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Acknowledge the Barriers to Better the Practices: Support for Student Mental Health in Higher Education

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Abstract

Despite marked improvements, intervention for students with a mental health problem or illness in Canadian higher education settings remains not yet successful, mature, or sustainable. A number of challenges have been identified as contributory to the shortcomings surrounding student mental health in colleges and universities. In this paper, I explore some of the more common barriers that currently limit the development, implementation, and sustainability of student mental health support practices. The barriers of focus include, prevailing stigma and stereotypes, underdeveloped policies, and minimal opportunities for professional development and training. I specifically highlight how these barriers frame the challenges for teaching faculty and academic staff in promoting or supporting student mental health and well-being. Following an identification and discussion of barriers, I offer suggestions on how they can be overcome, or at the very least minimized, and what this would mean for teaching and learning in relation to post-secondary student mental health. For example, in an attempt to clarify current policies surrounding mental health, I suggest and explore how institutions can assign particular individuals (i.e., a designated "task force") as responsible for the development, implementation, and evaluation of mental health policies. Ultimately, the first step to better mental health support practices is to acknowledge how they are challenged.

Malgré de nettes améliorations, l'intervention pour les étudiants qui souffrent de problèmes de santé mentale ou de maladie mentale dans les établissements d'enseignement supérieur canadiens continue à ne pas être efficace, mature ou durable. Un certain nombre de défis ont été identifiés comme facteurs qui contribuent aux faiblesses en ce qui concerne la santé mentale des étudiants dans les collèges et les universités. Dans cet article, j'explore certains des obstacles les plus communs qui limitent à l'heure actuelle le développement, la mise en oeuvre et la durabilité des pratiques de soutien de la santé mentale des étudiants. Les obstacles comprennent les attitudes de stigmatisation et les stéréotypes, les politiques trop faibles et les opportunités minimes de développement professionnel et de formation. Je souligne en particulier comment ces obstacles encadrent les enjeux auxquels font face les enseignants et le personnel académique pour promouvoir ou soutenir la santé mentale et le bien-être des étudiants. Après avoir identifié et examiné les obstacles, je propose des suggestions sur la manière dont ils peuvent être surmontés ou, tout au moins, minimisés, et ce que cela pourrait signifier pour l'enseignement et l'apprentissage en relation avec la santé mentale des étudiants en milieu post-secondaire. Par exemple, afin de clarifier les politiques actuelles concernant la santé mentale, je suggère et j'explore comment les établissements peuvent désigner des personnes spécifiques (par ex. un « groupe de travail » désigné) comme responsables du développement, de la mise en oeuvre et de l'évaluation des politiques sur la santé mentale. En définitive, la première étape pour en arriver à de meilleures pratiques de soutien de la santé mentale est de reconnaître la manière dont elles sont mises au défi.

Cover Page Footnote
"Mia Famiglia - Robert and AJ, you are my circle of strength that no powers can undo" Maria Lucia DiPlacito-DeRango, Ph.D.

Drawing from increased national attention, Canadian post-secondary institutions are now recognized as important sites for addressing the mental health needs of students (Canadian Alliance of Student Associations (CASA), 2014; Canadian Mental Health Association (CMHA), 2014; Hanlon, 2012; MacKean, 2011). According to the Ontario College Health Association (2009), higher education settings are established infrastructures that are guided by Human Rights Legislation and are typically "well-positioned to respond positively and adhere to mental health intervention" (p. 6). They can offer a proximal, familiar, informed, safe, and cost-effective environment for the provision of support (CASA, 2014; Kadison & DiGeronimo, 2004). With increased recognition of post-secondary institutions as locations of accessible support, Canadian governments and organizations have put forth great efforts to improve student mental health support structures in colleges and universities. These efforts have encouraged post-secondary teaching faculty, curriculum developers, policy makers, and academic staff to consider the mental health needs of students more closely.

If experiencing a mental health problem or illness, college and university students are now better guided through post-secondary schooling (CMHA, 2014; Hanlon, 2012; University of Manitoba Campus Mental Health Strategy, 2014). Counselling and accommodation services are widely prevalent and accessible in most Ontario colleges and universities (MacKean, 2011; Martin, 2010; Ontario College Health Association, 2009). Additionally, several institutions carry specialized academic programs that (a) tailor academic pathways to suit the needs of students with a mental health problem or illness, and (b) offer courses and certifications in mental health for interested students (Humber College, 2013, 2014; Seneca College, 2014; York University, 2014). A noteworthy shift has been the role of teaching faculty and academic staff in supporting the mental health of students. Specifically, faculty and staff are now often viewed as supplemental aides, key persons, or "linchpins" in supporting the social and emotional needs of students (Davidson & Locke, 2010; Schonert-Reichel, & Lawlor, 2010; Silverman & Glick, 2010).

Despite the overall marked improvements, intervention for students with a mental health problem or illness in Canadian higher education settings remains not yet successful, mature, or sustainable (CASA, 2014; Lunau, 2012; Martin, 2010). It appears that colleges and universities still struggle between accommodating students and holding the traditional notions surrounding academic integrity – the "school for learning only" model (CASA, 2014; MacKean, 2011). Little evidence shows how teaching faculty and academic staff have moved encouraging efforts and initiatives into practice (MacKean, 2011). A number of challenges have been identified as contributory to the shortcomings surrounding student mental health in higher education settings.

In this paper, I explore some of the more common barriers that currently limit the development, implementation, and sustainability of student mental health support practices in Canadian colleges and universities. I specifically highlight how these barriers frame the challenges for teaching faculty and academic staff in promoting or supporting student mental health and well-being. Following an identification and discussion of barriers, I offer suggestions on how they can be overcome, or at the very least minimized, and what this would mean for teaching and learning in relation to post-secondary student mental health. Ultimately, the first step to better mental health support practices is to acknowledge how they are challenged.

Barriers that Limit Student Mental Health Support in Higher Education

Implementing practices to support the mental health and well-being of college and university students does not come without facing barriers. Institutional barriers in particular create scenarios that can systematically disadvantage certain individuals or groups. More specifically, these barriers can generate or inflate challenges in how students with a mental health problem or illness experience learning, as well as how teaching faculty and academic staff address the needs of students. Aside from funding limitations, stigma and stereotypes, underdeveloped policies, and minimal faculty/staff professional development and training opportunities are noted as some of the more pressing institutional barriers (Kadison & DiGeronimo, 2004; Kitzrow, 2003; Law & Shek, 2011; Martin, 2010; Tinklin, Riddell, & Wilson, 2005; University of Manitoba Campus Mental Health Strategy, 2014). In the paragraphs below, I further explore these challenges, specifically indicating how each can affect students' accessibility to assistance, as well as the way teaching faculty and academic staff support the mental health and well-being of students.

Prevailing Stigma and Stereotypes

Academic institutions are commonly represented as safe, discrimination-free locations where the barrier of stigma is deconstructed, discussed, or challenged (Burns & Hoagwood, 2002; Heyno, 2006; Lunau, 2012). However, despite the occasional moments of resistance, mental health stigma is still evident in these settings whether carried by teaching faculty, academic staff, policy makers, or students (CASA, 2014; CMHA, 2014; Heyno; 2006; Martin, 2010; Quinn, Wilson, MacIntyre, & Tinklin, 2009; Sharp, Hargrove, Johnson, & Deal, 2006). Stigmatized perceptions surrounding mental health draw from or are similar to those surrounding Individual and Medical Models of Disability (Oliver, 2009; Tinklin et al., 2005). According to these models, individuals with a mental health problem or illness are described through a medical, scientific, and disability language – a personal tragedy, in need of medical prevention or rehabilitation, to be pitied, etc., (Shakespeare & Watson, 2002).

Mental health stigma and stereotypes in post-secondary institutions can influence how (or whether or not) teaching faculty and academic staff address student mental health; in turn, potentially limiting support for students with a mental health problem or illness. Firstly, stigma can encourage faculty/staff to under-report cases of students with mental health problems (Kitzrow, 2003). For example, professors may choose to not acknowledge a student with a possible mental health problem or illness in the classroom if they carry a "school for academics only" perspective. In other cases, the mental health problems of students may not be under-reported, but rather minimized. For example, even if a professor identifies a student with a possible mental health problem or illness, academic staff affiliated with student accessibility services can ultimately decide that the identified student does not "qualify" for formal or additional intervention (CMHA, 2014). As a result, if student need is not sufficiently represented, it is likely that limited efforts will be exercised to build mental health awareness or implement intervention strategies.

Secondly, mental health stigma can also lead to unintentional issues with identification (Canadian Association of College and University Student Services (CACUSS) & CMHA, 2014; CASA, 2014; CMHA, 2014; Kitzrow, 2003; Martin, 2010; Quinn et al., 2009; Tinklin et al., 2005). In some cases, professors may assume that certain actions and attitudes of students are representative of a mental health problem. Looking specifically at college mental health, Kitzrow (2003) advised that the identification of student populations with a mental illness is sometimes

based on perceptions of what mental health problems are known to look like, or more specifically, on socially-constructed representations of mental health. As such, teaching faculty can make socially-constructed assumptions about the origins and prevalence of student behaviours. Such socially-constructed assumptions can lead to an identification of a mental health problem that is not actually there (Kitzrow, 2003). In other cases, professors may feel threatened by mental health problems or illnesses due to associated stigma and stereotypes, which can prevent them from identifying students with these concerns all together (Kitzrow, 2003).

Thirdly, student disclosure of a mental health problem can also be complicated by stigma (CACUSS & CMHA, 2014; CASA, 2014; CMHA, 2014; Hanlon, 2012; Martin, 2010; Potvin-Boucher, Szumilas, Sheikh, & Kutcher, 2010; Quinn et al., 2009; Sharp et al., 2006). More specifically, individuals with a mental health problem or illness can experience *self-stigma*, whereby they internalize the negative attitudes upheld and expressed by society, and in turn, may refrain from accessing support (CACUSS & CMHA, 2014; CASA, 2014; CMHA, 2014). According to Quinn et al.'s (2009) research on students' experience of mental health support within higher education settings, "...one of the manifestations of stigma is to be found in the reluctance of students to disclose their mental health problems" (p. 406). Stigma prevents Canadian youth from accessing mental health intervention, even when resources are accessible (CACUSS & CMHA, 2014; CMHA, 2014; Hanlon, 2012). At times, students may solely fear the "disability label" that can materialize in relation to mental health stigma (CASA, 2014; Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik, et al, 2003; Quinn et al., 2009; Tinklin et al., 2005). The "disability label" can make students believe that their academic and professional careers are in jeopardy (CASA, 2014). Conversely, students with mental health problems may not view themselves as "disabled", as the term "disability" may be misinterpreted as purely physical (Frado, 1993; Quinn et al., 2009). As a result, they may believe that support offered through student *disability* services, for example, is not intended for them, and thus, may not bother disclosing (Quinn et al., 2009). Without disclosure, the provision of subsequent support is difficult to establish, which can ultimately leave students ill-equipped in dealing with any potential poor learning experiences that can arise when having a mental health problem.

Underdeveloped Policies

Institutionalized, coordinated, and sustainable mental health policies have yet to emerge in post-secondary schools (Kadison & DiGeronimo, 2004; Lunau, 2012; MacKean, 2011; Ontario College Health Association, 2009; Quinn et al., 2009). Indeed, some policies have been developed (CACUSS & CMHA, 2014; CASA, 2014; Hanlon, 2012; MacKean, 2011). As the CASA (2014) determined, "many PSE (post-secondary education) institutions [in Canada] are now equipped with an internal mental health policy to direct their students toward available services, resources, and delivery mechanisms" (p. 17). However, many of these policies are outdated; they continue to reflect a philosophy of "weeding out" students with mental health problems in the institution (MacKean, 2011). Put differently, mental health policies and procedures do not always align with goals related to student wellness (Hanlon, 2012). Even when developed, mental health policies are not always cohesive or fully implemented (CASA, 2014; Hanlon, 2012; MacKean, 2011). What is "in place" does not necessarily determine what is "in practice" (CASA, 2014; Frado, 1993). Having policies in place is not the same as enacting those policies. Supporting student mental health, then, can be limited particularly to teaching faculty or academic staff who know about and choose to believe in related policies.

The shortcomings of current mental health policies can lead to a number of drawbacks when it comes to supporting students with a mental health problem or illness. Firstly, without established and clear policies, initiatives of support can remain unclear, fragmented, or moderately-regulated, typically offered on a random, discreet, or "as needed" basis (CASA, 2014; Ontario College Health Association, 2009; Silverman & Glick, 2010). Secondly, underdeveloped or "under-communicated" mental health policies likely means that teaching faculty and academic staff are uninformed of an institution's response protocols when encountering students with mental health problems (CACUSS & CMHA, 2014; CASA, 2014; Hanlon, 2012). Consequently, faculty/staff may be unclear on how to effectively advise these students. That said, they may even be unsure of any employment, legal, or ethical responsibilities when addressing the mental health concerns of students (Bower & Schwartz, 2010; CACUSS & CMHA, 2014; CASA, 2014; Eells & Rando, 2010; Hanlon, 2012; Kitzrow, 2003; Martin, 2010).

Minimal Opportunities for Professional Development and Training

Professional development and training in the areas of mental health has been documented as advantageous for post-secondary faculty and staff (CACUSS & CMHA, 2014; Kitzrow, 2003; Ministry of Training, Colleges and Universities, 2014; MacKean, 2011; Silverman & Glick, 2010; University of Manitoba Campus Mental Health Strategy, 2014). *Mental Health First Aid* is known as one of a few impressive and recurring training workshops currently executed in many Ontario post-secondary institutions (Hanlon, 2012; Mental Health Commission of Canada, 2011; Ministry of Training, Colleges and Universities, 2014). Led by the Mental Health Commission of Canada (2011), this training "improves mental health literacy, and provides the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague" (para. 3). It is intended to teach faculty, namely professors, how to respond to issues concerning student mental health in advance of professional support provision (Mental Health Commission of Canada, 2011).

Little evidence suggests that colleges and universities promote evolved, continual, and relevant mental health professional development and training opportunities (CACUSS & CMHA, 2014; Kitzrow, 2003; Morgan, & Witten, 2012; Silverman & Glick, 2010). Aside from *Mental Health First Aid*, there are currently no other widely-practiced or standardized mental health training options encouraged in Canadian post-secondary institutions. It is possible that colleges or universities have implemented their own training programs, but these are likely unique to individual institutions, and thus, difficult to capture here. Offering few professional development and training opportunities in mental health has been often attributed to issues with funding (Burns & Hoagwood, 2002; Cavalheiro, Morgan, & Witten, 2012; Eells & Rando, 2010; Kadison & DiGeronimo, 2004; Kitzrow, 2003). Although funding for student mental health support in post-secondary institutions has increased in the last decade, more support is necessary to meet the increased demands and requirements of students (CASA, 2014; MacKean, 2011; Ministry of Training, Colleges and Universities, 2014; Ontario College Health Association, 2009).

Minimal opportunities for mental health professional development and training can lead to several drawbacks. Put simply, without adequate professional development and training in the areas of mental health, it would appear difficult for teaching faculty and academic staff to better understand students with a mental health problem or illness; to identify a student with a mental health problem or illness; or to assume any responsibility in supporting the mental health and well-being of students (CACUSS & CMHA, 2014; Frado, 1993; Silverman & Glick, 2010; Stone,

Vespia, & Kanz, 2000). Another challenge to consider is the limited expectations on post-secondary faculty and staff to partake in opportunities of professional development. Even when exceptional training opportunities are established, dissemination and acquisition of mental health education is not assured. Mental health professional development and training, then, is situated as voluntary or optional, whereby those who are willing or interested in taking the time to learn more about mental health are those who likely participate. Consequently, this questions the applicability or validity of mental health professional development and training.

Suggestions for Moving Forward

Resolving the barriers that currently limit mental health support practices in Canadian colleges and universities is a complex task. It requires a level of reflexivity, or a recognition that addressing the current challenges can allow for the mental health support practices to be more successful. As with any attempt for institutions moving forward, time and commitment are of the essence. To date, researchers and practitioners have made several suggestions on how to make current practices more successful, or how to work towards overcoming the prevailing barriers that threaten student mental health support practices in post-secondary institutions (Eichler & Schwartz, 2010; Hanlon, 2012; Kitzrow, 2003; MacKean, 2011; Potvin-Boucher et al., 2010; Quinn et al., 2009; Shaw & Ruckdeschel, 2002). Below, I highlight some of the more prominent recommendations of researchers and practitioners in relation to the identified barriers, as well as suggest ways that can better inform teaching and learning when it comes to student mental health.

Firstly, considering the prevalence of stigma and stereotypes, a call for greater mental health literacy is warranted (Martin, 2010; Potvin-Boucher et al., 2010). One suggestion on how greater mental health literacy can be encouraged is to increase awareness in general, such as having student support services departments promote advertisements and publications that draw attention to student well-being. For example, posters related to student mental health and intervention can be hung on the walls of cafeterias, libraries, or restrooms. Oftentimes, colleges and universities distribute via email monthly newsletters to faculty, staff, and students. Information on mental health (e.g., links to teaching resources, counselling contact details) can be included in such newsletters. Another concrete suggestion to improve mental health literacy is for institution administrators to change the labels of certain student support service departments so that they are not based on conventional Individual and Medical Models of Disability, such as student *disability* services or *treatment* services (Eichler & Schwartz, 2010; Oliver, 2009; Quinn et al., 2009; Shaw & Ruckdeschel, 2002). Some alternatives can include "student support services" or "student accessibility services". In addition to such initiatives, mental health training and professional development can also contribute to increased mental health literacy; this suggestion is discussed in pages to come.

Initiatives that improve the mental health literacy of teaching faculty, academic staff, and students in general can help bring stigma to the fore, and in doing so, strip it of its power to silence mental health overall (Potvin-Boucher et al., 2010). Subsequently, greater opportunities can evolve for post-secondary faculty/staff to identify and support students with a mental health problem (CACUSS & CMHA, 2014; CASA, 2014). For example, drawing from her experiences with student mental health in the college classroom, Savini (2016) states that she originally considered one of her students who would often walk out of class as unmotivated or unproductive. However, after speaking with the student, she realized that the student experiences panic attacks. Savini (2016) drew conclusions about this student based on limited data and stereotypes, and her

newfound understanding allowed her to better handle situations related to student mental health concerns. Greater opportunities can also evolve for students to feel more comfortable disclosing a concern in the first place (CMHA, 2014; Kitzrow, 2003; Quinn et al., 2009; Tinklin et al., 2005). For example, Savini (2016) encourages setting aside conventional stereotypes of "the good college student" and having conversations with students that allow for them to comfortably disclose any concerns.

Secondly, it appears that faculty and staff can benefit from greater and clearer policies related to mental health. Currently, Canadian colleges and universities are urged to "define their roles and responsibilities within the continuum of possible actions…to define, communicate, and establish appropriate expectations" in relation to mental health (Hanlon, 2012, p. 2). Specifically, they are encouraged to develop or maintain active and updated policies that outline the legal and ethical expectations of teaching faculty and academic staff in supporting students with mental health problems. Moreover, it seems imperative for institutions to continuously review and evaluate existing and future mental health policies, ensuring that they reflect clear, cohesive, updated, and stigma-free ideologies for teaching faculty and academic staff to adopt (CASA, 2014; Hanlon, 2012; MacKean, 2011). Put differently, it is important to "review campus policies and procedures with a mental health lens informed by established principles…for continuous improvement of offices, departments, services, and resources that include criteria related to fostering student well-being" (CACUSS & CMHA, 2014, p. 8). Such examination can also determine if policies are followed, or whether or not policies carry any practical value to effectively extend into application.

A solid suggestion that can encourage additional and clearer mental health policy implementation is for institutions to assign particular individuals as responsible for mental health policies. Savini (2016) recommends organizing a panel of faculty and staff who can discuss the management of student mental health. For example, the University of Guelph has employed a "special task force" that ensures mental health policies and practices align with one another, as well as with the wider goals of the institution (Hanlon, 2012). Centres for student success, engagement, and support appear as ideal locations where such panels and committees can be developed. New faculty/staff orientation events, throughout-the-year progress meetings, or training and professional development programs can serve as venues for the communication of relevant policies to faculty and staff. For example, new faculty/staff are often provided with faculty handbooks that outline specific details of their institution. A concise policy document on how to respond to acute student distress in the classroom can be included in this handbook. With mental health policy development and clarity, it is likely that faculty and staff would be less confused regarding their responsibilities addressing the mental health and well-being of students. Additionally, if not engaged in any practices, such policies can act as a "springboard" for faculty and staff to consider ways of promoting student mental health.

Thirdly, greater efforts are necessary in developing more opportunities for teaching faculty and academic staff to engage in mental health training. Decreasing stigma through mental health literacy can be formally approached via training and professional development initiatives. The most cost-effective way of integrating mental health training is to include mental health topics into existing training and professional development initiatives (Potvin-Boucher et al., 2010). For example, academic training seminars often coach professors how to foster interactive learning moments (Greenberg et al., 2003). However, what might not be taught is how interactive learning moments can benefit students with a mental health problem. Interactive practices facilitated by educators can generate student social, emotional, and academic learning, and thus, enhance

prevention and development (Greenberg et al., 2003). Oftentimes, new faculty are required to participate in some kind of training regimen. Including a mental health component in this training (e.g., inviting a guest lecturer) can demonstrate the importance and value of this topic within the institution and set the climate for new employees. Although likely more time consuming and costly, greater collaboration between post-secondary institutions and community agencies can be established for the development of mental health training initiatives, as an addition to the only widely-employed *Mental Health First Aid* (Sharp et al., 2006). For example, the Centre for Mindfulness Studies (2014) offers workplace individuals social programs, diverse therapies, and education courses on mental health.

An informal approach to mental health training can occur through initiatives that foster collaboration and communication between faculty members. For example, some institutions have training departments or centres for teaching and learning that hold events, activities, and conferences for individuals to learn from one another's expertise, such as Humber College's *Teaching Triangles* or the University of Guelph's *New Faculty Mentorship Program* (Humber College, 2016; University of Guelph, 2005). In such settings, veteran professors who may have experience in supporting students with mental health problems or illnesses can share their knowledge with more novice professors. The distribution of monthly newsletters, as discussed earlier, is another way for faculty and staff to informally gain knowledge on mental health. Perhaps the mental health professionals who operate within post-secondary institutions, such as psychologists, can periodically contribute information to include in such newsletters. Alternatively, these newsletters can simply include links to online self-training modules. The Mental Health Commission of Canada (2015) and the Centre for Addiction and Mental Health (2012) are examples of organizations that offer online education resources for self-training on mental health. However, they are executed, mental health training and professional development for post-secondary faculty/staff can help to (a) raise mental health awareness, (b) increase mental health literacy to combat stigma, (c) expand confidence and comfort levels when supporting student mental health and well-being, and (d) encourage or improve practices that support the mental health and well-being of students.

Of note, even when mental health training opportunities are readily available and accessible, post-secondary faculty and staff are not required to take time away from their schedules to participate in professional development, unless the training is a new employee requirement. Attracting (continued) participation requires a level of "buy-in" on their behalf. Post-secondary faculty and staff need to recognize the importance of understanding student mental health in order to appreciate the value of professional development in the area, and subsequently, to participate in related training. The role of mental health professional development and training will likely change if (a) student mental health continues to be a pressing concern in Canadian higher education settings and (b) support for the mental health of students is grounded in a wider institutional agenda that mandates, clarifies, and communicates relevant policies.

Ideally, the goal is to weave student mental health and well-being into the fabric of post-secondary institutions. This can be accomplished through actions at the micro (classroom), macro (institution), and mega (national) level. At the classroom level, professors are encouraged to assume a "first-line responder" role – recognizing when a student is experiencing distress and making the appropriate referral to campus support resources (Quinn et al., 2009; Savini, 2016). Savini (2016) offers some concrete suggestions on how college educators can respond to student mental health concerns: "mention in class campus events that promote mental health…bring in speakers…distribute counselling centre information in class…include a statement about mental

health on your syllabus…assign a text about mental health…try scaffolding a major paper…(p. 5-6). At the institutional level, colleges and universities can build mental health more systematically within vision/mission statements and strategic development plans. Infusing mental health within such statements and plans can eventually give birth to transformative actions. For example, Humber College's increased attention to student well-being, engagement, and success gave way to the effective restructuring of their student support services; localized hubs branded as *wegotyou* (Humber College, 2016). Student support services departments should be present, proximal, and thriving locations within post-secondary campuses. Access and exposure to such departments are essential when trying to nurture an environment that is mindful of positive student well-being and mental health. At the institutional level, it is also key for new faculty and staff to be immediately immersed in a work culture that values student mental health. As discussed earlier, a number of strategies can be employed to ensure that mental health shapes or becomes part of the foundational knowledge of incoming employees.

Weaving student mental health into the fabric of institutions and classrooms is not possible without support at the national level. The role of provincial and federal governments is to increase efforts in promoting and supporting the mental health of Canadians in general. One suggestion is for governments to increase financial support for post-secondary institutions to develop and sustain student support services. According to the Ministry of Training, Colleges and Universities (2014),

> Ontario is strengthening mental health supports for post-secondary students by extending the Mental Health Innovation Fund…Ontario invests \$9 million annually to support improved mental health services for post-secondary students, including up to \$6 million each for the Mental Health Innovation Fund. (para. 1 & 5)

Another suggestion is for post-secondary institutions to liaison more often with governments and corporations in the development of nation-wide mental health campaigns. For example, Fanshawe College collaborates with Mind-Your-Mind in the implementation of *iCopeYou*; a web-based support resource for college students with a mental health problem (MacKean, 2011). Another widely-known mental health initiative that spawned out of collaborative efforts between a corporation and post-secondary institution is *Let's Talk Day*. This event is facilitated by Bell Canada and York University*,* "to raise awareness around Mental Health and work toward decreasing the stigma associated with mental illness" (York University, 2013, para. 1). Mental health awareness, campaigning, and support at the national level can elicit a considerable drive or push for action at the macro and micro levels – in college and university classrooms.

Conclusions

Despite the encouragement of teaching faculty and academic staff to support student mental health, efforts in satisfying this role can be challenged by several barriers. Prevailing barriers include mental health stigma, underdeveloped policies, and minimal opportunities for mental health training and professional development. If faculty and staff are to be (re)conceptualized as supplemental aides in supporting students with a mental health problem or illness, then these barriers need to be identified and eventually overcome. What do such barriers mean for teaching faculty and academic staff? As detailed in this paper, faculty and staff can be discouraged from assuming any responsibility over the mental health and well-being of students, despite the push to do so. Current barriers also work to maintain faculty and staff un- or misinformed regarding all

aspects of student mental health, which not only can discourage their participation in interventions, but also can give way to the reproduction of mental health stigma. For those who already support student mental health in some way, prevailing barriers can limit the quality, breadth, or sustainability of some practices. Aside from teaching faculty and academic staff, existing barriers can pose challenges to student populations. What exactly do these barriers mean for the learning experiences of students with a mental health problem or illness? For one, students remain susceptible to receiving ineffective, harmful, or no support whatsoever. Moreover, they are likely to continue as recipients of stigma, which can discourage their willingness to disclose a mental health concern or access intervention when available. In sum, barriers that limit the promotion and support of student mental health can initiate, maintain, or renew poor academic outcomes for those with a mental health problem or illness.

Notwithstanding the discussions and recommendations offered in this paper, it is unrealistic to expect Canadian post-secondary institutions to easily and effectively resolve the several barriers that challenge support practices for the mental health and well-being of students. However, it is feasible for colleges and universities to encourage the manifestation of multi-purposeful, universal, prevention, and intervention processes that can essentially benefit the well-being of all student populations (CACUSS & CMHA, 2014; MacKean, 2011; Schonert-Reichel & Lawlor, 2010). In this light, teaching faculty and academic staff may invest more efforts in student well-being. Such efforts may encourage an overall school milieu committed to curtailing the current barriers that challenge support for student mental health.

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