Exclusionary Structures: A Multi-Method Analysis of Structural Barriers Against University Students with Mental Health Challenges

by

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I acknowledge and respect the lək^{w}əŋən peoples on whose traditional territory the university stands and the Songhees, Esquimalt and WSANEĆ peoples whose historical relationships with the land continue to this day.

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Abstract

In dominant Canadian culture presently, it is taken for granted that "psy" professionals (e.g., counsellors, psychologists, psychiatrists) play a central role in the lives of individuals with mental health challenges. Indeed, much of the knowledge about mental illness is created by such professionals, and focuses on treatment and recovery. This focus has been costly, as it situates suffering within the individual, and ignores structural determinants of well-being. This results in structures that are exclusionary and discriminatory towards individuals with mental health challenges, which in turn makes it challenging for such individuals to achieve positions of power to influence knowledge production and systems. Although many forms of stigma exist, structural stigma refers to the policies of institutions and cultural norms within a society that intentionally or unintentionally limit individuals with mental health challenges' access to various rights, resources and opportunities. In this dissertation, I examined the presence of structural stigma towards individuals with mental health challenges at the University of Victoria in two studies. I used participatory practices, by having current and former University of Victoria students with mental health challenges as members of the research team throughout. Data collection followed a quantitative-qualitative mixed methods explanatory sequential design. In Study 1, current and former University of Victoria students (*n* = 275) completed a survey of structural barriers they had encountered, and reported on solutions and supports that were helpful. Seven dimensions of barriers were identified: 1) barriers in mental health care, 2) stigma and negative interpersonal interactions, 3) navigation of services barriers, 4) practical support knowledge barriers, 5) financial barriers, 6) learning barriers, and 7) inappropriate mental health services. Four dimensions of barriers specific to University of Victoria's Centre for Accessible Learning (CAL)

were also identified: 1) helpfulness of CAL services, 2) misfit of CAL services, 3) disclosure related barriers, and 4) CAL administrative barriers. Upon follow-up analyses, these barriers were inequitably distributed, disproportionately impacting marginalized students in various ways. Study 2 consisted of a multi-part World Cafe focused on barriers related to self-advocacy. Current and former University of Victoria students (*n* = 21) discussed experiences of selfadvocacy and solutions that could improve these barriers in rotating groups. I analyzed the data using thematic analysis, and identified three themes: 1) the structural context of self-advocacy, 2) the relational context of self-advocacy, and 3) rejecting self-advocacy. An additional discussion of short-term recommendations from participants is provided. To close, I reflect on the execution of participatory practices within this dissertation. I also discuss the implications of these results for broader anti-stigma agendas, and argue for community-centered approaches to supporting students with mental health challenges at university. Finally, I discuss the complexities and possibilities of taking action to better support students with mental health challenges at university.