Center on Disability Studies, University of Hawai'i at Mānoa

Pacific Rim International Conference on Disability & Diversity

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Exploring the Potential of Universal Design for Learning with Regards to Mental Health Issues in Higher Education

Frederic Fovet, Ph.D., *Royal Roads University,* Victoria, British Columbia, Canada, Frederic.Fovet@royalroads.ca

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Frederic Fovet, Ph.D.

Royal Roads University

Victoria, British Columbia, Canada

Abstract: The paper explores the potential of universal design for learning (UDL) in addressing mental health (MH) issues within higher education (HE) teaching and learning, from a multi-disciplinary perspective. It examines first the hurdles which are generically reported to accessibility services by students. It then explores the tension instructors report with regards to addressing students' mental health issues in the classroom. Lastly, the paper examines UDL solutions which are being proposed by instructional designers, from a design perspective, to minimize the impact of mental health issues within the learning experience.

Context and Objectives

Context

This study flows from a presentation which was developed for the Third Pan-Canadian Conference which took place in October 2019 (Third Pan-Canadian Conference on UDL, 2019). The session was created from a multi-disciplinary perspective and involved the perspectives of a service provider, an instructor, and an instructional designer. The aim was to explore (i) how mental health issues in the higher education (HE) classroom represent a multi-faceted phenomenon, (ii) how specific professional perspectives often only grasp one dimension of this phenomenon, and (iii) how universal design learning (UDL) can be useful in providing multi-disciplinary, wider scope, design-based, hands-on solutions to tension which is felt around mental health (MH) in the classroom. The presentation was extremely well received and gave momentum for the development of a full-study building on this multi-perspective approach. This paper highlights work in progress completed as part of this project; it also draws from an exploratory analysis of phenomenological data collected by the author as part of his role as a UDL and inclusion consultant with post-secondary institutions in Canada; lastly, the paper also makes use of the author's phenomenological reflection on the roles he has held consecutively as the director of accessibility services in HE (2011-2015), and as faculty seeking to implement UDL (2011–2020).

One third of students who currently register with accessibility services in North America do so because they identify as being affected by mental health issues. In this sense, MH has become one of the most significant concerns of the post-secondary sector, over the last few years, and leads to numerous types of services and interventions, of various scope and flavor. There are, however, two monumental challenges experienced that are currently being experienced by campuses. Firstly, accessibility services are still hesitant when it comes to designing accommodations and services that address specifically the barriers created for students by MH diagnoses; disability service providers are still, for the most part, applying accommodations and services which were designed for other impairments and diagnoses to MH (Condra et al., 2015; Council of Ontario University [COU], 2017). Secondly, while campuses are becoming increasingly aware of MH issues, they tend to still attribute their causes to external factors, rather than variables that lie within academia itself (Wynaden et al., 2014). Post-secondary institutions, indeed, are reluctant to acknowledge the fact institutional practices, particularly teaching practices, cause MH issues and exacerbate (Joseph, 2019). Instead of just supporting students' access to diagnosis and treatment, it is becoming increasingly important for campuses to explore the impact their practices and policies have on the appearance of MH issues in the student population. This paper will tackle this gap in the literature and it hopes to represent a call for action, encouraging institutions to take a hard look at the role they play in the emergence of MH issues.

Objectives

The objectives of the chapter are (i) to explore the literature on UDL and MH; (ii) to examine MH issues reported by students to accessibility services as emerging from classroom practices, or as being exacerbated by classroom practices; (iii) to explore the process of reflection instructors are required to engage with in order to genuinely gauge the impact of faulty learning design on student MH; (iv) to explore how instructional design can erode or even eliminate practices that exacerbate MH issues in students; (v) to reflect on the multi-disciplinary processes needed to achieve this shift in mindset; (vi) to develop awareness of the silo mentality we develop in HE and to encourage the adoption of multi-disciplinary approaches to the use of UDL with MH in HE.

Exploring the Literature

What is UDL?

In order to be able to explore the potential of UDL in the management of students MH issues on post-secondary education, it will first be important to formulate a clear and concise working definition of UDL. The literature around UDL has grown exponentially over the last few years and it is now so large as to be daunting for instructors as they begin their journey towards UDL implementation (Schreffler, Vasquez III, Chini & Westley, 2019). It has never been more important to offer a clear and user-friendly definition of the concept. The aim of this paper is not to explore the history behind UDL or its development in HE, but it will be

impossible to proceed with the reflection on UDL and MH without first offering readers the conceptual tools to engage in this process of reflection.

Universal design for learning is a sustainable, environment focused framework to manage diversity in the classroom, which (i) rejects the deficit model (Nieminen & Pesonen, 2020), (ii) shifts the spotlight away from the learner and onto the instructor (Rao & Meo, 2016), (iii) brings to the forefront the notion of user-friendly design in instruction and assessment (Baumann & Melle, 2019; Morris, Milton, & Goldstone, 2019). It translates the social model of disability into classroom practices (Fovet, 2014). UDL, as a framework, allows HE instructors to achieve this by offering to the educator three dimensions within which to reflect on eliminating barriers and widening access: multiple means of representation, multiple means of action and expression, and multiple means of engagement (Dalton, 2017). These principles represent three dimensions of learning which have been identified by UDL scholars are being cognitively identifiable in all teaching and learning experiences: student input, student output, and student affective connection with learning (CAST, 2014; Meyer, Rose, & Gordon, 2013).

ULD and Mental Health

The first striking observation is that MH is generally altogether absent from the UDL literature (Al-Azawei, Serenelli, & Lundqvist, 2016). The paucity of literature is surprising since there is no reason UDL principles would not be just as efficient and powerful in addressing MH issues, as they are in addressing barriers created in relation to other impairments. The relevance of UDL is discussed in a number of studies that have an ancillary connection to MH, such as within a study in particular which examines the impact of cognitive behaviour therapy approaches with youth (Reid et al., 2017). There are sporadic hints in the literature that UDL is effective in eroding the challenges students with MH are facing, but there are no concrete illustrations of this being showcased (Rao, Ok, & Bryant, 2014). These descriptions and analyses remain theoretical rather than applied and specific.

There is not only a paucity of work around UDL and MH, but also an actual reticence to engage with the topic. Even among UDL advocates there tends to be a reluctance to engage around the topic of MH. Often UDL practitioners and researchers will actually seem to implicitly acknowledge limitations to UDL when it comes to MH, and shy away from applying the UDL principles to situations when barriers to learning are connected to MH issues. There is no current literature examining the impact of bad design in the learning experience on the emergence or the exacerbation of MH issues in the classroom.

Multi-stakeholder Perspectives on UDL in Higher Education

This project invites stakeholders to adopt a multi-disciplinary approach to MH in HE, and it encourages, in particular, active collaboration between accessibility service personnel, faculty and instructional designers. The relationship between accessibility services staff and faculty are fraught with complexities (Khouri, Lipka, & Shecter-Lerner, 2019; Lombardi &

Murray, 2011; Stevens, Schneider, & Bederman-Miller, 2018). The relationship between faculty and instructional designers is also complex and sometimes tense (White, 2016). Instructional designers are of course supposed to work closely with faculty but on many campuses, their involvement in courses is still non-compulsory, and strictly at the demand of faculty; often these services are underused, as a result (Lattuca & Pollard, 2016). There can even at times be territoriality in terms of roles and responsibilities (Halupa, 2019). There is very little evidence of systemic collaboration between instructional designers and accessibility services personnel, and no literature focusing on the topic.

Methodological Considerations

This paper highlights work in progress completed as part of a project examining the impact of a multi-disciplinary approach to the use of UDL with MH issues in the classroom. There were three dimensions in the data collection. The researcher is carrying out semi-directive interviews with accessibility services personnel situated in British Columbia (BC). In these interviews the researcher seeks to document the types of hurdles students who are affected by mental health regularly report when it comes to teaching and learning. In a second stage of the data collection, the researcher is carrying out semi-directive interviews with instructors to explore the tension they report when it comes to addressing MH issues in the classroom. The researcher examines with these instructors, the solutions that are being chosen and hurdles encountered in implementing these solutions. The third part of the data collection focuses on instructional designers. This time, the focus is to examine MH issues from a design perspective; the researcher seeks to explore with the instructional designers participating whether UDL can assist instructors in eroding the tension which is reported by both students and educators.

This project is in progress and the paper draws on preliminary results. The appeal of this multi-disciplinary study is to examine the same categories of qualitative data, as they are raised by the three groups in different ways. The analysis of the data shows specific ways UDL can be used to address the concerns most frequently raised around MH in the classroom by both students (through accessibility professionals) and instructors. The outcome is the production of specific designed-based and hands-on tips that address very concrete realities around MH issues in the classroom, and these will be shared during the session.

The paper relies on a mixed methods approach (Timans, Wouters, & Heilbron, 2019) and complements these early results with the analysis of further phenomenological data (Sandi-Urena, 2018). It also draws from an exploratory analysis of phenomenological data collected by the author as part of his role as a UDL and Inclusion consultant with post-secondary institutions in Canada. Thirdly, the paper also makes use of the author's phenomenological reflection on the roles he has held consecutively as director of accessibility services in HE (2011–2015), and as faculty seeking to implement UDL (2011–2020).

<h1 style="text-align: center;">The Accessibility Services Staff Perspective</h1>

This first section of the analysis examines the perspective of accessibility services staff on the potential of UDL in eroding challenges in the classroom created by MH issues, based on the experiences reported to them by students.

Issues and Challenges Identified

Below appear twelve issues which accessibility services personnel describe as frequently discussed by students with MH issues with them.

Assignments deadlines and timed exams: Students report that rigid deadlines on assignments, and exams that are timed even when time management is not an assessed skill, have a significant impact on the appearance or exacerbation of student MH issues in the classroom.

Participation grades: Instructors are routinely allocating grades to participation in class, without necessarily assessing the challenges this can represent for students with MH issues. It can raise levels of anxiety for students, and even cause MH for students as they become more frequently and regularly confronted with such practices. The worrying issue here is that there is a significant increase in the use of this practice. Instructors default to this process and allocation of grade without necessarily assessing the wider ramifications of this choice of assessment. This practice is not always connected to a learning outcome.

Team assignments: Group work and team assignments have also become a practice which is adopted by default, and instructors do not always make this choice based on a tangible connection to a course outcome. There is currently endemic overuse of team assignments in all courses as a way to differentiate assessment. While differentiation of assessment is a positive shift in mindset, it can lead to counter-productive results if it is used indiscriminately, too often and with no explicit relationship to learning outcomes. Team assignment and group work can trigger or exacerbate MH issues for a variety of students who experience specific challenges with social interaction.

Lack of flexibility in assignment format: A lack of flexibility and choice in assignment formats also leads to MH issues for some students. Many instructors automatically default to paper submission even though academic writing is not necessarily the learning outcomes being assessed. Instructors will often assess the way they have been assessed, and we are hence seeing a phenomenon by which assessment practices are being perpetuated from generation to generation without much creativity. If assessment formats do not include some flexibility in the way the students can choose on the basis of their strengths, MH issues can be generated as a result.

Issues and Challenges Identified (cont.)

Tension in the relationship with the instructor: The relationship between student and instructor can, in itself, lead to the development of MH issues. When these relationships become tense or toxic, it can become very difficult for students to remain functional and to retain control over their own MH. This is particularly true of graduate students who are in supervision (Al Makhamreh & Stockley, 2019).

Unnecessary textbooks or disproportionate reading lists: Adding large superfluous reading lists to courses, or imposing the purchase of textbooks that are not used or used in just a minimal fashion, is also a habit that is on the rise in HE. It leads to considerable pressure on students and can increase MH issues and stress (Lederman, 2018; Nissen, Hayward & McManus, 2019).

Triggers present in course content: The content of courses can include specific triggers. A reflection must take place as to ways to mitigate and reduce the impact of such triggers on students with MH issues (University of Michigan, 2019). There is now ample literature on trauma informed education (Howard, 2019), but it has yet to be imported into HE teaching and learning. It will be essential for instructors to develop this sensitivity and to acquire tools to avoid forcing students to revisit, without preparation, experiences that may be trauma inducing (Education Northwest, 2016).

Learning outcomes that are not clear or easy to understand: At times, the complete absence of learning outcomes can make objectives difficult for students to grasp and can feed their MH issues (Boulton, Hughes, Kent, Smith & Williams, 2019). Even when the learning outcomes are present in the course outline, they can be unclear or difficult to understand, and this too can generate stress, anxiety and MH issues.

Course schedules that are not clear or easy to understand: At times, it is not just the learning outcomes that are difficult to grasp in a course; the course outline itself can be unclear or confusing. It can be so teacher-centric that it ends up containing implicit messaging that will not be immediately decipherable by the student, will create frustration and aggravate MH issues they may be experiencing.

Course activities, such as field trips and placements that are not congenial to students with MH issues: Activities that are included in a course but are not accessible or viable for students with MH issues are likely to create significant challenges and to worsen existing MH issues. While a reflection on accessibility of resources and material within courses is now matter of fact for many instructors, lapses are observed when it comes to most activities organized outside the class. There is much interest for experiential learning in HE at present and as a result more courses tend to include tasks completed outside the class. Instructors do not always carry out an informed determination of whether the activities in question will exacerbate the challenges of students with MH (Wurdinger & Allison, 2017).

Content that is not accessible/ in itself creates stress, anxiety, frustration: Simple accessibility issues can snowball when they are not resolved, and becomes a stressor in themselves. Instructors are therefore observing more students with disabilities in their classes developing MH issues when resources, textbooks, course packs, assessment or LMS content is not accessible (Kendall & Tarman, 2016).

Overreliance on leave as a way of addressing MH issues in the classroom: There is a growing trend in HE to default to administrative leave as a way of accommodating students with MH issues. Rather than seeking and designing classroom practices that are inclusive for these students, instructors and staff often prefer to offer students leave. While this appears to offer empathy, and to seek tangible solutions, it can be an extremely frustrating response as of itself, particularly when students experience this phenomenon over and over again. It is a form of micro-aggression that implicitly expresses the institution's incapacity to genuinely address the needs of students with MH issues.

Further Reflection from Accessibility Staff

It is clear that each of the twelve elements identified by accessibility services personnel and listed above, could all be tackled with the use of inclusive design, and more particularly UDL. Accessibility services staff formulate the hope that it is possible to build intentional learning communities by discussing upfront how members of the community can communicate with one another, engage with the instructor, raise concerns, or offer support. They also acknowledge the possibility of multi-disciplinary approaches to MH through inclusive design. Accessibility services staff also stress that it is possible to recognize the student in a holistic way, and that this should therefore open opportunities to develop multi-disciplinary approaches to student MH that are proactive, and design-based, and that contextualize MH under a wide ecological lens. This ecological lens has the potential to identify and highlight clear cause-effect connections between attitudes, design, teaching practices, and student MH. When it comes to triggers contained in the course content itself, accessibility staff insist it is possible to frame sensitive topics in advance, so that all students are aware that the topic is coming and sensitive to how to engage in the topic respectfully.

Wider Outcomes

There are wider issues raised from the accessibility services perspective than the tension raised in the classroom by specific instructional practices. The main challenge indeed is that accessibility services personnel in practice very rarely have the time or the opportunity to discuss the design perspective surrounding the challenges just highlighted. They are rarely invited by faculty into a discussion on the design implications of the MH manifestations observed in the classroom. There is in fact no organizational pathway for disability service staff to engage authentically with faculty on these design considerations. There are significant power dynamics that hinder effective communication between these two groups of professionals.

The Faculty Perspective

This section will examine the experiences that are shared by instructors with regards to the MH issues they observe in their classrooms.

Challenges Identified

The first striking observation is that faculty identify a list of areas of tension, with regards to MH in the classroom, that is far more limited than the list of issues recorded by accessibility staff. It is clear therefore that faculty have a considerable blind spot with regards to many classroom practices that impact students' MH. They only become aware of the most obvious areas of tension and fail to register many other issues. The areas they identify and comment on are as follows:

- Rote use of oral presentation in class as a form of assessment.
- Class participation marks.
- Overreliance on term paper format in assessment.
- Arbitrary deadlines.
- Intrusive requirements for explanations from students and for disclosure.
- Accommodations themselves create stress: exams away from the class at accessibility center when the instructor interacts with other students during assessment.

Reflection Around the Use of UDL to Address These Challenges

If we tackle these issues through inclusive learning design rather than from a purely medical (or pharmaceutical) perspective, gains can be made. This section details some of the design solutions, using the UDL principles, which instructors are coming up with when supported in this process of reflection around accessibility for students with MH issues.

Rote use of oral presentation in class as a form of assessment: If public speaking is not being assessed, a UDL reflection can encourage instructors to allow the student the freedom to pre-record presentations. This means the learning outcome or the assessed skill is not altered but flexibility is injected into the assessment by offering students choice in the format of submission. This, in turn, is likely to reduce the stress and anxiety generated by this class presentation for many students with MH issues (Pascoe, Hetrick, & Parker, 2020).

Class participation marks: Instructors, using UDL as a lens on their practice, will be encouraged and supported to examine with care whether the assessment of classroom participation places undue pressure on students who find it hard to interact face to face or in social contexts (Pitt, Oprescu, Tapia, & Gray, 2018; Ribeiro et al., 2017). It will be important, once again, to examine whether class participation marks purport to assess learning outcomes that are not explicitly taught. Possible inclusive design solution could include the creation of virtual means for classroom participation, whether synchronous or asynchronous).

Overreliance on term paper format in assessment: UDL becomes useful to instructors as they tackle the issue of differentiating assessment. Some assignments do focus on academic writing as a skill, but this is not usually the case for all assignments within a course. UDL encourages instructors to amend rubrics to allow submissions in other formats if the skill being assessed is not academic writing. This flexibility, and the space it gives students to focus on their strengths, will be key in including students with MH issues and in reducing the pressures they experience in the higher ed classroom.

Arbitrary deadlines: There is of course always a need to make students accountable, to a degree, to real world expectations. Many deadlines for submissions are, however, arbitrary and often imposed rigidly, in a way that significantly increases MH issues among students. UDL will be very valuable in tackling this challenge. It is often possible for some flexibility in submission dates to be offered if the assignment is not being marked immediately. A change of culture is required but often marking assignments as they come in is a very manageable method to tackle issues of rigid deadlines. It does not in fact increase pressure on instructors and instead eases their own challenges with marking. Some instructors have integrated into their course outlines the notion of bank of days of grace: all students have access to a bank of days they can use to tackle stress and difficulties around deadlines. Each student is offered the same number of days as a matter of routine in the course outline, and it is then their responsibility to manage these buffer days, over the duration of the course, according to their individual needs. All such efforts for inclusive design around the issue of deadlines will contribute to greatly reduce the pressures on students with MH.

Intrusive requirements for explanations from student and for disclosure: This is a point of tension in the instructor-student relationship which is seamlessly addressed by the introduction of UDL. UDL allows instructors to develop approaches that integrate flexibility without having to focus on diagnosis or disclosure. It therefore allows the inclusion of students with MH without having to require disclosure, to ask intrusive questions, or to stigmatize students with MH in any way.

Accommodations themselves may create stress: Instructors are very conscious that accommodations themselves may exacerbate MH issues in the student population. They are particularly concerned with the fact that when accommodations are offered, and exams are taken away from a class within accessibility services, students can de facto become disconnected from important discussions, corrections and explanations which may be offered live in the main exam room. Instructors do frequently interact with students during exams and students with disabilities inherently get left out of these discussions; this can only have a powerful negative impact on students with MH issues who may experience a significant degree of frustration in such situations. UDL resolves this issue as it allows inclusive provisions and flexibility to be integrated directly into the assessment format, and therefore reduces the need for students to sit exams in remote locations with accessibility services.

Outcomes of this Reflection

The process of reflection instructors is the willing to engage within the interviews carried out for this project showcases their willingness to be guided by inclusive design principles, and highlights the immediate potential of UDL in tackling the tension faculty are experiencing in the classroom with regards to the needs of students with MH issues. UDL is useful to them as it is based on common sense and requires specialist knowledge regarding access or diagnosis (La, Dyjur, & Bair, 2018). It requires no intrusion into the learner's exceptionality or their MH diagnosis. It focuses instead on a very intuitive use of the user experience as a guiding standard for the design of instruction and assessment, and most instructors are able to identify practices that create challenges for students with MH issues. It also requires no financial or staffing resources and can be embraced proactively by individual instructors without the need for policy, administrative change or the intervention of external specialists. In this sense, it allows faculty members to feel empowered within their own classroom and eliminates the growing trend of the 'culture of referral.'

Case Study Illustrating the Current Tension

An important case in Canada recently highlighted the process described in this section and probably requires a little more exploration as an illustration of the tension instructors observe with regards to MH issues in the classroom, and as an indication of a way to shift the discourse towards a new direction. A York University graduate student challenged the campus' practice to require documentation explicitly disclosing a MH diagnosis in order for the student to access accommodation (Dahnota, 2016). The student lodged a complaint with the Ontario Human Rights Commission (OHRC) querying why her MH diagnosis needed to be disclosed before she could access inclusive provisions within her program. An investigation by the OHRC followed and it was found in favor of the student. The OHRC, following the decision, later sent a formal letter to all Ontario post-secondary institutions informing them that students needed to be able to access inclusive provisions without having to disclose their HM diagnosis (Zlomislic, 2016). Ironically, the student who did not want to out herself as having a MH issue on her campus had to publicly acknowledge her challenges in the national press as part of this legal challenge, and the self-defeating nature of the human rights complaint process is of course a concern in itself. The result, however, was effective and instrumental, at a national level, in highlighting the significant difficulties faculty and campuses experience when addressing the needs of students with MH issues. UDL, emerges in this context, as a framework with unique potential to guarantee the inclusion of these students without relying on medical model practices that stigmatize them on their campuses and in their classrooms.

Variables that Affect Faculty in this Process

Even if UDL clearly holds the key to creating inclusive classroom provisions for students with MH issues, it would be unrealistic to consider this process in a vacuum. It takes place in context. The first ecological variable to acknowledge and address is of course the complex and ambivalent relationships that tie accessibility staff, faculty and instructional designers. There are,

however, other ecological factors that must also be taken into account. Faculty may, for example, find it difficult to address the needs of students with MH issues because they may themselves be fairly fragile and may be suffering MH issues of their own (Weale, 2019). This issue has become more prominent recently because the proportion of instructors on contract has started to exceed fifty percent on most campuses (Basen, 2014). Faculty's own MH issues may make them reluctant to discuss MH with students at all, or to approach the topic in any way, shape or form. Instructors may also wish to remain inconspicuous even if they are sensitive to social justice issues, and to inclusion, simply because of departmental politics. Widening participation and the inclusion of students with MH issues becomes a controversial topic in many faculties because some may equate accessibility with the lowering of standards. Instructors may not hold these negative beliefs but still chose to not tackle UDL and inclusive design for fear of triggering reactions from colleagues. Departmental leadership will be key here and it may be difficult for instructors to take proactive steps towards UDL implementation and the adoption of inclusive design with students with MH issues. A shift in culture is necessary and transformational leadership within post-secondary education will be key in establishing winning conditions for the development of UDL.

Dialogue with unions will be crucial as well, and they are unfortunately currently rarely brought to the table when it comes to UDL implementation or the inclusion of students with MH issues. Institutional processes and administrative mandates also need to be re-examined. Many of these policies (extensions, re-submissions, etc.) perpetuate medical mode practices and must be radically revamped before UDL can gain traction in relation to the needs of students with MH issues. Letters of accommodations — the documents which are sent to faculty by accessibility services informing them a student requires support — are disempowering, make little sense, and offer no practical guidance. The letters need to be reviewed and ideally eliminated, as they represent an administrative process which has lost any meaning, and fuels misunderstanding between the various stakeholders (Alfonso & Flanagan, 2018; Weis, Dean, & Osborne, 2016). There needs to be proactive work focused on eroding territoriality from faculty. Instructors often feel threatened when non-teaching staff comment on their pedagogy. These attitudes are the result of historical and cultural factors that are long-standing. They amount to elements of organizational culture and this culture will need to be reshaped and transformed before any of the work around using UDL in relation to students with MH issues can progress.

The Instructional Designer Perspective

Instructional designers reveal in interviews that they have, of course, a good understanding and mastery of design thinking and of UDL. The main issue raised, however, from their perspective is organizational and related to communication channels. They report rarely being called upon to seek solutions with regards to barriers experienced in the classroom in relation to MH. Their expertise is entirely overshadowed by campuses' medical model processes. They also report having few organizational opportunities for contact with accessibility services personnel. On most campuses they are also unable to trigger contact with

faculty unless this contact is instigated by the instructor. Even when contact and relationship can be established between instructional designers and faculty, these interactions are often constrained by faculty's availability and time pressures. Instructional designers also report having to proceed with great caution when it comes to discussing pedagogical models, instructional design theory, specialized teaching and learning terminology, etc. for fear of challenging instructor sensitivity. They must plan their attempts to bring up inclusive design within the wider discussion on MH in the classroom, keeping a constant focus on possible instructor pushback, faculty exhaustion amidst resource cuts, and concern about pedagogical reform overload. The work of instructional designers is also rarely embedded into mission statements, even if campuses are changing vocation and increasingly claiming to be teaching rather than research institutions. Their absence of clearly defined institutional roles within campuses' organizational strategic plans significantly hinders their ability to trigger the sort of multi-disciplinary alliances that have been discussed in this paper.

Outcomes

It is clear that design thinking, and particularly UDL, is highly relevant to the management of MH issues in the classroom. When this is not effectively acknowledged in post-secondary institutions, it leads to an organizational reticence to proactively handle MH issues altogether. Campuses will instead prefer to medicalize situations, mostly because it shifts the onus on someone else — namely a therapist or a medical professional. It will be difficult to move campuses away from a medical model mindset towards a social model culture until all stakeholders acknowledge and embrace the fact that instruction and assessment design have a key impact on student MH. A proactive redesign of assessment and instruction, from an inclusive design perspective, can erode MH issues in the classroom, or at least avoid exacerbating them. UDL eventually allows instructors to put an end to the 'culture of referral,' one by which a physician is always the key to resolving MH issues in the classroom. It re-empowers them as designers of the learning experience.

Shifting organizations away from a medical model approach towards a UDL mindset with respect to MH is the first challenge, but there is also a second challenge which relates specifically to communication inside these organizations. The paper has stressed the importance of multi-disciplinary collaboration between accessibility services, faculty and instructional designers. There are, however, currently significant obstacles to this form of collaboration. The reactions of faculty can be ambivalent to collaboration with both accessibility staff and instructional designers. Professional development is important to guide them through the redesign and its implications, and unfortunately the two groups most likely to be able to support them are not likely to feel they have the authority or status to trigger these conversations. An ecological lens that acknowledges all the complex institutional variables that have an impact on the change of culture and the implementation of UDL will be useful in tackling the organizational challenges as they arise (Fovet, in press).

The interest of this paper is not simply to highlight the importance of UDL implementation with regards to MH, or even the complexity of this UDL implementation. Its most significant to the field is the fact it highlights the benefits, the importance and the potential of a multi-disciplinary approach to MH through inclusive design. It is essential for a shift to happen that the various stakeholders — accessibility staff, instructors, and instructional designers — begin to brainstorm together in the way it has been modelled through this project. That multi-disciplinary vision and that flavor of collaboration are currently not possible in the post-secondary field, because of historical and systemic variables. Making these multi-disciplinary processes possible will require active efforts to change organizational mindsets. It is indeed impossible to fully gauge the impact of bad design on MH when one adheres to 'silo' processes and to a vision of teaching and learning that is limited to a specific professional lens.

Author

Frederic Fovet, Ph.D., is an associate professor within the School of Education and Technology at Royal Roads University. His practice and research portfolio focus on learners with Social, Emotional and Behavioral Difficulties (SEBD). He has been a teacher and principal for some-15-years. Over the duration of his PhD Frederic took on the position of director of the Office for Students with Disabilities at McGill; during this period, he gained a solid grounding in disability studies. He was responsible for cross-campus efforts to develop Universal Design for Learning at McGill, and has been program chair of the three first Pan-Canadian Conferences on UDL.

Image Description: Photo of Frederic Fovet

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