UNDERSTANDING THE CURRENT UNIVERSITY CONTEXT FOR GRADUATE STUDENTS WITH MENTAL HEALTH CHALLENGES

By

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Submitted in partial fulfillment of the requirements
for the degree of Master of Arts

at

Dalhousie University
Halifax, Nova Scotia
November 2023

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Dedication

This thesis is dedicated to my sister, whose resilience and strength continues to inspire me each and every day.

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Abstract

This study explores the phenomenon of accessibility for graduate students with mental health challenges. Despite recent legislative advancements, there is still a limited understanding of these students' needs and challenges and how to enhance accessibility for them. The study adopts a social constructivist perspective and interpretative phenomenological approach to explore the lived experiences of graduate students with mental health challenges and graduate coordinators at one large university in Atlantic Canada. The research methodology involves eight qualitative interviews with graduate students and a focus group with four graduate coordinators; the latter of which used questions co-created with students. Through these interactions and the use of reflexive thematic analysis, the study sheds light on how several factors, such as mental health stigma, access to support and healthcare services, and the nature of departmental assistance, can interact to shape students' experiences of accessibility. The findings contribute to a more holistic understanding of what accessibility truly entails within graduate education, which may then guide the enhancement of institutional policies and procedures and open up new avenues for improvement.

List of Abbreviations Used

FGS: Faculty of Graduate Studies
IPA: Interpretative Phenomenological Analysis
RTA: Reflexive Thematic Analysis

Acknowledgements

I would like to express my sincere gratitude to the following individuals who played a key role in my academic journey and completion of this thesis. First and foremost, I would like to thank my research supervisor, Dr. Lynne Robinson, whose consistent support, guidance, and expertise have been invaluable throughout this process. I am equally grateful to my committee members, Dr. Becky Feicht and Dr. Karen Gallant, and to my external examiner, Dr. David Pilon, for their insightful feedback and constructive criticism that greatly enriched the quality of this work. My appreciation extends to my peers and research colleagues, whose shared insights and collaborative spirit have been central in shaping my ideas and motivating me to excel. To my friends, your unwavering encouragement and understanding through the highs and lows of this journey have meant the world to me. A special thank you to my family, whose steadfast support and belief in me have been the cornerstone of my success. This achievement is as much yours as it is mine. To my incredible partner, your patience, love, and encouragement sustained me throughout this journey. I am so grateful to have you in my life and that you have such meticulous proof-reading abilities. Lastly, I would like to thank the two feline members of our household, Gizmo and Leah, for their unconditional love and occasional moments of distraction that provided me with much-needed breaks. Thank you, to each and every one of you, for being a part of this academic journey and helping me in achieving this milestone.

Chapter 1: Introduction

The overarching goal of accessibility within postsecondary education is to ensure equal opportunities in the pursuit of knowledge acquisition (UN General Assembly, 2006). However, despite this moral objective, students with mental health challenges frequently encounter barriers within most postsecondary settings. Mental health challenges are characterized by limitations in daily activities arising from an emotional, psychological, or mental health condition (Statistics Canada, 2017). Among these students, academic challenges can be pronounced. The experience of emotional, psychological, or mental distress can translate into academic struggles, potentially culminating in poor grades, academic probation, or difficulty managing academic workloads (Storrie et al., 2010). Nevertheless, existing literature underscores the notion that students' prospects for graduation are significantly enhanced when they are equipped with adequate resources (Hartley, 2010; Megivern et al., 2003; Miller & Nguyen, 2008). Most postsecondary institutions have worked diligently to offer adequate resources to students with mental health challenges. However, recent legal cases have raised concerns about the insufficient and neglectful treatment of these students (Baker, 2014; Buckley & Fiaoni, 2021; Smith, 2016; Sontag, 2002; Zlomislic, 2016). These cases underscore the complex tapestry of roles and responsibilities that institutions must learn to fulfill in order to provide accessible education to all students.

To understand the needs of students with mental health challenges, postsecondary institutions need to go beyond student-specific factors (e.g., individual skills, abilities, and external influences) and consider the broader environmental contexts in which these students are enrolled (Herbert et al., 2020). Relatively few studies have examined how postsecondary environments can contribute to the accessibility experiences of students, particularly within the context of graduate studies (Hunt & Eisenberg, 2010; National Educational Association of Disabled Students

[NEADS], 2016). A notable mixed-methods study by NEADS (2016) drew attention to the significant gap in understanding between graduate faculty and disability service offices regarding the best ways to support students with varying disabilities. Students conveyed a sense that disability service offices lacked sufficient understanding of graduate school requirements, while graduate faculty identified an acute need for enhanced disability training (NEADS, 2016). Within the realm of graduate studies, individuals with mental health challenges are often recognized as a new and emergent student demographic (Condra et al., 2015). This recognition has prompted institutions to formulate new strategies, policies, and guidelines to support this emergent group of students. However, the scarcity of research in this particular area has left many postsecondary institutions unsure about their specific needs and challenges and how best to adapt graduate education to enhance its accessibility (Condra et al., 2015).

Positionality

Before delving into this topic, it is important to reflect on my own positionality as it relates to the research. At the time of writing, I was a graduate student myself and had personally experienced the challenges of pursuing a Masters or Ph.D. program. During this time, I became acutely aware of how a lack of accessible supports and resources could affect students' academic success and well-being. My undergraduate background in Psychology provided me with a foundational understanding of the struggles associated with managing daily life during an episode of low mood, anxiety, or distress. This personal understanding became a driving force behind my decision to pursue a Masters in Health Promotion, fueled by a personal desire to explore more holistic approaches towards mental health promotion. I firmly believe that achieving optimal mental health outcomes extends beyond clinical intervention, as they are more likely to occur when individuals are empowered to participate and thrive in all aspects of life. This conviction helped

to guide my research, aiming to deepen our understanding of accessibility in graduate education and contribute meaningful insights to inform institutional policy-making. My goal with this research was to help re-shape graduate education into a more accessible and supportive environment that fosters the academic success of all students, recognizing the unique needs and preferences of those with mental health challenges.

My approach towards the study was grounded in the social constructivist perspective, which emphasizes that knowledge and understanding are co-constructed through our social interactions with others (Berger and Luckmann, 1966). This perspective asserts that accessibility is not an inherent quality, but rather shaped and defined by our collective experiences, perceptions, and interactions. To explore these co-constructed meanings, I adopted an interpretative phenomenological approach, which sought to understand participants' lived experiences by examining their subjective interpretations (Heidegger et al., 1962). This approach allowed me to dive deep into the lived experiences of graduate students and coordinators to better understand the phenomenon of accessibility. I used Reflexive Thematic Analysis (RTA) to conduct a thorough investigation of the data and incorporate my own thoughts, perspectives, and insights into my analysis (Braun & Clarke, 2021). This helped to align my analytical method with my interpretative phenomenological approach, as RTA is often considered a theoretically flexible method and can be adapted to align it quite closely with that of interpretative phenomenological analysis (IPA) (Braun & Clarke, 2021; Smith & Osborn, 2003).

Study Purpose

The purpose of my research was to understand accessibility from the perspective of graduate students with mental health challenges and graduate coordinators at one large university in Atlantic Canada. I defined accessibility broadly as the provision of flexibility to accommodate

the unique needs and preferences of each student. I embraced the social constructivist worldview and adopted an interpretative phenomenological approach to conduct interviews with graduate students who self-identified themselves with having a mental health challenge. As part of these interviews, I invited students to collaborate in creating questions for graduate coordinators. A focus group was then conducted with several graduate coordinators to achieve a more holistic understanding of accessibility within the current university context. By incorporating insights from both graduate students and coordinators, I considered a wide spectrum of experiences and perspectives within the present study, resulting in a more comprehensive understanding of accessibility for students with mental health challenges.

Research Objectives

In conducting this research, I aimed to explore how accessibility was experienced by two interconnected groups within the current context of graduate studies. These groups included the graduate students themselves and the graduate coordinators responsible for supporting them. The synergy between these two perspectives was essential to fulfill my main research objectives, of which included: (1) identifying the barriers and facilitators to accessibility for graduate students with mental health challenges; (2) obtaining insights from graduate coordinators on how they perceive accessibility for students with mental health challenges; and (3) providing insights to universities, and other similar institutions, to enhance their future accessibility planning.

Definition of Key Terms and Concepts

Accessibility

For the purposes of this study, I defined 'accessibility' as the provision of flexibility to accommodate the unique needs and preferences of each individual student. In a broader context, accessibility might also include "any place, space, item, or service, whether physical or virtual,

that is easily approached, reached, entered, exited, interacted with, understood, or otherwise used by persons with varying disabilities" (United Nations, 2013, p. 3). Ultimately, the aim of accessibility is to ensure equitable opportunities for all individuals to "live independently and participate fully in all aspects of life" (UN General Assembly, 2006, Article 9).

Ensuring equitable access to postsecondary education is essential for individuals with disabilities to participate fully in all aspects of life, as this access can significantly enhance their future employment prospects and financial security (Mikkonen & Raphael, 2010; Statistics Canada, 2016). While individuals with disabilities can excel in postsecondary education, their success greatly hinges on the institutional support they receive (Hartley, 2010; Salzer et al., 2008). Postsecondary institutions often adopt various strategies to enhance accessibility for students with disabilities. For those living with mental health challenges, these strategies might include combating stigma to cultivate a culture of inclusivity and support (Turosak & Siwierka, 2019), providing accommodations or emotional assistance to those who need it (Collette et al., 2018; Ringeisen et al., 2017), or extending healthcare services to individuals requiring such services (Heck et al., 2014). However, strategies aimed to enhance accessibility can vary widely between institutions due to the current lack of federal or provincial standards. The absence of standardized guidelines, in turn, has led to a diverse array of solutions to support students with disabilities, including those with mental health challenges (NEADS, 2012).

Accessibility represents a complex and multifaceted issue that requires more than simplistic solutions such as increasing funding or expanding existing practices to a larger audience (Jones, 2010). Sir David Watson emphasizes that accessibility often falls into the category of "wicked problems," characterized by its elusive definition and absence of straightforward solutions (Watson, 2012, p. 51). However, our ability to define and address accessibility challenges

has been significantly hindered by the current lack of research to support institutional policy development (Jones, 2010). Hence, one of my primary research objectives with the present study was to contribute to an ongoing effort to define and address accessibility concerns within the current university context. My goal with this research was to provide insights to inform future institutional policy development, ensuring that all students, including those with mental health challenges, could encounter unhindered access to graduate education.

Mental Health Stigma

Students with mental health challenges frequently encounter unfair disadvantages within most postsecondary settings due to the stigma associated with their conditions (Major & O'Brien, 2005). This stigma forces students to manage their symptoms while simultaneously grappling with biases and discrimination (Corrigan & Watson, 2002). Consequently, some students may choose to conceal their conditions as a way to help cope with the stigma (McLean & Andrews, 1999). However, concealing a mental health challenge can significantly limit learning opportunities for these students, potentially causing them to refrain from seeking necessary assistance (Kitzrow, 2003) or consider withdrawing from their postsecondary education (Kessler et al., 1995; Megivern et al., 2003).

Mental health stigma can be multi-faceted and is often driven by a complex interplay of factors (Pescosolido & Martin, 2015). This stigma is frequently divided into three levels: (1) structural stigma, pertaining to an institution’s regulations, policies, or practices that limit the rights and opportunities of students with mental health challenges (Livingston, 2013); (2) public stigma, pertaining to the stereotypes, biases, and discrimination endorsed by the general public against students with mental health challenges (Corrigan & Watson, 2002); and (3) self-stigma, pertaining to when students with mental health challenges internalize and apply public stigma to

their own self-concept (Corrigan & Watson, 2002). These three levels of stigma are interconnected and mutually reinforcing, amplifying their collective impact (Corrigan et al., 2005; Hatzenbuehler et al., 2013). As such, addressing on only one level of stigma does not provide a complete picture of how stigma can come to inform students' accessibility experiences.

Public stigma can discourage students from seeking necessary support due to the concerns about them facing discrimination or being devalued by others (Corrigan & Rüsch, 2002). Students may begin to alter their behaviour or refrain from seeking necessary assistance, even if it means forgoing essential resources for their academic success. Self-stigma, on the other hand, can dissuade students from seeking necessary assistance by affecting their self-esteem and self-efficacy (Corrigan et al., 2016; Rüsch et al., 2005; Link et al., 2001). For example, if a student internalizes the stereotype that students with mental health challenges are responsible for their condition(s), it can result in feelings of guilt and shame (Rüsch et al., 2010). This can lead the student to choose secrecy or social withdrawal rather than seeking the necessary support and resources they need to succeed (Hinshaw, 2007; Turosak & Siwierka, 2019). Acknowledging that both public and self-stigma can impact students' experiences of accessibility – both independently and in tandem – I used the term 'mental health stigma' to include both the public and self-stigma surrounding mental health challenges. This approach allowed me to explore students' firsthand experiences with stigma and how they manifest within the current university context. These findings would then shed light on the systemic factors contributing to mental health stigma, resulting in implications to address any structural stigma within the current university context.

Support

Postsecondary institutions often grapple with the challenge of providing adequate support to students with mental health challenges. Despite having substantial evidence and experience in

accommodating various other disability types, the population of students contending with a mental health challenge is still considered relatively new and underserved (Condra et al., 2015). Furthermore, graduate students often find themselves fitting within the framework of accommodation policies primarily designed for undergraduate students. While this approach can yield positive results, it is important to recognize that accommodation requests have been increasing in recent years and their complexity growing within the context of graduate studies (Rose, 2010).

Several scholars have highlighted the importance of graduate faculty in providing support to students (Collette et al., 2018; Lawrie et al., 2017). When mental health challenges arise, these individuals can extend empathy, guidance, and support to connect students with relevant on-campus resources. This more personalized form of support can help convey to the student that their mental health and well-being are important and that they are valued members of the academic community (Bain 2004; Lei et al., 2018; Johnson et al., 2014). However, despite their importance, many faculty members are still feeling ill-equipped in providing this type of support to students, and in some cases, it is even discouraged or positioned outside of their role and responsibilities (Collette et al., 2018).

As both forms of support can be valuable to students with mental health challenges, I defined support as any form of academic or emotional assistance that enabled students to achieve their academic goals. This broad definition of support was inclusive of both formal (e.g., obtaining accommodations from the student accessibility centre) and informal modes of support (e.g., receiving personal or emotional support from a trusted faculty or staff member). This definition allowed me to address both the structured and less structured forms of support within the university setting and recognize how they may jointly impact students' experiences of accessibility.

Healthcare Services

Mental health and well-being holds great importance for students' academic success and their overall well-being. This importance is highlighted by the findings of the National Alliance on Mental Health's *College Students Speak* survey, in which 65% of students indicated the importance of their on-campus healthcare centers in determining their academic success (2012). However, despite their recognition, nearly half of the students surveyed indicated that they had not accessed their respective healthcare centers (National Alliance on Mental Health, 2012). On-campus healthcare centers can serve an important function in the pursuit of academic success. They may provide a range of services, including counselling, support for eating disorders, involvement in mental health initiatives, campaigns to help combat mental health stigma, and resources for suicide prevention (Skorton & Alltsch, 2013). Prescott (2007) argued in their book, "Student Bodies: The Influence of Student Health and Services in American Society and Medicine," that on-campus healthcare centers have great potential in shaping students' on-campus experiences and influencing their behaviours, both during and after their postsecondary education. Hence, I aimed to account for the wide variety of services provided by the university healthcare center within my research, including counselling, treatment, and various other healthcare provisions. I defined 'healthcare services' broadly as any service provided by a university healthcare professional that contributed to students' overall health and well-being. In using this broad definition, I was able to explore students' experiences with a wide variety of services provided by the university healthcare center, allowing me to attain a more comprehensive understanding of how these service offerings may impact their experiences of accessibility.

Mental Health Challenges

The term ‘mental health challenges’ can be used to refer to a wide variety of conditions that may be defined through both legal and scientific lenses (World Health Organization, 2001, 2011). In this thesis, I occasionally use the term ‘disability’ to refer to students whose daily activities are limited by an emotional, psychological, or mental health condition. However, it is important to recognize that while the term ‘disability’ may align with institutional policies and procedures, many individuals with mental health challenges do not identify themselves with having a disability per se. To ensure adequate representation, academic authors should strive to adopt ‘identity-first’ language that resonates with the preferences of the community in terms of their self-identification (Dunn & Andrews, 2015). Individuals experiencing an emotional, psychological, or mental health condition often prefer the term ‘mental health challenges.’ Additionally, this term is notably more inclusive, as it can also be used to refer to individuals who are experiencing a mental health challenge but have not yet received a formal diagnosis (Mizock et al., 2022). A previous survey by Lim and colleagues (2008) found that 6% of Canadians aged 20 and above met the diagnostic criteria for a mental health condition but had not yet received a formal diagnosis, a proportion that was comparable to the 7% of Canadians who had received a formal diagnosis (Lim et al., 2008). Undiagnosed mental health conditions can be equally as challenging as those that are diagnosed. Therefore, the university should be well-equipped to provide accessible education to all students, regardless of their diagnostic status. For this same reason, I did not require students to have a formal diagnosis to participate in the study. I used the term ‘mental health challenges’ when recruiting and engaging with all research participants and defined the term the same way that institutions might define a ‘mental health-related disability’,

which is to indicate limitations in daily activities due to an emotional, psychological, or mental health condition (Statistics Canada, 2017).

Brief Overview of the Study

In summary, my research aimed to achieve a more holistic understanding of accessibility within the current university context. I embraced the social constructivist perspective to realize the diverse range of ways students may experience accessibility within the context of graduate education (Creswell & Creswell, 2018). I also took an interpretative phenomenological approach to delve deeply into the lived experiences of students with mental health challenges. Central to this exploration were their experiences of stigma and access to support and healthcare services. I conducted qualitative interviews to provide students with a dedicated space where they felt comfortable sharing their personal experiences. As part of these interviews, I also facilitated a collaborative effort with students to devise a series of questions for graduate coordinators. These questions served as the foundation for a subsequent focus group session. This session included several graduate coordinators and was conducted to explore their perspectives and role in supporting students. These discussions provided me with valuable insights on how accessibility may differ between graduate departments to enhance our overall understanding. In essence, I conducted a multi-phased qualitative research study, combining both qualitative interviews and focus group sessions, to explore the unique interplay of factors that can influence accessibility within the current university context for students with mental health challenges.

Research Significance

This research was motivated, in part, by recent developments in provincial legislation. In 2017, Nova Scotia enacted the Accessibility Act as a proactive measure to dismantle barriers to postsecondary education. This legislative stride aimed to establish explicit accessibility standards,

eliminate barriers to participation, and enact the proposed standards by 2030 (*Accessibility Act,* 2017). In response to this, Nova Scotian universities were required to develop and present comprehensive accessibility plans to the province. The accessibility plan devised by the university of study emphasized the importance of obtaining and incorporating feedback from all corners of the university community. The plan provided a detailed framework for collaborating with students, faculty, and staff, with a distinct emphasis on identifying, dismantling, and preventing barriers for individuals with disabilities. Madriaga and colleagues (2010) highlight the importance of consulting and listening to all members of the disability community in order to create an inclusive accessibility plan. As such, the university has described its intention to obtain insights from faculty and students with varying disabilities, as well as on-campus groups and committees advocating on behalf of this community. However, the university has not explicitly mentioned their intention to consult graduate students with mental health challenges. It is equally important that the university consider the importance of involving this particular group, as these students often have distinct needs and challenges relative to other campus demographics (Condra et al., 2015; Hyun et al., 2006).

Summary

Postsecondary institutions bear the responsibility of providing accessible education to all students, including those with mental health challenges. However, the scarcity of research in this particular area has hindered postsecondary institutions from obtaining a clear picture of these students' needs and challenges and how to enhance accessibility for them. The aim of the present study was to understand how graduate students with mental health challenges and graduate coordinators experience accessibility at one large university in Atlantic Canada. In undertaking this effort, I sought to provide a more holistic understanding of accessibility within the current

university context for graduate students with mental health challenges. This chapter has served as an introduction to the present study, introducing the topic of accessibility for students with mental health challenges. It has introduced my positionality as the lead researcher, defined my study rationale and purpose, clarified key terminology, and outlined my primary research objectives. The chapter then concluded by highlighting the importance of the present work in light of recent provincial legislation.

Chapter 2: Literature Review

This chapter offers an examination of the extant literature on the importance of accessibility within postsecondary education. It delves into the effects of mental health stigma and the availability of support and healthcare services on students with mental health challenges, and sheds light on the less-explored barriers to accessibility for graduate students experiencing these same challenges. The chapter then concludes by outlining the intended contribution of the present study and its goal in advancing our understanding of accessibility within the current university context.

Social Determinants of Health

It is believed that population health inequalities primarily arise from inadequate attention to the various social determinants of health (Ahnquist et al., 2012; Braveman & Gottlieb, 2014; Braveman et al., 2011; Keon & Pépin, 2009; World Health Organization, 2021). These social determinants refer to the economic and social conditions that influence the health and well-being of a population (Raphael, 2009). The Canadian Institute for Advanced Research estimates that 50% of a population's health status is influenced by social and economic factors, while only 25% is attributable to the health care system (Keon & Pépin, 2009). While healthcare access remains important, it plays a relatively minor role in explaining population health inequalities. These findings underscore the need to expand our perspective of health to include the various social determinants.

Frameworks that address the social determinants of health shift the focus away from individual aspects and more towards contextual factors, such as income, social status, and employment, which exert a significant influence on health. McLeroy and colleagues (1988) argue that overemphasizing individual factors can inadvertently perpetuate “victim-blaming ideologies” and neglect the societal structures and processes that disadvantage people (p. 2). The social

determinants of health framework challenges the traditional assumption that health disparities primarily arise from genetic or biological attributes (Etowa & McGibbon, 2012; Raphael, 2009). Instead, it emphasizes how societal contexts can impact an individual's ability to sustain their health over time and contribute to population health inequalities (Etowa & McGibbon, 2012).

There are many ways to conceptualize the social determinants of health. My study uses the framework proposed by Mikkonen and Raphael (2010), which includes education as a key social determinant. This framework includes thirteen other social determinants, such as early life, food insecurity, and housing, all of which are equally important to consider but are beyond the scope of the present thesis. Recent reports have demonstrated a strong link between educational attainment and long-term health and quality of life (Shankar et al., 2013). However, it is equally important to consider that a lack of education does not necessarily equate to poorer health outcomes. Mikkonen and Raphael (2010) have clarified that if everyone had sufficient income and access to services, the influence of education would be much less pronounced. Instead, education provides individuals with a means of adequate income and resources when robust public policies are lacking and these health-sustaining resources are not guaranteed (Mikkonen & Raphael, 2010).

Educational Attainment and Health

The importance of educational attainment has garnered significant research attention over the past decade (Montez et al., 2019; Shankar et al., 2013). There is extensive research demonstrating that individuals with higher levels of education generally experience better overall health and a lower prevalence of chronic conditions, such as diabetes, cognitive limitations, and physical disabilities (Montez et al., 2019; Zajacova & Lawrence, 2018). Additionally, individuals with higher educational attainment have shown to live longer and healthier lives compared to their less-educated peers (Montez & Hayward, 2014). Previous research has highlighted several

pathways through which higher educational attainment may positively impact health. Achieving a higher level of education can lead to increased health knowledge, resulting in more informed health-related decisions. This increased awareness can contribute to healthier behaviours, such as an avoidance of smoking, routine engagement in physical exercise, or a swifter adoption of public health recommendations (Barbeau et al., 2004; Cutler & Lleras-Muney, 2006). Higher education can also empower individuals to become more effective agents of their own lives. This can be achieved by fostering a greater sense of personal agency (Leganger & Kraft, 2003; Mirowsky & Ross, 1998), enhancing an individual's social status (Mirowsky & Ross, 2003) and strengthening their social support networks (Mickelson & Kubzansky, 2003). Another key aspect of educational attainment that may positively impact health is its influence on future employment opportunities. Higher education can significantly shape an individual's prospects for economic resources (Doherty-Delorme & Shaker, 2002; Mikkonen & Raphael, 2010; Statistics Canada, 2014). Graduating with a higher level of education has been associated with lower unemployment rates, a key risk factors for long-term illness and mortality (Bartley & Plewis, 2002), and can serve as a protective factor against experiencing lower socioeconomic status (Canadian Council on Learning, 2009).

Health disparities related to education have been exacerbated by the recent rise of neoliberal policies and the globalized, knowledge-based economy (Zajacova & Lawrence, 2018). In this context, postsecondary education has quickly evolved into a minimum requirement for accessing employment that provides the economic, social, and personal resources necessary to maintain our health and well-being. Projections from the Canadian Occupational Projection System (2019) indicate that 68.4% of new jobs created between 2019 and 2028 will require a university or college education, suggesting that there is an increasing demand for higher education

qualifications within the overall job market. Additionally, individuals with postsecondary degrees are projected to earn significantly more over their working lifetimes compared to those with only a high school diploma. The income gap between university graduates and high school graduates has increased over the past three decades. Thirty years ago, a 35-year-old male with a bachelor's degree was projected to earn $64,000 annually (in constant [2010] dollars), while a high school graduate's projected earnings were $44,000. Today, this gap has increased, with university degree holders earning twice as much as high school graduates ($95,000 versus $47,000 (in constant [2010] dollars) (Statistics Canada, 2014). It has become increasingly apparent that higher education is linked to greater income and a reduced likelihood of unemployment – both factors that significantly contribute to more favourable long-term health outcomes (Mikkonen & Raphael, 2010; Statistics Canada, 2016).

Accessibility of Postsecondary Education

The accessibility of postsecondary education has become a concern for advancing health equity, particularly as it relates to future employment opportunities and financial stability. In 2002, the Canadian government pledged that "*one hundred percent of high school graduates [would] have the opportunity to participate in some form of postsecondary education*" (Government of Canada, 2002, p. 34). However, for many students with disabilities, accessing postsecondary education remains a challenge. A census-based report from Statistics Canada (2015) revealed that the difference in attendance between individuals with and without disabilities was not statistically significant (39% and 41%, respectively). However, a significant gap emerges in their educational attainment, where only 16% of Canadians with disabilities hold a bachelor's degree or higher compared to a notably higher percentage (31%) of those without disabilities (Statistics Canada, 2015). This finding highlights that while enrollment rates for students with disabilities are

comparable to those without, barriers persist for students with disabilities, impeding their ability to successfully complete and graduate with postsecondary degrees.

Ensuring accessibility within postsecondary institutions requires the allocation of adequate resources to support students throughout their educational journeys. The presence of students with disabilities on a campus may be indicative of its diversity; however, it does not necessarily correspond to the level of accessibility or inclusion offered by an institution (Marquis et al., 2016). A recent report by Statistics Canada (2015) revealed that nearly half of students with disabilities felt that their disability had influenced their educational and career choices, with approximately 30% believing that their disability had extended their educational career path. Accessibility and inclusion are two closely related concepts, often working together to create an environment that is welcoming and equitable for all students. While accessibility primarily refers to the design and creation of spaces, services, and resources that can be accessed and used by everyone, inclusion is about creating larger environments where everyone feels valued, respected, and has equal opportunities to contribute (Rain et al., 2012). The intersection of accessibility and inclusion can help to ensure that students with disabilities are not just able to access spaces and services, but also feel welcomed and valued within academic environments (Jucevičienė et al., 2018). Canadian universities are required to pursue equity for students with disabilities, as per the Federal Contractors Act (Employment Canada, 2021). As such, postsecondary institutions are required to create inclusive learning environment for all students, as well as provide them with the necessary resources and services to ensure their success within postsecondary degree programs.

Barriers to Students with Mental Health Challenges

The number of students with disabilities on North American postsecondary campuses has been increasing in recent decades (Castillo & Schwartz, 2013; Condra et al., 2015; Manalo et al.,

2010; Quinn et al., 2009; Snyder & Dillow, 2012). This increase has been primarily attributable to the increase in the number of students reporting a mental health challenge. Of the ten categories of physical and cognitive disabilities, mental health challenges are now the second most prevalent type of disability reported among postsecondary students (Furrie, 2017). For students disclosing a singular type of disability, mental health conditions account for nearly one-fifth (19%). For students disclosing two types of disabilities, mental health conditions account for nearly a third (32.5%), and for those disclosing three or more disabilities, mental health conditions account for nearly half (48.8%; Furrie, 2017). This increase in the number of students reporting a mental health challenges has compelled many postsecondary institutions to establish inclusive accessibility plans, designed to support and accommodate the needs of this emerging student demographic (Condra et al., 2015).

The term ‘mental health challenges’ can be used to include a wide spectrum of emotional, psychological, and mental health conditions, with mood and anxiety disorders representing the two most prevalent conditions reported among postsecondary students (Evans et al., 2018). Mood disorders – a subset of mental health conditions – can significantly influence how an individual perceives themselves, others, and life in general (American Psychiatric Association, 2013). These disorders can include major depressive disorder, dysthymic disorder, and bipolar disorder. Anxiety disorders – another subset of mental health conditions – are characterized by excessive stress and anticipation of future threats (American Psychiatric Association, 2013). This subset of mental health challenges can include panic disorder, generalized anxiety disorder, and social anxiety disorder, among others.

Students with mental health challenges often experience fluctuating emotions, behaviours, and cognitive functioning. These fluctuations can result in a variety of academic challenges that

are attributable to their symptoms (Kain et al., 2019; Kirsh et al., 2016; Zafran et al., 2011). Kirsh and colleagues (2016) suggest that modifying course schedules and extending assignment deadlines can help these students to better manage their symptoms. For example, a student might avoid larger classes that feel impersonal or avoid smaller classes where they feel they cannot blend into the background. Similarly, a student may choose to avoid certain classes that require participation, as this can be anxiety-provoking for some (Kirsh et al., 2016). Previous research has suggested that while effective time management is crucial to mitigate academic challenges, mental health symptoms can hinder ones' ability to complete course assignments on time, which often necessitate last-minute extension requests (Mullins & Preyde, 2013). However, the students themselves indicate that the underlying obstacle to improving their academic success lies in them being held to the same expectations as their peers without mental health challenges (Kirsh et al., 2016; Zafran et al., 2011).

Mental Health Stigma

Mental health stigma can present a significant obstacle that discourages students from accessing the resources they need to support their academic success (Belch, 2011; Quinn et al., 2009; Stevenson, 2010; Storrie et al., 2010). In this study, I examine two forms of stigma that can directly impact students' access to resources. These include public and self-stigma. Public stigma refers to the prejudice and discrimination directed towards the student based on the mental health labels they carry (Davey, 2013). This type of stigma typically originates from outside of the student through their friends, families, and public media. Self-stigma pertains to the student's personal acceptance of negative stereotypes that they might begin to apply to their own self-concept (Peterson et al., 2008). Previous research has indicated that the experience of self-stigma can have more severe implications for the student than the experience of public stigma alone (Ritsher &

Phelan, 2004). Internalizing public stigma may lead to feelings of fear, shame, and fatigue—all of which can exacerbate mental health symptoms (Stevenson, 2010). Therefore, experiencing self-stigma is believed to outweigh the challenges caused by the mental health conditions itself (Arboleda-Flórez & Stuart, 2012; Stevenson, 2010). The internalization of public stigma can cause students to feel as if they don't belong in postsecondary degree programs (Mullins & Preyde, 2013) or worry about facing a lack of understanding from their academic peers, faculty, or staff regarding their mental health challenges (Mullins & Preyde, 2013; Storrie et al., 2010).

Previous research has indicated that mental health stigma can create a significant barrier for students when it comes to accessing available on-campus resources. Turosak and Siwierka (2019) conducted several focus groups with university students diagnosed with a mental health condition to understand their on-campus experiences (*N*=14). These students expressed hesitancy in seeking the necessary accommodations for their academic success due to hurtful and dismissive remarks they had overheard said on campus. Several students echoed the sentiment "*pull yourself up by your bootstraps*"; a phrase they had overheard or encountered through their peers, families, and university professors (Turosak & Siwierka, 2019, p. 271). The notion of creating a "*culture of support*" was discussed by some students, with one indicating that the most effective approach the university could take in providing support to these students was by offering them "*empathy and understanding*" (Turosak & Siwierka, 2019, p. 276). These findings seemed to indicate that students experience stigma as a significant barrier to available on-campus resources and underscore the need for more proactive measures to create a safe and accessible environment for those with mental health challenges.

Access to Support

It is important that postsecondary institutions are able to create campus environments that are accessible and accommodating for students with mental health challenges. Institutional support can take several forms, including both formal and informal modes of assistance. Both formal and informal support can help students to reach their academic goals. Formal support might include offering accommodations through a disability service office, while informal support might involve providing personal or emotional support through a trusted faculty or staff member. Regardless of its delivery, both forms of support can be extremely valuable to students with mental health challenges and hold great implications for shaping their overall college or university experiences.

Formal accommodations can serve as effective tools to enable students to reach their academic objectives (Collins & Mowbray, 2005; Leonard & Bruer, 2006; Ringeisen et al., 2017). Previous research has shown that students with mental health challenges achieve success at a comparable rate to their peers without mental health challenges when they are provided with adequate support and accommodations (Hartley, 2010). A study by Hartley (2010) found that supported education activities can enhance resiliency and empowerment among students with mental health challenges. Conversely, a study by Salzer and colleagues (2008) found that students who lacked adequate accommodations were more likely to earn reduced grade-point averages and choose to prematurely withdraw from their postsecondary degree programs.

Several barriers can hinder students with mental health challenges from accessing formal accommodations, with stigma serving as one of these key barriers (Turosak & Siwierka, 2019). The National Alliance on Mental Illness (2012) indicates that 50% of students with mental health challenges choose not to disclose their challenges to their respective institutions out of fear of experiencing stigma from their peers, faculty, or staff. Additionally, 57% of students refrain from

accessing the necessary accommodations for their academic success, with "*fear of stigma*" being one of the top five reasons for not accessing this form of support (National Alliance on Mental Illness, 2012, p. 12). Even students who have already received formal accommodations have been found to express concern. Mullins and Preyde (2013) found that students who had already received accommodations were often perceived as having an unfair advantage over their peers, which could contribute to a source of jealousy and resentment among other students. Additionally, Giamos and colleagues (2017) highlight that there is too often a lack of awareness about available on-campus resources among these students. Through qualitative interviews, they revealed that many students were unaware of the support options available to them at their respective institutions (Giamos et al., 2017). Turosak and Siwierka (2019) echoed this sentiment, recommending that universities enhance students' awareness of available on-campus resources by reviewing them in class rather than relying on course syllabi.

University faculty and staff can play an important role in demonstrating care and concern for students' mental health and well-being. Informal support, such as this, is typically derived from a trusted faculty or staff member. When students encounter challenges, these individuals can express concern, connect the student to available campus resources, and assist them in navigating any uncertainties related to their academic coursework or degree programs. Although university faculty and staff frequently excel in providing academic support to their students, they often feel less confident in providing personal or emotional support, as these types of support are often positioned outside of their role and responsibilities (Collette et al., 2018). However, demonstrating care and concern for a student's mental health and well-being can be valuable, particularly for those with mental health challenges. This acknowledgement recognizes the student as a valued community member, emphasizing that their health and well-being, alongside their academic

success, holds importance (Collette et al., 2018). By addressing mental health-related concerns, as well as academic ones, university faculty and staff can help prioritize student mental health and well-being, irrespective of students' academic performance (Collette et al., 2018).

Access to Healthcare Services

Despite the increasing number of students reporting a mental health challenge, many university healthcare services still remain underused (Heck et al., 2014; Li et al., 2016). When left untreated, mental health symptoms can persist and affect various aspects of a student's life, including their academic performance, social interactions, graduation prospects, and future employment opportunities (Nobiling & Maykrantz, 2017; Sontag-Padilla et al., 2016). Accessing university healthcare can be complicated by several barriers. These often include difficulty navigating the available healthcare services and a lack of awareness about the available service options (Markoulakis & Kirsh, 2013; Nunes et al., 2014). Previous literature has indicated that there is often a lack of cohesion and user-friendliness among university healthcare services. Markoulakis and Kirsh (2013) highlight that there are often weak connections between campus counselling, university healthcare, and academic support services, which can leave students unsure of how to manage their symptoms alongside their academic work (Markoulakis & Kirsh, 2013). Furthermore, most students find it challenging to allocate the necessary amount of time to seek assistance from their respective healthcare centres (Robinson et al., 2016). The typical hour-long appointment with a university healthcare provider often does not account for the time required to arrange and schedule these appointments, nor the time required to attend them. Wait times for appointments can stretch up to a month, which constitutes nearly a third of the university semester (Nunes et al., 2014). By the time the scheduled appointment arrives, many students may begin to perceive their need for mental health support as diminished. While some universities may offer

drop-in hours to facilitate more immediate support, extended wait times often discourage students from accessing these essential healthcare services, particularly when they are feeling stressed or pressed for time (Nunes et al., 2014).

Limitations in the Literature

There is an overall lack of qualitative research exploring the perspectives and experiences of students with mental health challenges regarding their access to support and healthcare services. Relatively little is known from the students themselves regarding what resources are most effective and how stigma may be impacting their access to these resources. Qualitative methodologies have become valuable research tools in understanding the multi-faceted experience of having a mental health challenge within postsecondary settings (Hartley & Muhit, 2003). Harper (2007) argues that the perspectives and experiences of students are too often assessed through quantitative measures, stating:

> "*An undergraduate could spend four or more years completing annual surveys and having [their] academic progress statistically analyzed as part of aggregate report production for institutional decision-making. It is entirely possible that this same student will persist through degree completion (or withdraw prematurely) without ever having been asked about the impact of the campus and its various agents on [their] experiences*" (p. 55-56).

There is a growing need for more purposeful and deliberate data collection directly from students themselves regarding their experiences of accessibility. Relying solely on quantitative methods yields assessments that lack depth, complexity, and genuine voice of students (Harper, 2007). Qualitative methodologies aim to uncover rich and detailed descriptions of individuals' lived experiences (Miles & Huberman, 1994). By using qualitative methods to capture the nuances of

students' experiences, previously hidden layers of data can come to light that might otherwise remain obscured. Ultimately, this information can help to inform policy and practice in new and enlightening ways (Harper, 2007; Jones, 2010). Harper (2007) asserts that "*some of the most complex educational dilemmas could be untangled simply by enabling students to talk to researchers about their navigational experiences*" (p. 58).

Graduate Students with Mental Health Challenges

As the number of graduate students reporting a mental health challenge continues to grow (Evans et al., 2018), the need to support and accommodate this emergent student population becomes pressing. Unfortunately, much of the existing research in this area has either focused on undergraduate students, failed to differentiate between undergraduate and graduate students, or has examined a small subset of graduate students (NEADS, 2016). Given that graduate students have distinct needs from their undergraduate peers, a more nuanced understanding of their needs and challenges is required. Graduate programs typically involve an intensive study of a specialized content area, which can result in elevated stress levels compared to the general population (Evans et al., 2018). Such elevated stress levels often stem from academic pressures, financial constraints, career planning, or other teaching or research-related responsibilities that set these students apart from their undergraduate peers (Hyun et al., 2006). NEADS (2016) highlights that "*there is a significant need for a detailed understanding, both quantitative and qualitative, of the experiences of students with disabilities in graduate studies*" (p. 1). Given the distinct vulnerabilities and requirements of graduate students compared to their undergraduate peers, more research is needed to discern the barriers and facilitators to accessibility for this particular student demographic.

To address this gap in our knowledge, NEADS (2016) established a national task force to explore the challenges faced by graduate students with disabilities. Using a multi-faceted research

strategy, the task force employed a national survey of graduate students with disabilities, conducted interviews and focus groups with key stakeholders, analyzed pertinent surveys, and performed an extensive review of national and international literature. Through these efforts, the task force identified a significant gap in understanding between graduate faculty and disability service offices regarding the best ways to support graduate students with varying disabilities. NEADS (2016) indicated that there was an urgent need to clarify the distinct roles and responsibilities of graduate faculty and disability service offices. While some students believed that their disability service office lacked sufficient understanding of their graduate program requirements, graduate faculty expressed an acute need for enhanced disability training. Effective support at the graduate level requires an in-depth understanding of what these students need to excel independently in their fields, aligned with the requirements of their respective graduate programs (NEADS, 2016). A knowledgeable and collaborative graduate faculty, alongside an informed disability service office, is essential if universities wish to support and accommodate the needs of graduate students with mental health challenges (NEADS, 2016).

Graduate Coordinators

While most graduate faculty primarily focus on research or teaching-related responsibilities within a university, a smaller subset of these individuals may take on the additional role of overseeing graduate programs. The title and responsibilities associated with this role can differ from one institution to the next. However, for the purposes of this study, I use the term 'graduate coordinators' to align with the terminology most commonly used at the university of study. Graduate coordinators typically operate at the intersection of academia and program administration (Mercer, 2009). Their responsibilities might include a wide range of tasks, including implementation of departmental policies, oversight of long-term institutional objectives,

participation in faculty recruitment, and involvement in shaping curriculum development (Sikalieh, 2014). Aside from their administrative responsibilities, graduate coordinators might still be involved in research or teaching-related tasks, which often requires a delicate balance between their academic commitments and managerial duties (Mercer, 2009; Hancock, 2007).

An important aspect of program development is change management, a role that requires the qualities of a change agent. These individuals are often tasked with advocating for change, influencing key stakeholders, garnering support, and planning for implementation (Stuckelman, 2017; Williams, 2022). Stuckelman (2017) asserts that graduate coordinators are particularly well-suited for this role due to their in-depth knowledge of graduate programs and dedicated focus on program administration. Hence, graduate coordinators may play a role in enhancing accessibility for students with mental health challenges by leading change initiatives that prioritize student mental health within graduate programs (Mousavi et al., 2018). However, there are inherent time constraints associated with the graduate coordinator role. Time constraints can impede effective change leadership and prevent its alignment with the current university context (Hancock, 2007; Stuckelman, 2017). These challenges may then be compounded by limited resources, resistance to change, or the potential need for specialized training (DiPlacito-DeRango, 2016).

Mousavi and colleagues (2017) described an initiative at the University of Minnesota that involved a collaborative effort between students, mental health professionals, and graduate coordinators to promote student mental health within graduate programs. This collaborative effort aimed to enhance support options, adapt program policies and procedures, and devise a comprehensive strategy to support students' mental health and well-being. By working together, the Chemistry department at the University of Minnesota was able to address the various mental health needs of its students within the confines of their coordinators' limited working capacity

(Mousavi et al., 2017). Most importantly, this initiative was found to have a lasting effect, cultivating a greater culture of support and more inclusive environment for students within their graduate programs (Mousavi et al., 2017; Riggs et al., 2023)

Some graduate coordinators might also take on the role of student advisors, offering personalized support and guidance to help students enhance their academic progress. These coordinators might be involved in tasks such as regular student check-ins, monitoring students' academic progress, arranging meetings to address individual student needs, and devising strategies to help students overcome particular challenges. However, previous research has highlighted that in order to access more effective support, students may need to disclose their mental health challenges to their graduate faculty advisors (Riggs et al., 2023; Chaudoir & Fisher, 2010; Inman et al., 2011). Riggs and colleagues (2023) recommend that advisors strive to reduce barriers to disclosure by actively advocating on behalf of student mental health, as this can help to create an atmosphere of open and honest conversation and challenge prevailing cultural norms and mental health stigma (Riggs et al., 2023). However, not all graduate coordinators may be inclined to engage in this form of advocacy, as there are substantial variations in how these individuals approach their role and assigned responsibilities. While some graduate coordinators may prioritize student mental health, based on their personal understanding of the role, others may choose to prioritize their administrative duties over these more direct student interactions (Ewen et al., 2019).

Contribution of the Present Study

In order to create a postsecondary education system that is genuinely accessible to all students, it is essential for us to achieve an in-depth understanding of accessibility and what it entails for graduate students with mental health challenges. Unfortunately, there is still a significant knowledge gap when it comes to understanding the experiences of accessibility among

this particular group of students, making it especially challenging to identify and address their unique needs and challenges within the context of graduate education. Over the past decade, only four Canadian studies have explored the accessibility experiences of graduate students with mental health challenges (Giamos et al., 2017; Kirsh et al., 2016; Mullins & Preyde, 2013; NEADS, 2016). Of these four studies, only one has focused exclusively on graduate students, and even then, the study did not distinguish between the various types of disability. One of my primary research objective was to thoroughly examine and detail the experiences of graduate students with mental health challenges. In doing so, the study would be able to provide detailed insight to universities, and other similar institutions, to inform their future accessibility planning. Furthermore, I aimed to offer a new perspective by exploring the perspectives and experiences of graduate coordinators. These graduate faculty members are uniquely positioned at the departmental level to help shed light on how certain policies and procedures may differ across graduate departments. In addition, these coordinators were able to speak to how their fellow faculty members may choose to support students, as well as how they considered students' mental health within their graduate program planning.

Summary

In summary, previous literature has indicated the importance of postsecondary education in shaping individuals' long-term health and well-being. This form of education has quickly become a minimum requirement for securing employment and attaining financial stability—two important resources for maintaining long-term health and well-being. In order to achieve health equity for people with disabilities, it is essential that we are able to ensure equitable access to postsecondary education. While there has been a significant increase in the number of students with mental health challenges attending postsecondary education, significant barriers still exist

that hinder their completion of postsecondary programs. This shift in the demographic make-up of students has prompted many institutions to become more attuned to the needs of this particular group of student, which may, in turn, lead to the development of more inclusive accessibility plans.

The phenomenon of accessibility can be influenced by a wide variety of different factors, including mental health stigma, students' access to support and healthcare services, and the nature of departmental assistance. Unfortunately, most of the research in this particular area has primarily focused on undergraduate students, overlooked the distinction between undergraduate and graduate students, or has examined a small subset of graduate students. Only one study to date has focused exclusively on the needs of graduate students with disabilities, and this study indicates that there is a lack of understanding between disability service offices and graduate faculty on how best to support these students. The current lack of research on those with mental health challenges further constrains our ability to understand the distinct needs and preferences of this particular student group, making it challenging to identify potential strategies to improve their accessibility.

The present study aimed to explore the experiences of graduate students with mental health challenges and their graduate coordinators at one large university in Atlantic Canada. Grounded in the social constructivist perspective, I took an interpretative phenomenological approach and used qualitative interviews and focus groups for my data collection. The first phase of data collection explored how graduate students with mental health challenges experience accessibility within the current university context, as it was informed by their experiences of stigma and access to support and healthcare services. These interviews also included a collaborative effort undertaken with students to help devise a series of questions intended for graduate coordinators. These questions would then serve as the foundation for a subsequent focus group session involving several coordinators, ensuring that the students' perspectives would resonate throughout the study.

The second phase of data collection involved a single focus group session with several graduate coordinators who collectively engaged with the questions co-created with students. This focus group discussion primarily revolved around how coordinators perceived accessibility for students, as well as how they considered students' mental health within their graduate program planning. By involving both graduate students and coordinators within the research, I was able to provide a more comprehensive understanding of accessibility within the current university context, as it was experienced by graduate students with mental health challenges.

Chapter 3: Methodology

This chapter provides an overview of my research methodology and methods. It begins by describing the conceptual framework I used to help guide the study, including my research paradigm (i.e., social constructivism) and strategy of inquiry (i.e., interpretative phenomenology with limited application of participatory action research). Afterwards, I provide some information on the sample population, including the specific definition of mental health challenges I used for participant recruitment, the research setting, and my inclusion and exclusion criteria. I also describe the procedures used for participant recruitment, the geographical location of my interviews and focus groups, and other pertinent characteristics of my research participants. The procedures I used for data collection, which include semi-structured interviews and focus groups, are then described. I then go on to describe my analytical approach, including the techniques I used for data management and analysis and other additional measures to ensure the quality and rigor of my research findings. Finally, I conclude the chapter by outlining the various ethical considerations I made throughout study, including the procedures I used to obtain informed consent and ensure participant confidentiality.

Conceptual Framework

Social Constructivism

Social constructivism was first introduced in 1966 by sociologists Peter Berger and Thomas Luckmann. Their book, *The Social Construction of Reality*, was rooted in phenomenology and influenced by Mead's theory of symbolic interactionism, which suggests that our social interactions are responsible for the construction of identity (Berger & Luckmann, 1966). As an extension of Mead's theory, *The Social Construction of Reality* spoke of how various realities can arise from the complex social worlds we inhabit (Berger & Luckmann, 1966; Hacking, 1999).

According to Berger and Luckmann (1966), reality is not fixed, as previously unquestioned certainties, such as rules, norms, beliefs, or laws, can always be changed through our social interactions with others. *The Social Construction of Reality* emphasized learning as a process in which people construct knowledge. Berger and Luckmann (1966) claimed that knowledge is established through our regular routine actions, forming patterns of knowledge construction that will eventually become understood as objective. As such, the development of knowledge is dependent on people and the values of the society in which they live. Pettenger (2007) explained that, while our reality is often defined by society, it needs to align with the social experiences of people. Hence, the social constructivist paradigm was not intended to acquire scientific knowledge, but rather to inform our understanding of the complex human condition (Pettenger, 2007).

Social constructivism has transformed our understanding of disability, defining it not only as an individual experience, but as a socially constructed phenomenon (Jones, 1996). The social model of disability acknowledges the significant impact of environmental, structural, and cultural definitions of disability (Collins, 1991; Fine & Asch, 1988; Scheer, 1994) and emphasizes that disability experiences are not limited to those with disabilities, but can include individuals without disabilities (Gergen, 1985). Although the disability movement of the 1970s was successful in asserting that the phenomenon of disability is socially produced rather than the product of functional limitations (Schneider, 2012), the social model did not translate well into the field of mental health. The medical model, which continues to portray mental health challenges as individual deficit and illness, has not been successfully challenged by the social model of disability (Beresford, 2009). Nonetheless, the social constructivist paradigm still holds promise in re-conceptualizing mental health challenges as they are experienced and socially produced by people (Jones, 1996; Maiese, 2021; Riel, 2016).

I considered social constructivism to be the best research paradigm for the present study, as it permitted me to focus on both the individual and shared experiences of graduate students with mental health challenges and their graduate coordinators (Creswell, 2007). I anticipated that each student would have their own story to tell about how the university had supported them through their mental health challenges and graduate programs. I similarly anticipated that each graduate coordinator would have their own story to tell about their support for students within the confines of institutional and departmental policy and practice. By situating the study within the social constructivist paradigm, I was able to ensure that all experiences and perspectives would be heard and acknowledged within the present study (Weaver & Olson, 2006). Furthermore, the social constructivist perspective permitted me to explore both the shared and subjective meanings of my research participants and examine how both their past and present experiences have come to inform their understandings of accessibility within the current university context (Weaver & Olson, 2006).

As the lead researcher within the present study, I played a multi-faceted role within the social constructivist paradigm, where reflexivity was a fundamental aspect of my approach. I interpreted how participants constructed accessibility while also reflecting on how their constructions might have evolve through their experiences and social interactions with others (Berger & Luckmann, 1966). This provided me with a nuanced lens for data analysis, allowing me to remain conscious of the dynamic interplay between my own personal interpretations of the data and participants' evolving perspectives. Throughout data collection and analysis, I continually examined my own subjectivity and experiences related to accessibility through the use of a reflexive journal (Lincoln & Guba, 1982). This practice helped to maintain the integrity of my research findings, acknowledging my own involvement in the co-construction of knowledge and considering how my personal interactions with participants' might have influenced their shared

accounts (Boyland, 2019). Furthermore, by employing reflexive thematic analysis, I was able to meld the individual and shared experiences of my research participants with my on-going reflexive insights. This method helped to explore the multi-faceted dimensions of accessibility within the current university context by combining participants' experiences with my own reflexive insights (Braun & Clarke, 2021).

Interpretative Phenomenology

Phenomenology can be traced back to the philosophical works of Edmund Husserl (1859-1938). Although the origins of phenomenology may extend back further to the works of Immanuel Kant and Georg Wilhelm Friedrich Hegel, Husserl is often regarded as "*the fountainhead of phenomenology in the twentieth century*" (Vandenburg, 1997, p. 11). Husserl rejected the belief that objects in an external world can exist independently. Rather, he believed that we can only be certain about how objects are perceived within our own personal consciousness (Eagleton, 1983; Fouche, 1993). Husserl believed that, in order to understand reality, we need to ignore everything that is outside of our immediate experience and limit the external world to the contents of our internal consciousness (Groenewald, 2004). Husserl argued that reality should be treated as pure 'phenomena,' as it is the only source of reliable data (Eagleton, 1983). Martin Heidegger (1889-1976), a student of Husserl, would later introduce the concept of 'Dasein', or 'being there'. Together, Heidegger and Husserl would explore the 'Lebenswelt', or 'life-world' as the actuality of our existence within an external world (Schwandt, 1997).

It was not until the 1970s that phenomenological psychologists developed a methodological praxis that would embody the philosophical beliefs of Husserl and Heidegger (Stones, 1988). Today, there are two branches of phenomenology: 'descriptive phenomenology,' which is the original form and investigates how individuals experience their internal consciousness

in an external world; and 'interpretative phenomenology,' which was later introduced by Heidegger and aims to interpret the meaning of peoples' descriptions about their internal experiences (Heidegger et al., 1962; Pringle et al., 2011). In both branches, subjective knowledge acts as a precursor to objective knowledge (Husserl, 2004) and the researcher aims to understand how people experience certain objects or events, the meanings they attribute to those experiences, and in what circumstances (Moustakas, 1994). Heidegger developed interpretative phenomenology as he believed that the researcher's interpretation was inevitable when trying to make sense of others' personal descriptions (Heidegger et al., 1962; Fleming et al., 2003). The interpretative phenomenological approach emphasizes reflexivity, as researchers must become conscious of their own interpretative lenses when engaging with and analyzing personal accounts. Interpretative phenomenology assumes that an individual's experience is heavily informed by what the surrounding culture or context has previously constructed (Jarvis, 1987). Hence, the researcher interprets participants' descriptions contextually and analyzes their shared experiences for expressions that they might expand upon further (Heidegger et al., 1962; Moustakas, 1994). Compared to descriptive phenomenology, interpretative phenomenology is a notably more critical, as it seeks to identify both similar and contrasting themes among participant's accounts and incorporates the researchers' subjectivity into the analysis of their shared data (Heidegger et al., 1962; Chang & Horrocks, 2008; Pringle et al., 2011).

The interpretative phenomenological approach stands in stark contrast to the positivistic paradigm that has dominated mental health research for the past several decades. The positivistic paradigm assumes that knowledge can only be acquired by observing what can be scientifically measured (Merriam, 2002). Although quantitative research has contributed to our understanding of mental health illness and its various pathologies, it has led to an over-reliance on the medical

model of mental health challenges (Glover, 2012; Zolnierek, 2011). Where positivistic paradigms assume that all people experience and perceive a single reality, interpretative phenomenology assumes that each person experiences and perceives a multi-faceted and dynamic reality unique unto themselves (Horrigan-Kelly et al., 2016; Jarvis, 1987). As such, many scholars within the field of mental health research have begun to adopt an interpretative phenomenological approach, helping to generate new forms of knowledge that originate from the people with lived experience of mental health challenges (Picton et al., 2017).

I adopted an interpretative phenomenological approach towards the study to better understand how graduate students and coordinators experience accessibility for students with mental health challenges. To help align my research with this approach, I conducted several interviews with graduate students and a focus group session with several coordinators to learn of their experiences. I maintained a reflexive journal throughout this process to help keep track of my thoughts, perspectives, and experiences as they related to my research (Lincoln & Guba, 1982). In this reflexive journal, I made note of any personal insights and observations I made during my interviews and focus group. For example, during my interviews with graduate students, I noticed a tendency for participants to share more negative experiences related to university healthcare services. This observation led me to change my approach towards questioning to ensure that I was able to capture the full spectrum of experiences related to university healthcare. I also reflected on the concepts of ‘safety’ and ‘trust’ when students were discussing their experiences of disclosure. This personal introspection encouraged me to consider the significance of these two concepts and how they might inform students’ understandings of accessibility. I chose to interpret the data using reflexive thematic analysis to incorporate these insights into my analysis of participants’ data (Braun & Clarke, 2021). This method also allowed me to identify idiographic expressions and

make theoretical connections within and between cases, which helped to align my analytical method more closely to that of interpretative phenomenological analysis (IPA) (Smith & Osborn, 2003). In doing so, I was able to achieve a more in-depth understanding of accessibility within the current university context, as it was experienced by both graduate students with mental health challenges and their graduate coordinators.

Limited Application of Participatory Action Research

Participatory action research is an umbrella term for a school of research approaches that share a core philosophy of inclusivity and prioritize the engagement of key stakeholders within the research process (Macaulay, 2017). This discipline was born out of social action research and emancipatory philosophy. In 1946, Kurt Lewin developed what was known as 'social action research', which he defined as a research methodology in which community members are involved in every stage of the research process (Jull et al., 2017; Lewin, 1948; Macaulay, 2017). Educationalists embraced this concept, as Lewin himself had worked on social action programmes with teachers. However, interest declined in the late 1950s only to re-emerge in the 1970s under a different guise. Emancipatory philosophers began to question the value of research in relation to power and oppression (Macaulay, 2017). In 1970, the Brazilian philosopher, Paulo Freire posited that marginalized communities should not be mere objects of inquiry, but rather engaged as partners within the research process, particularly when it comes to determining their own needs and improving their own lives (Friere, 1970; Macaulay, 2017). The power imbalances inherent between the researcher and the researched called for more equitable and collaborative approaches towards the pursuit of scientific inquiry (Bagnoli & Clark, 2010).

Participatory action research was developed as an innovative approach to address power imbalances between the researcher and the researched and promote knowledge generation that was

more applicable to real-world settings, facilitating more meaningful changes to policy and practice (Bagnoli & Clark, 2010). Participatory action research aimed to achieve these goals by prioritizing collaboration, co-learning, and co-creation between the researcher and participants (Collins et al., 2018; Nguyen et al., 2020; Peralta & Murphy, 2016; Schneider, 2012; Sprague et al., 2019). Within this discipline, the role of the researcher often becomes one of a facilitator, working collaboratively with participants to achieve more action-oriented goals (Bagnoli & Clark, 2010). The form and extent of their collaboration can vary; from participants being involved in all aspects of the research or just some (Clark et al., 2009; Pratt, 1999). The extent of this collaboration is often determined by a variety of factors, including participants' availability, comfort levels, and potential time constraints. However, any increment in the degree of collaboration is considered valuable. Engaging communities within the research process enables them to have a say in what is being researched, which can help to produce alternative forms of knowledge and more effective ways of understanding complex situations and relationships (Moser & McIlwaine 1999, Clark et al., 2009).

Ideally, participatory action research is positioned at the collegiality level of participation, where researchers and communities work together as colleagues and have an equal say throughout the research process (Cornwell & Jewkes, 1995). However, achieving this level of participation can be challenging, particularly concerning the various ethical considerations around participation and ownership (Cooke & Kothari, 2001; Clark et al., 2009). In this study, I collaborated with graduate students to align the second phase of data collection with their perspectives. During my graduate student interviews, I invited students to collaborate and devise a series of questions intended for graduate coordinators. As the lead researcher, my role was to help guide the development and refinement of these questions, practicing reflexivity to address any power dynamics inherent within these interactions (Collins et al., 2018; Nguyen et al., 2020; Peralta &

Murphy, 2016; Sprague et al., 2019). A key aspect of this reflexivity involved discussing the re-phrasing of students' questions with my research supervisor post-interview. Some of these questions were initially posed in a more confrontational manner and as such, needed to be re-phrased to become more inquiry-based. These adjustments were made after having a series of reflective discussions with my research supervisor and aimed to retain students' original intentions while fostering constructive engagement with graduate coordinators. Despite my limited application of participatory action research, these methods helped to ensure that the second phase of data collection would incorporate graduate students' perspectives. Additionally, these methods helped to enhance the relevance, quality, and rigour of the research findings and address any power dynamics inherent between myself and participants (Collins et al., 2018; Johnston et al., 2021; Nguyen et al., 2020; Schneider, 2013).

Sample Population

Defining Mental Health Challenges

There has been general disagreement among mental health professionals, people with lived experience, and the general public on the preferred terminology for individuals living with mental illness (Fox et al., 2021; Lasalvia et al., 2015; Lynch et al., 1993). Previous research highlights the importance of asking people with lived experience about their preferred terminology (Mueser et al., 1996; Sharma et al., 2000). Mizock and colleagues (2022) conducted a two-part qualitative study that explored a broad spectrum of labels used by individuals with severe mental illness. This research not only identified these various labels but also assessed how the participants perceived them, examining both their positive and negative connotations. While most participants found the term 'mental illness' to be accurate in capturing the severity and medical nature of their condition(s), many participants felt the term was too severe and clinical, calling up stigma, and

overlooking their various strengths and wellness. ‘Psychiatric disability’ was another commonly used term; however, primarily as a non-preferred one as many individuals did not see themselves as living with disability per se. Although reported much less frequently, the term ‘mental health challenges’ seemed to be appreciated by a minority of individuals and valued for normalizing their struggles and comprising a more positive attitude. In addition, the term was relatively easier to identify with and helped to capture a broad range of experiences that could also be used to refer to those who were experiencing a mental health condition but had not yet received a formal diagnosis (Mizock et al., 2022). Hence, my study employed the term ‘mental health challenges’ to refer to students who were living with an emotional, psychological, or mental health condition which limited their daily activities. Because I did not require students to have a formal diagnosis to participate, I used the term ‘mental health challenges’ to promote inclusivity, reduce stigma, and emphasize the various strengths and wellness of students participating within the research.

Study Setting

My study took place at one large university in Atlantic Canada, representing one of the largest postsecondary institutions in the region in terms of its graduate student enrollment (Association of Atlantic Universities, 2021). The university operates multiple campuses; however, this study focuses solely on the campuses offering academic programs at the time of data collection (i.e., during the 2022-2023 academic year). The university provides a wide range of graduate programs across multiple faculty divisions, catering to wide variety of academic fields. To support the well-being of its students, the university has established multiple healthcare centre locations, ensuring that students are able to access to essential medical services, counselling, social workers, peer support, and various health promotion resources. In addition, the university operates two

disability service offices (i.e., "student accessibility centres") to provide formal accommodations to any students who may require additional academic assistance.

During the time of data collection, the university's operations had been significantly impacted by the COVID-19 pandemic. In response to public health guidelines, the university had transitioned to remote learning, fundamentally altering the academic landscape for graduate students. This shift to online learning presented several challenges for students, particularly those with mental health challenges, as they learned to navigate the changing dynamics of online learning, social isolation, and the blending of personal and academic spaces. The university's healthcare centres were forced to adapt their services to remote and hybrid models. While this helped to ensure the continuity of students' care, it undoubtably affected the nature and experiences of these services among students. The university's student accessibility centres were similarly forced to adapt their operations to this new and ever-changing context. The COVID-19 pandemic added an additional layer of complexity to my research, drastically altering how the university delivered its services to students and how these students accessed and experienced its services. It was within this post-pandemic context that I sought to understand and explore the accessibility experiences of graduate students and their graduate coordinators.

Inclusion and Exclusion Criteria

The first phase of data collection involved Masters and Ph.D. students who were enrolled as either part-time or full-time students at the university, attending classes on one of the university campuses offering academic programs, and self-identify with having a mental health challenge. I did not require students to have a formal diagnosis to participate, as the university was considered responsible for providing accessible education to all students regardless of diagnostic status (UN General Assembly, 2006). Given the sensitive nature of discussing mental health challenges,

students from my own graduate department were excluded to avoid any potential role conflicts between me as the lead researcher and my research participants. Additionally, graduate students from professional degree programs were excluded from participating, as I suspected that their experiences may vary notably due to required intern- and externship placements (Palombi, 2011). Accessibility can be experienced differently within these contexts, under the supervision of a placement coordinator (Ahmedani, 2011; Palombi, 2011). As such, my inclusion criteria for the first phase of data collection required students to be enrolled in either a thesis- or course-based program under the supervision of the Faculty of Graduate Studies (FGS).

The second phase of data collection involved graduate coordinators who were presently acting at the university and serving their role on one of the university campuses offering academic programs. Similar to the first phase of data collection, graduate coordinators from my own department were excluded to avoid any potential role conflicts between myself and research participants. I required graduate coordinators to be presently acting at the university as departmental policies and practices are subject to change over time and retrospective accounts may no longer be reflective of the current university context. I considered associate and interim coordinators to be eligible for the study, as they often share the same role and responsibilities as the primary graduate coordinator and may maintain the role in their absence (e.g., when granted sabbatical leave). Graduate coordinators who were responsible for overseeing professional degree programs were excluded from the present study to help align participants' experiences and perspectives with the first phase of data collection. In other words, inclusion criteria for the second phase of data collection required graduate coordinators to be responsible for overseeing either a thesis- or course-based program under the supervision of the FGS.

Recruitment

Graduate students were recruited to participate in the study using posters placed on campus bulletin boards (**Appendix A**) and social media posts made to Facebook, Instagram, and Twitter (**Appendix B**). Recruitment materials were also shared with graduate student societies and academic support services to promote word-of-mouth recruitment. These recruitment materials made it known to students that they must be: (1) currently enrolled as a part-time or full-time Masters or Ph.D. student; (2) attending classes on one of the university campuses offering academic programs; (3) self-identify with having a mental health challenge; and (4) be willing to participate in a one-on-one qualitative interview to discuss their experiences of stigma, support, and healthcare services at the university. Graduate coordinator participants were invited to participate via their institutional e-mail (**Appendix C**). A list of potential participants was compiled and provided to me by my research supervisor who had once served as graduate coordinator. This list was then carefully reviewed and updated based on information provided on the university website, allowing me to confirm whether individuals were still serving in the role and eligible to participate. The invitational e-mail sent to graduate coordinators clarified that they must be: (1) presently acting at the university; (2) serving their role on one of the university campuses offering academic programs; and (3) willing to participate in a focus group with several other graduate coordinators to discuss their support for students. Graduate students and coordinators who were interested in participating in the study were asked to contact me via e-mail if they had any questions and to ensure their eligibility. Once all questions were answered to participants' satisfaction and their eligibility was confirmed, I provided them with a consent package via email, in Microsoft Word, for ease of completion and return (**Appendix D & E**).

Geographical Location

I provided graduate students with the option to have their interview take place on the university campus, online (via Microsoft Teams), or by telephone. Providing participants with options ensured that I was able to minimize any inconvenience or expense resulting from their participation and that participants would be comfortable in the chosen environment to share their personal experiences and perspectives. Graduate coordinators who consented to participate in the focus group session were similarly provided the option to have their focus group take place on the university campus or online (via Microsoft Teams). This flexibility ensured that all participants would be able to attend and that they would be comfortable in the chosen environment (Patton, 2002). Consequently, seven graduate student interviews took place online and one on the university campus. The graduate coordinator focus group took place online to accommodate the majority of participants' preferences and to ensure that some participants who were tuning remotely would still be able to participate.

Participants

Eight one-on-one qualitative interviews were conducted with graduate students. These students represented seven of the eleven graduate faculties at the university. Two participants identified themselves as male, five as female, and one as non-binary. Five students were completing their Masters and three students were completing their Ph.D. One student identified themselves as a mature student and three students disclosed that they were international students. Students reported having mental health challenges such as depression, anxiety, complex post-traumatic stress disorder, self-injury, obsessive-compulsive disorder, prolonged grief, and borderline personality disorder. Most students reported experiencing more than one of these challenges and some indicated that they had not yet received a formal diagnosis. A few students

also reported having a neurological disability, attention-deficit/hyperactivity disorder, and being on the autism spectrum. Initially, I had intended to recruit additional students from the remaining four graduate faculties at the university to ensure that my sample would be representative. However, upon listening, transcribing, and re-reading the data, I realized that I had collected sufficiently rich data from these participants and that conducting additional interviews would likely be unnecessary.

I conducted one focus group session with graduate coordinators to learn of their experiences supporting students with mental health challenges. This session included four graduate coordinators and represented four of the eleven graduate faculties at the university – one of which had not been accounted for by my graduate student interviews. The focus group session captured a wide breadth of experiences, including some graduate coordinators who had served in the role for several decades and others who had just started in the role. The size of the graduate programs these coordinators were responsible for varied widely. Some graduate coordinators estimated that they were responsible for approximately twenty students, whereas others estimated that they were responsible for over one hundred students. Most graduate coordinators were responsible for overseeing more than one graduate program, with one coordinator indicating that they were also responsible for coordinating an undergraduate program within their respective department.

Procedures for Data Collection

Semi-Structured Interviews

Semi-structured interviews were the chosen procedure for data collection with graduate students in order to obtain rich and detailed first-person accounts of their experiences. In line with the interpretative phenomenological approach, these interviews allowed me to personally conduct each interview and provided me with enough time and flexibility for original and unexpected

issues to arise and be explored (Pietkiewicz & Smith, 2012). Furthermore, the time and flexibility afforded by these semi-structured interviews allowed me to build additional rapport with my research participants through a more interpersonal and interactive relationship style, modifying interview questions whenever appropriate (Alase, 2017). The interviews began with a few icebreaker questions, including a request for some demographic information such as preferred pronouns, graduate faculty, and level of study. Once I felt participants were comfortable, I introduced the larger topic of conversation, remaining sensitive and attentive to their verbal and non-verbal cues (Pietkiewicz & Smith, 2012). By conducting semi-structured interviews, I was able to keep the atmosphere light and relaxed and encourage participants to be open and honest about their experiences within the university setting.

Each graduate student interview was approximately one hour in duration. All interviews took place between August to January 2022. These interviews followed a semi-structured interview guide consisting of a pre-determined introduction and three main topics of inquiry, with several questions and probes for each (**Appendix F**). In my previous literature review, I identified three main factors that may influence students' experiences of accessibility – these being mental health stigma, access to support, and access to healthcare services. As such, the interview questions focused on students' perspectives and experiences related to mental health stigma and their experiences accessing support and healthcare services at the university. I defined support broadly as any form of academic or personal assistance provided by the university that enabled students to reach their academic goals. This definition was intended to be inclusive of both formal (e.g., obtaining accommodations from the student accessibility centre) and informal modes of support (e.g., receiving personal guidance from a trusted faculty or staff member). I defined healthcare services as any service provided by a university healthcare professional that helped participants to

support their overall health and well-being. The interview questions were formulated in a way that were both open-ended and probing. In doing so, I was able to encourage participants to share their personal experiences and perspectives, in their own words, while still remaining within the scope of the present study (Smith et al., 2009).

The Co-Creation Process

My semi-structured interviews with graduate students concluded by asking students to collaborate on several possible questions for graduate coordinators. In doing so, I was able to ensure that the focus group guide for the next phase of study would revolve around issues considered most important to students with mental health challenges (Johnston et al., 2021). My role as the lead researcher in these sessions was to facilitate the co-creation process, helping to guide the development of students' questions and draw on previous discussions to inspire other possible questions. This process led to the development of several questions pertaining to the graduate student-coordinator relationship, mental health promotion, and coordinators' understanding and support for students with mental health challenges. For example, students proposed questions such as: "*How responsive are you to students? Are you available when students need you, or do they have to make more effort to get a hold of you*?" and "*Are there any changes you would like to make within your graduate programs to improve accessibility? What has prevented you from making these changes?*" These student-formulated questions can be found in **Appendix G**.

Upon further reflection and deliberation with my research supervisor, student-formulated questions were then refined, modified, and incorporated in the final focus group guide. I repeatedly exercised reflexivity throughout this process to carefully consider how any modification might change the underlying meaning of students' questions. Having reflexive discussions with my

research supervisor helped me to reflect on whether different phrasings or wordings would overlook students' initial intentions and devise strategies when incorporating them into the final focus group guide. Importantly, this process was not just about editing for clarity, but about respecting students' voices and perspectives; a key aspect of reflexivity in qualitative research. Some questions that appeared to overlap or evoke similar meanings as other student-formulated questions were incorporated into the final focus group guide as probes to help steer the focus group in their intended directions. The focus group guide underwent multiple iterations and revisions, as my research supervisor and I worked to re-frame certain questions and re-organize the flow of its question structure. Once we had both become satisfied with the final version of the guide (**Appendix H**), I began contacting potential graduate coordinators to participate in the focus group session.

Focus Group

In line with the social constructivist paradigm, graduate coordinators were invited to participate in a focus group session to share their perspectives and experiences supporting graduate students with mental health challenges. It is important to note that many of these graduate coordinators experience mental health challenges peripherally. In other words, coordinators typically encounter students with mental health challenges through their role coordinating and overseeing graduate programs. However, many of these coordinators have direct experiences pertaining to accessibility through their graduate program planning. Each graduate coordinator in the focus group represented a different faculty division at the university and were expected to follow different departmental policies and procedures. However, there were commonalities between graduate coordinators, as they were all expected to follow institutional policy and practice and shared the same core responsibilities. Conducting focus groups, rather than interviews, helped

to gauge the diversity of these coordinators' experiences and highlight some of the agreement (and disagreement) on the issue of accessibility (Millward, 2012).

Some scholars have criticized the use of focus groups within an interpretative phenomenological study (Blake et al., 2007; Dunne & Quayle, 2001; Flowers et al., 2001). These criticisms have primarily revolved around the extrapolation of idiographic accounts, which can become more embedded within the shared experience of a group (Palmer et al., 2010), and concerns that the collective voice of a focus group will dominate those of individuals (Tomkins & Eatough, 2010). However, Love and colleagues (2020) suggest that reducing the size of a focus group session to less than five participants can help individuals to talk more in-depth about their experiences. Additionally, Morgan (1997) recommend using homogenous sampling to ensure that participants feel more emotionally connected to the research topic. Taking notes on any group dynamics or interactions can also help to extrapolate idiographic accounts during the analytical stage (Love et al., 2020). As such, I conducted one focus group session with four graduate coordinators who were purposively sampled to participate. When facilitating the focus group session, I worked to ensure that all participants were able to provide sufficiently rich detail about their experiences. My research supervisor also accompanied me within this focus group session to help manage the group dynamic and take notes of any interactions I might have missed while facilitating the session. Altogether, these measures helped to ensure that I would be able to extrapolate idiographic accounts in the analysis of my focus group data.

The focus group session was ninety minutes in duration and took place in March 2023. The focus group followed a semi-structured focus group guide co-created with students, which consisted of a pre-determined introduction and seven major questions, with several probes for each (**Appendix H**). These questions asked graduate coordinators about the ideal student-coordinator

relationship, any current mental health promotion efforts they had underway in their departments, how they identified students who were in need of additional support and assistance, their understanding of mental health challenges, any previous experiences they had supporting graduate students with mental health challenges, the utility of campus resources, and any changes they would like to make within their departments to improve accessibility. To align coordinators' responses with those of graduate students, I maintained the same definitions of support and healthcare services as the first phase of data collection. In other words, I defined support as any form of academic or personal assistance provided to students to help them reach their academic goals, and healthcare services as any service provided by a university healthcare professional that helped students to support their overall health and well-being.

The notes taken by my research supervisor during the focus group session helped to provide me with a description of any group dynamics or interactions I might have missed while facilitating the session. These notes and observations were not only acknowledged, but actively used within my analytical process. For instance, the perception of relief expressed by participants in their conversations with other graduate coordinators seemed to suggest that graduate coordinators might be grappling with challenges related to their assigned role and responsibilities. It became evident that, as individuals typically working behind the scenes, these coordinators were often consumed by the administrative and logistical aspects of their graduate programs and not always provided opportunities to connect with others who served in similar positions. This observation helped to direct my focus towards the potential implications of this professional isolation and how it might relate to graduate coordinators' perceptions of their assigned role and responsibilities. Hence, my supervisors' notes provided me with a good starting point for my analysis, helping to guide my interpretation and contribute to the development of key themes within the present study.

Analytical Approach

Data Management

To manage the data I had collected, all documents and data were stored on two encrypted and password-protected USBs. Once agreed to consent forms were submitted, the forms were then stored on one of the two USBs and kept in a locked filing cabinet in my home office. I retained a copy of participants' code names with their actual names so that data might be re-identified later (if necessary). This keycode was stored on the same USB as participants' consent forms and kept separate from all audio-recordings and transcripts used in my analysis.

Online interviews and focus groups were recorded using Microsoft Teams and in-person interviews were recorded using a hand-held recording device. These recordings were then downloaded to a password-protected computer, where recordings from Microsoft Teams were stripped of their video component. Recordings were then deleted from Microsoft Teams and the hand-held recording device, stored on the encrypted and password-protected USB, and deleted from the computer. All interviews and focus group recordings were transcribed verbatim. While the transcription process was primarily a manual endeavor, I used Microsoft Teams' transcription software to assist me with this task. The software provided a digital transcript that provided me with a good starting point. The transcripts generated by the software were then manually reviewed and edited for accuracy. I relied on my visual memory and research supervisor's notes to recount instances when participants had made a particular gesture or facial expression during their interview or focus group and used the audio-recordings to document any other pertinent orthographic information in the transcripts (e.g., inflections, breaks, pauses, or tones). Once I had finished transcribing the audio-recordings, I double-checked the transcripts alongside their initial audio-recordings. Any information (or combination of information) that could potentially identify

participants was then removed from the final transcripts. These transcripts were then saved as Microsoft Word files and transferred to the encrypted and password-protected USB before deleting the original recording.

Data Analysis

All interview and focus group data were analyzed using reflexive thematic analysis (RTA), conducted in a way to align it more closely with interpretative phenomenological analysis (IPA) (Braun & Clarke, 2021; Smith & Osborn, 2003). Although RTA and IPA are slightly different analytical approaches, they can be used to produce comparable results, particularly when applied to small samples (Braun & Clarke, 2022). RTA is celebrated for its versatility, adaptability, and comprehensive nature, making it an ideal choice for navigating the complexities of qualitative data (Braun & Clarke, 2021). My decision to use RTA was deliberate, stemming from the theoretical flexibility of its method. RTA allowed for the identification of both idiographic expressions and theoretical connections within and across cases, which aligned quite well with my interpretative phenomenological approach (Braun & Clarke, 2022). Additionally, a key component of RTA is the recognition that the researcher's position and contribution are not only necessary but integral to the analytical process. In RTA, the researcher's subjectivity is considered a valuable research tool to be consciously used, rather than something to be removed, reduced, or avoided (Braun & Clarke, 2022). This perspective towards analysis aligned quite well with my interpretative phenomenological approach, prioritizing my active engagement in the analysis of participants' data (Heidegger et al., 1962; Smith & Osborn, 2003).

To ensure the credibility and transparency of the research findings, Braun and Clarke (2021) recommend detailing how RTA was employed and justifying the choices made at each stage of the analytical process. Otherwise, the research findings may be left open to scrutiny

(Nowell et al, 2017; Willig, 2013). Hence, the following section is structured according to the six-phase process of RTA, delving into the decisions I made at each stage to strengthen the credibility of my research findings (Braun & Clarke, 2021).

Theoretical Approach. I took an experiential approach towards my analysis to emphasize the meaning ascribed by my research participants. This approach helped me to acknowledge the socially constructed nature of accessibility and allow me to focus on participants' lived experiences and perspectives (Braun & Clarke, 2014; Byrne, 2021; Smith & Osborn, 2003). I took an inductive approach towards coding to prioritize participants' lived experiences and perspectives in answering my main research questions. I used open coding to help capture the sincerest meaning expressed rather than forcing the data to fit any pre-existing theory or framework (Braun & Clarke, 2013). Taking an inductive approach towards coding helped to align my analytical approach with the social constructivist paradigm, helping to produce a more detailed analysis of the overall dataset (Braun & Clarke, 2013). During my analysis, I produced both semantic and latent codes without attempting to prioritize either type of code over the other. Some data items were double-coded based on their semantic and latent content (Patton, 1990). This approach towards coding reflected my theoretical assumptions, as the social constructivist worldview considers both the meaning ascribed by the research participants and the meaning interpreted by the researcher. Moreover, this approach aligned well with the hermeneutic lens of interpretative phenomenology, which attempts to uncover multiple layers of interpretation and access the latent meanings hidden beneath the surface of the data (Smith et al., 2009).

Stage One: Familiarization. Familiarization is the first step in most qualitative research analyses (Byrne, 2021). It entails reading and re-reading the entire dataset to become more familiar with the information provided. This is a necessary first step if researchers expect to identify

information that will be relevant in answering their main research questions. For interpretative phenomenological analysis (IPA), this process typically involves reading the transcripts one by one (Smith & Osborn, 2003). As recommended by Braun and Clarke (2006), I manually transcribed each interview to facilitate a deeper immersion into the data. I transcribed all of my interviews with minimal use of transcription software, which allowed me to become more acquainted with the overall dataset and familiar with the 'breadth and depth' of the topics discussed (Braun & Clarke, 2006, p. 16). While double-checking the transcripts against their original audio-recordings, I began to take notes of any initial impressions I had of the data, highlighting some potentially interesting passages for later stages of my analysis (Freeman & Sullivan, 2019). I also documented any thoughts or feelings I had towards the data and the wider analytic process in my reflexive journal throughout this stage.

Stage Two: Coding The Data. Codes are the fundamental building blocks of themes. The coding process requires researchers to create descriptive or interpretative labels for each data item that could be relevant in answering their main research questions (Byrne, 2021). During this phase, researchers need to pay equal attention to each individual data item to identify all aspects of the data that may potentially interesting or informative to the wider analysis. Braun and Clarke (2006) recommend using manual coding, as it allows the researcher to take notes directly on the texts being analyzed, using highlighters or coloured pens to indicate potential patterns. As such, I printed out each individual transcript and made handwritten notes in the margins, highlighting any phrases or quotes that I felt represented each code. This process helped me to familiarize myself with data and begin to think of potential codes I could use in the later stage of my analysis. However, upon completing this process, my analysis still felt overwhelming and incomplete, like an unsolved

jigsaw puzzle. It became clear that the codes I had produced still needed further refinement to establish the shared meanings between them.

I spoke with my research supervisor about my concerns regarding the coding process and she suggested a method to help sort quotes into shared meanings and more refined codes. The technique involved cutting phrases out of the transcripts and spreading them out on a large table or floor to view them all at once. I was initially worried that I would become overwhelmed with so many pieces of paper spread out over such a large area, especially as I have two cats who are not always the most respectful of my work in times of affection. In order to find a more systematic way to organize and refine my codes, I sought out a method that would provide me with more control. I decided to use Microsoft Word to emulate my supervisor's suggestion. I sorted phrases and quotes based on my existing codes and created sub-headings where I felt phrase or quotes were coming together to create a shared meaning or code. Using Microsoft Word allowed me to code the data more efficiently by providing me with greater control and organization over my analytical process. With all of the necessary information in one place, I was able to sort and arrange my data more easily. This helped me to achieve a clearer headspace and organize my thoughts while considering how my analysis was beginning to take shape.

While working in Microsoft Word, I encountered several contrasting codes, such as '*formal accommodations ensure adequate academic support*' and '*formal accommodations are not a replacement for other kinds of support*.' Encountering these seemingly contradictory codes encouraged me to pause and reflect on my main research questions (Yardley, 2000). My reflexive journal was particularly helpful at this stage and helped to acknowledge my initial assumption that formal accommodations were generally perceived to be sufficient support. However, the data I had collected presented a more complex reality. Through careful reflection and re-visiting the original

interview transcripts, I began to understand the more nuanced experience of students. This led to a shift in my understanding—from seeing formal accommodations as a comprehensive solution to acknowledging them as part of a broader spectrum of support needs. This realization helped me to reconcile the two contradictory codes. I synthesized them into one larger code called '*formal accommodations act as a safety net but not a replacement for other kinds of support*.' This code helped to capture the dual reality that, while formal accommodations are essential, they need to be complemented by other forms of support to effectively address the diverse needs of the large student body. This reflexive process of resolving seemingly contradictory codes not only helped to refine my analysis, but also enriched my understanding of accessibility within the current university context.

Stage Three: Generating Themes. Braun and Clarke (2021) emphasize that themes do not emerge. Rather, they are developed through a continuous and active process of engaging with the data (Braun & Clarke, 2021). In this phase of reflexive thematic analysis, researchers begin to create and establish initial candidate themes that are identifiable across the wider dataset. This process involves collapsing and collating codes to categorize them into initial themes (Braun & Clarke, 2022; Terry et al., 2017). At this stage, I began to shift my focus from interpreting individual data items to interpreting aggregate meaning across the wider dataset. I reviewed each of the individual transcripts using my main research questions as a guide (Freeman & Sullivan, 2019; Braun & Clarke, 2021). Some codes, such as "*evaluating whether or not to disclose a mental health challenge*", "*disclosure informed by previous experience and observation",* and "*ensuring participants' safety*", had far more obvious connections and were easier to combine (i.e., "*fear of potential negative consequences*"). However, as Braun and Clarke (2006) point out, it is not uncommon in reflexive thematic analysis to find '*a set of codes that do not seem to belong*

anywhere' (p. 15). During my analysis, I encountered this same challenge and had to re-visit relevant sections of the transcripts to re-assess each code that didn't seem to belong anywhere. I moved these codes in and out of code groupings to help determine whether they should be merge with an established group or be used to form a new one (Braun & Clarke, 2021). This process did not just involve sorting and re-sorting the codes, but also evaluating my understanding of each individual code within the context of participants' narratives. This required me to continually assess and re-assess my initial interpretations and adapt my analysis to accommodate any new insights that developed throughout the process.

Stage Four: Reviewing Potential Themes. Phase four of reflexive thematic analysis represents a continuation and validation of the initial theme development performed in phase three. It involves re-visiting all of the coded extracts to assess their initial code groupings and reflecting on whether there are opportunities to improve overall pattern development (Braun & Clarke 2012; 2020). This phase of reflexive thematic analysis serves two key purposes: one, to ensure the quality and scope of the initial candidate themes by performing a validity check; and two, to enrich the initial candidate themes and produce a more nuanced analysis that addresses the main research questions (Braun & Clarke, 2021). During this phase, it is not uncommon for researchers to encounter instances where certain candidate themes do not provide meaningful interpretations of the data or provide information that helps to address the main research questions (Byrne, 2021). It might also become apparent that some of the constituent codes of certain themes are incongruous and require revision (Braun & Clarke, 2021). At this stage, I began to re-code certain data items and consolidate and remove irrelevant codes from my analysis. For instance, upon reviewing the coded extracts related to academic peers, I noticed that two constituent codes, "*enhanced familiarity of student life*" and "*more even-heeled*," reflected similar attitudes and ideas. The codes

felt too specific and I sensed that their individual meaning might be better represented as one larger code. Hence, I merged the two codes together into one larger code (i.e., "*enhanced familiarity and personal connection*"). Amending the codes in this way helped me to achieve a greater sense of clarity around my initial candidate themes and helped contribute to the development of my finalized thematic map (**Appendix I**).

Stage Five: Defining and Naming Themes. Creating meaningful and nuanced theme names requires recognizing the interesting elements of the data and constructing a coherent storyline (Braun & Clarke, 2006; Freeman & Sullivan, 2019). In consultation with my research supervisor, I raised concerns about the clarity and ability of my theme names to accurately capture participants' stories. My supervisor reminded me that, as the lead researcher, I was best positioned to construct these theme names as my understanding of the concepts and narratives had evolved through my interviews, focus group, and on-going engagement with the data. Additionally, Braun and Clarke (2006, p. 16) argue that the accuracy of theme names depends on one's theoretical and analytical approach, indicating the importance of my social constructivist position and interpretative phenomenological approach (Braun & Clarke, 2021; Freeman & Sullivan, 2019; Smith & Osborn, 2003).

Practicing reflexivity was essential to define and name each theme within my research. For example, a theme that was originally termed "*obtaining support within graduate programs*" was later revised to become "*graduate program support matters*." This change, influenced by my personal reflections and participants' discussions about their various support needs within graduate programs, moved the theme name away from a categorical title and more towards one that encapsulated participants' perspectives and experiences (Braun & Clarke, 2021). Briefly describing each theme in short paragraphs helped me to capture the essence of each theme (Braun

and Clarke, 2006). Engaging in this process helped me to define the boundaries of each theme and begin brainstorming potential names that would effectively capture their substance. As Braun and Clarke (2006) suggest, theme names should be concise, punchy, and give the reader an immediate sense of the theme's overall message. After multiple iterations and revisions, I eventually came to appreciate my finalized theme names in their ability to capture the interesting elements of the data and the story being told by my research participants (Braun & Clarke, 2021; Maguire & Delahunt, 2017).

Stage Six: Presenting and Disseminating Results. The final phase of reflexive thematic analysis refers to the presentation and dissemination of the finalized thematic framework. Freeman and Sullivan (2019) emphasize the importance of this phase, as it is where researchers begin to weave together their developed themes and tell a compelling story that addresses the main research questions. Braun and Clarke (2021) indicate that themes should be continually re-worked and refined throughout this process as taking an iterative approach can help to ensure that the themes reliably reflect the data and that the story being told is coherent and engaging (Braun & Clarke, 2019). This is particularly important given that the final phase of reflexive thematic analysis is the primary way in which findings are shared with the larger research community. The last phase of reflexive thematic analysis will comprise the following chapter, where I will bring together my developed themes and present them in a way to address the main research questions. In doing so, I will be able to explore the themes in greater detail, unpack their nuance, and reflect on their implications for the university and larger field of inquiry.

Quality and Rigor

Quality and rigour in qualitative research refers to the level of confidence in the data, its interpretation, and the methods used to assess the overall quality of a study (Polit & Beck, 2014).

Trustworthiness typically includes five criteria, including credibility, transferability, authenticity, dependability, and confirmability (Creswell, 2007; Guba, 1990). To ensure quality and rigor, Creswell (2007) advises that qualitative researchers should employ at least two different methods to establish these criteria effectively.

Credibility

Credibility refers to the 'truthfulness' of a study and how accurately the study conclusions reflect 'reality' (Holloway & Wheeler, 2002; MacNee & McCabe, 2008). In the context of the social constructivist paradigm, which posits that realities are multiple and socially constructed, establishing credibility can involve several methods that acknowledged and embraced these diverse truths. Triangulation served as a key strategy within the present study, involving the collection of data from both graduate students with mental health challenges and graduate coordinators. This strategy allowed me to explore two different perspectives, acknowledging the multiplicity of truths and experiences within the academic setting (Creswell, 2007). By comparing and contrasting these two perspectives, I was able to achieve a more holistic and nuanced understanding of accessibility within the current university context. Peer review and debriefing was another a key strategy used to establish credibility. Regular reviews of my study materials with my research supervisor provided me with an external lens and helped me to identify and explore other potential interpretations of the data (Shenton, 2004). This collaboration was essential to ensure that the study's conclusions were not just reflective of my own understanding but resonant with a broader range of perspectives (Creswell & Cresswell, 2018). Additionally, having regular meetings with my research supervisor during my data collection and analysis helped to facilitate on-going reflection and discussion. These discussions helped to shape and re-shape my interpretation of the data, aligning with the social constructivist belief that our understandings are

heavily informed by our social interactions with others (Berger & Luckmann, 1966; Morrow, 2005).

Transferability

Transferability is the extent to which qualitative results can be applied to other research contexts and populations (Bitsch, 2005; Tobin & Begley, 2004). Unlike quantitative studies that seek generalizability, qualitative research aims to achieve transferability, which involves understanding the context in which the research was conducted. Transferability is particularly important within interpretative phenomenology and social constructivism, as these two approaches aim to understand how individuals or groups experience and make sense of their worlds, recognizing that their experiences are deeply embedded within their specific social, cultural, and environmental contexts (Derry, 1999; Smith & Osborn, 2003). To establish transferability within the present study, I sought to provide a rich, thick description of the research setting and methods to help contextualize my research findings. Providing a rich, thick description "*enables judgments about how well the research context fits other contexts*" (Li, 2004, p. 305) and can be beneficial to other researchers conducting similar types of research (Morrow, 2005). Hence, I aimed to provide a detailed description of the research setting, the methods used, and the participants involved (Creswell, 2007; Creswell & Creswell, 2018; Morrow, 2005), including pertinent information about the university institution, the sample population, and how and when the data collection took place.

Authenticity

Authenticity refers to the extent to which the study accurately represents participants' perspectives and captures the complexity of their experiences (Amin et al., 2020; Guba, 2004). To achieve authenticity within the present study, I recruited a diverse sample of graduate students and

coordinators and maintained an interpretative phenomenological approach towards my data collection and analysis. This approach helped to ensure that I remained sensitive to the nuance and variation within participants' experiences (Smith & Osborn, 2003). I employed active listening within all interviews and focus groups to allow participants to express their thoughts and feelings without restraint. This strategy helped to obtain rich, detailed narratives from my research participants to reflect the diverse voices and lived experiences of students at the university (Pietkiewicz & Smith, 2012). Additionally, I conducted iterative rounds of reflexive thematic analysis, ensuring that the themes I developed were deeply rooted within the data and authentically represented by participants' perspectives (Braun & Clarke, 2021). By maintaining a reflexive approach throughout my analytical process, I was able to examine my own thoughts, perspectives, and personal introspections towards the research. This helped to provide a more authentic account of participants' experiences while still incorporating my own reflexive insights (Braun & Clarke, 2021; Smith & Osborn, 2003). This reflexivity also allows the reader to assess how my personal background might have influenced my interpretation. As such, it is necessary to share my past experience and position on the topic.

Positionality Statement. Prior to pursuing a Masters in Health Promotion, I received a B.Sc. in Psychology from Dalhousie University and worked as a research assistant at the IWK Health Centre in Halifax, Nova Scotia for some time. My experience with research was primarily quantitative and focused on the influence of social interactions on youth mental health. Although my past research did not explore accessibility nor how youth experienced access to services, I believed (and continue to believe) that an individual's social environment is one of the most significant predictors of mental health outcomes. I decided to pursue a Masters in Health Promotion to learn more about mental health promotion and the ways in which we might take a

more holistic approach towards mental health. As a result of my background, I tend to view issues pertaining to mental health through a psychological lens. My past research training has centred around the various pathologies of mental illness and the individual factors that may come to influence mental health. This perspective was both a challenge and a benefit. It provided me with a solid foundation in understanding mental health challenges but also required me to broaden my view beyond individual pathologies to more holistic, environmental factors impacting health.

As a qualitative researcher, my primary goal was to lend a listening ear to the experiences of graduate students with mental health challenges. I approached this study with the belief that these students were the real experts of their own needs and experiences, a perspective that resonated with my social constructivist perspective. While conducting this research, I was a graduate student myself and struggled to manage my own anxiety in relation to my studies. Given my academic position, I was well-equipped to relate to the experiences shared by participants. However, I concede that my personal experiences of accessibility varied notably from those of participants. As such, I ascribe to the social constructivist worldview in that everyone may experience the same phenomena differently and that these experiences are shaped through our social interactions with others. I further acknowledge that the study would not be possible without my research participants and that the current situation could not be fully understood or changed without them.

I believe that postsecondary institutions are responsible for understanding and addressing mental health stigma and ensuring the accessibility of their various supports and services. As a graduate student myself, I felt inclined to be critical of departmental policies and procedures and the role graduate coordinators might play in ensuring students' accessibility. To ensure that I maintained a balanced perspective in my analysis, I frequently consulted with my research supervisor who was once a graduate coordinator themselves. This collaboration was key in

ensuring I maintained a reflexive approach throughout my research process. Furthermore, keeping a reflexive journal was helpful in understanding and acknowledging my personal perspective and how it might have influenced participants' data. It allowed me to critically reflect on my thoughts and experiences, ensuring they enriched rather than directed the analytical process. Overall, I believe that my positionality brought unique insights to the study and enabled a deeper understanding of the graduate student experience within the university context.

Ethical Considerations

I received ethical approval from the Dalhousie Research Ethics Board (REB #: 2022-5973; **Appendix K**) to use my research protocol immediately following my committee's review of my formal thesis proposal. This protocol outlined the various ethical considerations I made throughout the study, including its informed consent procedures, my plan to maintain participants' confidentiality, and strategies to mitigate any risks and acknowledge the potential benefits for the research participants.

Informed Consent

Participants were taken through a series of ten sections in their consent form that described what it meant to participate in the study, the risks and benefits, and who they may contact if they had any questions. The first page of the consent form made it known to participants that they could ask questions at any time during the study or in the future. I also made it known that I would be happy to follow-up and answer any questions they had before they decided to provide their informed consent. The consent form asked participants to indicate their willingness to participate in the study. Participants were then able to choose one of the follow options: 1) "*Yes, I would like to be in this study*", or 2) "*No, I would not like to be in this study*." The consent form also asked participants whether they consented to have their interview or focus group audio-recorded, video-

recorded (if consenting to an online interview or focus group), and anonymized quotations used within the final report. Additionally, graduate coordinator participants were asked if they consented to have my research supervisor present for the duration of the focus group session. Participants were then asked to type their name, date, and email address into the electronic Word document to record their consent. I also had an informed consent discussion with each participant at the start of their interview or focus group to ensure that they were fully informed about the study and confirm that they were still interested in participating.

Confidentiality

My research supervisor and I were the only individuals to have knowledge of participants' identities within the present study. I was primarily responsible for implementing the study and as such, had access to all of participants' data. My research supervisor also had access to participants' data as they were responsible for overseeing the development and implementation of the present thesis project. It was necessary for my research supervisor to have access to participants' data to provide me with advice and guidance throughout the study. As well, my supervisor would be responsible for the long-term storage of said data. However, we did not share confidential data with anyone outside of this research team as there would be no further use of the data beyond the present study.

All electronic communication with participants was deleted after their initial email communication had taken place. All study documents, including electronic consent forms and transcripts, were uploaded to an encrypted and password-protected USB and kept in a locked filing cabinet for secure storage. Printed copies of the transcripts were also kept within the same locked filing cabinet. For my online interviews and focus group, I used my university credentials for the Microsoft Teams meeting to ensure that meetings would be securely stored in Canada. While the

meeting was in progress, audio and video consent was routed though the United States and therefore, might have been subjected to monitoring without notice under the provisions of the USA Patriot Act (2001). However, once the meeting was complete, recordings made by the university were stored in Canada and made inaccessible to US authorities. Participants were made aware of this risk in the informed consent process. Participants were also advised to only provide information that they felt comfortable sharing during their informed consent process and prior to all interviews and focus groups. The study could not guarantee complete confidentiality for participants in the second phase of study, as other graduate coordinators would be in attendance of the session. Participants were also made aware of this risk in the informed consent process. Prior to the focus group, I asked that all participants please respect the confidentiality of other research participants in attendance and that they do not publicly identify their colleagues outside of the focus group session. Finally, I used de-identified/coded data throughout the study. No information (or combination of information) that could potentially identify participants was included within the final transcripts. Code names were then used to refer to participants in the transcripts and final report. My supervisor and I planned to have knowledge of participants' identities for up to five years after the thesis was successfully defended, in which time all documentation of participants' identities and data would be physically destroyed.

Potential Harms and Benefits

There were no risks of serious direct harm from participating in the study. Potential harms might have included discomfort, distress, mental fatigue, or recall of challenging past experiences. Graduate coordinators might have felt hesitant sharing their experiences if they believed it would reflect poorly on the institution or on themselves. Allowing participants to skip questions they preferred not to answer, using code names, and eliminating any potentially identifying information

from the study transcripts helped me to minimize these risks. Furthermore, graduate student participants were close in age to me, which might have helped participants to feel more comfortable disclosing their past experiences. My research supervisor – who was once a graduate coordinator themselves – was also present for the focus group session with graduate coordinators, which might have helped to establish additional rapport with my research participants. All participants were sent a list of community resources immediately following their interview or focus group (**Appendix L**). There were no costs associated with using these services. Participation in the study might not have directly benefited participants. However, some individuals might have found sharing their experiences in a safe and supportive space helpful. Participants might have also felt satisfied knowing that their shared experiences would help to us understand the barriers and facilitators to accessibility within the current university context, of which the larger institution might later seek to address.

Dissemination of Research Findings

The results of this study will be shared through the formal defense of the present thesis document. I also intend to present the research findings at any available and relevant conferences and organize a presentation on the university campus where other students and faculty members will be invited to attend. The consent form used within the study also included a question asking participants if they would like to receive an e-mailed copy of the results. Participants will be sent lay summaries of the research findings following the successful defense of this thesis. No individual results will be provided when sharing these results with study participants. After the successful defense of this thesis, the written document will be made available to all participants and other key stakeholders (e.g., university faculty, healthcare staff, and students) through an

institutional repository and digital archive for those who wish to improve their current accessibility strategy at their own respective institutions.

Summary

This chapter has provided an overview of my research methodology and methods. The chapter began by describing the social constructivist paradigm, interpretative phenomenological approach, and participatory action research methods as they applied to the study. The chapter then provided information on the sample population and how participants were recruited to participate. Procedures for data collection, management, and analysis were then described, including additional measures to ensure the quality and rigor of my research findings. The chapter then concluded by outlining the various ethical considerations of the study and my plan for knowledge dissemination, pending the successful defense of the present thesis document.

Chapter 4: Research Findings

This chapter presents an overview of the four themes derived from my analysis (**Table 1**), including a diverse group of eight graduate students and four graduate coordinators. These participants represented eight of the eleven graduate faculties at the university. The graduate students included two males, five females, and one non-binary student, with a range of different experiences, including those of mature and international students. These students were at various stages of their academic careers, from pursuing Masters to PhD degrees, which provided me with a rich understanding of the overall graduate student experience. Students shared their experiences with various mental health challenges, including depression, anxiety, complex post-traumatic stress disorder, among others. Some also reported having a neurological disability, attention-deficit/hyperactivity disorder, and being on the autism spectrum. My analysis was further enriched by conducting a focus group with several graduate coordinators, representing four graduate faculties at the university, one of which had not been represented in my graduate student interviews. Graduate coordinators' experiences varied widely, spanning those who were new to the role to those who had decades of experience. These coordinators oversaw graduate programs of different sizes, ranging from small groups of around twenty students to large cohorts exceeding over a hundred students. The variation in their responsibilities highlighted the variety of contexts in which graduate student support may be provided.

To ensure a solid foundation for the interpretation my findings, I begin this chapter by providing some introductory context to situate the findings within the graduate student context. This involves exploring the multi-faceted challenges faced by graduate students and highlighting the precarious nature of their academic and personal lives while pursuing graduate studies. Following this introduction, I explore the four themes derived from my analysis. The first theme

reveals the challenges students experience with misunderstandings and miscommunication at the university and their fear of potential negative consequences. The second theme describes how important graduate program support is and the various factors that can influence its availability. The third theme signifies the importance of having access to formal supports and services through the university and the strengths and limitations of relying solely on these resources. The fourth and final theme highlights how graduate coordinators may choose to provide support to students. The chapter then concludes with a few additional recommendations made by students to enhance inclusivity and support within the university setting and a brief overview of my finalized thematic map. To provide more context to the quotations included below, pseudonyms have been assigned to each participant, to protect their anonymity, and each participants' role has been provided.

Table 1. *Presentation of Major Themes and Sub-Themes.*

Theme	Sub-Theme
Misunderstanding and Misinterpretation	▪ Lack of Knowledge and Understanding ▪ Fear of Potential Negative Consequences
Graduate Program Support Matters	▪ Individual Approaches Towards Support ▪ The Cultures Within Graduate Programs ▪ Graduate Coordinators' Resource Constraints
Formal Supports and Services Serve As A Safety Net	▪ Filling In The Gaps ▪ Difficulties Obtaining Tailored Support ▪ Navigational Obstacles
Graduate Coordinators Act As Referees To On-Campus Resources	N/A

The Precarious Context of Graduate Studies

The transition to graduate studies can be a period fraught with several challenges that can significantly impact students' mental health and well-being. In this study, several students likened their transition to starting a new life, describing it as a "*complete 180*" and a major "*upheaval of everything*." For many students, their mental health challenges had been exacerbated by this transition, explaining that "*things became very severe in my Masters*," "*pretty much instantly it changed back to how it was*," and "*it began to affect my life and relations*." The practical

challenges of adjusting to a new place and leaving behind familiar routines and loved ones were identified as significant emotional challenges affecting students in their transition to graduate studies: "*I left all of that and being away from my support system back [home] and everything I had ever known […] It was super, super hard*" (Selina, Masters).

Establishing new support networks within graduate studies was another significant challenge for students, particularly during the COVID-19 pandemic. The pandemic not only hindered students' ability to connect with their peers, faculty, and broader campus communities but also transformed their connections into predominantly virtual interactions. The shift to online learning, while necessary for public health and safety, resulted in a loss of informal and spontaneous interactions that helped students to build strong personal and professional relationships: "*We log on for class. We spend three hours together listening to someone else talk or listening to a presentation and then, we log off […] There is no intermingling. […] There is no getting to know people*" (Selina, Masters). The competitive nature of some graduate programs complicated these challenges, as it could similarly undermine a sense of community among students: "*It feels like [my peers and I] are constantly in competition with one another. It doesn't feel like, 'Oh, we're all here to succeed. We need to support each other'*" (Patti, Masters Student). In this environment, students hinted at the notion that their productivity levels were reflective of their academic success. This perception sometimes led to the formation of a social hierarchy where those with mental health challenges were devalued by others: "*They think that when they find people who don't have as good coping mechanisms in some way, they think, 'A-ha, that is the way we can put them in a lower level than we are'*" (Jarrett, PhD). Consequently, students felt immense pressure to prioritize their productivity over other aspects of their mental health and well-being, leaving them with little time to socialize or engage in self-care activities: "*I have so many days where I can't work, so my*

social time gets a little bit limited and then, same with time to go to the gym, which [...] is not great for mental health" (Kylee, Masters).

Despite students' predominant focus on the social and academic challenges introduced by graduate studies, some students mentioned the various financial challenges they had experienced. Financial challenges could create an additional source of stress and anxiety for students and impact their ability to properly take care of themselves: "*I think there are some ways in which the funding piece creates challenges; A, because you're not able to take care of yourself properly, and B, just the mental stress of knowing you're in a precarious situation*" (Sonya, PhD). Receiving insufficient funding caused some students to work long hours outside of their graduate programs, which could have direct impact on their mental health and well-being and ability to focus on academic work: "*There is no financial aid available [...] It impacts my mental health and ability to focus on school. If there was more financial aid available, I might work less or maybe not have to*" (Patti, Masters).

Graduate coordinators shared some additional insights on the financial challenges faced by students. They highlighted the significant financial strain that was often placed on international students, who often faced much higher tuition fees than domestic students. They also noted their concern for self-funded students, as graduate faculties were often considered "*on the hook*" for ensuring these students had the resources they needed to succeed: "*The faculty is on the hook essentially for, not just for the money, but for that person once they are physically on our campus*" (Herman, Coordinator). Stipends were often too low to cover students' basic living expenses. This financial strain frequently forced students to take on part-time work outside of their graduate studies. One coordinator noted how student loans were also too low to cover these daily living expenses, leaving many students struggling to make ends meet: "*The loans are nowhere near*

enough to raise them to the poverty level, so probably, most of them, do have a part-time job outside, whereas before, they wouldn't have had to do that" (Porter, Coordinator). Some students received different types of funding from their graduate supervisors, which was felt to contribute to a sense of jealousy and resentment among students. As one coordinator explained, this issue was particularly prevalent in labs where some students were self-funded and others were receiving stipends: "*You have a supervisor [where] half of the group are self-funded and the other half are receiving stipends. It is creating friction in those labs because it is like, 'Why are you getting paid and I'm not getting paid?'*" (Herman, Coordinator). Many students were found to extend their degree completion timelines in order to prioritize their financial income. This led many students to accept job offers before completing their degree programs, requiring them to balance their employment while still writing up their theses: "*They'll be like, 'Oh, I'm just going to write this up, but I've got a job offer [somewhere] and so, I'm just going to work on the thesis while I'm [working] […] So, I've got a bunch of long-trailers*" (Ford, Coordinator).

Theme 1: Misunderstanding and Misinterpretation

Now having situated ourselves within the precarious context of graduate studies, this section will explore the first theme derived from my reflexive thematic analysis. This theme explores the current level of knowledge and understanding about mental health challenges and the potential negative consequences that can arise from their misinterpretation. It is important to note that this theme draws entirely from the perspectives and experiences of graduate students, as graduate coordinators were not found to offer any perspectives or experiences related to this subject.

Theme 1a: Lack of Knowledge and Understanding

Stigma, fueled by a lack of understanding about mental health challenges, could create additional challenges for students with mental health challenges. Some students in the study

expressed concerns that others were not able to differentiate between having poor mental health and a diagnosable mental health condition: "*We don't talk in detail about mental illness specifically, but I do think it is important to distinguish between […] having poor mental health […] versus having a psychiatric disorder that creates symptoms that you have to manage"* (Sonya, PhD). These students observed that most campus discussions primarily centred around anxiety and depression, neglecting to speak of any other mental health challenges: "*There is a lot of talk about anxiety and depression, but there is not a lot of talk about anything beyond that*" (Sonya, PhD). The lack of open discussion and consequent lack of understanding was felt to contribute to challenges in students' social relationships, as graduate peers and faculty often struggled to understand the nature of their challenges: "*There are a lot of people that don't know anything about mental health challenges […] I started to notice once I got my diagnosis […] [My friends] didn't know what OCD was or what depression was about"* (Gregg, Masters). Diverse cultural understandings of mental health challenges further complicated this issue, with differential expressions frequently being misinterpreted by others: ***"****Sometimes they might look like they are whining a lot or you might find them annoying […] but they actually need help. They just don't know how to convey it […] in the Canadian way basically*" (Jarrett, Masters).

Misunderstandings, perpetuated by popular media, often led to negative assumptions about students with mental health challenges. Students were sometimes unfairly labelled as being "*unprofessional*," "*dangerous*," or "*inherently bad for their behaviour*." This led some to be assigned personal blame for their challenges rather than have them recognized as legitimate and manageable conditions. Misconceptions about mental health challenges created a significant source of social tension and could elicit avoidance behaviours from others, which hindered the development of proper knowledge and understanding: "*It's like, not looking at it as like, 'Hey.*

This is somebody struggling,' but looking at it as, 'Hey. This is a person who is inherently bad for their behaviour'" (Dallas, Masters). Equating mental health symptoms to personality flaws could result in dismissive attitudes and behaviours from other members of the campus community. One student shared their experience of seeking support from two of their graduate professors, only to find themselves being dismissed due to their sub-optimal academic performance:

> "*When I emailed the two professors whose midterms I failed [...] I think I said, 'I really don't have any concerns with my understanding of the material. I really believe it is a memory issue and these are the people I've contacted to try to get support regarding that,' and in response to those emails, one of them said, 'Please come to the test review. Maybe you'll understand what you got wrong after that.' Like, they didn't even address anything else and I think it was a similar response from the other professor as well*" (Patti, Masters).

Rather than acknowledging the student's memory-related issue or their efforts in seeking support, the students' professor dismissed their concerns to focus on their sub-optimal academic performance. This response seemed to indicate that the students' professors did not fully understand the student's challenges or its potential impact on their academic performance.

Several students expressed frustration with their experiences of misunderstanding on campus and highlighted the need for everyone to acknowledge and address mental health challenges within the university setting. As one student passionately expressed: "*[It is] a total lack of appreciation that [mental health challenges] are the reality of people's lives and do affect the workplace and there is some degree to which we all have to be willing to engage with that*" (Sonya, PhD). As such, these students recommended that the university take a more proactive approach towards addressing mental health challenges in its academic environment. They suggested providing

mental health education to all graduate students through the use of seminars, information packages, and training sessions, and offering additional mental health training to all graduate faculty. By educating both students and faculty, the university was believed to create a more informed campus community to support students with mental health challenges.

Theme 1b: Fear of Potential Negative Consequences

Students expressed deep concern about the potential negative consequences of them disclosing a mental health challenge to others in the academic setting. They worried about being "*treated differently*," "*excluded from team or group activities*," and encountering "*hostile work environments*." Even without concrete evidence that they would experience these negative consequences, there was a pervasive fear of stigma and the potential repercussions of them being open and honest about their mental health challenges: "*I don't think there needs to be any negative consequences happening for there to be stigma. You can just feel the sense that it would be there*" (Sonya, PhD).

While some students advocated for being open and honest about their mental health challenges, others approached the idea more cautiously out of personal concern. Those in favour of disclosure argued that concealing a mental health challenge was unsustainable and highlighted the need for transparency: "*I used to avoid discussing about mental health, but I find, with something like depression, sooner or later, people will find out, so I tend to be much more forthcoming about my depression*" (Jarrett, PhD). Some students recognized the importance of disclosing a mental health challenge within the context of a long-term working relationship: "*At the beginning of the year, I told [my graduate professor about my mental health challenges] because I'm in a year-long course with him*" (Dallas, Masters). However, students' past experiences with disclosure significantly influenced their future decisions to disclose. Students

often felt compelled to take a chance on how others would respond, hoping for support that would help alleviate their challenges. However, they still remained aware of the potential negative consequences of them doing so. To help mitigate these risks, students would often rely on their past experiences and observations to decide if someone was "*safe or not*": "*What I've seen in some situations that [have] happened is that they don't know how to deal with that. So, I haven't [disclosed my challenges]. I didn't want to take the risk and talk about it*" (Gregg, Masters).

Concealing a mental health challenge was a common approach for students who preferred to navigate their challenges quietly without drawing too much attention to themselves: "*I think a lot of people would rather be quiet and just get through it and get it over with and not make a big deal about it, even if it is a big deal*" (Patti, Masters). These students feared being defined solely by their challenges and felt that disclosure might overshadow other valued aspects of their identity: "*I don't want to be defined by this either, like I actually like the fact that I am mostly able to blend in*" (Sonya, PhD). To protect themselves from the potential negative consequences of stigma, these students often resorted to the use of particular coping mechanisms. Some students would push themselves through heavy workload periods. Others would try to hide the physical and behavioural signs of their mental health challenges. Although these coping mechanisms helped to avoid the potential negative consequences of stigma, they also contributed to students' feelings of isolation and increased personal risk:

> "*I prefer to be in [the lab] at hours when there is nobody there in case I have a mental breakdown or if I'm really stressed and I start falling apart, then there is nobody there to see me in that vulnerable situation. I think that has impacted me a lot, just being in the lab at hours where there is nobody there [...] I think [we should] talk about what will happen if someone in the lab has a mental breakdown or how to deal with that*

because I think they don't know how to deal with it and they just pretend that nothing is happening" (Gregg, Masters).

This student's preference for working alone, during non-standard work hours, indicated a profound fear of disclosing their mental health challenges to others within the academic setting. The student modified their behaviour to help protect themselves from the potential negative consequences of stigma. However, concealing their mental health challenges could result in an extremely isolating experience for the student and increase personal risk if they should ever "*[have] a mental breakdown*" while working alone.

Theme 2: Graduate Program Support Matters

In spite of the challenges associated with stigma and disclosure, graduate students and coordinators both recognized the need for support within graduate programs. They identified several departmental figures that were well-positioned to provide this support, including graduate professors, supervisors, peers, and coordinators. However, students' ability to access support greatly hinged on the individual approaches taken, the prevailing cultures within these programs, and any potential resource constraints associated with the graduate coordinator role.

Theme 2a: Individual Approaches Towards Support

Graduate professors and supervisors played an important role in supporting students within their graduate programs. These mentors were found to "*interact with [students] the most,*" "*have the power to make accommodation*s," and "*make the biggest difference*." The level of support and understanding these mentors provided to students was often the deciding factor between their academic success and failure: "*Having an understanding and empathetic professor versus not having one is just an absolute difference between academic success and failure. I think if all my professors were [unsupportive] […] I probably wouldn't have even stayed in this program*"

(Kylee, Masters). One student shared their transformative experience of having left a negative student-supervisory relationship to join a more supportive one. This change in their supervisor had exerted a significant impact on their self-esteem, academic success, and overall outlook:

> "*I went from thinking that I had no success or potential to – My new PI was the one who was like, 'You should be in a Ph.D.' So, since joining the lab, I transferred to a Ph.D. I'm fully funded. I have so much funding that it goes beyond the actual years left in my degree. I won a conference. I'm going to a conference next month. I thought that I was nothing. My old PI told me that I was garbage. My old PI told me that I didn't belong in grad school, that someone like me should never have even been here. I actually wrote it down in my lab book, in the old lab. The last thing that I wrote in my lab book was a blank page and then it said, 'I should never have been in grad school.' So, I went from having no self-esteem and being told that I don't even belong to actually seeing that I can do some research and I can help contribute to the research community and like, it's nice you know*" (Catherine, PhD).

Many students highlighted that the individual approaches taken by their graduate professors and supervisors greatly affected their experiences in graduate programs: "*I think the reality is that so much of this is dependent on individual people, like who are your supervisors? This massively, massively impacts your experience*" (Sonya, PhD). Some professors and supervisors were found to be more understanding and empathetic, reminding students that their '*mental health comes before research*,' and being '*very understanding and very willing to make accommodations*." Others were less willing to make accommodations and would sometimes respond unempathetically towards students' requests for support: "*I have one professor in particular who has not responded well to [my accommodations request] and it seems like a lack of empathy*

towards students, in general, on their part" (Kylee, Masters). This lack of empathy made it challenging for students to seek the support they needed to fully engage and benefit from their graduate programs: "*I find it hard to ask for the accommodations that I need [...] because of their attitude and that makes it a little bit more challenging to enjoy my classes, to feel like I'm getting the most out of them*" (Dallas, Masters).

Students emphasized the need for a more holistic approach towards support, particularly from their graduate faculty. They stressed that all graduate professors and supervisors should recognize the unique strengths and weaknesses of each individual student and provide them with personalized support tailored to their needs: *"[My supervisor] understood that's not what's best for graduate students. That is not how we work best, and [they] wanted to make sure that each of us, independently, felt that we were being supported*" (Selina, Masters). Another recommendation from students centred on the importance of building personal relationships with graduate faculty. These student-faculty relationships could then serve as a reliable source of support if students ever faced challenges or required additional academic assistance: "*I have professors who I have close relationships with, where I know if something comes up, I could always talk to them and they would be very understanding*" (Kylee, Masters). Flexibility was mentioned as another ideal component of support. Students highlighted that this flexibility should extend beyond students' academic goals and consider their personal life circumstances, mental health challenges, and other chronic health conditions:

> "*I feel like the biggest thing they do, that my supervisor does, is trust me to take care of myself and do what I need. So, you know, it happens in little ways where like, 'Oh, I have an appointment that conflicts with the meeting.' We changed the meeting, no questions asked, or, you know, there have been times – actually, in addition to my*

mental illness, I also live with some physical chronic illnesses, so there have been times […] where I was simply not able to work full-time and I was able to take the time off. Everything was put on pause, no questions asked. So, those kinds of like, just do what you need to do to make it happen" (Sonya, PhD).

This student's supervisor demonstrated remarkable flexibility and adaptability to accommodate the student's unique needs and challenges. They recognized that the student experienced other chronic health challenges, unrelated to their mental health, and remained willing to make accommodations. This level of flexibility was found to embody a more holistic approach to support, where each students' needs and challenges were recognized and prioritized by their graduate faculty.

Insights provided by graduate coordinators affirmed the diverse approaches taken towards support among graduate faculty. They highlighted that graduate supervisors often held varying expectations in terms of how they wished to manage their students. While some graduate faculty were found to prioritize flexibility, others imposed strict expectations on their students' participation and attendance. This variation in approach could lead to tension between some students and their supervisors, as students sometimes had to adjust to these differential management styles with little to no accommodation:

"*We have a range of faculty members that have different perspectives on how they want to manage their labs. So, some of them are stricter in terms of treating it more like an employer-employee relationship, even though it is not, but they set expectations around when they want students to be in the lab and participating in things, which then, I think, has led to some of the conflicts we've dealt with more recently that have escalated*" (Herman, Coordinator).

This variation in support could lead to student-supervisory conflicts, particularly when supervisors misunderstood their students' behaviour due to a lack of open communication: "*[The student] was mentally incapacitated and the [...] supervisor wasn't able to kind of pick that up. She just thought the student was lazy and didn't want to do any work*" (Connie, Coordinator). As mediators, graduate coordinators helped students to navigate these diverse approaches towards support. They emphasized the need for greater communication and mutual understanding between students and their supervisors, particularly as it related to student mental health. Coordinators also recommended that graduate faculty aim to establish more personal relationships with students so that they could remain attuned to each students' unique needs and preferences.

Graduate coordinators similarly held diverse perspectives when it came to providing support to students. Most of them prioritized administrative support, focusing on tasks such as creating a comprehensive graduate student handbook, sending out email reminders about program deadlines, and streamlining students' access to resources. Some coordinators had limited their interactions with students to focus on streamlining these administrative processes. While this approach could help to ensure the smooth functioning of graduate programs, it was sometimes found to overshadow students' desire for more personalized support: "*[It] is not because I don't want to interact with them individually. It is just that the administrative processes should be streamlined in a way where they can take care of themselves for the most part*" (Herman, Coordinator). Some coordinators believed that undergraduate programs were not adequately preparing students for the self-directed nature of graduate studies, leading them to seek more "*hand-holding*" from their graduate coordinator: "*They have to do their own thing, and they may be the type of person that needs that constant 'you need to do this next' [...] and when they don't have that, that is where things start to create problems*" (Connie, Coordinator). Although graduate

coordinators saw themselves as playing an important role in providing support to students, their administrative responsibilities often took precedence, occasionally at the expense of providing students with more personalized support.

Theme 2b: The Cultures Within Graduate Programs

The hierarchical structure of academia could create power imbalances between graduate faculty and students. Some students explained that when these power differentials were left unaddressed, they could lead to the dehumanizing treatment of students. Several students recounted instances of experiencing disparaging or inappropriate faculty member behaviour within the span of their academic careers. These behaviours were found to create a negative and unwelcoming environment that students described as being "*dangerous for their mental health*." Such negative student-faculty relationships could exert lasting effects on students, leaving them with unresolved challenges as they progressed throughout their graduate studies:

> *"Some of the issues I carry with me to this day are challenges I experienced earlier in my career, during my Masters at a different university, even during my Honours thesis, where I was in a toxic-to-the-point-of-abusive laboratory situation, where you would be publicly humiliated for making a mistake. You were forced to work very long hours. There was no flexibility. There was no respect for you as a person with a personal life and all those things"* (Sonya, PhD).

The breach of trust resulting from these negative relationships could carry over to future student-faculty relationships. Students often found themselves questioning how much they could share with graduate faculty and whether they would be able to work with others again in the future: "*Because I do have experience with abusive people in my life, I feel like I'm constantly filtering*

like, how much can I share with this person? Do I want to work with this person? Will they understand if I need flexibility?" (Sonya, PhD).

Students recognized the need for greater accountability on behalf of graduate faculty to ensure equitable power dynamics and student well-being. They recommended the creation of a faculty code of conduct that clearly outlined expectations regarding faculty interactions with students. They stressed the importance of making this code of conduct publicly available to ensure a shared understanding of what students could expect from their graduate faculty: "*There is no faculty code of conduct that I can find […] I would love to be able to point to something and say, 'You can't speak to me like that. You can't say this to me'*" (Patti, Masters). They urged the university to take a more active role in supervising its graduate faculty, particularly in cases where negative student-faculty relationships had been experienced: "*[The university] needs to do a better job of making sure that their faculty behave in appropriate ways*" (Kylee, Masters). Students also called for a clearer process in identifying and reporting instances of misconduct, as well as the creation of more safe spaces where students could comfortably share their concerns without fear of retribution: "*There are tricky situations where, you know, if you're complaining about your supervisor [to your committee], you're talking about their colleague. You don't know what that relationship is like or how much they are student-centred*" (Sonya, PhD).

While academic peers were mentioned much less frequently than initially expected, some students emphasized the importance of having access to a peer support network. Academic peers were often seen as more approachable and "*well-versed in mental health*" due to their firsthand experiences with mental health challenges and other personal life stressors. Even when peers themselves did not experience a mental health challenge, their openness about personal life stressors helped to create safe spaces where students could comfortably share their challenges: "*If*

someone's having a hard time and they cry in the lab meeting, that is a very normal thing that we all rally around and there is that kind of support" (Sonya, PhD). Academic peers were found to play an important role in combatting self-stigma, encouraging students to prioritize their mental health and well-being and take breaks when needed: "*My peers have actually been really wonderful, like they've really been super helpful in reducing the stigma that I put on myself [...] They've been very encouraging about, you know, take time off, actually rest*" (Dallas, Masters). These peer support networks were also found to reduce barriers to support and provide a more equitable environment where students could disclose and discuss their mental health challenges: "*I think [the peer support network] is amazing and helps to reduce some of those access barriers [...] because it's peer-to-peer [...] There are no power dynamics there. It is a lot more even-heeled*" (Selina, Masters). As such, students recommended that there be greater promotion and visibility of peer support networks within graduate departments and across the university as a whole. Encouraging students to make use of peer support networks was seen as a way of cultivating a larger culture of support and prioritizing student mental health and well-being within graduate studies.

The existing cultures within graduate programs could have a significant impact on the attitudes and behaviours of academic peers. The competitive nature of some programs were felt to hinder a sense of community among students, which, in turn, restricted opportunities for open communication about mental health challenges. Some students expressed disappointment at the lack of community they had experienced with their peers and suspected that certain professors had aimed to foster a more competitive atmosphere: "*I expected to feel a sense of community between myself and my classmates because we're all working towards the same goal, but it feels like some professors just kind of want to pit you against one another*" (Patti, Masters). The attitudes of

academic peers seemed to be strongly influenced by the norms and values of graduate programs, as embodied by their presiding graduate faculty. Some students noted that their graduate supervisors' approach to support had directly informed their own approach to supporting other students: "*It is something I learned from my supervisor, I think, to kind of take your softness and use it to create safe spaces for other people*" (Sonya, PhD). In competitive academic environments, the importance of empathy and understanding can often be overlooked. As a remedy, one student suggested incorporating gentle reminders in all university documentation and press releases to reinforce the value of empathy and understanding within graduate programs:

> "*I would love to see something in documentation and releases that says like, 'Hey. Maybe be kind?' Like, I think there is a part of this where sometimes you just need a reminder. Sometimes you are in a shitty mood and you just need a reminder […] Like, [put] in the place where you put a land acknowledgement, where you put that kind of information, put 'people have different brains.' Like, you know, obviously not those words, but people have different brains. People have disabilities. People have mental illnesses. People struggle, and to keep that in mind, like write that down and make people see it […] It sticks and it matters and I think that could be a huge help in fostering a space of actual kindness and compassion and listening*" (Dallas, Masters).

This student's recommendation highlighted the importance of promoting empathy and understanding within graduate programs. They noted the importance of acknowledging the diverse needs, experiences, and challenges within the academic setting and advocated for greater consideration of personal life circumstances within our day-to-day interactions.

Graduate coordinators recognized the need to promote a culture that prioritized student mental health and well-being within graduate programs. Some coordinators had established

wellness committees. However, there were concerns that these committees were primarily focused on faculty rather than students: "*Maybe I'm wrong, but I get the feeling that perhaps [graduate faculty] get the most attention when it comes to wellness. I don't see the wellness committee being terribly supportive of the graduate students*" (Connie, Coordinator). Not all programs had wellness committees, with some coordinators noting that there had been a lack of focus on student mental health within their departments due to their subject areas: "*So, of course, we are [in a non-health related department]. There is no wellness committee here, right?*" (Ford, Coordinator). Some coordinators mentioned that they had served in leadership roles on other campus committees to address broader policy-based issues: "*I chair graduate studies committees, which has representatives from [several departments], plus at-large representatives. It is a committee [consisting of a few people], and then all the policy-based things related to our programs*" (Herman, Coordinator). However, these committees did not seem to have any specific strategies in place to promote graduate student mental health and well-being: "*We don't have any specific programs that are targeted to mental health or wellness, but there is a faculty-based framework […] I think there is a wellness committee for the faculty*" (Herman, Coordinator).

Graduate coordinators recognized the impact of the COVID-19 pandemic on student communities. The transition to online learning and subsequent closure of physical campuses had left many students feeling disconnected from their peers. Despite the gradual return to in-person learning, students continued to grapple with the challenges of re-building and maintaining a sense of community within their graduate programs. Coordinators stressed the importance of bringing students back to campus, not just for academic purposes, but for their social and emotional well-being: "*Coming back from COVID, I still think that the experience isn't great for grad students. I think we need to get them back on campus, not for anything other than just being around*" (Ford,

Coordinator). While coordinators acknowledged the benefits of online learning for promoting academic engagement, they expressed concern about its adverse effects on student mental health. They underscored the need to have physical spaces where students could establish a sense of community with their peers. Some coordinators had implemented initiatives like funding field trips, providing care packages to new students, and adjusting seminar requirements to encourage greater in-person attendance. However, these coordinators encountered several challenges in implementing these initiatives due to the strict safety protocols enforced by the upper administration. These protocols were believed to hinder students from gathering and organizing social events on campus:

> "*We've been encountering a lot of resistance from, I guess, certain departments in the upper administration, that are preventing students from gathering, which seems kind of ironic. So, for example, for them to conduct a film series [on campus], they have to do training through the [student union]. They have to do risk assessment. All of these things and that dissuades them from even going [...] They used to hold weekly events [on campus] [...] and beer would be available and the university has shut that down"* (Porter, Coordinator).

While creating more physical spaces and providing additional funding to social events was seen as key to promoting a culture that was supportive of student mental health, overcoming the strict safety protocols enforced by the upper administration imposed stark limitations on graduate coordinators' efforts towards doing so.

Graduate coordinators recognized the importance of creating safe spaces for students to disclose and discuss their mental health challenges. They emphasized the need to establish an internal network of support, where students could approach their graduate representatives,

supervisors, or committees for more immediate assistance. However, several coordinators faced challenges in accessing support through their graduate departments: "*Mental health support should be everywhere in my department. However, I have had trouble trying to get support for students through my department. It is very strange. You think that my department would be everyone is very open arms*" (Connie, Coordinator). They highlighted the need for graduate faculty to be available, responsive, and approachable to students. Many coordinators believed that this could be achieved through prompt e-mail communication or by arranging one-on-one meetings with students. Some believed it was more efficient for graduate faculty to be "*on-the-ground*" and present in the lives of students, as they were more likely to approach someone they knew and trusted. They argued that graduate faculty should be "*more engaged*" and aim to establish personal relationships with students to promote a greater sense of safety and trust. Some coordinators aimed to achieved this by maintaining a friendly and approachable tone in their e-mail communication, injecting humour into their responses to make students feel more comfortable seeking support:

> "*I like to maintain a kind of personal contact with the students and that comes through in, I guess, in the way I phrase e-mails, like group e-mails, or the way that I respond to individual students, so that there is a kind of humour that I try to inject into the whole thing so that the students aren't reluctant to come to me if they have a personal issue*" (Porter, Coordinator).

Creating a friendly and welcoming atmosphere was believed to help students feel more comfortable seeking support from their graduate faculty. Promoting open communication within graduate departments was considered key to creating a culture that promoted student mental health within graduate programs.

Theme 2c: Graduate Coordinators' Resource Constraints

When asked about the support they had received from their graduate coordinators, most students hesitated and acknowledged that they had very limited contact with these individuals. Their interactions with graduate coordinators were primarily centred around signing forms or handling administrative tasks, which led students to perceive the relationship as being entirely focused on paperwork: "*It feels [like] 100% paperwork*" (Gregg, Masters). Communication between students and their coordinators primarily took place over email and was sometimes even routed through a secretary, which created a sense of distance between the two parties. Some students even expressed frustration at the lack of timely responses they had received from their graduate coordinators, with one student recounting an instance where they had sent multiple emails without receiving any response: "*I've emailed them about six times since [last winter] and I still haven't gotten a response from them*" (Kylee, Masters).

While a few students had some direct contact with their graduate coordinators, these interactions were primarily within the context of them serving as graduate professors or supervisors. As a result, most students had little understanding of the role and responsibilities of these coordinators, particularly as it related to student mental health: "*I don't know to what extent the grad coordinator is really actively involved in a student wellness capacity*" (Sonya, PhD). Most students assumed that their graduate coordinator could provide them with administrative support: "*I think my graduate coordinator, most of the time, I just rely on him for administrative stuff. Like, when I need to refer to something in the rulebook or when I need to have something cleared administratively*" (Jarrett, PhD). Other students speculated that these coordinators might be involved in higher-level program planning decisions: "*They are program coordinator. They must have some sway over what goes on in these programs*" (Selina, Masters).

Students raised concern that their graduate coordinators' administrative workload might be hindering their ability to prioritize and support student mental health within their graduate programs. Some students were uncertain about the level of intentional efforts made by their graduate coordinator and questioned whether student mental health had been a priority in their graduate program planning: "*I guess it's hard for me to know how much is intentionally done to ensure student wellness*" (Sonya, PhD). One student recounted an instance where their graduate coordinator had made a dismissive comment about "*dealing*" with student mental health. While the student acknowledged that their coordinator likely did not mean any harm, it did convey a sense that student mental health had been an additional burden to their various other administrative responsibilities: "*It makes me wonder to what extent they feel genuinely responsible for this, feel in any way equipped to manage this, or if this is seen as a checkbox that they have to do in order to keep people happy*" (Sonya, PhD).

Many students questioned whether the university had allocated sufficient resources and training to its graduate faculty and teaching staff to effectively support students. Many students had previous experience as university teaching assistants (TAs) and sessional instructors and had stressed the need for additional support and training. They emphasized the need to provide additional resources and training to all university faculty and staff to ensure that they felt competent and confident in their roles supporting students: "*I had students come to me with mental health issues […] but TAs don't get any training […] So, I did my best and it ended up being good […] but it was like, 'Yo, we don't get any training*'" (Catherine, PhD). They also highlighted the need for greater guidance from the upper administration to avoid potential confusion and the denial of rightful accommodations: "*I usually find that an instructor that has to deal with a lot of students,*

like hundreds and hundreds of students, might not be able to accommodate students that well because they have to keep a standard consistent" (Jarrett, PhD).

Graduate coordinators discussed the substantial amount of paperwork and administrative tasks that accompanied their roles, which included a lot of form-filling, e-mail communication, and record-keeping. These coordinators were also responsible for coordinating theses exams, which posed several unique challenges to set up: *"We have to organize external examiners […] You end up with the same kind of core volunteers often and it becomes challenging over the years to persuade and cajole people to be a chair or an external*" (Herman, Coordinator). Their administrative workload, combined with the necessity to streamline confusing legacy systems and clarify the roles of other departmental figures, seemed to limit coordinators' ability to provide effective support to students. Most coordinators shared how they had received minimal guidance and support from the upper administration in fulfilling their role and responsibilities. This lack of support was felt to contribute to a sense of stress and overwhelmingness related to the graduate coordinator role. Some coordinators had taken on the position because no one else in their department had volunteered for it, indicating the potential undesirability due to its heavy workload: "*When they were trying to get the graduate coordinator filled, no one stood up […] so [my colleague] went around his circle of people he trusted and said, 'I really need you to stand up for it.' So, I did*" (Herman, Coordinator). These coordinators seemed to express frustration with the lack of clear policies and guidelines provided by the upper administration, which often left them in the dark when it came to applying scholarship guidance and understanding policies related to self-funded students and off-campus work:

> "*[The upper administration] does not have a clear policy and when you go to them and ask them, 'Can we take self-funded students?' 'Well, that's up to you.' 'Can*

> *students work X number of hours off campus?' 'Well, that's up to you.' Like, okay, but then we don't have the leverage. We have nothing to go back to the students and say, 'Sorry, we can't admit you because you're not funded or you're not getting any support from your supervisor*'" (Herman, Coordinator).

Some graduate coordinators were also found to take on additional administrative tasks in the absence of having an administrative assistant: "*When I first took over the grad coordinator position, our administrator [...] went on sick leave, so that meant basically, I had to learn my new job and I had to learn her job*" (Connie, Coordinator). Some coordinators mentioned that up until recently, their graduate department had no administrative staff and the amount of paperwork had been "*mind-boggling*". The lack of administrative support, combined with the absence of clear policies and guidelines from the upper administration, were found to impose stark limitations on graduate coordinators' ability to support students more effectively.

Theme 3: Formal Supports and Services Serve As A Safety Net

While the primary concern of graduate students remained centred on receiving meaningful support within their graduate programs, formal supports and services, such as those offered by the student accessibility and university healthcare centre, were found to play an important role in supporting students. In this theme, I explore the necessity of students' having access to formal supports and services and the strengths and limitations of relying solely on these resources. This theme predominantly includes the perspectives and experiences of graduate students. However, the "*Difficulties Obtaining Tailored Support*" sub-theme incorporates a few select insights from graduate coordinators.

Theme 3a: Filling In The Gaps

While only a minority of students in the study were found to have accessed the student accessibility centre, these students were remarkably passionate about the importance of them receiving formal accommodations for their graduate studies. Two students, who had been granted formal accommodations by the centre, spoke passionately about how these accommodations had provided them with a sense of comfort and an alternative source of support when their graduate departments had been falling short. One student emphasized the empowerment these accommodations had afforded them, as they were able to negotiate accommodations with their graduate faculty more effectively: "*I'm delighted to have accommodations […] I can actually say, 'No. Look at the piece of paper. The paper says give me more time, so give me more time'*" (Dallas, Masters). Formal accommodations helped students to hold their graduate faculty accountable in providing them with adequate amounts of support. However, one student explained that, while these formal accommodations had helped to ensure certain classroom adjustments would be made, they did not ensure the desired level of support from their graduate faculty:

> "*[My mental health challenges were] met with accommodations for the classroom, but I was treated as if I was the problem. So, [my professors] did what they had to do from the standpoint of what the syllabus says, that they had to do for compassionate reasons and student whatever – if you have reasons for blah-blah-blah – they made good on that because it's policy but they made it feel like it was inconvenient on their end*" (Selina, Masters).

In other words, the sense that their formal accommodations had been implemented out of obligation rather than genuine support and understanding was perceived to be hurtful. Although the student had received formal accommodations through the student accessibility centre, these

accommodations had not been able to ensure that their needs were fully acknowledged and addressed by their graduate faculty.

The university healthcare centre was another valuable resource for students in managing their mental health challenges. They shared their positive experiences with the centre and highlighted several key advantages. One student mentioned that their private psychologist had recommended that they access the centre as an interim solution while awaiting public healthcare services: "*[They told me] 'Okay, you have a little bit of money to come see me. You are on the waiting list for the public program. In the meantime, you can do this program [at the university healthcare centre]'*" (Sonya, PhD). Other students explained that the university healthcare centre had provided them with regular access to clinicians and more affordable services, which had not always been guaranteed by the public healthcare system. A few students also mentioned that the healthcare professionals at the centre possessed a better understanding of student life compared to other public healthcare providers:

> "*They can approach different things in different contexts, because my [private] therapist doesn't know how [the university] works and sometimes I just approach things of, 'I don't understand why I have to do this, this, and that, and that creates a big stress for me that they don't do this, this, and that,' but I can do that with the [university] counsellor because they work there. They know what student life is like*" (Gregg, Masters).

This understanding helped to bridge the gap in students' healthcare by offering specialized guidance to address their needs and challenges in the academic setting. The support provided by the centre not only helped to address students' more immediate concerns, but also circumvented the challenges of them having to access these services through the public healthcare system.

Theme 3b: Difficulties Obtaining Tailored Support

While students appreciated the formal supports and services provided by the university, they experienced several challenges in tailoring these resources to their specific needs and challenges. Students expressed concerns that formal accommodations were not being properly tailored to fit the graduate student context. The majority of these formal accommodations primarily centred around test-taking, which was not the primary mode of evaluation in graduate studies: "*I do have some accommodations set up. I don't need to use them very often because they're primarily around testing. I'm in a Masters program where it's mostly writing. There is not a lot of tests happening*" (Dallas, Masters). Some students also expressed frustration at the requirement for them to provide a formal diagnosis to receive certain accommodations. This created an additional barrier to accessing formal accommodations that were more well-suited to their specific needs and challenges:

> "*One thing that would be helpful for me is a cue sheet to help my memory, but they need documentation. I need an actual diagnosis to be able to have that […] I don't know when that is going to happen. It costs like $3,000 […] The accommodations I have are – I guess I'm using them but I don't feel like they're as helpful as they could be*" (Patti, Masters).

The requirement to obtain a formal diagnosis often led students to seek private healthcare options, as the university healthcare centre could not provide the necessary documentation. This puzzled some students, as they felt a positive screening result should serve as sufficient evidence to receive formal accommodations: "*I asked [the healthcare professional], 'Can you write something that I could give to accessibility saying like, 'Yeah, she screened positive. I recommend she get an assessment?' and she said like, 'No, that won't be enough*'" (Patti, Masters). Students also

encountered difficulties receiving confirmation of their challenges for educational assistance grants, with some university physicians expressing hesitancy due to limited knowledge, resources, and/or skills. These challenges often left students feeling stuck and unable to access the academic assistance they required within their graduate studies: "*[The physician said], 'Oh well, I don't really know enough about this problem, so I don't feel comfortable signing off on this form' […] It was not very helpful and put me in a really tricky situation*" (Kylee, Masters).

Students reported having very mixed experiences with university healthcare staff. While four out of eight students reported having positive interactions, five out of eight reported having negative interactions, with one student explaining that "*I have very mixed experiences. They've either been great or atrocious*" (Catherine, PhD). Positive interactions were characterized by university healthcare staff who were "*affirming*," "*receptive*," and attentive listeners. These interactions increased the likelihood that students would return to the centre: "*I guess, just everyone is really nice—validating […] I'm definitely going to go back because it was so helpful*" (Catherine, PhD). Negative interactions were characterized university healthcare professionals who lacked the necessary knowledge, resources, and/or skills to address students' mental health concerns:

> "*I've had interactions with physicians at the [university] clinic who are just like, 'Oh well, we know this is a problem, but I don't really know how to fix it […] It seems like you kind of have to go in knowing you need those referrals to receive them. You have to push for it and be like, 'Okay. Well, I've heard this works for other people. I would like to try these things'*" (Kylee, Masters).

In these instances, students felt the need to justify their challenges to their university healthcare providers, which they described as being "*very challenging and made me feel very frustrated with [the university healthcare] system for a while.*"

Students acknowledged the breadth of services available through the university healthcare centre but stressed the need for greater diversification to address their specific needs and challenges: "*When you're trying to do a one-size-fits-all thing, it's just not going to work*" (Sonya, PhD). They highlighted the need for multi-lingual services to accommodate students from diverse linguistic backgrounds: "*It's easier to express my feelings in Spanish […] I haven't seen [a counsellor] here in Spanish, but I think it could be helpful […] because, you know, [the university] is a very multi-cultural community*" (Gregg, Masters). They also recommended tailoring services to different sub-populations of students, including mature students, those with mental health challenges, and international students. Some students explained that a one-size-fits-all approach prevented them from fully benefitting from the services provided and hindered their ability to connect with others in some group counselling sessions:

> "*I didn't have the best experience in [the group counselling session], and I think it was possibly because I was coming at this from a very different life experience, like as a mature student, I had very different concerns than a lot of these students who were eighteen or nineteen years old […] The conversations we were having were about like, basic life management, like how to make a meal, how to take care of your apartment, and it's like, 'Okay. I'm in my thirties. Like, I don't have time for this.' I mean, like, I have very serious concerns I'm trying to get coping skills for […] I'm not saying that I was so far beyond them or whatever, but it is not geared towards people with diverse life experiences, period*" (Sonya, PhD).

This students' experience highlighted the challenges of taking a uniform approach towards mental health services. The mismatch between their needs and challenges and the topics discussed underscored a need for more adaptable services to accommodate the challenges experienced by the diverse student population.

Graduate coordinators were sometimes found to modify formal accommodations to provide students with more tailored support. However, they shared diverse perspectives on their involvement within this process. Some coordinators expressed concerns about students' privacy and confidentiality, while others viewed their involvement as essential in ensuring that students received the formal accommodations they were entitled to. Some coordinators argued that modifications were often necessary for formal accommodations to fit the graduate student context:

> "*I think the accessibility centre seems to have a kind of generic way that they assume students operate, like students do tests and students do exams, but we don't have, for the most part, exams, so that doesn't apply to us. Some of the things apply, but we have other things that don't apply, so we have to kind of do a little bit of modification*" (Porter, Coordinator).

As most graduate programs revolved around writing, rather than test-taking or writing exams, the formal accommodations provided by the student accessibility centre were not always a perfect fit for students' graduate programs. Despite differing opinions on their involvement in modifying formal accommodations, graduate coordinators unanimously acknowledged their responsibility in ensuring students received the formal accommodations they were entitled to within their graduate programs.

Theme 3c: Navigational Obstacles

All students who received formal accommodations had encountered obstacles in accessing the student accessibility centre. They described difficulties in understanding the process based on the information provided by the university website. They had also experienced long wait times for appointments. The limited staffing at the centre was considered to be a "*huge failure*", given the large size of the university. Students often expressed frustration with the resulting delays in setting up their formal accommodations, which had affected their ability to use them in a timelier manner: "*The wait to get an appointment to set up your accommodations is so crazy long. I had my appointment to set up my accommodations in late October and at that point, I'd already written, I think, four midterms*" (Patti, Masters). Even after their initial appointments, some students encountered challenges in having their accommodations successfully sent and transmitted to their graduate faculty. As a result, students had to make additional visits to the centre to address and resolve the underlying issue: "*Now, I'm having trouble getting them to actually apply and actually be transmitted to my teachers and to get a follow-up appointment to figure out why in the world this isn't being transmitted to my teachers because I was told that it would be automatically*" (Dallas, Masters).

Students encountered many similar challenges when trying to access the university healthcare centre. These challenges included uncertainties on how to access certain services and a lack of familiarity with the available service options: "*There is zero visibility for the services that are out there. They say that [students] have access to [the university healthcare centre] – yeah, you do, but what services does that mean?*" (Selina, Masters). Students also described instances of struggling to book same-day counselling appointments due to website malfunctions: "*There was one point where I was trying to book same-day counselling and the website wasn't working and*

that happened a few times, so that was annoying" (Patti, Masters). To address some of these issues, students recommended that there be more direct outreach efforts on behalf of the university healthcare centre. They recommended having dedicated outreach staff engage with students across different faculties and institutions to inform students of their available campus resources: "*Get outreach staff to come around campus, talk to people […] take two minutes at the beginning of class to come in and say, 'Hey […] This is what we offer. Here is how to connect with us*'" (Selina, Masters). They also recommended using mandatory introductory courses within graduate programs as a platform to introduce students to the wide variety of campus resources available: "*Our department has an intro class that is mandatory for all grad students […] There is huge potential for this to be a very powerful way that every student gets exposed to all the resources*" (Sonya, PhD).

Concerns about long wait times were prevalent among students. Wait times at the university healthcare centre could range from weeks to months and discouraged students who were in need of more immediate assistance. Some students reported feeling misled after being reassured by their university healthcare provider that their follow-up appointments could be scheduled within a matter of weeks:

> "*At the end of the appointment, they were like, 'Well, if you want to continue, if you want to have more appointments, we can set that up, but it is going to be a while,' and I was like, 'Okay. How long is a while?' and they were like, 'You know, two weeks or so,' and I was like, 'That just doesn't feel right based on how long it takes for me to get an appointment in-person here' […] To say like, 'Oh, just like two weeks or so,' it feels wrong and I don't appreciate feeling like I'm being led on in this situation and I*

> *would have appreciated them to just say, 'It is gonna be a while if you want to continue. It will be a long while before you get another appointment'*" (Dallas, Masters).

Challenges scheduling follow-up appointments and accessing ongoing care were prevalent concerns shared by students: "*For some reason, they make it difficult to book consistent appointments. First, you have to show up, you cannot book one right away. You have to show up and only then can you book a consistent schedule*" (Jarrett, PhD). Not being guaranteed the same healthcare provider in their follow-up appointments disrupted the continuity of their care and hindered the development of strong therapeutic relationships. One student explained that starting over with a new healthcare provider each time could be painful and counterproductive, as it often required them to re-visit negative past experiences repeatedly: "*It gets you over the relationship that you already built with someone else [...] It is like, I have to go over all [the challenges] I've been having and sometimes going over it again can be hurtful*" (Gregg, Masters).

Students recognized the potentially limited staffing at the university healthcare centre and suggested implementing a triage system. Under this system, students with minor concerns could be directed to group or same-day counseling, while those with more complex needs could receive guidance on how to navigate the public healthcare system:

> "*I think there are some students who have relatively minor concerns that probably could go to a support group once a week and be totally good to go, and then there are other students who may be at the onset of a very complex illness who need specialized intervention ASAP and so I think it is important that there is that level of prioritization. Not to say they want to deny students services who don't have severe enough concerns but, you know, I think there is some level to which, like maybe [the university] could think about like, do they want to handle the complex cases? Because that needs*

capacity, or do they want it to just acknowledge the fact that they're only able to accommodate mild cases? In which case, there needs to be some very clear plan in place for what other folks can and can't do" (Sonya, PhD).

While the university healthcare centre already had a triage system in place, students emphasized the need for the university to establish clear prioritization and transparent communication regarding its healthcare priorities. Students recognized that providing more intensive or specialized services might not be feasible for the centre. As such, they recommended that the centre strive to "*create capacity in the public healthcare system so that students may be accommodated there*."

The absence of a healthcare centre location on some students' primary campuses created an additional barrier to access: "*Honestly, sometimes when I'm feeling like crap, and I'm feeling depressed and I just cut myself, I don't really want to go walk through a storm to go to a session. I'll just cancel it and say that I'm fine*" (Catherine, PhD). While virtual healthcare services were available and appreciated by some, other students preferred in-person sessions due to the sense of comfort and human interaction they provided: "*Sometimes you just want to be with another human being, just for that action, like maybe I can feel better to have that interaction*" (Gregg, Masters). There were often communication and connection difficulties in virtual healthcare appointments that made it more difficult for students to convey their concerns to their healthcare providers: "*There is often a genuine connection issue. There is difficulty hearing what the other person is saying and they have difficulty hearing what I am saying, which makes it a lot harder to talk about difficult things because you have to say it three times*" (Dallas, Masters). Addressing these navigational obstacles and providing diverse options for care delivery were found to be important in ensuring that students had access to the healthcare they needed to succeed within their graduate programs.

Theme 4: Graduate Coordinators Act As Referees To On-Campus Resources

Graduate coordinators played an important role in bridging the gap between students and available on-campus resources. In situations where students encountered difficulties accessing formal supports and services, graduate coordinators would act as facilitators to ensure that students were aware of the available campus resources and guide them through the process of obtaining support. The following theme explores the role of graduate coordinators in providing support to students and referring them to available on-campus resources. The theme draws entirely from the perspectives and experiences of graduate coordinators, as students were not found to offer any insights related to this subject.

Graduate coordinators were acutely aware of the impact anxiety and depression could have on students and their academic progress. They similarly identified family issues, illness, and bereavement as other significant factors affecting students and their studies. They explained that these challenges often became apparent through their communication with other graduate faculty and students. Warning signs, such as patterns of absenteeism and missed assignment deadlines, could also serve as indicators: "*We've got a student that [...] we're not getting progress reports from. If we can track them down, we go through the supervisor, and then sometimes the supervisors come up to us and says I'm worried about my student*" (Herman, Coordinator). A few coordinators highlighted the importance of them establishing personal relationships with students to help them identify the signs of a mental health challenge. These coordinators often recognized when a student was struggling when they came by their office: "*How do I know when they need support? They come in my office, right? They come in my office, sit in my chair, you know?*" (Ford, Coordinator). Although most coordinators found it challenging to precisely define the characteristics of a mental health challenge ("*I should be able to answer this, but I can't*"), their identification relied on a

combination of personal communication with students, discussions with graduate faculty, and observing larger patterns of behaviour. Communication and collaboration between graduate students and faculty was seen as key to identifying students who might be struggling with a mental health challenge.

Graduate coordinators sometimes found it difficult to reach out to students who may or may not be struggling. One coordinator mentioned their use of a "*scare tactic,*" where they would mention the potential negative consequences of non-response to prompt more immediate replies from students. Although this could be anxiety-provoking for some, their primary intention was to initiate communication and provide students with reassurance that support would be readily available: "*I sometimes use a little bit of a scare tactic to say, 'The [university] will potentially de-register you if you do not get in touch' […] If we get no response, then we're tracking down phone numbers and calling*" (Herman, Coordinator). Other coordinators noted the importance of them listening and providing students with support to the best of their ability. While they recognized their primary role was to support students' academic progress ("*I am very clear, my role is to support the students' progress and their program*"), they recognized that many of their challenges involved both an academic and mental health component. Graduate coordinators described a process of "*triage*," where they would try to identify the root cause of a problem and provide support within the scope of their expertise:

> "*I've also noticed a kind of gray zone between academic support and mental health support. So, I don't get involved in mental health, but a lot of problems that students bring have an academic component and perhaps a mental health component. So, I think part of my job is to do a bit of triage to find out where, like, where the problem is. So, I'm happy to provide academic support, and I can. I mean, if I can, I will fix*

> *that without sending the student to [the university healthcare centre]. That is fine. But, if I see that it is actually more serious than what I can deal with, then I don't. That is where I draw the line*" (Porter, Coordinator).

Overall, graduate coordinators were empathetic and understanding of students' mental health challenges. They aimed to provide support by lending a listening ear and identifying the best course of action. While they acknowledged their limitations in providing direct mental health support, graduate coordinators sought to offer academic support while remaining mindful of the potential mental health challenges underlying a student's difficulties.

Graduate coordinators believed that it was important for them to connect students with the various on-campus supports and services available at the university. They recognized the wide variety of support options, including mental health and medical support, counselling, formal accommodations, and the international student centre. However, they explained that a significant number of students were unaware of these resources and that it was often necessary to provide them with direct contacts and encourage their use:

> "*We really do have a lot of supports available, that a lot of students aren't aware of and don't necessarily take advantage of, and so, it is giving them [...] the direct contacts to the nurse or to the health office or just saying, you know, if you feel you need it, use it because, you know, it is part of the resources that are available*" (Herman, Coordinator).

A few coordinators preferred to be the primary point of contact for students seeking formal supports and services. They stressed the need to establish clear pathways for students to access these available on-campus resources, with coordinators acting as the primary intermediaries. This approach helped to ensure that students knew precisely where to turn and facilitated a more

streamlined process for seeking support: "*Clarity on who to go to is actually kind of important. So, […] rather than having an individual faculty member referring a student […] they tend to forward them to me and then I become the contact person*" (Porter, Coordinator). Graduate coordinators emphasized the need to establish clear pathways for students to access formal supports and services. Rather than having individual faculty members refer students to these available campus resources, they found designating a contact person, such as themselves, helped to provide students with a more consistent source of guidance.

Additional Recommendations To Enhance Inclusivity and Support

Students made several other recommendations to enhance inclusivity and support within the university setting. They advocated for students with lived experience of mental health challenges to be actively involved within institutional decision-making procedures. This involvement could take the form of committee or focus group participation, where student feedback was directly incorporated into institutional policy-making: "*Like, 'Hey. Here is an autism group. Are you an adult autistic person in this program? Come talk about it. Give us some feedback,' and then take what they have to say into consideration. That would be fantastic*" (Dallas, Masters). By embracing these diverse perspectives, the university could help to ensure that marginalized voices were heard and acknowledged, fostering a greater sense of inclusion and safety for all: "*Including persons with mental health challenges is also a type of inclusion and diversity […] and you shouldn't be marginalized because of that […] [We] should feel included and safe in those kinds of [conversations] as well*" (Gregg, Masters).

Students also emphasized the importance of the university upholding its commitment to Equity, Diversity, and Inclusion (EDI) and encouraged the institution to move beyond mere statements of intent. They stressed the need for more proactive measures within its hiring

procedures to ensure that candidates with diverse life experiences were given top priority. Merely stating a commitment to EDI values was felt to be insufficient and students encouraged the university to demonstrate a deeper understanding of EDI values in its institutional application packages:

> *"I think that there needs to be some proactive things at the hiring level, and I think so often when writing these EDI statements, that it's very easy to just say like, 'Oh, yes, I am a progressive person and I'll treat everybody equally, blah, blah, blah,' but like, I don't know, like I'm thinking if I wrote down one of those statements, like the amount of life experience I could draw from that. Like, this isn't a hypothetical thing to me. This is something I live every day, that I embody, and everything I do kind of thing"* (Sonya, PhD).

Taking a more proactive approach towards institutional hiring procedures would not only reflect a deeper commitment to EDI values, but also create a more inclusive environment that resonated with the diverse experiences of the large student body.

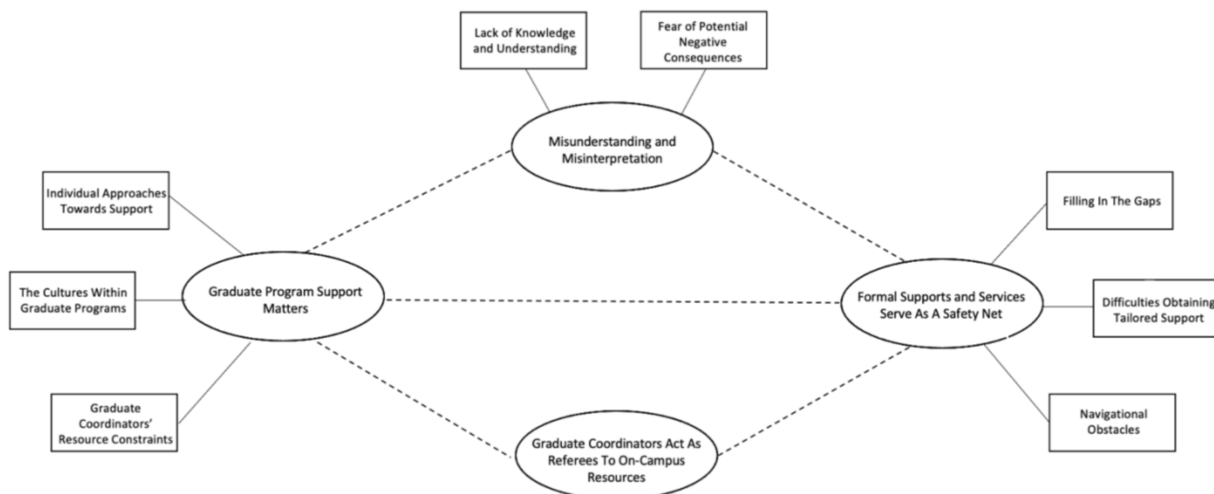
Finally, students called for the university to increase its investment in student mental health. They highlighted the disparity between recent tuition increases and the perceived lack of investment: "*I think that through [the university's] budgeting, it reflects that mental health isn't a priority and they have a duty to support the students and I don't think that they are upholding that duty as well as they could*" (Catherine, PhD). Students recommended that the university allocate additional funds to hire more healthcare professionals, accessibility staff, and provide greater mental health training to graduate faculty. Some students also recommended that this funding be used to address the limitations in students' healthcare insurance plans. They indicated that augmenting students' coverage would enable them to access more comprehensive healthcare

during their graduate studies: "*I get $1,000 a year. That is equivalent to five sessions. I have to pay for a few out of pocket to have adequate coverage and I still don't really go as often as I should. If that was bumped up to $2,000 or $3,000, that would be life changing*" (Sonya, PhD). By alleviating students' financial concerns, the university could significantly enhance access to mental healthcare and create a healthier and more supportive academic environment for those with mental health challenges.

Finalized Thematic Map

The thematic map presented in **Figure 1** visually illustrates how these themes and their associated sub-themes contribute to a broader understanding of how mental health challenges are perceived, addressed, and supported within the university setting. The thematic map includes the four main themes and their constituent sub-themes to illustrate how these themes are inter-related and may come to influence one another.

Figure 1. *Thematic Map Illustrating Four Main Themes and Their Constituent Sub-Themes.*



The first theme, *Misunderstanding and Misinterpretation*, explores the common misconceptions surrounding mental health challenges within the campus community. The sub-

theme, *Lack of Knowledge and Understanding,* highlights the pervasive gap in mental health literacy that can occasionally lead to the stigmatization of students experiencing a mental health challenge. This lack of proper understanding is not without its repercussions, as shown by the sub-theme, *Fear of Potential Negative Consequences*. This sub-theme highlights students' fear of being misjudged or facing academic repercussions when disclosing a mental health challenge to others, indicating a potential link between the campus community's degree of understanding and students' willingness to seek help.

The second theme, *Graduate Program Support Matters* focuses on the influence of departmental cultures on graduate student support. The sub-theme, *Individual Approaches Towards Support,* highlights the differences in how support may be extended and received on a personal level by graduate students and faculty. This theme also includes the sub-theme, *The Cultures Within Graduate Programs,* acknowledging that each departments' ethos—whether collaborative or competitive—can inform the availability and nature of support within graduate programs. The third and final sub-theme, *Graduate Coordinators' Resource Constraints*, acknowledges the challenges that coordinators often face, such as time and energy constraints, that may hinder their ability to support students more effectively.

The third theme, *Formal Supports and Services Serve As A Safety Net*, speaks to the institutional aspects of graduate student support. *Filling In The Gaps* highlights the importance of having access to formal supports and services when students' graduate programs may be falling short. However, the sub-theme, *Difficulties Obtaining Tailored Support*, acknowledges that there are several barriers that students may encounter when trying to tailor these services to their individual needs. Furthermore, the sub-theme, *Navigational Obstacles*, highlights the complexities and bureaucratic obstacles that can deter students from accessing these formal support services

through the university. The final theme, *Graduate Coordinators Act As Referees To On-Campus Resources,* indicates a viable connection between graduate programs and institutional supports that could help to alleviate some of the navigational obstacles students currently face. This theme highlights the potential role of graduate coordinators in helping students to navigate the wide variety of support and services available at the university. However, graduate coordinators' capacity to take on this role may be dependent on their knowledge of the available campus resources and ability to connect students to these services more effectively.

Overall, the thematic map shown in **Figure 1** indicates the complex interactions between individual and collective perceptions, program-specific cultures, and the availability of on-campus resources in shaping students' experiences of accessibility. The relationships between these themes are important to acknowledge as they collectively influence graduate students' overall campus experiences. This map is helpful in understanding both the systemic and individual aspects that contribute to support—or the lack thereof—that is available to students with mental health challenges. This holistic representation helps us to identify potential areas for policy enhancement, underscoring the need for a comprehensive and student-centred approach towards support within the realm of graduate studies. Through this thematic exploration, this research highlights the importance of having an integrated support system that is both attentive to and reflective of the diverse needs of graduate students.

Summary

In summary, this chapter has provided an overview of the four themes derived from my analysis, including eight interviews with graduate students and a focus group with four graduate coordinators. It began by providing some introductory context, followed by an exploration of the themes developed using reflexive thematic analysis. These themes included: (1) *Misunderstanding*

and Misinterpretation, (2) *Graduate Program Support Matters*, (3) *Formal Supports and Services Serve as a Safety Net*, and (4) *Graduate Coordinators Act as Referees to On-Campus Resources*. This chapter also provided a few other recommendations made by graduate students to enhance inclusivity and support within the university setting. In the subsequent chapter, I analyze and discuss these four themes within the context of previous literature and compare and contrast the perspectives of graduate students and coordinators. Additionally, I examine their implications for improving accessibility within the current university context, particularly as it relates to graduate students with mental health challenges.

Chapter 5: Discussion

This study aimed to explore the perspectives and experiences of graduate students with mental health challenges and graduate coordinators pertaining to accessibility at one large university in Atlantic Canada. The primary research objective was to achieve a deep understanding of how graduate students with mental health challenges experience accessibility in relation to their experiences of stigma and access to support and healthcare services. Through the use of semi-structured interviews, I was able to collect rich and detailed accounts of the current university context and shed light on some of the factors that facilitated or hindered students' access to graduate education. I also conducted a focus group with several graduate coordinators to obtain insights from a more faculty-oriented perspective. This allowed for an exploration into the potential role of graduate coordinators in creating more accessible learning environments for students. In this chapter, I present the main research findings and contextualize them within the existing literature. Afterwards, I compare and contrast the perspectives of graduate students and coordinators and discuss the implications of these findings for future accessibility planning. I then conclude the chapter by acknowledging the strengths and limitations of the present study and suggesting a few potential areas for future research.

The Graduate Student Experience

The Precarious Context of Graduate Studies

One of my primary research objectives was to explore the challenges experienced by graduate students with mental health challenges within the current university context. While specific challenges varied across graduate programs and students, several common challenges were identified by the majority of participants. One significant challenge in the transition to graduate studies was the difficulty of adapting to a new place and leaving behind familiar routines

and loved ones. This finding aligns with previous literature characterizing the transition to graduate studies as a "*loss experience*," where students grapple with a sense of loss regarding their former identities, social networks, and sense of place (Herpen et al., 2020; Scanlon et al., 2007). Another major challenge was establishing new social support networks within the academic setting. Building new social support networks was often hindered by the competitive nature of some graduate programs. Previous literature has indicated that competitive learning environments, such as these, can promote discrimination and marginalization of some students (Posselt, 2021) and emphasizes the importance of cultivating a sense of community within these academic environments (Thomas, 2012). In the absence of a supportive community, students may begin to sense a disconnect between their personal lives and academic pursuits, which can unintentionally lead them to consider leaving postsecondary programs (Thomas, 2016). This study also revealed that many students encounter difficulties in meeting the high demands for productivity and functioning in their graduate studies, which can lead to a sense of diminished self-worth and -efficacy. In highly competitive graduate programs, students may begin to prioritize their academic success over other essential aspects of their mental health and well-being, leaving them with little time and energy to socialize or engage in self-care activities.

Financial pressures were another significant challenge affecting graduate students within the present study. These pressures often included high tuition fees, limited funding opportunities, and the necessity for students to financially support themselves throughout their studies. These challenges forced many students to juggle their academic responsibilities with employment or other means of income generation, which created added pressure in an already demanding academic environment. Previous research highlights the detrimental effects of these financial challenges on students' academic success (Coe-Nesbitt et al., 2021), with several studies indicating

the adverse effects of financial strain on students' mental health and well-being (Andrews & Wilding, 2004; Archuleta et al., 2013). Additionally, having access to limited financial resources has been found to restrict access to essential self-care resources, such as mental health services, nutritious foods, and recreational activities, which can further impede students' ability to prioritize their mental health and well-being within graduate studies (Hasbun, 2023).

Misunderstanding and Misinterpretation

When asked about their understanding of the term 'mental health stigma,' students often alluded to the prevalence of misunderstanding and misinterpretation surrounding mental health challenges within the campus community. The lack of proper knowledge and understanding was thought to perpetuate misconceptions, stereotypes, and dismissive attitudes among others, which was perceived to be an extremely frustrating experience for students. These negative attitudes and behaviours were felt to hinder the development of proper knowledge and understanding about students' mental health challenges and resulted in several challenges within their social and academic relationships. Previous literature has indicated that a lack of proper knowledge and understanding about mental health challenges can contribute to stigmatizing attitudes and behaviours among others (Corrigan & Watson, 2002; Shim et al., 2022), with popular media often perpetuating misconceptions, shaping public perceptions, and reinforcing mental health stigma (Srivastava et al., 2018). The frustration experienced by students within the present study seemed to echo the concerns raised by previous research, highlighting the need to increase mental health literacy to prevent negative misconceptions of mental health challenges from developing (Clement et al., 2015).

The prevalence of misunderstanding and misinterpretation contributed to a pervasive sense of fear among students, encouraging them to avoid disclosing their challenges to others in the

academic setting. This intensified existing barriers to support, as some students decided to conceal their challenges in order to avoid anticipated stigma and discrimination. Students' decisions to disclose were heavily informed by their past experiences and observations, as they carefully assessed whether or not it was safe to reveal their mental health challenges to others in the academic environment. Previous research indicates that the stigma surrounding mental health challenges can inhibit students' willingness to seek help and disclose their struggles to others in some settings, leading to increased rates of concealment, isolation, and potential harm (Clement et al., 2015; Corrigan & Watson, 2002; Rössler, 2016; Vogel et al., 2013). The cautious approach to disclosure observed among students within the study was consistent with the concept of selective disclosure, where individuals carefully chose whom to disclose their mental health challenges to (Pahwa et al., 2017). Indeed, selective disclosure has been recognized in the extant literature as a coping mechanisms for individuals to help mitigate the potential negative consequences of disclosure, as well as protect themselves from experiencing additional stigma and discrimination (Corrigan & Watson, 2002).

Graduate Program Support Matters

Despite the challenges associated with mental health stigma and disclosure, students expressed a clear need for support from their graduate programs. They identified several departmental figures who were well-positioned to provide this support. However, it became apparent that these individuals often took varied approaches towards their roles and responsibilities. Previous research argues that graduate faculty and staff should be empathetic and effective in providing support to students with mental health challenges (Laws & Fiedler, 2012; Margrove et al., 2014; Reavley et al., 2012). However, not all of these individuals may possess the necessary training, knowledge or confidence to address such challenges. Although graduate

faculty and staff should not replace mental healthcare professional, they should always act in the best interest of the student and consider themselves playing a role in their overall health and well-being (Cleary et al., 2011). Students identified several ideal aspects of support that they believed would enhance their mental health and well-being within graduate studies. These included taking a more holistic approach towards support, promoting personal connection and relationships between graduate students and faculty, and ensuring that students were provided with adequate flexibility. As students seemed to advocate for these improvements, it became clear that graduate faculty and staff played an important role in shaping not only students' academic success but also their overall health and well-being.

The hierarchical structure of academia was sometimes found to create to power imbalances between graduate faculty and students, and if left unaddressed, could occasionally lead to the dehumanizing treatment of students. These power imbalances had the potential to create negative and unwelcoming learning environments for students that were detrimental for their mental health and well-being. Previous literature demonstrates the negative impact of these power imbalances on students' academic outcomes (Friedensen et al., 2023; Hemer, 2012) and the harmful effects of unsupportive academic climates on students' mental health (Charles et al., 2022; Evans et al., 2018). The study found that negative student-faculty relationships could have lasting effects on students, leading them to question their trust in future student-faculty relationships and ability to share and collaborate with others. Indeed, previous literature cautions how these negative experiences with graduate advisors can hinder students' academic progress and well-being throughout their graduate studies (Golde, 2005; Schmidt & Hansson, 2021). Hence, creating a supportive environment that is protective of student mental health, while simultaneously

promoting their academic success, becomes crucial (Austin & McDaniels, 2006; Gardner & Barnes, 2007).

Students recognized the importance of attaining support from their peers, highlighting the comfort and understanding they had found in disclosing and discussing their mental health challenges with their fellow students. Previous literature indicates the positive impact of peer support on students' mental health and academic success. Research by Nolan (2018) and Martinsuo and Turkulainen (2011) suggest that peer support can positively contribute to students' academic progress and enhance their overall college or university experiences. The findings of the present study further imply the importance of attaining peer support, as it provides students with a source of understanding and support that is free from any potential power imbalances with graduate faculty. Previous research has shown that graduate students often turn to their peers for emotional support during their time in postsecondary education (Apugo, 2017). These relationships can be particularly important within the context of graduate studies, as this time is often quite isolating for students (Kalubi et al., 2020). Having access to a peer support network can make a "*powerful contribution*" to students' persistence in graduate programs (Palmer et al., 2011, p. 338), as it provides them with a source of strength, affirmation, and empowerment in a space where students' identities can sometimes be treated as 'other' (Apugo, 2017).

Unfortunately, the level of support provided by academic peers was found to be significantly influenced by the existing cultures within graduate programs. These cultures were strongly informed by the attitudes and behaviours of their presiding graduate faculty. Students in the study explained that when graduate faculty were found to promote a sense of competition, rather than community among students, academic peers were less supportive of others and their mental health challenges. This finding highlights the important role of graduate faculty in shaping

the overall support networks within graduate programs (Austin & McDaniels, 2006; Guzzardo et al., 2020). In highly competitive learning environments, students may choose to conceal their mental health challenges to maintain a sense of social dignity. However, this can inadvertently reinforce a culture that associates mental health challenges with weakness (Monteith & Petit, 2011) and encourage students to conceal personal information from others (Follmer & Jones, 2018). The findings suggest that promoting a culture that is conducive to student mental health and well-being would be extremely beneficial and could lead to increased transparency about mental health challenges, stronger support from academic peers and mentors, and the normalization of mental health challenges within graduate programs (Cooper et al., 2020).

While the majority of graduate faculty might assume research or teaching-related responsibilities at the university, a smaller subset of these individuals may take on the role of graduate coordinator (or another similar position). These individuals are typically responsible for overseeing the overall functioning of graduate programs. Bekkouche et al. (2022) argues that the quality of students' experiences can vary based on the level of departmental functioning and the availability of a centralized support system. To investigate the role of graduate coordinators in students' experiences of accessibility, I asked students about the support they had received from their graduate coordinator. My findings revealed that students had relatively little contact with their graduate coordinators and that their interactions primarily revolved around paperwork. Communication between students and their coordinators typically took place over email, and in some cases, intermediaries were involved, creating a sense of distance between the two parties. While a few students had some direct contact with their graduate coordinators, their interactions were primarily related to their roles as professors or supervisors rather than coordinators. As such, students possessed a limited understanding of the role and responsibilities of their graduate

coordinator when it came to promoting student mental health. A prominent concern among these students was the potential for these coordinators' administrative workloads to undermine their capacity to promote student mental health and well-being. As highlighted by Bekkouche and colleagues (2022), graduate coordinators can play an important role in cultivating a positive and supportive learning environment for graduate students. However, the findings of this study indicate that there may be some room for improvement when it comes to the level of support provided by these coordinators, particularly as it relates to student mental health.

Formal Supports and Services Serve As A Safety Net

Many students were found to rely on formal supports and services when they lacked sufficient support from their graduate programs. However, these formal supports and services often fell short of providing the level of meaningful support and assistance students required. Previous research highlights the concerning tendency for universities to apply policies primarily designed for undergraduate students to graduate students when it comes to providing them with formal accommodations (Rose, 2010). This finding resonates with concerns raised by other studies about the availability and effectiveness of formal accommodations to address the needs of graduate students with disabilities (Bettencourt et al., 2018; Toutain, 2019). Some students mentioned their inability to receive a formal diagnosis or assessment through the university healthcare centre, which had prevented them from obtaining formal accommodations that were more relevant to their specific needs and challenges. As a result, these students were forced to explore private healthcare options to obtain confirmation of their challenges. These findings, combined with the concerns raised by previous research, indicate the importance of ensuring adequate access to healthcare in order to ensure that students can access the necessary accommodations and on-campus resources they need to succeed (Bettencourt et al., 2018; Rose, 2010).

The university healthcare centre was another valuable resource for students in effectively managing their mental health challenges. Students indicated that they had several positive experiences with the centre, emphasizing that it had provided them with timelier access to care, more affordable services, and providers that possessed a better understanding of graduate student life. However, students raised concerns about the continuity of their care as it was not guaranteed that they would be able to see the same healthcare provider again in their follow-up appointments. This lack of consistency could hinder the development of strong therapeutic relationships between students and their university healthcare providers. Previous research indicates the importance of continuity in mental healthcare, as it can help to promote greater trust, rapport, and mental health outcomes (Adair et al., 2005; Harris et al., 2022; Jaworska et al., 2016). Additionally, students reported having mixed experiences with university healthcare staff. Positive experiences were often characterized by staff who were affirming, receptive, and attentive listeners. These interactions were found to increase the likelihood of students returning to the centre. However, negative experiences, characterized by instances where university healthcare staff lacked the necessary knowledge, resources, and/or skills to address students' mental health concerns, were occasionally found to deter students' access.

Despite the potential benefits of accessing formal supports and services, navigational obstacles played a key role in students' decisions to seek assistance from these resources. One major obstacles was the lack of available information on how to access these formal supports and services. Previous research highlights the importance of providing clear and accessible information about available campus services to ensure that students are aware of their support options (Evans et al., 2018; National Academies of Sciences, Engineering, and Medicine, 2021). Additionally, the issue of long wait times was a prevalent concern raised by students. Previous literature has shown

that long wait times to services can have detrimental effects on student well-being and can even worsen mental health symptoms (Jaworska et al., 2016; Lui & McIntyre, 2022; Moroz et al., 2020). For a smaller subset of participants, the absence of having a university healthcare centre located on their campus created an additional barrier to access. While virtual healthcare services were appreciated by some, others preferred to attend in-person sessions, as they provided them with a sense of comfort and human interaction. This finding aligns with previous literature indicating the importance of face-to-face interactions when establishing trust and rapport within the context of patient-provider relationships (Jiang et al., 2020; Hoffmann et al., 2020). Furthermore, some students encountered difficulties in communicating with their healthcare providers during their virtual healthcare appointments, primarily due to social and technical connection challenges. Indeed, several studies have cautioned that many patients may prefer to attend in-person sessions, as they can face implementation challenges within their virtual healthcare appointments (Breton et al., 2021; Srinivasan et al., 2020).

The Graduate Coordinator Experience

Contending With Resource Constraints

One prominent theme that developed from my focus group with graduate coordinators was their seemingly limited capacity to support student mental health. Initially, the focus group session was felt to centre quite heavily on coordinators' administrative responsibilities, indicating that these individuals might have felt compelled to prioritize their administrative responsibilities over other responsibilities as graduate coordinator. Several challenges arose from the lack of support and guidance provided to these coordinators from the upper administration, which made it more challenging for them to balance their administrative workload with their other more student-centred responsibilities. Unfortunately, graduate coordinators' intense focus on their

administrative tasks seemed to hinder the development of more personal relationships with students and conflicted with the holistic support students seemed to be advocating for. This finding partly confirmed the suspicion of graduate students that the heavy administrative workload of their graduate coordinators was hindering their ability to promote student mental health and well-being. Previous research suggests that providing additional guidance and support to these coordinators could help to alleviate some of their administrative burdens, allowing them to dedicate more time and resources to students who require more personalized support and guidance (Ewen et al., 2019; Stuckelman et al., 2017).

While both graduate coordinators and students acknowledged the various challenges inherent within graduate studies, their areas of focus exhibited a few notable differences. Graduate coordinators primarily emphasized financial challenges, with special attention given to self-funded and international students. This perspective seemed to align with previous research findings on the financial challenges most commonly faced by graduate students in Canada (Laframboise et al., 2023). Interestingly, graduate coordinators discussed financial challenges more extensively than graduate students, perhaps due to their direct involvement in student finance. Interpersonal challenges, particularly within the context of student-supervisory relationships, were identified as another major concern for both groups of participants. Graduate coordinators recognized the diversity of interpersonal challenges students may face in their graduate studies; however, they primarily focused on student-supervisory relationships. Indeed, previous research has highlighted the importance of the student-supervisory relationships in supporting students' degree completion (Amundson & McAlpine, 2009; Young et al., 2019). However, graduate students seemed to provide a more nuanced perspective on this issue, noting that interpersonal challenges could extend beyond this relationship to include their academic peers and professors. While both groups seemed

to identify similar challenges within graduate studies, their differences in scope seemed to call for a more detailed understanding of the challenges faced by graduate students within the current university context.

Despite some overlap in concerns, there were a few apparent differences between the perspectives of graduate coordinators and students. Coordinators primarily dealt with the administrative aspects of graduate programs, such as admissions, funding, and fulfilling graduate program requirements. This may have led coordinators to primarily speak to the institutional and structural factors that influenced students' day-to-day experiences. Students, on the other hand, were much more concerned with the personal realities of student life, such as navigating relationships with academic peers and professors, managing academic workloads, and accessing necessary supports and resources. While both groups seemed to recognize the impact of experiencing financial and interpersonal challenges, students provided a more detailed account of their mental health challenges and spoke of these challenges at greater length than graduate coordinators. In fact, graduate coordinators struggled to define mental health challenges in the focus group session and reported relying on external notification or direct student disclosures to identify when a student may be struggling. This discrepancy in concerns seemed to indicate the potentially limited scope of graduate coordinators in recognizing and supporting graduate students with mental health challenges.

Changing The Culture Within Graduate Programs

There has been growing recognition of the need for preventative measures to address graduate student mental health (Eleftheriades et al., 2020; Evans et al., 2018; Forrester, 2021). In this study, graduate coordinators reported using several proactive strategies to promote graduate student mental health and well-being. One of these strategies included establishing wellness

committees, or other similar support structures, comprised of graduate faculty, staff, and students. However, coordinators explained that not all graduate programs had a dedicated wellness committee, and that the level of support for graduate students often varied among existing committees. Another strategy used by graduate coordinators was the promotion of a sense of community between graduate students. The COVID-19 pandemic had significantly impacted students' ability to establish and maintain social connections within their graduate programs (Wang, 2023). This encouraged graduate coordinators to create more physical spaces for students to help connect them with their peers, faculty, and larger campus communities. As such, coordinators highlighted the need to provide additional funding to social events, establishing graduate student societies, and modifying seminar requirements to help encourage greater in-person attendance.

Graduate coordinators recognized the importance of creating safe and supportive spaces where students would feel comfortable seeking support from their graduate faculty. They advocated for a more collaborative approach towards support, where all members of the campus community could come together and support one another. However, as highlighted by Aono and colleagues (2022), relationships between students and other members of the campus community can be hierarchical and not always positive. Regarding their own interactions with students, some graduate coordinators reported minimizing their interactions to focus on their various other administrative responsibilities. Other coordinators seemed to place greater emphasis on establishing personal relationships with students. Previous research indicates that building personal relationships with students can help to create an environment where students feel more comfortable discussing their mental health challenges, leading to more informed support and greater access to resources (McAuliffe et al., 2012; Riggs et al., 2023). However, most

coordinators within the focus group session seemed to rely on email communication to connect with students. Many graduate students had expressed dissatisfaction with this approach and expressed their need for more face-to-face interaction to establish greater trust and rapport with their graduate coordinator. While most graduate coordinators seemed to rely on virtual communication to connect with their students, graduate students' perspectives seemed to align with the minority of participants in the focus group, who indicated the importance of having scheduled office hours for students to meet and connect with their graduate coordinator.

Acting As Referees To On-Campus Resources

Despite the primarily administrative role of graduate coordinators, participants in the focus group session acknowledged the importance of addressing both the academic and mental health concerns of graduate students. These coordinators demonstrated a willingness to listen and empathize with students, directing them to adequate mental health resources as necessary. This approach aligned with the best practices identified in previous research (Coleman, 2022; McAuliffe et al., 2012). Coordinators recognized that most students were unaware of their available campus resources and highlighted the need to provide them with direct contacts to on-campus resources and encourage their use. This finding was consistent with previous literature indicating that many graduate students do not access institutional supports and resources despite their potential benefits (Waight & Giordano, 2018) and fit well with students' perspectives. Some coordinators preferred to be the main point of contact for students seeking support, as this was believed to facilitate a more streamlined process for students to access these resources. Several coordinators noted the importance of the student accessibility centre in providing students with formal accommodations. However, they expressed concern that the centre was primarily focused on accommodations for testing, rather than other evaluation methods more commonly used in

graduate studies; similar to students' concerns. Some graduate coordinators recognized the need to modify these formal accommodations to better address specific needs and concerns. However, opinions differed on whether this violated students' right to privacy. Interestingly, previous research has shown that violating students' privacy is a common concern shared by university faculty that can hinder their support for those with mental health challenges (Coleman, 2022; McAllister et al., 2015).

Focus Group Dynamics

During my qualitative interviews, graduate students raised concerns about their graduate coordinators' focus. They observed that their graduate coordinators primarily concentrated on providing students with administrative support, paying little attention to aspects of students' mental health and well-being. This pattern was evident in the early phases of the focus group, where the discussion predominantly revolved around graduate coordinators' administrative tasks, with little to no emphasis on addressing or acknowledging students' mental health. However, as the session progressed, there was a noticeable shift in graduate coordinators' perspectives. These coordinators gradually began to acknowledge the intricate relationship between student mental health and academic success. By the end of the session, most graduate coordinators had recognized the importance of supporting students' mental health in order to promote their academic success. Remarkably, this shift was initiated by the participants themselves, demonstrating their capacity to prioritize student mental health within graduate programs. By the end of the session, most coordinators seemed to appreciate the value of establishing more personal relationships with students, connecting them with necessary supports and resources, and creating more accessible learning environments. Although it took some time for this recognition to materialize, it represented a positive step towards promoting student mental health within graduate programs.

The changing group dynamic observed within the focus group session provided me with valuable insights into the interactions and perspectives of graduate coordinators. Initially, graduate coordinators spoke at length about their administrative challenges. Sharing these challenges within the context of a peer group was perceived to be a relieving experience for graduate coordinators. It provided them with the opportunity to voice their concerns and find common ground with one another through their shared experiences. This observation was thought to indicate the potential sense of isolation faced by graduate coordinators, as they often worked independently behind the scenes of graduate programs. The focus group session provided these coordinators with a unique opportunity to break out of their professional isolation and engage with others who understood their role and responsibilities. By coming together, sharing their experiences, and collaboratively exploring solutions, they not only deepened their professional understanding but also demonstrated the power of peer support and collaboration. This observation highlighted the need for more events and spaces where graduate coordinators could convene, exchange insights, and engage in meaningful discussions related to graduate programs. In the context of social constructivism, where accessibility is co-constructed through our interactions with others, these discussions were instrumental in understanding accessibility within the current university context.

Implications

The following section explores the implications of the research findings for future accessibility planning, drawing on insights from my qualitative interviews and focus group. It incorporates recommendations from students and provides additional suggestions informed by my understanding of graduate students and coordinators' experiences. The following section is divided into four levels of change, including department-level change, service-level change, institutional-level change, and culture-level change. Breaking down the implications in this way makes it easier

for individuals to reference and apply these recommendations based on their specific contexts, encouraging more effective and targeted accessibility improvements.

Department-Level Change

Several department-level changes are recommended to address the specific challenges identified by graduate students. The transition to graduate studies was identified by students as particularly challenging due to its competitive atmosphere and productivity demands. To help mitigate these challenges, it is recommended that graduate departments implement and encourage students to access peer mentorship and support programs specifically designed for graduate students. These programs can provide students with a platform to connect with others in their graduate programs (Ahmed et al., 2015; Baik et al., 2019; El-Den et al., 2020; John et al., 2018; Osborn et al., 2022) and access a wide range of support resources, including informational, instrumental, and emotional support, as well as social companionship (Sufyan & Ghouri, 2020). Peer support programs can also help to facilitate the creation of new support networks, which can help to ease students' transition to graduate studies and enhance their overall experiences. While some students reported having access to a peer support group within their graduate programs, there was a general consensus that these programs required greater promotion, encouragement, and outreach. As such, it was recommended by students that graduate departments employ strategies, such as greater word-of-mouth recruitment, increased advertising within departmental newsletters, and placing additional posters on campus bulletin boards, to increase their utilization. These strategies would help increase awareness and accessibility of peer support groups, ensuring that more students could benefit from the support resources they provide.

While peer support groups can provide students with an initial safety net of support, graduate faculty are essential in promoting students' mental health and well-being. Graduate

students in the study indicated that there was a great need for more holistic support from their graduate faculty, including support for both the professional and personal aspects of their lives. As such, graduate faculty members are encouraged to undergo training in mental health awareness and student mentoring. Such training can help to enhance graduate faculty's ability in providing flexible, empathetic, and comprehensive support to students (National Academies of Sciences, Engineering, and Medicine, 2021). The study also revealed substantial variation in faculty member approaches towards support and highlighted the potential for power imbalances within some student-faculty relationships. To address these issues, the establishment of a faculty code of conduct is recommended, alongside other mechanisms to enhance supervision and facilitate more open communication between graduate faculty and students (Sanger, 2020). Finally, the role of graduate faculty in shaping the cultures within graduate programs was found to be essential in creating a supportive academic environment for students. These findings indicate that creating a culture that prioritizes community and collaboration would be significantly beneficial for students. Therefore, initiatives aimed at fostering more supportive academic environments that promote greater empathy and collaboration are encouraged.

Service-Level Change

The study revealed that many graduate students experience challenges when accessing formal accommodations and services through the student accessibility and university healthcare centres. One major finding was that the existing accommodations did not adequately cater to the unique aspects of graduate studies. To make these accommodations more effective, it is recommended that the student accessibility centre re-evaluate and tailor accommodation processes to align them with the specific needs of its graduate students. This might include considering the diverse academic environments that graduate students operate in and adjusting existing

accommodations accordingly (Rose, 2010). Another major finding of the present study was the procedural barrier of requiring a diagnosis for formal accommodations. To help make this process more accessible for students, the university should consider accepting a positive screening result from the university healthcare centre as sufficient evidence for an accommodations request (Ontario Human Rights Commission, 2014). This change could expedite the formal accommodations process at the university, thereby supporting students in a more prompt and effective manner.

The study also highlighted students' difficulty in accessing the university healthcare centre, primarily due to long wait times and the lack of consistent care. As such, it is recommended that the university create a system for students to schedule recurring appointments with a consistent healthcare provider. This would allow students to establish stronger therapeutic relationships with their university healthcare providers and receive more consistent care (Adair et al., 2005). Enhanced outreach efforts were recommended by students to help increase awareness about the wide variety of services available at the university. One way to enhance outreach would be through the appointment of a designated mental health liaison within each graduate department. This liaison could play a key role in educating graduate faculty and students about the available on-campus resources and help to facilitate access to these resources. Graduate faculty might play a particularly important role in this regard (Harris et al., 2022). Finally, recognizing the wide variety of needs within the student population, it is essential to diversify existing healthcare services to address the diverse needs of different student sub-populations (Clauss-Ehlers & Parham, 2013). Offering group counseling sessions tailored to groups such as international students, LGBTQ+ students, or those with specific mental health challenges, were recommended by students. As well,

offering individual counselling services in languages other than English were recommended by a few students to ensure greater inclusivity and comfort within these campus counselling sessions.

Institutional-Level Change

At the institutional level, the study highlights several key areas where universities can take action to enhance graduate student mental health and well-being. To address the need for enhanced communication about healthcare support and options, students recommend that the university establish clear and effective communication regarding its healthcare priorities. This might involve providing students with complete information about the available service options and their limitations, empowering them to make informed decisions about their healthcare delivery (Curtis et al., 2023). The study findings also suggest that there are significant benefits to including students with mental health challenges in institutional decision-making procedures. Adopting an inclusive approach towards these procedures was recommended by students, ensuring that student-centred policies and practices can be developed based on the actual needs and experiences of graduate students (Flynn, 2020). Additionally, the study highlights the importance of creating an academic environment that supports all students. Students recommended that the university continue to prioritize Equity, Diversity, and Inclusion (EDI) statements within its hiring procedures. Actively recruiting graduate faculty and staff with diverse life experiences, including those with mental health challenges, can greatly enhance the campus community's understanding and empathy towards those with mental health challenges (Clauss-Ehlers & Parham, 2013). Finally, addressing the mental health needs of students will require adequate resources. As such, students recommended that the university allocate additional funding to student mental health and well-being. This funding could be used to increase staff numbers at the student accessibility and

university healthcare centres, provide greater insurance coverage to students, or tailor accommodations to address the diverse needs of graduate students.

The university might also consider implementing strategies to assist graduate coordinators in creating more supportive academic environments for students. Routine gatherings or support groups can provide a valuable platform for coordinators to share their challenges, exchange best practices, and offer mutual support. This can enhance their professional development and ultimately, benefit the students these individuals aim to serve. Observations made during the focus group session suggest that routine gatherings could expedite a positive change in graduate coordinators' approach towards program development and encourage them to create more accessible learning environments for students. Empowering coordinators to organize more social events and networking opportunities for students can also help to alleviate students' feelings of isolation, promoting a more connected and supportive graduate community (Irani et al., 2014). By implementing these changes, the university can help to empower graduate coordinators in playing a greater role in student mental health and well-being, ultimately creating more accessible and supportive academic environments for everyone involved.

Culture-Level Change

In graduate studies, there is often an intense competition for grades, research opportunities, and recognition, which can lead to the creation of a hyper-competitive learning environment for students. This competitive atmosphere can lead to decreased sense of collaboration and empathy, which can inhibit the formation of strong social support networks (Juvonen et al., 2019). To counteract this competition, it is recommended that the university recognize and address the negative impacts of such a culture on graduate student mental health and well-being. University leaders, such as presidents, provosts, and senior administrative staff, can play an important role in

changing this culture (JED Foundation, 2021). By re-defining institutional values to prioritize collaboration and inclusivity over excessive competition, university leaders can facilitate a more supportive and integrated academic community. This shift would promote a greater sense of belonging among graduate students and promote their overall health and well-being (Pyhältö et al., 2012; Posselt, 2020).

The stigmatization of mental health challenges acts as a significant barrier to students seeking help or wanting to discuss their challenges. This stigma can lead to a sense of isolation and hinder the development of supportive personal relationships (Clement et al., 2015; Corrigan & Watson, 2002; Rössler, 2016; Vogel et al., 2013). In light of the study findings, the university is encouraged to apply proactive strategies to combat stigma and cultivate an environment that is understanding and accepting of students' mental health challenges. Educational initiatives that raise awareness about these challenges, including the recognition of their signs and symptoms and how to respond effectively, are encouraged. Multi-level strategies are also recommended. These strategies might involve students, faculty, and staff collectively driving changes in teaching practices and evaluation criteria (JED Foundation, 2011). This collaborative effort could create a more accessible learning environment for students, where academic excellence is balanced with their mental health and well-being. Encouraging graduate faculty and staff to provide accommodations and support to students who need it will remain essential (JED Foundation, 2011). Altogether, a broad-scale cultural change will be necessary, where the responsibility of supporting students with mental health challenges is shared across the campus community (Achieving The Dream, 2018). This approach aligns with the findings of the present study, highlighting the need for a collaborative and comprehensive approach to creating a more supportive and accessible academic environment for students.

Strengths and Limitations

This study makes a valuable contribution to the existing literature on the accessibility of graduate education for students with mental health challenges. By exploring the perspectives of graduate students and coordinators, the study offers a more holistic understanding of accessibility within the current university context. Most research on this topic has focused on a single perspective, leading to limited insights into the overall issue. In contrast, this study sheds light on the often overlooked role of graduate coordinators – a perspective that has received relatively little attention in the extant literature. Additionally, the findings consolidate and connect previously identified phenomena within the current university context for students with mental health challenges. The findings provide a more holistic understanding of the challenges and opportunities faced by these students and paints a comprehensive picture of the larger landscape. This in-depth and nuanced understanding may help to guide universities in developing more effective support systems and ensuring the full inclusion of students with mental health challenges within the realm of graduate education.

The co-creation process I used within the study was highly valuable and a unique approach, not only in terms of the research outcomes but also in my personal experience as a fellow graduate student. Co-creating questions with key stakeholders, in this case, graduate students, was particularly beneficial and unique for several reasons. This approach not only enhanced the relevance of the focus group session with graduate coordinators but also empowered students by allowing them to determine some of the research process. I believe that this sense of involvement led to more candid and constructive conversations during my research interviews and helped to foster a greater sense of community between students and myself. Additionally, it helped me to ensure that the questions used in the focus group session would be more relevant to address the

specific needs and challenges experienced by these students. My positive experiences with the co-creation process extended beyond the research itself. It was also a personally enjoyable and somewhat therapeutic experience to engage with fellow graduate students in the co-creation process. It felt as if I was working amongst my peers; not as a detached researcher, but as someone who shared in the daily experiences and aspirations of these students. This sense of camaraderie and shared sense of purpose not only enriched my experience but also ensured that the recommendations I developed were more insightful and aligned with the actual needs of graduate students with mental health challenges.

While acknowledging the strengths of the present study, it is also important to acknowledge its potential limitations. Initially, the goal was to recruit ten graduate students and six to ten graduate coordinators to ensure a diverse set of perspectives and experiences were captured within the present study. However, due unforeseen circumstances taking place at the research site, I experienced a few recruitment challenges, which prevented me from attaining my targeted participant numbers. Nonetheless, the study still successfully recruited eight graduate students and four graduate coordinators from the university. This participant group, although smaller than initially planned, provided a wealth of detailed information and facilitated an in-depth exploration of participants' experiences. Importantly, the interpretative phenomenological approach adopted by the study means that sample size is much less important. This methodology focuses on in-depth exploration and understanding of each participant's experience, allowing for rich and nuanced insights to be developed. Thus, the smaller participant group did not hinder the study's ability to yield meaningful conclusions and insights. This approach underscores the quality and depth of data analysis over the quantity of participants, ensuring that the research findings are still insightful and impactful (Alase, 2017).

Another potential limitation of the present study pertains to my characteristics as the lead researcher. While I possess some experience with qualitative research, I acknowledge that I am not a seasoned interviewer, which might have influenced the quality of the data I collected. However, I took steps to mitigate this limitation by practicing my interview and focus group skills beforehand with friends and family members. This helped me to refine my approach and gain confidence prior to conducting my interviews and focus group. Additionally, my age, sex, and personal background as a 25-year-old Caucasian female graduate student might have influenced participants' responses. Some participants might have felt comforted by my positionality, while others might have preferred speaking with a researcher who shared more similarities with themselves. It is important to recognize that some participants in the study were also graduate students, similar to myself, who might have found it easier to engage with a fellow student who could relate to their experiences. This likely fostered a more relaxed atmosphere during students' interviews sessions. I also engaged in reflexivity throughout my research process to acknowledge and incorporate my positionality in my analysis. This involved being continuously aware of my experiences and how they might intersect with the experiences of other graduate students and coordinators. To ensure the integrity and depth of my analysis, I collaborated closely with my research supervisor, who had firsthand experience as a graduate coordinator. This on-going collaboration helped to deepen my understanding and maintain an openness to the complexities of the graduate coordinator role. This collaborative and reflexive approach helped to ensure a thorough, empathetic, and contextual understanding of the experiences of graduate coordinators, thereby enhancing the quality and rigour of my research findings.

It is similarly important to recognize the potential impact of mental health stigma on my participant recruitment. Some students might have felt uncomfortable disclosing their experiences

with mental health challenges to an unfamiliar researcher, which might have deterred them from participating in the present study. My research findings indicate that mental health stigma is still present within the campus community, which might have caused some individuals to avoid discussing their experiences within the university setting. As a result, this stigma might have limited my potential pool of participants and acted as a barrier to their participation. To mitigate these impacts, I took deliberate steps to create a safe and non-judgemental environment for each participant during their interview session. I offered participants the option of choosing their interview location, allowing them to feel more comfortable and in control. I also took time to establish trust and rapport with each of my research participants, reassuring them that any personally identifying information shared would be kept strictly confidential. Additionally, my interpretative phenomenological approach likely contributed to a more relaxed atmosphere during these interview sessions. This approach permitted me the flexibility to develop follow-up questions based on participants' responses rather than relying on rigid set of pre-determined questions. Actively listening and empathizing with participants' experiences enabled me to develop more insightful follow-up questions, empowering students to guide the direction of their interview. Nonetheless, it is still important to recognize that mental health stigma might have influenced the potential pool of participants included within the present study. It is possible that students who were less affected by stigma or more comfortable discussing their mental health challenges within the academic setting were more likely to participate. Recognizing this aspect of participant selection is important when interpreting and applying the research findings to other university contexts.

Another important consideration is the potential impact of my recruitment materials on the participant pool. The language and framing used in these recruitment materials might have

inadvertently influenced the type of individuals who chose to participate. For example, the strong emphasis on stigma in my graduate student recruitment posters might have resonated more with those who had either faced these challenges or had a keen interest in addressing them. Therefore, the influence of these recruitment materials on the participant pool and their perspectives is an important aspect to consider when interpreting the findings and considering their implications for the university. It is similarly important to consider how the specific focus of my research, on student mental health and accessibility, might have influenced which graduate coordinators chose to participate. There might have been a greater inclination for coordinators who have a personal interest or commitment in these areas to be involved within the present study. As a result, the perspectives included within the research might have been more representative of those who had a proactive stance towards student mental health and accessibility issues. Recognizing these characteristics of my two participant groups is essential when interpreting the research findings and considering their broader applicability to the university and other similar contexts.

Suggestions For Future Research

While the study has provided valuable insights to the university and larger field of inquiry, there are still several areas for future research. Future research should expand our understanding by exploring the experiences of various key stakeholders, such as graduate students, supervisors, coordinators, or administrators, in other academic contexts. This would provide a more comprehensive understanding of accessibility within and across diverse settings. Researchers might also consider employing surveys or interviews to gain deeper insights into the perspectives of graduate coordinators, focusing on their role in providing support to students with mental health challenges. This would provide valuable insights into the strategies and approaches employed to support graduate students' diverse needs and challenges. Additionally, investigating the impact of

specific institutional policies and procedures on the accessibility of graduate education for those with mental health challenges would be beneficial. By identifying effective policies and practices, future research can contribute to the development of guidelines and recommendations for universities to promote greater accessibility and inclusivity within their academic settings. Finally, it is important that future research explore the intersectionality of identities and its impact on the experiences and perceptions of accessibility among students. Participants in the study alluded to how their gender and cultural background could intersect with their mental health challenges, potentially creating additional barriers to accessibility for students. Future research might conduct individual interviews or focus groups with students who identify with multiple marginalized identities to shed light on the unique challenges faced by these students within the context of graduate education.

Future research should strive to include the perspectives of other key stakeholders within the university setting. While insights from graduate coordinators and students are valuable, incorporating viewpoints from other individuals, such as graduate faculty members or mental health professionals, could make a valuable contribution. For example, mental health professionals could share their expertise on the most effective supports and services to promote student mental health and well-being in graduate education. Their insights could inform the development of targeted interventions and resources to better support the needs of graduate students. Furthermore, it would be beneficial to explore the experiences of graduate students with mental health challenges who are not currently engaged within the academic setting. This might include individuals who have taken a leave of absence or have decided not to pursue graduate education. Understanding the factors that have influenced their decisions and experiences outside of the

academic environment could provide valuable insights into the barriers and facilitators that impact accessibility within graduate education.

Considering that graduate coordinators expressed apprehension about modifying student accommodations due to privacy-related concerns, it would be valuable for future research to explore the concept of student privacy and its impact on graduate student support. By integrating the perspectives of graduate coordinators, students, or other relevant key stakeholders, these individuals could work together to establish a comprehensive framework that effectively balances student privacy and support. To achieve this, it will be essential to examine the factors contributing to these stakeholders' concerns. Additionally, evaluating the effectiveness of faculty training programs, aimed at educating individuals about both student privacy regulations and mental health support, could be important. Understanding how increased awareness and comprehension of these issues influence faculty attitudes, behaviours, and interactions with students could help refine training methods for greater impact. Together, these steps can contribute to the creation of a more accommodating and flexible learning environment that respects students' privacy while adequately addressing their mental health needs.

Finally, it is important that future research prioritize the development and evaluation of interventions aimed at supporting graduate students with mental health challenges. While this study emphasizes the need for accessibility within graduate education, it is equally important to identify and implement effective strategies that promote accessibility and inclusion. Future studies should explore various intervention approaches, such as the provision of mental health services, the establishment of peer support programs, or the implementation of specific policies and procedures. Researchers could evaluate the effectiveness of these interventions through surveys or interviews with graduate students, coordinators, and other key stakeholders within the university

setting. Additionally, analyzing students' academic performance or graduation rates could provide valuable insights. Comparative analyses across institutions would be valuable in understanding how broader institutional factors influence accessibility. By comparing the experiences of students across different institutions, researchers could identify commonalities and differences in the accessibility challenges faced and shed light on the most effective strategies towards addressing them. Ultimately, the development and evaluation of interventions will lead to greater accessibility for graduate students with mental health challenges. Universities should then consider implementing these strategies to create a more supportive and accessible environment for students.

Conclusion

In summary, this thesis emphasizes the collaborative nature of accessibility and the need to prioritize graduate student mental health within all aspects of the university environment. It provides a comprehensive framework for implementing changes at various levels within the university and promotes a more holistic approach towards student mental health and well-being. The central message of this thesis is clear: to support the success and well-being of graduate students with mental health challenges, we need to create an environment that is supportive, accessible, and conducive to students' mental well-being. This thesis effectively bridges the gap between recognizing mental health challenges within the context of graduate education and translating that awareness into concrete and actionable measures. By emphasizing the importance of graduate faculty mentorship, peer support, tailored accommodations, diverse healthcare services, health-promoting policies, and a cultural shift towards collaboration and empathy, it provides a clear path forward to improving accessibility within the current university context. My hope is that this work serves as a catalyst for positive change, ensuring that students with mental health challenges not only survive, but thrive within their graduate studies.

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Appendix A: Recruitment Poster

ARE YOU A GRADUATE STUDENT LIVING WITH A MENTAL HEALTH CHALLENGE?

WE ARE LOOKING FOR DALHOUSIE GRADUATE STUDENTS (MASTER'S OR PH.D.) TO PARTICIPATE IN A RESEARCH STUDY TO DISCUSS THEIR EXPERIENCES OF STIGMA AND ACCESS TO SUPPORT AND HEALTHCARE SERVICES AT THE UNIVERSITY

ARE YOU:

- **A DALHOUSIE GRADUATE STUDENT?**
- **ATTENDING CLASSES ON THE HALIFAX OR TRURO CAMPUS?**
- **LIVING WITH A MENTAL HEALTH CHALLENGE?**
- **WILLING TO PARTICIPATE IN A ONE-ON-ONE, 30-60 MINUTE INTERVIEW TO DISCUSS YOUR EXPERIENCES OF STIGMA AND ACCESS TO SUPPORT AND HEALTHCARE SERVICES AT THE UNIVERSITY?**

If so, please contact **Sara.Hamm@dal.ca** for more information.

REB #: 2022-5973

Appendix B: Social Media Posts

ARE YOU A GRADUATE STUDENT
LIVING WITH A MENTAL HEALTH CHALLENGE?

We are looking for Dalhousie graduate students (Master's or Ph.D.) to participate in a research study to discuss their experiences of stigma and access to support and healthcare services at the university.

Are you:

- A Dalhousie graduate student?
- Attending classes on the Halifax or Truro campus?
- Living with a mental health challenge?
- Willing to participate in a one-on-one, 30-60 minute interview to discuss your experiences of stigma and access to support and healthcare services at the university?

IF SO, PLEASE CONTACT SARA.HAMM@DAL.CA FOR MORE INFORMATION

REB #: 2022-5973

Are you a graduate student living with a mental health challenge?

We are looking for Dalhousie graduate students (Master's or Ph.D.) to participate in a research study to discuss their experiences of stigma and access to healthcare services at the university.

Are you:

- A Dalhousie graduate student?
- Attending classes on the Halifax or Truro campus?
- Living with a mental health challenge?
- Willing to participate in a one-on-one, 30-60 minute interview to discuss your experiences of stigma and access to support and healthcare services at the university?

If so, please contact Sara.Hamm@dal.ca for more information.

REB #:2022-5973

Appendix C. Invitational Email

Hello,

My name is Sara Hamm, and I am a Health Promotion Masters student working under the supervision of Dr. Lynne Robinson in the School of Health and Human Performance at Dalhousie University. As part of my Masters degree program, I am conducting a research study on how graduate coordinators support graduate students with mental health challenges at Dalhousie University. Given your role as graduate coordinator in the Faculty of ____________, I invite you to participate in our study.

Participation in the study will involve attending a focus group with three to six other graduate coordinators from Dalhousie University The focus group will take approximately 60-90 minutes of your time. During the focus group, you will be asked a series of questions about how students with mental health challenges are supported within your graduate department.

To be eligible for the study, you must be:

1. Presently acting as a graduate coordinator at Dalhousie University
2. Responsible for coordinating at least one graduate program under the Faculty of Graduate Studies (FGS)
3. Serving your role on the Halifax or Truro campus.

If you are not currently acting as graduate coordinator in your department, please kindly direct me to the person who is serving in this role. If you would like to participate or require more information to help you to reach a decision, please contact me at Sara.Hamm@dal.ca. You may also contact my research supervisor at Lynne.Robinson@dal.ca.

Project Title: Understanding the Current University Context for Graduate Students with Mental Health Challenges
REB file #: 2022-5973

Sincerely,

Sara Hamm

Appendix D. Graduate Student Consent Form

Project Title:
Understanding the Current University Context for Graduate Students with Mental Health Challenges

Lead Researcher:
Sara Hamm, Masters in Health Promotion Candidate
School of Health and Human Performance, Dalhousie University
Phone: 902-220-5794, Email: Sara.Hamm@dal.ca

Other Researchers:
Dr. Lynne Robinson, Dalhousie University, Halifax, NS, Lynne.Robinson@dal.ca

Introduction
We invite you to take part in a research study being conducted by Sara Hamm, who is a graduate student at Dalhousie University. The study will be carried out with both graduate students with mental health challenges and graduate coordinators. However, the phase of study in which we would like you to participate focuses on graduate students with mental health challenges. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience, or discomfort you might experience.

Before you decide if you want to participate, it is important to understand the study details. The lead researcher is available to answer any questions you may have by telephone 1-902-220-5794 or by email at Sara.Hamm@dal.ca. Choosing whether or not to take part in this research is entirely your choice. There will be no impact on your studies or the services you receive from the university if you decide not to participate.

Purpose and Outline of the Research Study
Mental health challenges are defined by limitations in daily activities due to an emotional, psychological, or mental health condition. Graduate students with mental health challenges may receive support and/or healthcare services from the university to assist them with limitations related to their condition. However, many graduate students continue to face barriers to accessing these supports and services from postsecondary institutions.

In this part of the study, we will be conducting a series of one-on-one interviews with graduate students who self-identify with a mental health challenge. Through these interviews, we hope to determine how graduate students experience stigma and access to support and healthcare services at Dalhousie University. The goal is to understand the barriers and facilitators to accessing support and healthcare services at the university. The study aims to reach a better understanding of graduate student and graduate coordinator experiences and prompt changes to be made at Dalhousie University to reduce barriers and improve facilitators when accessing support and healthcare services.

Who Can Take Part in the Research Study
You may participate in the study if you are a part-time or full-time graduate student at Dalhousie University, attending classes on the Halifax or Truro campus, and self-identify as having a

mental health challenge. You do not need to have a professional diagnosis to participate. Students who are enrolled in a professional program will not be able to participate, as they are not formally considered graduate students by the Faculty of Graduate Studies (FGS). Participants must be willing to meet on the Halifax (Studley) campus, virtually (via Teams), or by telephone for a one-on-one, 30-60 minute interview to discuss their experiences of stigma and access to support and healthcare services at the university.

What You Will Be Asked To Do

If you decide to participate in the research, you will be given the choice to "consent" (agree) to participate. If you agree, you will receive an email from the lead researcher to schedule a time and format for the interview. You will have the option to complete the interview in-person on the Halifax (Studley) campus, virtually (via Teams), or by telephone. Interviews will be 30-60 minutes in length, during which you will be asked a series of questions about your experiences of stigma and access to support and healthcare services at the university. You will also be asked to help co-create questions for graduate coordinators regarding their support for graduate students with mental health challenges - these questions will help to determine the questions asked of graduate coordinators in a later phase of study.

Due to the uncertainty of the COVID-19 pandemic, interviews may only take place virtually or by telephone, in compliance with public health recommendations of the province of Nova Scotia and Dalhousie University. If the current situation improves and Dalhousie University advises that faculty and students may return to campus, interviews may also take place in-person in a vacant room on the Halifax (Studley) campus with no windows that can be seen through and a door that can be closed for privacy.

The interview will be recorded (with your permission) for later transcription. All recordings will be deleted after checking the recordings against transcripts for accuracy. If you choose to complete an online interview (via Teams), interviews will be recorded using the Teams' built-in recording feature, which may record both audio and video data. All participants will be given the option to be video-recorded or to turn their cameras off for the duration of the recording. Once the interview is complete, the interview will be immediately downloaded to a password-protected computer and deleted from Teams. If you decide to be video recorded, the audio will be extracted from the recording and video portion deleted. Only your audio recording will be kept for later transcription and analysis. If you choose not to have your interview recorded, you will have the option to have handwritten notes taken by the lead researcher. No information (or combination of information) that could potentially identify you will be included in the study transcripts and your name will be replaced with a pseudonym (i.e., a code name). With your consent, the information that you share in the interview may be quoted in the final report. In this case, the report will use "anonymized quotations", which will remove any information that could potentially identify you and refer to you using a pseudonym. If you choose not to have your anonymized quotations used in the final report, the lead researcher will make a handwritten note or have you re-state the request at the beginning of the interview recording for documentation.

Possible Benefits, Risks, and Discomfort

Answering questions about stigma and barriers to support and healthcare services may make you feel uncomfortable or recall challenging past experiences. If you don't like some of the questions

asked in the interview, you have the possibility to skip these questions. You will also be able to stop the discussion or end the interview at any time. If the questions make you very uncomfortable, we encourage you to let the lead researcher know as soon as possible. If you want to talk to someone after the interview, you will be encouraged to contact the Student Health and Wellness Centre at Dalhousie, or a service not at Dalhousie, such as the Nova Scotia Mental Health Crisis line, Avalon Sexual Assault Centre, Nova Scotia Telecare, and Nova Scotia 211. Contact information for these services will be provided after the interview and there are no costs associated with using these services.

All efforts will be made to keep your story anonymous. However, it may not always be possible to ensure you will not be recognized by peers or others given your story. Only provide information you feel comfortable sharing. If you disclose any information about current child abuse or an adult in need of protection, we will be required to contact the proper authorities and reveal your identity. The research supervisor (Dr. Lynne Robinson) will be contacted to discuss the situation before contacting the authorities.

If you should decide to complete the interview virtually, the researchers will use their Dalhousie University credentials for the Microsoft Teams meeting, which will ensure that the Teams meeting recordings are securely stored in Canada. While the meeting is in progress, audio and video consent is routed through the United States and may be subject to monitoring without notice, under the provisions of the US Patriot Act. After the meeting is complete, meeting recordings made by Dalhousie will be stored in Canada and made inaccessible to US authorities.

Teams' meeting recordings will include both audio and video data. If you decide to be video recorded, you may incur a higher risk of being identified within the present study. Your recordings will be edited immediately after your interview using QuickTime Player software to remove the video component of your recording. QuickTime Player is the default video player software on most Mac devices and is subjected to the same privacy and security settings as most other Mac applications. The iCloud will be temporarily disabled on the Mac computer while editing your recording. Recordings will then be transferred from the password-protected computer to an encrypted and password-protected USB and deleted from the computer to ensure recordings are not made accessible to anyone outside of the research study.

Taking part in this study may be of no help to you personally. You may find sharing your experiences in a safe and supportive space helpful. You may also feel satisfied knowing that sharing your experiences will help to identify barriers to accessibility at the university, which graduate coordinators and the larger university may later seek to address. It is hoped that what we learn in this study will be of future benefit to Dalhousie University and other similar institutions to prompt the development of a new and improved accessibility plan for universities.

Compensation/Reimbursement

You will incur minimal to no expenses as a result of your participation in the research. You will be able to choose the format of your interview (e.g., choosing to complete the interview in-person, online, or by telephone) to minimize the inconvenience and expense experienced as a result of your participation in the research. To ensure compensation does not represent an undue influence, the study will not offer compensation to its participants.

How Your Information Will Be Protected
The information that you provide to us will be kept confidential. Only members of the research team will have access to the information you provide. All interviews will be conducted in a location and/or format where others will not be able to see or hear you. Your interview transcript and the final scholarly report will not include any information (or combination of information) that could potentially identify you. We will use pseudonyms (not your name) in our written and electronic records so that the research information we have about you contains no names. We will not disclose any information about your participation, except as required by law. If you inform us about a child or adult in need of protection, we will be required by law to contact the proper authorities.

During the study, all documents and data will be kept secure on two password-protected and encrypted USBs. Your consent form (including your name and contact information) will be stored on one of these USBs and kept in a locked filing cabinet in Dr. Robinson's home office. Any paper copies of your consent form will also be kept in a locked filing cabinet in Dr. Robinson's home office. The audio recording of your interview and your interview transcript will be stored on a separate USB and kept in a locked filing cabinet in Sara Hamm's home office. The audio recording will be deleted approximately one week after you participate in the interview. After the data has been analysed and the final report written, the USB containing your interview transcript will be given to Dr. Robinson for long-term storage in a locked filing cabinet in their home office. Your information will be securely stored for five years after the study has been published, at which time the data will be physically destroyed by Dr. Robinson.

If You Decide to Stop Participating
You may decide not to take part or stop participating in the study at any time prior to participating in the interview. This decision will not affect your studies or the services you receive from the university. If you would like to stop participating, you can let us know by telephone at 1-902-220-5794 or by email at Sara.Hamm@dal.ca.

You will be able to have your interview data deleted up to one week after participating in the interview. Afterwards, your data will be unidentifiable, as the audio recording will have been deleted and identifying information will have been omitted from the interview transcript.

How to Obtain Results
You will have the option for us to provide you with a short description of group results when the study is finished. No individual results will be provided. You can obtain these results by selecting "Yes" to the statement "I would like a copy of the study results emailed to me" at the end of this consent form. You may also email the lead researcher at Sara.Hamm@dal.ca to let us know that you are interested. Study results will be shared approximately 10-12 months after participation in the interview.

Questions
Return of the consent form indicates that you have agreed to take part in this research and for your interview data to be used within the study. In no way does this waive your legal rights or release the researchers from their legal and professional responsibilities. We are happy to talk

with you about any questions or concerns you may have about your participation in the study. Please contact Sara Hamm by telephone at 902-220-5794 or by email at Sara.Hamm@dal.ca with questions, comments, or concerns about the study. If you have any ethical concerns about participation, you may also contact the Research Ethics Board at Dalhousie University by telephone at 1-902-494-1462 or by email at Ethics@dal.ca (REB file # 2022-5973)

Signature Page

Project Title:
The University Context for Graduate Students with Mental Health Challenges

Lead Researcher:
Sara Hamm, Masters in Health Promotion Candidate
School of Health and Human Performance, Dalhousie University
Phone: 902-220-5794, Email: Sara.Hamm@dal.ca

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I understand that I have been asked to take part in an interview that will occur in a format acceptable to me. I agree to take part in this study. My participation is voluntary, and I understand that I am free to withdraw from the study at any time until one week after my interview is complete. Your typed name here indicates consent.

______________________________ ________________________
Name Date

Options (you can still participate in the research if you select no):

I agree that my interview may be audio-recorded. ☐Yes ☐No
Handwritten notes will be taken if the interview is not audio-recorded.

If completing an online interview, I agree that my interview may be video recorded. ☐Yes ☐No
You will be asked to turn your camera off for the duration of the interview if the interview is not video recorded.

I agree that direct quotes from my interview may be used without identifying me. ☐Yes ☐No

I would like to receive a summary of the study results. ☐Yes ☐No
If you would like to receive a summary of the study results, please provide your email below.

Email: ____

Appendix E. Graduate Coordinator Consent Form

Project Title:
Understanding the Current University Context for Graduate Students with Mental Health Challenges

Lead Researcher:
Sara Hamm, Masters in Health Promotion Candidate
School of Health and Human Performance, Dalhousie University
Phone: 902-220-5794, Email: Sara.Hamm@dal.ca

Other Researchers:
Dr. Lynne Robinson, Dalhousie University, Email: Lynne.Robinson@dal.ca

Introduction
We invite you to participate in a research study conducted by Sara Hamm, a graduate student at Dalhousie University. The study will be conducted with both graduate students with mental health challenges and graduate coordinators. However, the phase of study in which we would like you to participate focuses on graduate coordinators. The information below tells you about what is involved in the research, what you will be asked to do, and any risks, benefits, inconveniences, or discomfort you might experience.

Before you decide if you want to participate, it is important to understand the study details. The lead researcher is available to answer any questions you may have by telephone at 1-902-220-5794 or by email at Sara.Hamm@dal.ca. Deciding whether or not to take part is entirely your choice. There will be no impact to your employment or the services you receive from the university if you decide not to participate.

Purpose and Outline of the Research Study
Mental health challenges are defined by limitations in daily activities due to an emotional, psychological, or mental health condition. Students with mental health challenges may receive support and/or healthcare services from the university to assist them with limitations related to their condition. However, many students continue to face barriers to accessing these supports and services from post-secondary institutions.

In this phase of study, we will be conducting a series of focus groups with graduate coordinators currently serving at Dalhousie University. Through these focus groups, we hope to determine how graduate coordinators support students with mental health challenges in their graduate departments. The study aims to gain a better understanding of graduate coordinator practices and procedures and identify possible changes that could be made at Dalhousie University to its improve accessibility.

Who Can Take Part in the Research Study
You may participate in the study if you are current serving as a graduate coordinator at Dalhousie University and serving your role on the Halifax or Truro campus. Participants must be willing to meet on Halifax (Studley) campus or virtually (via Teams) for a 60-90 minute focus group with the lead researcher, their supervisor, and two to six other graduate coordinators.

Focus groups will discuss how graduate coordinators support students with mental health challenges in their respective graduate departments.

What You Will Be Asked To Do

If you decide to participate, you will be given the choice to "consent" (agree) to participate. If you agree, you will receive an email from the lead researcher to schedule a time and format for the focus group. You will have the option to complete the focus group in-person on the Halifax (Studley) campus or virtually (via Teams). Focus groups will be 60-90 minutes in length, during which you will be asked a series of questions co-created with graduate students with mental health challenges in a previous phase of study. In essence, the focus group will ask you about how the university supports students with mental health challenges in the Faculty of Graduate Studies.

The focus group will be run by Sara Hamm. Dr. Lynne Robinson will also be present to help to manage the group. You may indicate whether or not you are comfortable having Dr. Robinson present for the focus group. If you are uncomfortable, the lead researcher will arrange for a one-on-one interview rather than participation in the focus group.

Due to the uncertainty of the COVID-19 pandemic, focus groups may take place virtually, in compliance with public health recommendations of the province of Nova Scotia and Dalhousie University. If the current situation improves and Dalhousie University advises that faculty and students may return to campus, focus groups may also take place in-person in a vacant room on the Halifax (Studley) campus with no windows that can be seen through and a door that can be closed for privacy.

The focus groups will be recorded (with your permission) for later transcription. All recordings will be deleted after checking the recordings against study transcripts for accuracy. If you choose to complete an online focus group (via Teams), the focus group will be recorded using the Teams' built-in recording feature, which may record both audio and video data. All participants will be given the option to be video-recorded or to turn their cameras off for the duration of the recording. Once the focus group is complete, the recordings will be immediately downloaded to a password-protected computer and deleted from Teams. If you agree to be video-recorded, the audio will be extracted from the recording and video portion deleted. Only the audio recording from online focus groups will be kept for later transcription and analysis.

No information (or combination of information) that could potentially identify you will be included in the transcripts and your name will be replaced with a pseudonym (i.e., a code name). With your consent, the information that you share in the focus group may be quoted in the final report. In this case, the report will use "anonymized quotations", which will remove any information that could potentially identify you and refer to you using a pseudonym. If you choose not to be audio-recorded or have your anonymized quotations used in the final report, the lead researcher will arrange for a one-on-one interview rather than participation in the focus group to ensure that your request is honoured.

Possible Benefits, Risks, and Discomfort
Answering questions about accessibility may make you feel uncomfortable or recall challenging past experiences. If you do not wish to answer the questions asked in the focus group, you may skip these questions. You will also be able to leave the focus group at any point. If the questions make you very uncomfortable, we encourage you to let the lead researcher know as soon as possible. If you want to talk to someone after the interview, you will be encouraged to contact the Health and Wellness Centre at Dalhousie, or a service not at Dalhousie, such as the Nova Scotia Mental Health Crisis line, Avalon Sexual Assault Centre, Nova Scotia Telecare, and Nova Scotia 211. Contact information for these services will be provided after the interview and there are no costs associated with using these services.

You may feel hesitant to share your experiences if you believe it will reflect poorly on the institution or yourself. The study cannot guarantee complete confidentiality, as other graduate coordinators will be in attendance of the focus group. The researchers will request that all participants respect the confidentiality of other participants involved and that they do not publicly identify their colleagues outside of the focus group session. All efforts will be made to keep your story anonymous. However, it may not always be possible to ensure you will not be recognized by your colleagues or others given your story. Only provide information you feel comfortable sharing. If you disclose any information about current child abuse or an adult in need of protection, we will be required to contact the proper authorities and reveal your identity. The research supervisor (Dr. Lynne Robinson) will be contacted to discuss the situation before contacting the proper authorities.

Taking part in this study may be of no help to you personally. You may find sharing your experiences in a safe and supportive space helpful. You may also feel satisfied knowing that sharing your experiences will help identify barriers to accessibility at Dalhousie, which the larger university may later seek to address. It is hoped that what we learn in this study will be of future benefit to Dalhousie University and other similar institutions to prompt the development of a new and improved accessibility plan for universities.

If you should decide to complete the focus group virtually, the researchers will use their Dalhousie University credentials for the Microsoft Teams meeting, which will ensure that the Teams meeting recordings are securely stored in Canada. While the meeting is in progress, audio and video consent is routed through the United States and may be subject to monitoring without notice, under the provisions of the US Patriot Act. After the meeting is complete, meeting recordings made by Dalhousie will be stored in Canada and made inaccessible to US authorities.

Teams' meeting recordings may include both audio and video data. If you decide to be video-recorded, you may incur a higher risk of being identified within the present study. The recordings will be immediately edited after the focus group using QuickTime Player software to remove the video component of the recording. QuickTime Player is the default video player software on most Mac devices and is subjected to the same privacy and security settings as most other Mac applications. The iCloud will be temporarily disabled on the Mac computer while editing the recording. Recordings will then be transferred from the password-protected computer to an encrypted and password-protected USB and deleted from the computer to ensure recordings are not made accessible to anyone outside of the research study.

Compensation/Reimbursement
You will incur minimal to no expenses as a result of your participation in the research. You will be able to choose the format of your focus group (e.g., choosing to complete the focus group in-person or online) to minimize inconvenience and expense experienced as a result of your participation. To ensure compensation does not represent an undue influence, the study will not offer compensation to its participants.

How Your Information Will Be Protected
The information that you provide to us will be kept private and confidential. However, it is not possible to ensure that other focus group participants will maintain your privacy or confidentiality, although we will request them to do so. Only members of the research team will have access to the information you provide. All focus groups will be conducted in a location and/or format where others will not be able to see or hear you. The focus group transcript and final scholarly report will not include any information (or combination of information) that could potentially identify you. We will use pseudonyms (i.e., not your name) in our written and electronic records so that the research information we have about you contains no names. We will not disclose any information about your participation, except as required by law. If you inform us about a child or adult in need of protection, we will be required by law to contact the proper authorities.

During the study, all documents and data will be kept secure on two password-protected and encrypted USBs. Your consent form (including your name and contact information) will be stored on one of these USBs and kept in a locked filing cabinet in Dr. Robinson's home office. Any paper copies of your consent form will also be kept in a locked filing cabinet in Dr. Robinson's home office. The audio recording of your focus group and focus group transcript will be stored on a separate USB and kept in a locked filing cabinet in Sara Hamm's home office. The audio recording will be deleted approximately one week after you participate in the focus group. After the data has been analysed and the final report written, the USB containing the focus group transcript will be given to Dr. Robinson for long-term storage in a locked filing cabinet in their home office. Your information will be securely stored for five years after the study has been published, at which time the data will be physically destroyed by Dr. Robinson.

If You Decide to Stop Participating
You may decide not to take part or stop participating in the study at any time prior to participating in the focus group. This decision will not affect your employment or the services you receive from the university. If you would like to stop participating, you can let us know by telephone at 1-902-220-5794 or by email at Sara.Hamm@dal.ca.

You will not be able to have your data deleted after participating in the focus group, as it may be impossible to identify you as a speaker within these materials.

How to Obtain Results
You will have the option for us to provide you with a short description of group results when the study is finished. No individual results will be provided. You can obtain these results by selecting "Yes" to the statement "I would like a copy of the study results emailed to me" at the

end of this consent form. You may also email the lead researcher at Sara.Hamm@dal.ca to let us know that you are interested. Study results will be shared approximately 10-12 months after participation in the focus group.

Questions

Return of the consent form indicates that you have agreed to take part in this research and for your focus group data to be used within the study. In no way does this waive your legal rights or release the researchers from their legal and professional responsibilities. We are happy to talk with you about any questions or concerns you may have about your participation in the study. Please contact Sara Hamm by telephone at 902-220-5794 or by email at Sara.Hamm@dal.ca with questions, comments, or concerns about the study. If you have any ethical concerns about participation, you may also contact the Research Ethics Board at Dalhousie University by telephone at 1-902-494-1462 or by email at Ethics@dal.ca (REB file # 2022-5973)

Signature Page

Project Title:
Understanding the Current University Context for Graduate Students with Mental Health Challenges

Lead Researcher:
Sara Hamm, Masters in Health Promotion Candidate
School of Health and Human Performance, Dalhousie University
Phone: 902-220-5794, Email: Sara.Hamm@dal.ca

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I understand that I have been asked to take part in a focus group that will occur in a format acceptable to me. I agree to take part in this study. My participation is voluntary, and I understand that I am free to withdraw from the study at any time prior to participating in the focus group. Your typed name here indicates consent.

______________________________ ________________________
Name Date

Options (you can still participate in the research if you select no):

I agree that my focus group may be audio-recorded. ☐Yes ☐No
A one-on-one interview will be scheduled if you select "no".

If completing an online focus group, I agree that my focus group may be video-recorded. ☐Yes ☐No
You will be asked to turn your camera off for the duration of the focus group if you choose not to be video-recorded.

I agree that direct quotes from my focus group may be used without identifying me. ☐Yes ☐No
A one-on-one interview will be scheduled if direct quotes cannot be used.

I am comfortable with Dr. Lynne Robinson being present for the focus group. ☐Yes ☐No
A one-on-one interview will be scheduled if you select "no".

I would like to receive a summary of the study results. ☐Yes ☐No
If you would like to receive a summary of the study results, please provide your email below.

Email:____

Appendix F. Interview Guide

Interview Guide:

Research Project: Understanding the Current University Context for Graduate Students with Mental Health Challenges
Lead Researcher: Sara Hamm
Institution: [University]
Supervisor: Dr. Lynne Robinson

Preamble:
My name is Sara, and this research is being conducted as part of my Masters in Health Promotion degree program. Thank you again for being here! I am interested in learning about your experiences of stigma and access to support and healthcare services at Dalhousie University. By support, I mean any form of assistance provided by the university that helps you to reach your academic goals – this can be formal, such as receiving accommodations, or informal, such as receiving emotional support from a course instructor or supervisor. By healthcare services, I mean any service provided by the university that helps you maintain your health and well-being – this may include counselling, treatment, or any other service provided by a university healthcare professional.

I know when we spoke earlier, you agreed to take part in the interview, but I just wanted to check if that's still okay with you. *(Yes/No).* During the interview, I will ask you a series of questions. Some of these questions may include follow-up questions to help clarify or elaborate on your answers. You do not have to answer these questions if you do not want to, and you are free to stop the interview at any time. Your answers and any personally identifying information will be kept private and confidential. I would like to record this interview for data analysis and to ensure that your responses are captured and transcribed accurately. No one outside of this room, other than my research supervisor will have access to these recordings. Afterwards, all recordings will be deleted. Only your transcript, with all personally identifying information removed, will be used for later data analysis. *Do you consent to have your interview recorded? (Yes/No).*

You will be able to have your data deleted up to one week after participating in the interview. Afterwards, your data will be unidentifiable, as audio recordings will have been deleted and all personally identifying information will have been removed from your transcript. Direct quotes from your interview may be used in the final thesis with your consent. *Do you consent to have direct quotes from your interview used in the final report? (Yes/No).* Before we begin, do you have any questions for me? You are free to ask questions throughout the interview. *Start recording.*

Interview Questions:

1. First, can you tell me a bit about yourself?
    a. Preferred pronouns? Faculty? Masters or Ph.D. program?
2. Can you tell me about your mental health challenges and what that experience has been like as a graduate student?

Stigma:

3. **3.** Can you tell me about your understanding of the term ‘mental health stigma’?
    - **a.** Societal attitudes towards having a mental health challenge? Stereotypes or attitudes?
4. **4.** I’d like to understand any experiences you’ve had with stigma at Dalhousie. Could you tell me about your experiences?
    - **a.** Can you tell me a bit about how your peers or faculty view mental health challenges? How would they respond to someone disclosing a mental health challenge?
    - **b.** Could you tell me a bit about how any experiences with stigma have impacted you, if they have? Academic achievement, self-esteem, health and well-being, or relationships?

Access to Healthcare Services:

5. **5.** I’d also like to understand your experience of healthcare services at Dalhousie. Could you tell me about your experiences?
    - **a.** Could you tell me a bit about any healthcare services you have received? Counselling, treatment, or any other service provided by a university healthcare professional?
    - **b.** Could you tell me about any challenges you experienced while accessing these services? Social barriers or policy?
    - **a.** Could you tell me about any healthcare services you would like to access but have not? What has prevented you from accessing these services?
    - **b.** If the university were to improve access to healthcare services for students, what changes would need to be made? Social environment or policy?
6. **6.** Is there anything else you would like to add about accessing healthcare services from [the university]?

Access to Support:

7. **7.** I’d like to understand your experience of support here at Dalhousie. Can you tell me about any experiences you’ve had with academic or personal support from the university?
    - **c.** Can you tell me a bit about any types of support you’ve received from the university? Accommodations or informal support from a course instructor or supervisor?
    - **d.** Could you tell me about any challenges you experienced accessing support? Social barriers or policies?
    - **e.** Could you tell me about any types of support you would like to access at Dalhousie but have not? What has prevented you from receiving this support?
    - **f.** If the university were to improve access to support for students, what changes would need to be made? Social environment or policy?
8. **8.** Is there anything else you would like to add about support at Dalhousie?

Co-Creating Questions for Graduate Coordinators

In the next phase of my research, I will be conducting focus groups with graduate coordinators to discuss how the university supports students with mental health challenges. I plan to talk with graduate coordinators, as they are responsible for fostering a sense of inclusion within their departments. As well, they may also act as advisors to students or supervisors regarding admissions, degree requirements, policies and procedures, available campus resources, and funding opportunities.

9. **9.** Can you tell me about any type of support you’ve received from your graduate coordinator that has been helpful or unhelpful with your mental health challenges?
    - **a.** Advising, sharing resources or funding opportunities, problem-solving issues with program?

10. Do you have any questions for graduate coordinators that I could use in the next phase of my research?

Debriefing: Thanks so much for your time. At any point, if you would like to re-visit your participation in this study, please don't hesitate to contact me. I have learned a lot from your story and appreciate gaining your perspective on these topics. *End recording.*

Appendix G. Student-Formulated Questions

Graduate Student-Coordinator Relationship

- How responsive are you to students? Are you available when students need you or do they have to make more of an effort to get a hold of you?
- Are you available to students when they are in need of additional support?
- How do you ensure that your communication with students is sensitive to their needs and concerns?
- How do you convey a sense of safety within your graduate program?

Mental Health Promotion

- What is your graduate program currently doing to promote students' mental health and well-being?
- How might you reduce mental health stigma within your graduate program?
- What interpersonal skills are taught within your graduate program? And how does your faculty implement and model these skills for students?
- How do you ensure a diversity of student needs are met by your graduate program?
- Are there any changes you would like to make within your graduate programs to improve accessibility? What has prevented you from making these changes?
- What is the importance of ensuring accessibility for graduate students with mental health challenges?

Understanding of Mental Health Challenges

- What are the biggest challenges for graduate students with mental health challenges?
- Do you feel your graduate program is well-equipped to identify students who are struggling with a mental health challenge?
- How does your program monitor change in behaviour amongst graduate students?

Support and Healthcare Guidance

- Who should students contact if they are struggling with a mental health challenge?
- Who within your faculty is best suited to refer students to appropriate healthcare services?
- What Dalhousie services are specialized to work with graduate students with mental health challenges?
- Do Dalhousie counsellors have sufficient understanding of your graduate department and how things are running to adequately support your students?

Appendix H: Focus Group Guide

Focus Group Guide

Research Project: Understanding the Current University Context for Graduate Students with Mental Health Challenges
Lead Researcher: Sara Hamm
Institution: [University]
Supervisor: Dr. Lynne Robinson

Preamble:

My name is Sara, and this is my graduate supervisor, Lynne. I'd like to thank you all for coming today. This research is being conducted as part of my Masters in Health Promotion program, so I really appreciate you taking the time to be here. I'm interested in learning about your experiences providing support to students with mental health challenges here at Dalhousie University. When I say support, I am referring to any form of assistance you may provide to students to help them reach their academic goals; this can be formal, such as providing them with accommodations, or it can be more informal, such as providing students with more personalized, one-on-one support.

I know you agreed to take part in the focus group; however, I just wanted to check to see if that is still okay with all of you. If anyone has changed their mind regarding their participation, please feel free to leave the focus group at any point. During the focus group session, I will be asking you all a series of questions. Some of these questions may include follow-up questions to help clarify or elaborate on your answers. You do not have to answer these questions if you do not want to, and you are free to stop participating at any time. Your answers and any personally identifying information you share today will be kept private and confidential.

I would like to record today's focus groups to ensure that all of your responses are transcribed accurately for later data analysis and the final report. No one besides Lynne and myself will have access to these recordings. The recording will be stored on a password-protected USB and stored in a locked filing cabinet in my home office until transcribed. Afterwards, all recordings will be deleted. Only the transcript, with all of your personally-identifying information removed, will be used for later data analysis. Unfortunately, you will not be able to have your data deleted once you have participated in today's focus group session, as it may be impossible for us to identify you within the recordings. *Does everyone consent to having the focus group session recorded? (Yes/No).*

Direct quotes from this focus group may be used in the final thesis, with your consent. *Does everyone consent to have direct quotes used in the final report? (Yes/No).* You may also indicate whether or not you are comfortable having Lynne present for today's session. *Is everyone comfortable with having Dr. Robinson present for the focus group session? (Yes/No).* Before we begin, does anyone have any questions? *Start recording.*

Opening Questions:

1. To start, would you all be able to tell me a little bit about yourselves?

a. Preferred pronouns? Faculty? Time spent as graduate coordinator?

2. What would you say are your primary duties as graduate coordinator in your department?

Graduate Student-Coordinator Relationships:

3. In your opinion, what is the ideal relationship between graduate students and coordinators?
    a. What kind of relationship is needed to provide students with a sense of safety and trust in their department?
    b. What do you think makes students feel someone is being responsive to their needs and concerns? Does your role as graduate coordinator allow you to do these things?
4. How do you and your fellow faculty members determine when a student is in need of additional support?
    a. What behaviours alert you to a possible need for support? How and when would you intervene?

Mental Health Promotion:

1. What is your department currently doing to promote student mental health and well-being?
    a. What steps have been taken to reduce mental health stigma and promote more open discussions about mental health?

Support For Students With MHCs:

5. Could you tell me about your understanding of the term 'mental health challenges'?
    a. What would you consider to be a 'mental health challenge'?
    b. In your opinion, what are the biggest challenges graduate students with mental health issues face?
6. Could you tell me about any experiences you've had supporting students with mental health challenges?
    a. What was your role in providing support to these students?
    b. What did you find most helpful, and what did you find least helpful?
7. Could you tell me about any resources you believe are helpful or unhelpful for students with mental health challenges?
    a. Who within your department is best-suited to guide students to helpful resources?
    b. Are there any problems with Dalhousie's current resources? Student Health and Wellness? Student Accessibility Centre?
    c. Alongside these resources, how might you and your fellow faculty members promote better management and recovery among students with mental health challenges?
8. Are there any changes you would like to make in your department to ensure graduate education is made more accessible for students?
    a. Why do you think it is important that these changes be made?
    b. Can you tell me about any challenges you've encountered while making these changes?

Closing Questions:

9. Before we wrap up, is there anything else you would like to add about support for students with mental health challenges here at Dalhousie?

Debriefing: Thank you to everyone for your time. At any point, if you would like to re-visit your participation in this study, please do not hesitate to contact me. I have learned a lot from your experiences and appreciate gaining your perspective on these topics. *End recording.*

Appendix I: Ethics Approval

Research Services

Health Sciences Research Ethics Board
Letter of Approval

February 11, 2022

Sara Hamm
Health\School of Health and Human Performance

Dear Sara,

REB #: 2022-5973
Project Title: Understanding the Current University Context for Graduate Students with Mental-Health Related Disabilities: A Multi-Phase Qualitative Research Study.

Effective Date: February 11, 2022
Expiry Date: February 11, 2023

The Health Sciences Research Ethics Board has reviewed your application for research involving humans and found the proposed research to be in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans.* This approval will be in effect for 12 months as indicated above. This approval is subject to the conditions listed below which constitute your on-going responsibilities with respect to the ethical conduct of this research.

Effective March 16, 2020: Notwithstanding this approval, any research conducted during the COVID-19 public health emergency must comply with federal and provincial public health advice as well as directives from Dalhousie University (and/or other facilities or jurisdictions where the research will occur) regarding preventing the spread of COVID-19.

Sincerely,

Dr. Lori Weeks, Chair

Appendix J: Community Resources

Dal Security	Phone: 902-494-4109 (Halifax) or 902-893-4190 (Truro)
Student Health & Wellness Centre (Halifax)	Phone: 902-494-2171 Email: livewell@dal.ca 1246 LeMarchant Street, 2nd Floor Monday – Friday: 8am to 5pm Saturdays: 11am to 4pm
Health Services, Student Success Centre (Truro)	Phone: 902-893-6300 Email: healthac@dal.ca 11 Sipu Awti, Dairy Building Tuesday and Wednesday: 8am to 4 pm
NS Mental Health Crisis Line	Phone: 902-429-8167 Toll Free: 1-888-429-8167 Available 24 hours a day, 7 days a week
Good2Talk	Phone: 1-833-292-3698 Text: “GOOD2TALKNS” to 686868 Available 24 hours a day, 7 days a week
South House Sexual and Gender Resource Centre	Phone: 902-494 2432 Email: outreach@southhousehalifax.ca 1443 Seymour St, Halifax, NS, B3H 3M6 Monday – Friday: 10am to 4pm
Avalon Sexual Assault Centre	Sexual Assault Nurse Examiner Program Phone: 902-425-0122 1526 Dresden Row, Suite 401, Halifax, Nova Scotia, B3J 3K3 Available 24 hours a day, 7 days a week
Black Student Advising Centre	Phone: 902-494-6648 Email: bsac@dal.ca 1321 Edward Street, Halifax, NS, B3H 3H5 Monday – Friday: 9am to 4pm
Indigenous Student Centre	Phone: 902-494-8863 Email: isc@dal.ca 1321 Edward Street, Halifax, NS, B3H 3H5 Monday – Friday: 9am to 4pm