assessment that lacks clarity was shared by a number of participants. In particular, approaches to assessment that left students unsure about instructors' expectations and how to succeed, as well as why they received certain grades, was overwhelmingly noted as detrimental to students' mental health. Student 4 relayed the experience of taking a test for which they were not given the format in advance:

> That was hard. And again, it's difficult to find this balance between…I don't want to be babied, right? I want to be able to go into a situation that I'm not necessarily 100% prepped for. Right. But at the same time it's sort of like, well, you could tell us a little bit.

Responding to this concern, Administrator 4 provides students with "good rubrics that are available ahead of time [which] helps mental health 'cause it's about understanding expectations," such that "there's no mystery." Similarly, Instructor 1 tries to ensure that students are adequately prepared and attempts to reduce their stress by giving them essay questions in advance. They do not want students to wonder "what the hell is going to happen to me for the next three hours?" when they walk into an exam. They also introduced take-home exams, but not expressly to promote students' mental health: "Even though I recognize the mental health component to it, the primary reason I give it is because I think you get better work when somebody has time to think about it." At the same time, Instructor 1 echoed Student 2's desire not to be babied, noting that there was a difference in "guidance versus writing the essay."

Attempting to maintain a balance between administering rigorous assessments and adequately preparing students to succeed was a topic of discussion familiar to me. In my role as a project assistant at Teaching and Learning Services, I support the Assessment and Feedback Group, which is a community of instructors, staff and students that meet monthly to "rethink assessment and feedback practices with a view to enhancing McGill students' learning experiences" (McGill University, n.d.-g). We have discussed how instructors feel they are managing to administer clear and rigorous assessments – like Instructor 1, some instructors believe they are managing well, while others do not. As instructors have explained to me, challenges sometimes arise because their efforts are complicated by departmental obligations to maintain certain grade averages. Some instructors have expressed concerns that if they prepare students "too well" or provide assessments that are "too clear," they will be required to give students correspondingly high grades and their rigour will be questioned by their superiors. Resultantly, they may be disinclined to provide clear assessments, which have been previously

noted as positively impacting students mental health. Alternatively, instructors in disciplines that require grades to be curved are concerned that they have to make significant changes to student grades. Noting the impact of this requirement on students, during our interview, Administrator 1 stated that "curving is the ultimate killer." Administrator 1 distinguished between systematic curving, where there are program-specific requirements for grade distribution, and the "more insidious" instructor-determined curving, such that instructors decide the percentage boundaries for each letter grade at any point throughout the term, without communicating these to students. In consideration of students' mental health, Administrator 1 would always communicate their approach to curving the beginning of the semester, so that students know where they stand. As Administrator 1 saw it:

> One of the main issues we have in our courses that affects the mental health of all students is the lack of knowledge of how well you're doing. What kills you as a student is the race for the top because you don't know where the line is. You don't know what it means to pass the class and you don't get enough feedback to know that you are above that line.

Student-participants echoed these concerns and Student 3 explained that sometimes their peers do not understand why they received certain grades and what that grade means when certain programs curve grades. Communicating why grades have been lowered, for example, "is so important" according to Student 3.

Yet, even if instructors do communicate their reasoning for providing students with certain grades, an institutional context where there are formal measures (e.g., curving) and informal measures (e.g., pressure on instructors from superiors to prepare students less and provide less clear assessment) applied inconsistently across the institution to ensure that all

students cannot achieve high grades is problematically at odds with the principles of assessment espoused by Teaching and Learning Services. There has been much ado made in the last decade about grade inflation in higher education, and the resulting impact on academic rigor and the credibility of post-secondary institutions (Study International Staff, 2019). Yet, despite this widespread concern, there does not seem to make a distinction between instructors engaging in grade inflation, and exceptionally effective teaching and clear and fair assessments at McGill. Resultantly, instructors experience significant challenges to teaching and assessing, and students' mental health (and learning) may be hindered in the process. It exceeds the scope of this research to delve further into the institutional approach to grade inflation, but I believe that that which has been discussed here shows the need for further discussions about the way in which assessment practices impact student mental health.

Providing a Variety of Assessments and Resultant Barriers

In addition to administering clear assessments, participants noted that providing students with a number of opportunities to have their work assessed was beneficial for students' mental health. In doing so, they said, instructors can give students feedback and multiple opportunities to be assessed, reducing the number of high-stakes assessments. Instructor 1 shared a strategy that they use to ensure that students are completing readings, while also allowing students to explore their interests related to the course. Speaking to this strategy, Instructor 1 stated, "You find it easier to navigate your life as a student if you have more things on your plate that are things that you chose to do." When asked about a specific assessment that they recalled being beneficial for their mental health, Student 2 described a low-stakes activity in which students selected the metro station that they wanted to travel to and the variables they measured while there. The agency they had while completing the assignment left the student feeling fulfilled (this

which they associated with positive mental health) and with a greater understanding of the material.

Additionally, Administrators 2 and 4 described providing alternate methods of assessment, such as oral exams, and optionally graded and gradeless assignments. In particular, Administrator 2 saw a number of small assessments as an alternative to “a traditional, you know, you miss the midterm and so… the final will be worth 100%.” This approach, said Administrator 2, involves “having some appreciation for what that [type of high stakes assessment strategy] does to the individual.” According to Administrator 4, instructors “have a responsibility to give good feedback.” Thus, there was an emphasis on providing feedback and multiple opportunities to be assessed as important for giving students an adequate understanding of how to succeed and opportunities to succeed, facilitating positive mental health.

At the same time, participants in Phase 2 expressed a number of concerns surrounding both student and instructor workload, and logistical barriers that hinder instructors’ ability to administer various assessments. At the aforementioned meeting in Phase 1, attendees were concerned with students being overburdened with an excessive number of assessments and the resultant poor mental health they were experiencing. Similarly, in Phase 2, Instructor 1 spoke to the effect of an excessive number of assessments on both students and instructors, as “giving too many assignments definitely challenges [their] mental health and can sometimes not be good for the students’ mental health.” They saw this negative impact on students as arising from their inability to assess students quickly enough to provide them with useful and actionable feedback for their next assessment, and leaving students without a “sense of where they’re standing in the course.” Here, Instructor 1 points to the lack of human resources (in the form of teaching

assistants or graders) that acts as a barrier to administering a greater number and variety of assessments.

In Assessment and Feedback Group meetings, instructors who teach large classes have often lamented being unable to administer assessments outside of midterms and final exams: despite having teaching assistants, they would be incapable of assessing the quantity of student work in a timely fashion. In a continuation of the earlier dialogue, Administrator 2 explained that while instructors have the ability to make changes to their assessment practices, "part of the reason why we have those kinds of, you know, 40%, 60% exams. It's because of the large classes. It's… almost impossible to do any other form of grading." Administrator 2 also pointed to the dearth in human resources that would be necessary for other methods of assessment that would be more beneficial for students' mental health. Similarly, Instructor 4 stated that "they would love to get rid of the final," but "there are a lot of constraints to not having finals…with large courses it is difficult." They also shared their struggles with coordinating midterms:

> I would love to have more midterms, but then midterms are decentralized, which means that I have to go potentially look for a different classroom, which is never available because we are space constrained. I need to make sure that there are several versions, maybe because they're all sitting next to each other and of course you want to make sure that you know that works well. Then [students] have to rush from one course before and one course after, which means that the midterm has to be very short and then there are bunch of other, you know, logistical issues on top of course then if I need time to grade all of these exams…. I mean invigilating 85 students with a TA in one hour and 20 minutes and trying to make sure that everybody's on time and then they cannot come and

then they get sick. So that I think that's something that I would love to. But yeah, there's a constraint to what I can do.

The accounts of participants in Phase 2 point to institutional organization that limits the ability of instructors to assess in ways that promote student mental health. In large classes, in particular, space restrictions and limited peoplepower mean that moving away from high stakes summative assessment and innovating is almost impossible.

Without adequate institutional support (in the form of space, time, and human resources) instructors cannot always feasibly implement assessment strategies that promote student mental health. Additionally, assessment is an area in which McGill's Teaching and Learning Services has a number of resources and supports (e.g., online assessment strategy examples, the aforementioned Assessment and Feedback Group), but there are none that specifically address mental health promotion. While mental health, and wellbeing more generally, has briefly arisen in conversation at meetings, it is never the focus of conversation at meetings. Yet, discussions of student wellbeing have been featured at events hosted by the Assessment and Feedback Group: "Assessment and student well-being" was a networking lunch table at the Assessment Symposium in 2019 and at a recent lunch for new instructors (Hepnar, 2020; McGill University, n.d.-h). At the latter, I gave a five-minute talk on the topic of assessment strategies, detailing those put forward by other post-secondary institutions' to promote student mental health. As I shared at the event, these strategies rely on clear, diverse assessment methods. One example of these strategies was flexible assessment (Rideout, 2018) wherein students "personalize their learning experience selecting the value—within certain limits—that the different assessments will have in determining their final grade" (Smith, 2019). Many instructors responded positively

and were intrigued by the presentation; yet, we all noted the same issues surrounding feasibility of applying the strategies to instructors' contexts.

Yet, there is hope that the university is focussing more on the relationship between student mental health and assessment, and may be moving toward providing instructors with increased support. To guide the revision of the University Student Assessment Policy, "Pedagogical Principles for Assessment" were drafted in 2018 (McGill University, 2019). These principles cannot be found online, but I received a copy as university committee member. The first principle is "Assessment practices are aligned with and reflective of the commitment to healthy teaching and learning environments that underpins a McGill education." The University Student Assessment Policy is currently undergoing a revision, so information about the translation of this principle into practice and the support that will facilitate student mental health promotion is forthcoming (McGill University, 2016a). (The University Student Assessment Policy will be discussed further in Chapter 5).

Assessment-Related Accommodations

Assessment-related accommodations[3] were a significant source of concern for participants, as well as an area that participants commented held great potential for instructors to promote the mental health of students. Accommodations are inherently pedagogical (relating to teaching, specifically), but also often involve explicit discussion of students' mental health. There was a diversity of experiences shared, pointing toward a system in which accommodations function as both a context for student disclosures and a response to student disclosures. In both cases, instructors and students experience particular challenges, as a result of inadequate or absent institutional processes and support.

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[3] "Accommodations" will be used to refer to assessment-related accommodations for the remainder of this chapter.

Instructor-participants outlined their approaches to responding to an assessment-related accommodation request on the grounds of mental health. Administrator 4, Administrator 2 and Instructor 2 were distinctively flexible in their approaches and noted that altering deadlines to accommodate students was an important way to support students, often reflecting on their understanding of the purpose of assessment. Administrator 4 walked me through their approach to a conversation with a student about deadlines:

> If you need more time, let's talk about that. And if you're not able to meet deadlines, this is not a problem. The deadlines are artificial. We put a plan in place and the plan will constantly evolve. It might be, you know, I'm not going to get this piece done for two weeks, a week and a half later. It might be actually I need a month. No problem…. It's how people are doing and they're only going to succeed in their academics if they're, if they're feeling, you know that if their mental health is flourishing, otherwise it doesn't work.

Administrator 2 similarly spoke to the way that their approach communicated the value of deadlines:

> A student can't complete or isn't there to complete a 5% assignment in class and they weren't able to attend class because they couldn't get out of bed that morning. Um, well, you know, "Do it on your own time and hand it in." Like what's the big deal? Uh, I don't, you know, where in life are students ever going to be faced with the kind of deadlines and rigidity that we put them through here.

In the same way, Instructor 2 noted that discussions of mental health are "most often around the thing about 'I would like to have an extension.' Their response would typically be, 'Look, this is the same thing as if you had broken a leg… this is something preventing you from

doing your work… so this is allowed.'" The instructor also noted that students say, "Do you need to see documentation?" I'm like, "if you have it, that's great, but you know, in general it's not contingent on that."

From the student standpoint, Student 4 recalled an instance where an instructor took a similar approach to accommodating them. In recovery from an eating disorder, Student 4 was under "more emotional stress than usual" at the end of the term and needed to return home a month early. Their doctor suggested that they ask for a final exam to be moved to facilitate this return home. Student 4 detailed how they approached their instructor and the instructor's response:

> I mentioned, okay, "I have anorexia, I have this doctor's note, you know, it's just not going, not been going super well and I want to make sure that I don't go more off the rails." His response was, "Of course, I totally understand. Let's get this sorted for you. My wife has anorexia." Right. And so he knew like he took to it immediately. Right. And he had the most compassionate response. Um, yeah, that's awesome because he was obviously kind of in the thick of it in his own personal life.

Importantly, in these experiences, instructors responded with significant flexibility and in their reasoning or reflections, participants conveyed that they understood this flexibility as positive and mental health promoting. At the same time, participants also spoke directly to the range of instructor responses to accommodation requests wherein some instructors took a less flexible approach. Student 2 shared:

> Um, personally I've had great experiences with some professors. If I tell them, "Hey, I've been having a really tough mental health week, um, I just, I need like two more days for this paper." Sometimes they're very understanding. "Just go ahead. Totally fine." On the

other hand, I've had certain professors be like, "Well, that's not a medical issue. That's not a death in the family. I need documentation. So, no."

After detailing their own approach to accommodation (which as described involved a significant degree of flexibility), Administrator 2 went on to say:

> There's a real range…. [There are] professors who will do anything…who contact me saying, "What can I do? What are the parameters, what are the rules and how flexible can I be?" And then there are those that are extremely rule-bound and rigid and demanding of documentation and notes and even then are suspicious.

From these accounts, we can see a divide between instructors who are flexible and grant accommodations without requesting documentation (or if they do request documentation, they are not doubtful of the validity of students' experiences), and instructors who are rigid and require documentation (and even so, may be suspicious). I found it surprising that despite some participants' negative framing of the latter, some instructor-participants confidently shared responses aligned with "rigid" approaches.

From the instructor standpoint, Instructor 3 was firm in their approach to granting accommodations, giving the reasoning that this was the reality of the "university culture:"

> You are evaluated according to the same standards as everybody else. No more than that…. It would be nice if everybody could take all the time in the world for assignments and could have all the latitude in the world, you know, according to medical issues that people are reckoning with, anxiety issues, whatever. But no, the reality is in a university culture that what, what can happen is that there, there can be adjustments to the conditions under which people develop and submit work.

Instructor 1 and Instructor 4 were particularly concerned with "fairness" and shared the challenges they experienced when determining whether to grant an accommodation. Instructor 1 walked me through their decision-making process:

> Part of it is listening and part of it is getting a sense of…you get to feel like from the student that they are trustworthy, that what they are saying is coming from a real issue and this is not just a card that is being played, you know, to get different accommodations of different sorts. It's of course always easier when you've gotten something from somebody on campus and alerting you to a person. But, um, sometimes you can just get a feeling from the student about whether it is something that really requires your response or may not require. And if I feel, I'm not sure that this is something that requires a response, I'll say, you know, "Have you, are you seeing…, can they forward a note to me?" So I'll never dismiss it totally. But if I, if I haven't received anything, any document or anything to look at from either a person's, you know, therapist or, uh, something from somebody on campus and I'm not convinced, like there's something in the presentation, I'm not sure that there's something here really.

Instructor 1 seemed wary of student manipulation (or students "playing a card") and relied on "getting a feeling" or "getting a sense" of whether students were honestly experiencing a mental health concern that would merit a request for accommodation. When prompted further, Instructor 1 did not articulate exactly how this ability to sense student authenticity functioned or was developed.

When I asked Instructor 4 when conversations surrounding mental health tend to arise, they responded that it was usually after an assessment and "it's usually to ask for an accommodation." They shared a recent experience, in which a student asked for their failing

grade to be adjusted weeks after the exam had been written and Instructor 4 clarified that they would have made an accommodation if they were told earlier. Explaining their reasoning, Instructor 4 said, “If it’s post[-assessment], I can't do anything. Yeah. I mean, because at that point I don't want to be unfair to the others. I'm not going to adjust the grade upward because you're telling me two weeks later that that day you were sick. I'm sorry at that point I can't do much.”

From the experiences of Instructor 1 and 4, we can see that instructors understand their approaches as a means of ensuring fairness. In making decisions about whether a student should receive an accommodation, instructors become bastions of academic integrity for the institution. Additionally, the onus is on students to understand the process for seeking accommodations and self-advocate if they feel the instructor’s approach is unfair. Yet, the organization of the university complicates and problematizes this role for both instructors and students. The lack of formal institutional guidance and support for instructors results in extreme instructor responsibility and autonomy, which when compounded with the inaccessibility of mental health care for students and the challenges they face in obtaining of medical notes (e.g., financial inaccessibility), systematically situates the instructor as able to disadvantage students with mental health concerns or mental illnesses. Clearly, many instructors do not do this. Instead, I am proposing that the university is organized in such a way that instructor discretion can lead to vastly unequal outcomes for students navigating mental health concerns. I will deconstruct each aspect of the aforementioned sequence of events in the following sections.

Student Challenge: Inaccessibility of Care and Medical Notes

Many student-participants brought up the requirement of providing medical notes as supporting documentation in order for instructors to grant an assessment-related accommodation.

According to McGill policy, medical notes may be provided by counsellors, psychiatrists and other clinicians to attest to the need for assessment-related accommodations (McGill University, n.d.-i). Students spoke explicitly about the shortcomings of this requirement, with Student 3 stating:

> There is this problem of a burden of proof […]. You have a note from your doctor or some very good reason for requesting an accommodation, which is incredible, right? That's a big thing to ask from a student who may not know what's going on, who may be new to Montreal or at the very least is for sure new to a university setting, who's tried to navigate a bunch of systems all at once and then have to go through this other system or two.

Similarly, Student 2 shared that:

> I think that is really troubling though, that there is no like, well A) that there's no, um, really solidified centralized system for different kinds of accommodations. […] B) But at the same time, the fact that we […] have a medical note requirement is also I think a huge barrier to taking mental health accommodations as severely as physical health accommodations […] It's obviously still hard [to get a medical note for physical illnesses], but it's a lot easier to get a medical note for like, "I broke my leg" than for like "I have depressive symptoms."

Similarly, Student 1 called medical notes "bullshit" because they increase barriers for students. Student 1 spoke of their experience with these barriers in the form of trying to seek care and a medical note at the Wellness Hub:

> I was sick, um, a couple of weeks ago and they told me, "Oh yeah, like just get there at 6:30 AM and line up out outside." And I was like, "No, I'm not going to do it." I'm

> saying, I can't do this and I'm foreign so I can't go to the CLSC. Otherwise I have to pay out of pocket and I know, I know that these issues exist for students.

As the student-participants' accounts demonstrate, the medical note requirement presents a number of systemic barriers for students with mental health concerns.

Within the university setting, there are significant barriers to obtaining medical notes from the Wellness Hub, these which are directly connected to concerns surrounding institutional capacity for mental health care and shortcomings of the collaborative care approach. As per McGill's policy on medical notes, "Medical notes will only be issued on the day of the missed exam, assignment, project, class or conference" and "No medical notes or confirmations that you presented yourself at the Hub will be issued once the Hub reaches capacity for the day" (McGill University, n.d.-i). Acknowledging that there is a "high volume of drop-in patients" the webpage suggests that students "arrive as early as possible" or 'consult a list of off-campus clinics' (McGill University, n.d.-i). Due to these practices, students experiencing mental health concerns are required to line up very early in the morning, a barrier to those with certain mental health concerns. Additionally, by nature of the collaborative care approach, students who do not meet vague criteria for sufficient severity may not be able to access care on the day of the missed assessment. Students have expressed significant discontent with this system (Bahler, 2017). As an alternative, as the university webpage suggests, students could seek support from an off-campus clinic. As Student 1 shares, however, some students face challenges when attempting to access care and obtain a medical note from local clinics. In addition to physical and financial inaccessibility for some, particularly students without Quebec residency, long wait times and the documented, "problematic" lack of health care for Anglophones in Quebec act as barriers for students (Derfel, 2019). Thus, the medical note requirement systemically intersects with

overwhelming institutional barriers that students experience when accessing mental health care and obtaining medical notes both within the university setting and Montreal.

Compounding the existence of these institutional barriers is the fact that instructors are not consistently and systematically informed about the barriers, when they are positioned to determine whether they will require students to submit medical notes. Turning to instructor-participant talk, it is clear that instructors have significantly different understandings of the inaccessibility of care/medical notes. Here, we can compare the accounts of Instructor 1 and 2.

Instructor 1	Instructor 2
If person is not going through university mechanisms, I kind of feel that if a person is in such a substantial crisis that they are unable to get their work done, they should be seeing somebody. And therefore, I don't think it’s unreasonable to say, “Are you seeing somebody? Well, you should see somebody then. Just give me a note from that person just saying that they are seeing you and that’s plenty.” In pretty much all of the cases, the student produces the note, it doesn't turn out to be a major obstacle. […] I'm never searching for a detail here, but I just want to know that we're talking about if it’s something that serious, but a person tells me that they're not seeing them and there’s no documentation, they can't show anything. I both wonder from the student standpoint of if that’s a good position for them to be in. And from my standpoint, how convinced can I be that this is a real thing?	This is something that I also think is a very difficult issue to navigate. You know, the sort of standard thing that you do when someone says, “Oh, I'm just too sick to do the work.” It’s like, “Do you have a doctor’s note?” And so, it’s frequently a similar kind of thing. And I know that it’s quite difficult for students to see a therapist in a timely fashion here. I mean I think things are getting a bit better. Maybe, I don't know. But I mean, I've had a number of students say, “Yes, I went to the wellness center, but because I'm not suicidal, I can't see anybody for three weeks and the paper’s due in the week.” Right. So, but again, under those conditions, I err on the side, I don't think a student is scamming me. I think if they're talking about this there’s something real going on here. So yeah, I do my best to say, okay, well how much time would you need? And again, I feel like, it’s complicated, right?

The purpose of comparing these accounts is not to argue that one approach is more praiseworthy, but instead to point toward the significant variation in the understanding of students’ ability to obtain medical notes for mental health concerns and the way this understanding influences each instructor’s decision to grant an accommodation. Given their

experience, Instructor 1 understands the mental health care system at McGill and in Montreal as facilitating the process of obtaining a medical note. Instructor 2 comments on the challenges that students experience when attempting to obtain a medical note, due to the shortcomings of the McGill system. In both cases, instructors express uncertainty surrounding whether an accommodation should be made. Here, it is clear that divergences in understanding of student access to medical notes could likely result in very different approaches to accommodating students with the same mental health concerns.

Instructor Challenge: Lack of Guidance and Support

Remarkably, before conducting interviews, I could not locate any clear, university-wide policies or procedures surrounding accommodations for assessments that are managed by instructors. (At McGill, instructors do not manage accommodations for final exams, but manage accommodations for all other forms of assessment.) The existence of a set of guidelines remained a mystery to me for the entirety of this study. While McGill's University Student Assessment Policy states that instructors should make "reasonable accommodations for students with valid documented reasons" (McGill University, 2016a), there are no clear guidelines as to how instructors should make accommodations on the basis of student mental health concerns. The Policy uses the following language when referring to accommodations:

> *Students* [all italicized emphasis mine] with disabilities *have the right* to request reasonable accommodation…. *Students* who, because of religious commitment, cannot undertake or submit an Assessment in a Course *have the right* to request reasonable accommodation…
>
> *Students* , who for valid documented reasons (such as illness or family tragedy), cannot submit a required Assessment in a Course, on providing satisfactory proof of their

> inability, *may apply* in accordance with the Faculty procedures relating to Deferred Assessments for permission to undertake a Deferred Assessment or receive another type of accommodation…. (McGill University, 2016a)

In every instance that "accommodations" is mentioned, there is no description of the corresponding obligations of the instructor or the process an instructor should follow when determining whether to make an accommodation. When analyzed as a text, the University Student Assessment Policy coordinates the experience of instructors and students attempting to negotiate accommodations. The policy situates the student as responsible for initiating the process, but offers little guidance for how/whether these requests should be approved.

In the absence of a formal policy for evaluating student requests for accommodations, participants in instructor roles seemed to rely on their own (i.e., the previously-mentioned "sense") and other's (e.g., colleagues and staff) judgement in negotiating student requests for accommodations. Instructor 1 detailed the utility of being in communication with an on-campus office: "Sometimes you are approached by one of the offices on campus and they send you a note and that alerts you and gives you some sort of sense of what you should be doing." They further detailed how they were approached by an advisor in the Dean of Students Office who gave them direction, so they could proceed with an accommodation.

Instructor 4 had never had to make an accommodation, but they hypothesized that they would seek support from colleagues or the Office of Students with Disabilities (OSD), saying, "I mean, maybe I wouldn't take a decision by myself, but with the OSD or with the chair." I asked, "Is there a process for this?" and Instructor 4 responded: "There's not a specific process I would follow, but in that case I would probably consult my chair or OSD, whatever regulation I would need to do in terms of that exam. I would have no problem." In this exchange, Instructor 4

seemed unsure about a formal process for making accommodations, but they were confident that they would find answers from staff members.

Instructor 1 was notably unconfident in the provision of support from the same office:

> The thing with the university too is that the people who are working on campus in these areas are so overburdened that they also don't necessarily provide you with useful guidance. Like, I had a situation, a student requested a particular accommodation and the OSD policy was that the students don't need to get that accommodation, but the students had requested a fairly significant accommodation. So I go back and forth with them and say, “Okay, you're telling me I don't have to give this accommodation, but the student is saying that they need this accommodation. So can you tell me, is this a legitimate request?” And the bottom line answer, the first line was, “We leave it up to the profs and students to negotiate it” - a mumbo jumbo answer, frankly, I thought. And then the second line answer was, “We don't necessarily have the information or the time to probe every student at that level. So it’s really up to your judgment.” Right. […] I don't imagine that the university is going to change night and day in the way they negotiate some of these things…. [They] will change somewhat, but not night and day. I think ultimately all of this rests on the empathy and engagement of the profs.

As Instructor 1 clarifies, there is significant variation in the practice of instructors vis-à-vis accommodations on the ground of mental health concerns, particularly due to the lack of guidance from designated forms of human support. From the instructor standpoint, this lack of institutional guidance places the burden of responding to requests for accommodation on the untrained and sometimes unsupported instructor. Further, as Instructor 1 states, instructor

responses may be heavily dependent on the empathy of a particular instructor, which is significantly variable.

Instructor 4 is an instructor praised by students for their empathy – Instructor 4 shared that they were "thanked by a few students for understanding and being empathic." Despite this positive feedback, Instructor 4 was particularly concerned by students "oversharing" when requesting accommodations and then not knowing how to respond to students:

> Of course, if someone comes and overshares, I usually will try to not stop them, but tell them, I mean, "It's fine to give me the details but I think it would be painful to you also… like I don't need to know the details. If you told me that you were not well, a doctor for example said that…. That's all I need to know, right?"

I asked how Instructor 4 knew how to respond to students and they replied, "How do I know how to respond? I don't. What I try to do, I try to tell them that it's fine, that I understand, that I'm sorry." In this way, accommodations becomes a context for student disclosures, despite the instructor's reluctance to hear about student mental health concerns and their lack of training to effectively respond. Even in the case of a reluctant and untrained instructor like Instructor 4, instructors are positioned so that they must respond. This experience resonates with those discussed in Chapter 3 regarding listening and engaging to students with mental health concerns. As I noted in Chapter 3, instructors are currently under-prepared and under-supported to effectively support students with mental health concerns and yet, the need to do so constantly arises, even within academic aspects of their job.

Thus, the lack of support for instructors making accommodations is two-fold: both in the logistics of determining if a student merits accommodation and what accommodation should be made, and in the method of interacting with students who need accommodations. From online

university resources, there is no indication of a university-designated source of instructor support. The lack of guidance increases the autonomy and responsibility of an instructor, which places the burden on them to perform a task they have not been trained to do, and also opens the door for considerable variation in student experiences and the possibility that students with mental health concerns will be disproportionately disadvantaged.

Concluding Remarks

This chapter illuminates the ways that assessment of student learning and assessment-related accommodation activities structure students' and instructors' experiences of mental health promotion. With regard to assessment of student learning, the university does not provide adequate support in the form of space, time, and human resources, such that instructors cannot always feasibly implement assessment strategies that promote student mental health. Additionally, by failing to provide instructors with guidance for making mental health-related accommodations, allowing instructors to determine whether or not a student must submit a medical note (with no guidance for understanding when a medical note should be requested), and failing to systemically inform instructors about the process of obtaining notes, the university creates conditions for vast discretional inequalities vis-à-vis instructor accommodations of student mental health concerns. The institution places instructors in the position to contribute to, at best, a lack of fairness, and at worse, systematic discrimination against students with mental health concerns. In so far that instructors are agents, they are also victims to the institutional organization, as they are burdened with the obligation to assume this role without sufficient support.

Chapter 5: Discussion - Approaches and Opportunities for Fostering Change

Nearing the end of interviews, I asked participants to "paint me a picture" of what their ideal world – a world in which instructors are best supported to promote student mental health – would look like. I clarified that I saw them as knowledgeable co-researchers and invited them to envision this ideal world with me and then think about what would need to happen to make the ideal world a reality for us. This section draws on our co-brainstorming to explore ideas that could contribute toward institutional change that would facilitate and empower instructor engagement in student mental health promotion. Specifically, there were three approaches that emerged from our conversations: 1. Clarify the instructor role vis-à-vis mental health promotion, 2. Implement and utilize institutional structures that facilitate and celebrate instructor engagement, and 3. Consolidate and create supports for instructors to effectively engage in mental health promotion. Importantly, many participants felt strongly about these approaches being taken in tandem and that one alone would be insufficient.

Clarify the Role of Instructors

It quickly became apparent from participants' accounts of their work and the work of other instructors that there were vastly divergent understandings of the role of instructors to promote student mental health. As participants would share, the lack of formal clarification (i.e., via identifiable texts) regarding the role that instructors are required to play in student mental health promotion means that instructors do not receive recognition for their work to promote student mental health, nor are they encouraged to do so. Crafting and communicating an institutional understanding of the role would be critical.

Participant Understandings

Participants were eager to participate in discussions of "what instructors should be doing" with regard to mental health promotion; notably, these conversations tended to focus on student-supporting activities (Chapter 3) and distinctively little on assessment-related activities (Chapter 4). Participants consistently shared that they understood the instructor role as having knowledge of resources for students coupled with the ability to refer students to these resources. On the other hand, there were significant differences in understandings of instructor engagement in other student-supporting activities (i.e., finding or fostering a safe space for students and listening and engaging with students). In particular, concerns surrounding the instructor playing the role of a therapist were frequently raised.

Many participants noted that making referrals was a necessary part of the instructor role that both promoted students' mental health and allowed instructors to establish boundaries as an instructor rather than a therapist. Student 1 stated that when instructors refer students to resources, instructors "don't feel like they have to be the counsellor, like that is not what your job is." Similarly, Instructor 2 clarified that the goal was not for instructors to "all of a sudden become an amateur psychologist, but it is to be the kind of person who says you're having a problem and I know there's a resource over here and my behaviour now is about getting you from here to there." Administrator 4 shared their understanding of the role of making referrals:

> I think an instructor has a responsibility to know what those resources are. That's part of the game, part of the deal. You as an instructor, you're in a position of power and authority in a classroom context. You need to understand what resources are available when you are helping students in difficulty.

Staff members, instructors, administrators and students all noted that this was a key component of the instructor role.

Meanwhile, there was great inconsistency in participant understandings of instructor engagement in other student-supporting activities, namely listening and engaging in conversation with students with mental health concerns. Administrator 1 spoke with vehement opposition to instructors playing a "therapist role," sharing what they had said to instructors doing so:

> We were very, very explicit in saying, 'This is not your job. You are being dangerous to the students. You have an academic role and you can do whatever you can to help and promote student mental health within that realm, but you don't go anywhere else."

Similarly, instructors shared reservations about their expertise and fittingness to be engaging in conversations with students about their mental health concerns. Instructor 4 relayed, "I don't think that I'm the one who should have those conversations." In praising their colleagues, Instructor 3 detailed the way in which some instructors recognize their areas of expertise:

> There are certain places we don't have the expertise to go to effectively. And so we know we have conversations with students, but we quickly acknowledge that there is a great deal of this kind of support that is outside the realm of our professional expertise. That is sometimes read as sort of setting limits or cowardice. But it's actually to my mind very responsible. [...] I think we have potential to wreak havoc. I've seen it happen actually.

Other participants saw engaging in conversation with students about their mental health as a critical part of the job. In giving orientation presentations for instructors, one participant stated that they outlined the instructor role as follows:

> I always talk about what your role is as an instructor and it's really about being a listener, being empathetic, being non-judgmental, it's all active listening. And you're not a friend

> and you're not a therapist. Maybe you are, but you shouldn't be a friend to your students and you're probably not trained as a therapist. So you have to understand your role.

Similarly, one staff member clarified to curious instructors that “it’s not your role to assess for suicidality” or be “mental health experts,” but rather to “hold space for someone.”

Clearly, there are a number of different understandings of how instructors should be engaging in student-supporting activities and of the boundary between acting as a “therapist” and playing a critical role for students. Instructor 3 explicitly commented on this saying, “I think that there is a lot of diversity there in terms of how faculty feel about it and how they're approaching it.” In each of these conversations with participants, I found it difficult to elicit participant descriptions of exactly what the “right” and “wrong” kinds of engagement with students looked like in practice, and from where they developed these understandings. Turning to relevant texts, it is possible to how this inscrutability and variation could arise.

Institutional Understanding

When I asked participants where people gathered this understanding of the instructor role from, some participants noted that they were not sure, but they had not seen any formal documentation that outlined the role of instructors. Staff Member 2 stated that they had never seen a job description for an instructor and explained their understanding of the role by saying, “Yeah, I would just assume… [maybe] I’m making dangerous assumptions.” This led me to examine my supervisor’s official letter of appointment as a text potentially shaping people’s understandings of the instructor role.

The letter of appointment outlines that, “Academic performance is evaluated in three areas: Research, Teaching and Service to the institution and to the scholarly community of which [the instructor] is a member.” Missing throughout the entirety of the letter is any mention of

engaging in mental health promoting activities. Qualifying "Teaching," the letter outlines the duties of an instructor to plan and teach a course:

> Professors are expected to: deliver their courses responsibly, meet class regularly and be available to students during office hours; be responsive to student feedback on process and content of instruction; provide students with appropriate and timely feedback on their assignments and research projects; and attract course evaluations that are at or above the departmental mean for the course(s) they are teaching.

Thus, it seems that instructors have no formal obligation to engage in mental health promotion and, consequently, the expectations that instructors contribute to McGill's institutional approach to "student wellness" has no formal grounds in university policy. Yet, all participants clearly stated that instructors do have some obligation to engage in mental health promoting activities. By failing to address the specific role that instructors should play in promoting student mental health, the institution fosters a culture where instructors' work to promote student mental health is not encouraged, valued or recognized.

As many participants mentioned, there is a desperate need for dialogue surrounding the role of instructors and how instructors are expected to promote student mental health. While there may currently be an implicit institutional understanding, as Administrator 4 stated, "We're pretty bad at communicating and that's kind of the core piece to this is ensuring people well aware…of their responsibilities [and what to do]."A distinctive step forward would involve dialogue among key stakeholders about a mutually-agreed upon understanding of the role that instructors should play in promoting the mental health of students, and ultimately, a clearly communicated statement on the role of an instructor, so that instructors can understand what they are being asked to do and receive corresponding support for doing so.

Institutional Structures

Participants in all roles commented on the way that formal, institutional structures impact the work of instructors and either facilitate or hinder instructor engagement in mental health promotion. Importantly, many participants commented on the way in which policies and practices place little emphasis on the importance of teaching and mental health promotion in comparison with research, thus communicating that the institution does not value teaching or mental health promotion to the same extent that it values research productivity. Effectively, these policies and practices create conditions that discourage instructors from promoting student mental health, and potentially contribute toward narrow understandings of the role of the instructor as those articulated in letters of appointment and emphasized during annual merit review, tenure and promotion processes. Specifically, the tenure and promotion processes were mentioned as reinforcing an institutional culture that prioritizes research. At the same time, participants saw opportunities to create institutional change that supports instructor engagement in mental health promotion through policies, such as the University Student Assessment Policy or a mental health policy, and university-wide dialogue.

Tenure and Promotion

At McGill, information about tenure and promotion is outlined in the *Regulations Relating to the Employment of Tenure Track and Tenured Academic Staff* (McGill University, 2016b). According to the regulations, candidates for promotion must demonstrate:

> (i) a record of excellence in the area of research and/or other original scholarly activities, and professional activities, as evidenced by international recognition by peers;
>
> (ii) a record of high quality teaching;

(iii) a substantial record of other contributions to the University and scholarly communities. (McGill University, p. 15, 2016b)

These three criteria parallel those outlined in the letter of appointment. According to participants, and despite what is written in policy, it is commonly known that the research criterion is more heavily-weighted than teaching or service, despite the appearance of non-hierarchical nature of the regulations as written. Students 2, 3 and 4 shared with me their discussions with instructors in formal meetings, wherein instructors "have felt as if McGill values research a lot more than teaching, and values service not at all" (Student 2). Administrators also shared the way that at an institutional level, research is prioritized. Administrator 3 told me that "the emphasis on research and competition and bringing in the money creates an almost exclusion of wellbeing." Instructor-participants tended to speak at length about the privileging of research over teaching and service. Instructor 3 shared that in their experience, when instructors apply for tenure, "if you're a publishing star, they usually will look the other way if your [teaching] evaluations suck." In the same way, Instructor 1 explained:

> The truth is, if you look at the three areas that profs get evaluated on, and when they go for tenure, the research component generally takes the largest piece. If you are an excellent teacher, but a moderately productive scholar, you would have to be doing something extraordinary on the teaching level to become a full professor. Everybody in this building knows that.

Instructor 4 supported this understanding, sharing:

> The way our tenure track system in general [...] [it] is based on giving more weight to research rather than the teaching. That's exactly how it works. [...] I think sometimes it's

> asking too much to us instructors [to engage in mental health promotion] and again, my career is rewarding me for being more a researcher than a teacher.

Instructors may come to acquire this shared consciousness through informal and formal mentoring they receive while participating in tenure and promotion processes at the university. That is, while the *Regulations Relating to the Employment of Tenure Track and Tenured Academic Staff* do not officially value excellence in research over excellence in teaching, academic staff are frequently advised of and reproduce this interpretation as participants in the tenure and promotion process – both as candidates and as evaluators.

As Instructor 1 explained to me, if instructors are asked to critically rethink and reorganize their teaching to include mental health promotion, but they know that "not the thing that is going to be the ticket to fame on campus for the most part," they are not likely to be on board. In addition to lacking recognition (or incentives), participants talked at length about the number of obligations that instructors have, with Instructor 3 stating that "we lead very busy lives," which leaves little "head space" for anything additional that is not recognized by the institution. As well, staff members and administrators noted that they had had interactions with instructors who expressed feeling "burned out" by their attempts to promote student mental health and "overworked and [...] dealing with all of their own stresses." Thus, according to Instructor 3, anyone who is engaging in mental health promoting-activities is doing so for intrinsic reasons, as "the difference between being a pretty good teacher and a great teacher usually results in about zero in your paycheck and zero in any kind of institutional kudos" and weighs heavily on many instructors. These experiences should inform our understanding instructor accounts in Chapters 3 and 4: the lack of institutional recognition combined with being

overburdened by responsibilities represents a critical barrier to engaging in mental health promoting activities.

Administrator 4, who could be responsible for creating opportunities for institutional recognition, brainstormed some new initiative ideas with me. We discussed a wide-range of possible strategies for celebrating instructors' work, such as different teaching awards, publicizing instructor efforts via internal and external sources, formal appointments, grants and funding. However, Administrator 4 and other participants noted that these accolades and other incentives would not be enough to create a culture shift and facilitate instructor engagement in mental health promotion. However, given the number of instructors who expressed the way in which the current tenure and promotion process impacts their ability to engage in mental health promotion, it seems worthwhile for McGill to meaningfully consider whether a revision would better support instructors to promote mental health, as well as to invest in their teaching. The following are examples of the types of steps the university may consider taking to advance the aim of improving instructor capacity and willingness to promote student mental health.

***Policy Change and Implementation*.**

Participants expressed a desire to shift institutional values, with Administrator 3 stating, "I would take pride [in] a cultural shift toward, yeah, 'we are a frigging great research institute, but we're also really great teachers and we're really into wellbeing.'" It seemed that participants saw policy as an effective means for enforcing and regulating instructor activities. Two policies – the University Student Assessment Policy and a mental health policy – were overwhelmingly discussed as shaping the way that instructors engage in mental health promotion.

The University Student Assessment Policy (USAP), which is currently in development, was noted by all four administrator-participants as a critical means for requiring instructors to

engage in activities that promote student mental health. Administrator 4 stated that the USAP is "probably the most important policy we have at the institution related to student mental health" because "assessment practices that are healthy will really change the game." Administrator 3 reiterated this understanding saying that the USAP will be "focussing on student wellbeing [and] it is huge." Describing how the USAP will work, Administrator 1 called it "the stick" (using the carrot and stick metaphor) that will be "locally enforced" throughout the university.

At the same time, some participants were concerned that more needed to be done. Two student-participants pointed to the need for a policy specifically concerning mental health. In their minds, this policy would communicate a commitment to providing support for instructors to promote student mental health and to requiring instructors to engage in certain activities and not engage in others. Administrator 3 spoke to the way that other institutions have used these policies to demonstrate a "structural commitment to wellbeing." However, as Administrator 1 and Administrator 4 saw it, a mental health policy would not make sense because mental health should be embedded into all policies and be a "lens in everything you do" (Administrator 1). Both administrators were also concerned that a mental health policy would be meaningless or "hollow" (Administrator 4) because it would be difficult to "operationalize" (Administrator 4). When I asked Administrator 3 about the understanding shared by Administrator 1 and 4, Administrator 3 seemed wary of expressing disagreement, but emphasized that they could foresee a mental health policy being developed after other initiatives had been completed.

Ultimately, the use of policy to regulate and coordinate instructors' engagement in mental health promotion was an idea shared by many participants, particularly administrator-participants. However, as students and Administrator 3 noted, there may be great value in using policy to also communicate, and hold the institution accountable to, a commitment to facilitating

and supporting instructors' ability to promote student mental health. Whether a policy or another formal document (e.g., a charter or framework) is drafted, I believe that a clear statement of the institution's obligations to students *and* instructors vis-à-vis mental health promotion is critical.

Productive Dialogue

Many participants expressed concerns surrounding the way in which university community members engage in conversation with one another about instructor mental health promotion. Participants in various roles spoke to the need to have productive dialogue, particularly surrounding the development of policies and supports for instructors.

It was particularly important to some participants that I record the way in which administrators and instructors were impacted by dialogue on-campus. One administrator stated:

> If I'm just to be candid, many of us that work in the area as administrators are equally impacted by other voices. And there's sometimes, "those people over there don't care about me," you know what I mean? And it works in both ways. That can actually cause people to not want to work in the area anymore. That's hard, very, very hard and it's draining and pretty challenging.

Similarly, students noted that current ways of meeting and talking about mental health promotion pose challenges for students, particularly because of power dynamics that situate them as inferior. Student 2 shared experiences wherein they felt belittled and tokenized by administrators in meetings.

Importantly, despite these challenges, participants in different roles expressed a desire to engage in dialogue. Student 1 stated: "I think there needs to be a critical conversation around what are the roles of people and what are our responsibilities to each other." Student 4 noted that it would be valuable for administrators to invite students in and say, "We recognize there's a

long way to go, we're dedicated to working with you." Administrators expressed a sincere willingness to open and productive dialogue with students as well as instructors and staff members. Administrators 2, 3 and 4 wanted to have "those harder conversations" (Administrator 4) and "constructive, solution-focussed dialogue" (Administrator 3).

In consideration of these accounts, it is an important next step to think critically and carefully about institutionally-coordinated sites for dialogue. These sites of conversation must be mediated by practices that support all community members (e.g., students, administrators, instructors, and staff members). For example, students noted that they had had positive, constructive experiences on parity committees, where there are equal number students and other members. It would also be critical for this discussion to centre on ways in which the university is supporting instructors and using policies, or other institutional documents, to coordinate the experiences of instructors in a way that facilitates their engagement in mental health promotion. While there was no consensus among participants on how to move forward, whether it be with the USAP or a mental health policy, there is sufficient evidence to suggest that further conversation is desired and needed.

Consolidate and Create Effective Supports

Third, the consolidation and creation of effective and accessible supports could directly follow an institutional designation of the instructor role and institutional structures that articulate the institution's approach to facilitate instructor engagement in mental health promotion. After we know what the institution wants instructors to do and how the institution promises to support them, the institution needs to provide this support. In turning to the challenges that were woven into Chapters 3 and 4, it is possible to identify concrete places where institutional change is needed. Ways to consolidate and create effective supports for instructors to promote student

mental health arise from the identification of challenges, so I will begin by briefly revisiting the challenges here before outlining recommendations. It is important to note here that I understand any progress as necessarily involving dialogue with all relevant community stakeholders and iterations, and constant revisions to ensure that supports fit instructors' evolving needs and contexts.

Revisiting Challenges

In Chapter 3, I discussed student-supporting activities undertaken by McGill instructors, including referring students to resources, fostering or finding a safe space, and listening and engaging in conversation. Participants shared that there are few supports that they can access to understand how to listen to and engage in conversation with a student about their mental health concerns. The supports that do exist are limited in depth and utility. Meanwhile, resources for referring students to support are not clearly described and potentially underutilized.

In Chapter 4, assessment and assessment-related accommodations were explored as mental health promoting-activities. There are a limited number of assessment-related resources for instructors, and there are significant institutional and logistical barriers to implementing them. Further, there is a lack of formal, institutional guidance and support for instructors with regard to assessment-related accommodations, which situates instructors as systematically disadvantaging students with mental health concerns or mental illnesses. .

Validate and Consolidate Existing McGill Resources for Instructors

As discussed in Chapters 3 and 4, there are a number of online and physical resources for instructors that could be used to support their efforts to promote student mental health. These previously discussed resources include the Helping Students in Difficulty Folder, the Early Alert System, and various webpages. In addition to these resources, participants also mentioned in

passing other resources that are not labelled as mental health-related, but may be useful. These included "creating safer classrooms: a toolkit for teaching staff on addressing sexual violence" a publication by the Sexual Assault Centre of the McGill Students' Society, and the Building Connections in the Classroom Toolkit, which I created with a colleague.

Participants' experiences point to the need to review existing resources and validate them as valuable, effective resources for instructors. In some cases, resources may need to be further clarified and explained, so that instructors understand how to effectively use them (e.g., the Helping Students in Difficulty Folder) or alternatively, some resources may require more intensive consultation with key stakeholders, so that they can be effectively used and used to promote student mental health (e.g., the Early Alert System). It may be useful to further explore instructors' use of existing resources to determine their utility.

Additionally, a significant barrier to accessing existing resources that was discussed is the different location and naming conventions: any instructor wishing to promote student mental health would have to possess a pre-existing knowledge of these resources in order to be able to find them, as they are located on various university webpages with different names. Consolidating and unifying resources by way of creating a list of hyperlinks or hosting all resources in one location (e.g., via a webpage or Toolkit) would increase instructor access.

Adapt External Resources to the Local Context and Create New Forms of Support

As mentioned in Chapter 2, other post-secondary institutions provide their instructors with resources for promoting student mental health. I mentioned the resources provided by Simon Fraser University and the University of British Columbia in my introduction, but there are a number of additional resources, both within and outside of the Canadian context. I have independently conducted a thorough scan of these resources, and consolidating and publishing

them in the form of a list of hyperlinks would be a significant step forward for the institution. At the same time, identifying the strategies that would be useful for the McGill context and adapting them as needed would provide instructors with further guidance and facilitate the implementation of strategies. After surveying the existing McGill and external resources, it would be pertinent to determine if additional resources are necessary.

In addition to physical and online resources, expanding the modes of support provision may be important. Many participants noted that in their ideal world, there would be training for instructors. Participants noted that instructors do not receive training on mental health promotion, though it seems to be available upon request (this could not be confirmed), and there is limited mandatory training relating to teaching, generally. Participants saw value in in-person training as a supplement to online resources, as Student 1 stated, "It would be really, really rad if McGill actually provided teaching training around thinking about what works in regards to improving student mental health in the classroom." In terms of the content of the training, participants pointed to both all activities that have been discussed in this research study, as well as pedagogical strategies. Many participants spoke to the potential for workshops to be used to raise awareness of the prevalence of, and to de-stigmatize, mental health concerns. As well, Administrator 2 shared that "instructors should be trained up in a very systematic way about what mental distress looks like" and additionally be "trained to know where the resources are [for students]." Multiple students also reiterated the importance of training instructors to make effective referrals, such that instructors are "able to legitimately direct folks to resources that exist…in an intentional way" (Student 3). For a referral system to work effectively, students and instructors would also need to feel confident there is institutional capacity to meet service

demands. Further, student- and staff member-participants emphasized the value of additional training in mental health first aid, crisis response, and active listening.

Some participants were wary of the over-emphasis on activities that explicitly concern mental health, as their vision was not to have extensive mental health response training that was unrelated to teaching. Administrators emphasized that instructors should have "necessary skills in dealing with difficult situations" (Administrator 4), but not be counsellors. Instead, as all administrator-participants emphasized, healthy pedagogy is critical. As Administrator 4 shared, training would provide instructors with a "good understanding of healthy pedagogy and that what they control in terms of content delivery is done through the lens of student wellbeing and their own wellbeing. So I think that's, that would be the ideal." One administrator-participant shared their experience with two different mental health-related workshops that they had hosted over the years. The administrator found that the first workshop was ineffective because there was too great a focus on the clinical side of mental health crisis response, which was irrelevant to and disempowering for instructors. In the second workshop, the content was more pedagogical and they noticed instructors enjoying the content and being much more receptive to the new strategies. It seems that this workshop was not hosted again because it was specifically developed at the request of this administrator's faculty.

Participants were also keen on targeting specific populations. Many noted that new instructors would be an important group to provide training to, as they might be receptive to new strategies and also be responsible for contributing to the future institutional culture. Additionally, participants spoke to variations in cultures within the faculty that might make department-specific trainings more effective. According to a number of participants, some departments are notoriously more sensitive to student needs and engaged in mental health promotion, while

others tend to be more opposed. Participants found that in their experience, working within a local group meant more relevant, fruitful conversations, and an increased likelihood of attendance. Ultimately, content for training should be aligned with the expectations for the instructor role and be developed in consultation with instructors who will receive the training.

Connect Relevant Community Members

As Administrator 4 made clear, the workshop that they found effective was the result of collaboration between Teaching and Learning Services and Student Services. This experience models the utility of turning to on-campus experts for support. In particular, a collaborative effort between Teaching and Learning Services and Student Services is a logical next step in the development of supports, as instructor mental health promotion falls at the intersection of their work. Administrator 2 noted that Teaching and Learning Services should have a "huge, enormous" role in the development of supports for instructors. Yet according to another administrator, Student Services may not play a role in providing supports to faculty members because they are "funded by student fees and [their] main responsibility is to provide services and support to students." They acknowledged that this is complicated as they "know that supporting faculty [to promote student mental health] will also help to support students."

As well, participants spoke to the value of turning to local champions and peers for support. As Instructor 2 shared, a colleague approached them when they were approached by a student in crisis, and Administrator 4 clarified that pursuing avenues of support is "ultimately about relationships and having somebody to ask 'I'm concerned about this. What should I do about this?'" It would be valuable for individual local communities to consider whether strategies such as designated local champions, mentor-mentee programs, a working group, or a learning community might serve to foster beneficial connections between peers.

Participants pointed to the need for instructors to have a trained "go to person" (Administrator 2) or a "crisis responder" instructor (Student 3) or a local "mental health advisor" (Instructor 2). I was surprised that these individuals did not mention the "Local Wellness Advisors" as possibly assuming this role – throughout the entire research study, no instructors mentioned the Local Wellness Advisors without being directly asked. The Local Wellness Advisor role holds great potential to act as a support for instructors because they are mandated to support instructors in promoting student mental health. More specifically, the LWAs have been in place for over a year and are responsible for early intervention, awareness, and outreach within designated communities (e.g., faculties). To find out more about the role, I met with a few local wellness advisors. So far, the Local Wellness Advisor in the faculty of focus has not been engaging frequently with instructors, as they are still in the process of determining the needs of the community. LWAs stated that they were open to and interested in consulting with instructors who have questions about how to best support their students. One LWA had consulted with instructors via email and found this to be a productive exchange. The LWAs spoke to the work that they had done to circulate information about their role and were surprised that instructors did not know about them.

According to administrators and the LWAs themselves, the LWAs are well-situated to support instructors' efforts to promote student mental health because they are embedded in the faculty and it is their role to "know the local culture…and interface with the instructors" (Administrator 1). Some ways in which LWAs could support instructors would be presenting professional development workshops to them on the topic of mental health promotion, leading weekly working groups, hosting "Lunch and Learn" events, or hosting more frequent consultation times. While the LWA mission is clear, there is no indication of how or when these

activities would be undertaken. As Administrator 3 noted, there would be a necessary collaboration between Teaching and Learning Services to support LWAs, as it is not within their role to have any knowledge of teaching as it relates to mental health promotion. From my standpoint, this role holds great potential and a collaboration between Teaching and Learning Services would be critical to supporting instructors engaging in student mental health promotion.

Concluding Remarks

In this chapter, I highlight three key, inter-dependent approaches to making institutional change that would empower instructors to engage in mental health promotion. These approaches stem from co-brainstorming with participants. The first approach requires the development of an understanding of the role that instructors should play in promoting student mental health, this which would be determined in dialogue with all community members and widely-communicated. Next, I suggested that institutional structures (e.g., tenure) must be utilized to clarify that teaching and mental health promotion are valued. Additionally, I discussed how these structures should lay out how the institution will recognize those instructors who embody the community's understanding of a mental health-promoting instructors and systematically support instructors. Last, I proposed that these systematic supports be developed in consultation with instructors and take a variety of forms. Ultimately, participants were vocal in their advocacy for a systemic approach that incorporates each of the three approaches. As Administrator 2 stated, "I think it has to happen at all levels [...] it has to be a multi-systemic intervention." For mental health promotion to really be a multi-systemic intervention, there needs to be a significant institutional commitment and distinctive community involvement.

Conclusion

Initially sparked by my own experiences as a student and university employee, this research draws together experiences generously shared by McGill community members to paint a more rich picture of the activities undertaken by instructors to promote student mental health and the way these activities are coordinated, institutionally. While there is widespread concern for post-secondary student mental health and many post-secondary institutions have moved toward a systemic approach to addressing this concern, there has been very little scholarship on mental health promotion as it relates to the work of instructors (CMHA & CACUSS, 2013; Kessler et al., 2005; "Okanagan Charter", 2015; Slavin et al., 2013;). Relevant research has predominantly focussed on researchers' proposals for strategies that instructors should implement to promote students' mental health and on student perspectives on mental health promotion relating to instructors (Baik et al., 2019; Di Placito De-Rango, 2017; Lane et al., 2018, Martin, 2010). However, notably missing, was research that centered the experiences of instructors, staff members, administrators, *and* students, highlighting their equal importance to understanding how instructors currently do and could work within post-secondary institutions to promote mental health. This study is a first step toward addressing this gap. It investigates the actual work of instructors and the larger institutional organization that shapes their ability to act through the experiences of all community members before turning to what could or should happen institutionally.

This research found that there are two primary sets of mental health supporting activities that McGill instructors are engaging in: student supporting activities and assessment-related activities. Within the former, instructors are finding a safe (i.e., quiet and private) space for students to be, referring students to resources, and listening and engaging in conversation with

students. With regard to the latter, assessment of student learning and assessment-related accommodations emerged as important activities in promoting students' mental health. As participants relayed, a lack of knowledge surrounding accessible supports for students, and inadequate or non-existent resources and supports for instructors greatly inhibits instructors' ability to effectively engage in these activities. In particular, the institution fails to provide space, time, and human resources that instructors would need to promote student mental health, as well as policies, processes, and guidelines for accommodating and supporting students with mental health concerns. Additionally, instructors expressed confusion and concern surrounding their role to promote student mental health, as there is no clearly articulated understanding of the McGill instructor's role. In so far that instructors are agents with the capacity to promote the mental health of students, they are also victims to the institutional organization, as they are burdened with an implicit obligation to assume this role without sufficient support. Instructors are currently grossly under-prepared and under-supported to effectively support students, yet they are consistently required to do so, this which comes at the expense of instructors and students.

Moving from these actual experiences, this research drew on co-brainstorming with participants to propose three intertwined opportunities for institutional change: 1. Clarify the instructor role vis-à-vis mental health promotion, 2. Implement and utilize institutional structures that facilitate and celebrate instructor engagement, and 3. Consolidate and create supports for instructors to effectively engage in mental health promotion. Recognizing the contextual specificities that would greatly influence how each of these approaches is taken up, this research provides an outline that could be applied in a variety of post-secondary institutions.

Inherently, this research was designed and intends to lead to action. A logical next step would involve the McGill community critically and collaboratively considering the findings of

this research and the recommended approaches laid out. Recognizing the inherent challenges associated with this form of progress, there are a number of scholarly pursuits that would further this work without needing to rely on the institution. Independently taking up the third approach (consolidating supports and resources for instructors) would represent a significant advancement and hold great utility to the post-secondary community more broadly. Further, undertaking a thorough study of the efficacy of these consolidated supports and resources for instructor mental health promotion would serve as an invaluable source of data for post-secondary institutions globally. Ultimately, however, the most significant change will involve collaboration and dialogue within and across the post-secondary community.

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