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**The 'Nothing But':
University Student Mental Health and the Hidden Curriculum of Academic Success**

Katie Aubrecht, PhD, Department of Sociology and Canada Research Chair Health Equity &
Social Justice
St. Francis Xavier University
caubrech@stfx.ca

Abstract: This paper shares findings from a qualitative study on university student mental health and illness that included digitally recorded interviews with university student services and programs professionals and staff at a Canadian university. Transcripts were thematically coded and analyzed using a disability studies informed interpretive sociological approach. Four key themes emerged: *dwelling with disclosure, being open to the 'nothing but', understanding oneself as 'not a counselor', and coming to terms with the reality that under neoliberalism 'we all fall'* Two key insights also emerged from the analysis: 1) Access to university-based programs and services is shaped by assumptions about productivity and reputation; 2) Psychiatric knowledge and expertise influences and informs how university student services staff understand and enact their roles within the university system. This paper considers how university-wide productivity-oriented psy-knowledge and practices organize and authorize what one participant described as a 'hidden curriculum' of academic success. This hidden curriculum manifests in the form of a referral-based resiliency (govern)mentality in university student service provision. It closes with a reflection on the transformative potential of adopting a "critically maladaptive" (McLaren, 2010, p. 504) approach that is attentive to alterity in university-based student services professional perspectives which appears in the form of a thoughtful "*but...*".

Keywords: university student mental health; university student services; disability studies; interpretive sociology; hidden curriculum

**'Nothing But':
University Student Services Perspectives on Mental Health and the Hidden Curriculum of
Academic Success**

Katie Aubrecht, PhD, Department of Sociology and Canada Research Chair Health Equity &
Social Justice
St. Francis Xavier University
caubrech@stfx.ca

Students encounter disability-related barriers and we try and come up with a set of accommodations to address those barriers, and then to think more systemically on campus about what needs to be changed in order to facilitate peoples' participation. Around academic success, there's a hidden curriculum in universities that's never explicitly taught, and I think academic success is about taking that hidden curriculum and making it more explicit... (University Student Services Professional, 2010).

Introduction

Recently, Canadian media stories and university and government commissioned reports have called attention to increasing numbers of students with mental health and illness diagnoses and experiences on university campuses (Hutchins, 2017; Ontario, 2017; Queen's University, 2012). The current public discourse on university student mental health circulates the assumption that failure to identify and meet the needs of the ever-growing population of students threatens both the academic success and successful futures of individual students, and also the future success and sustainability of university institutions. In the face of the ever-present and impending risk of failure, institutional programs, supports and services have focused attention and resources on student resilience (Aubrecht, 2012b). Within university systems, student services

professionals and staff are positioned at the front line of resource allocation and system navigation, and thus can play a critical role in resilience promoting strategies and initiatives. Yet, existing research has focused primarily on either student or university system administrator perspectives. Research that analyzes and explores what student mental health and illness means from the perspectives of the people employed in university student services roles from a disability studies perspective is surprisingly limited; this, in turn, limits the possibilities for understanding the institutional and structural conditions that shape how university student mental health and illness is perceived, known and experienced.

This paper contributes to current knowledge of university student mental health and illness through findings from a qualitative study that included digitally recorded interviews with university student services and programs professionals and staff at a Canadian university. Guided by a disability studies informed interpretive sociological approach, transcripts were analyzed to understand the role of a resiliency (govern)mentality in the reproduction of a hidden curriculum of academic success. Two key insights that emerged from the analysis: 1) Access to university-based programs and services is shaped by assumptions about productivity and brand management and specifically, the potential impact of service provision on a university's reputation; 2) Psychiatric knowledge and expertise influences and informs how university student services staff understand and enact their roles within the university system. Critical analysis of student service staff understandings of student mental health reveals a hidden curriculum of academic success that reinforces academic neoliberalism by normalizing competition and naturalizing failure. This hidden curriculum manifests in the form of a referral-based resiliency (govern)mentality in university student service provision. It closes with a reflection on the transformative potential of adopting a "critically maladaptive" (McLaren, 2010,

p. 504) approach that is attentive to alterity in university-based student services professional perspectives which appears in the form of a thoughtful "but...".

Methodology and Emergent Themes

In 2010 eight University REB approved student services directors and staff were interviewed about their perspectives on the ordinary ways students navigate and negotiate the university environment. The aim was to identify some ordinary ways of describing students by those who occupy a role within a division of the university system that is represented as responsible for mediating the needs and desires of students. Semi-structured interviews were conducted in individual, face-to-face verbal interchanges in places of participants' choosing. The recruitment process for a purposive sample of staff 'in the know' about student life involved extracting contact information about student programs and services staff from the public domain (specifically, the University's website).

Interview questions focused on the paths students must follow to access programs and services related to student life and wellness, with the aim of documenting: (1) how members of the university community are educated about the reality of student mental health and illness; (2) the strategies, services, programs and techniques specific to student mental health and illness; (3) the role of conceptions of student mental health and illness in the production of knowledge about student life. With the participants' consent, interviews were audio recorded, transcribed, thematically coded, and analyzed using a framework informed by a disability studies perspective and interpretive sociology. Four key themes emerged: *dwelling with disclosure*, *being open to the 'nothing but'*, *understanding oneself as 'not a counselor'*, and *coming to terms with the reality that under neoliberalism 'we all fall'*. The data collection process included attention to

the locale-specific discourses and "mundane routines" of social action (Garfinkel, 2003) that organized everyday life in student services offices. The 'interview' is a form of interaction participants with were familiar with in their everyday work in the form of student need assessments. Participant offices made use of questionnaires (psychiatric scales), applications (housing applications), insurance forms and forms for social service eligibility.

Dwelling with Disclosure

Disability disclosure opens space in which interpretations and understandings of access are routinely revisited, reproduced, revised and resisted (Aubrecht & La Monica, 2017). In the interviews the student services staff engaged the ambiguous nature of the meaning of academic success, posing it as a problem – *of capitalism, of neoliberalism, and of conflicting interpretations*. Participants' descriptions of their everyday activities as university staff displayed a reflexive, and at times ambivalent, relation to their implication in the "bureaucratization of life within the university environment" (Titchkosky, 2011). However, stories of the work of making and doing the meaning of access and accommodation with students who had disclosed a mental illness experience or diagnosis were also framed in terms of bearing witness to the violence implicit in academic success.

Interviews offered a means of engaging with the ways that university student mental illness is perceived by ordinary 'experts'; those charged with the task of educating the university community about the 'realities' of this unfortunate *student condition* and how best to respond to it. Understanding student life from a student services perspective, both as a product(ion) and a site of labour, provides a unique insider's perspective on to the many nuances and negotiations that shape the meanings of activities, rationalities and expertise undertaken and upheld in the

name of university student survival. Treating student services personnel as the location of 'insider's knowledge' on student life disrupts unexamined relations to what is meant by, or referred to, in the expression "student life". It interrupts a taken for granted relationship to students as the 'experts' of their own lives and experiences, exposing the role of professional knowledge in authorizing what counts as student life, and deciding its limits. This approach also provides for ways of conceptualizing student labour in terms of the work students must do to successfully perform the student role (see for example, Hannam-Swaine, 2017), as well as ways of attending to the cultural production of students as an object of the labour for university staff (Dolmage, 2017).

One participant described how the disclosure of a mental illness by a student, who was actually also a subordinate staff member at the time, offered a reminder that mental illness "can happen" and as such is something that needs to be "prepared for":

Yeah, I'm a bit more attuned to the fact of it can happen, and that I should be prepared for it, and that maybe sometimes when I'm thinking, well I'll have frustrating moments with the staff person when they're like this is a really annoying student to work with, perhaps more is going on that I don't know about. And so, there's a level of compassion that increases in me about what I should be expecting from students. Especially when this is a diverse background population of students I work with at the University, so it does change me as well as about the concepts of mental health... it has reopened my mind, because I was open to it before.

But, because I am working in a professional capacity now I feel like I should be professional, but this is part of my practice and this is part of what I should be doing regularly.... *but* I wish that more students would disclose that information to

me. *But*, they don't have to at any time, *but* in doing so it kind of helps me work better, and not overcompensating for, you know, I would treat them the same and give them the same kinds of rights and responsibilities that they are supposed to receive, *but* it gives me a little more finely-tuned understanding. It gives me a little more level of why I shouldn't be maybe as frustrated or overly happy to help a student or help a student staff or help even a staff person or a faculty member.

The disclosure "reopened" the participant's "mind" to the possibility of mental illness, recalling a personal experience of mental illness. The participant described this as a process of sensitization to the 'reality' of mental illness within the university setting which involved becoming more "attuned to the fact" and developing a "more finely-tuned understanding" that could lead to more objective perspective of the situation, one which constituted the teller as neither "frustrating" and "annoying", nor the listener as "overly happy to help". The disclosure offered a check and balance of rights and responses, a way of regulating the distance between responsibility and resilience.

Interviews with student services staff about mental illness disclosures revealed that they, and students too, are often waiting for a message to lead them to what they are supposed to do, to send them in the right direction; something to confirm a sense of purpose and make it possible to trust in the existence of a meaningful life, a life worth living; a life not separable from suffering, but not reducible to it either. It is the kind of message that even though one may wish for it, cannot ask for it, the kind of message that might not ever happen, and doesn't have to, but when it does "it kind of helps [us] to work better" as noted by one participant and cited above. To 'listen for' involves a sense of waiting (Titchkosky, 2010), of being on the threshold of

something to come. But, what is this 'something' that has yet to appear? How can we confirm its existence, if even when we think we are open, we are actually closed? According to Titchkosky, "To confirm is to recognize one's position in the world as marginal, as a stranger, as 'beneath notice', and use this space of marginality [...] as a way to recognize one's distinction from what has been given" (2003, p. 236). To be recognized, the nothing but must become *some 'thing' in particular: A number in need of a name*, which appears within the context of university student services in the form of a documented psychiatric diagnosis.

"Not a Counselor"

In an article titled, "A Collaborative Approach to Student Mental Health" published in the University of Toronto online newspaper *The Bulletin* in September 2008, Anjum Nayyar describes preparations for a launch of "Mental Health Awareness Week" at University of Toronto in October 2008. According to Nayyar, "[...] faculty and staff are often in a position to identify early on those students who may be struggling with emotional and psychological problems" (2008). One of the implicit aims of the awareness week was to inform faculty and staff about their role in promoting mental health by identifying 'students with problems' before they become problems for the university. Students identified by their teaching assistants as 'needing help' are constructed not only as potentially grieving, but also as potential sources of grief for the university. Another article, this time in the Canadian newspaper *the Globe and Mail*, titled, "Students' Deaths Leaves Queen's Struggling for Answers" (Morrow & Hammer, 2011) tells of the "commonplace" of grief at Queen's University in Kingston, Ontario, following the deaths of six students, "including at least" two suicides in one year. The issue of student suicide re-emerged across participant accounts. University student suicide appeared as a fact of life, and thus something that needed to be considered in how student services professions interpret and

interact with students. Despite the University's claim to be interested in the health of well-being of its students, students have begun to protest the inaccessibility of counseling services made available by the university. In response to criticisms of unreasonable waiting times, the university administration had plans to increase the 'efficiency' of "front-line" services and train graduate student teaching assistants to identify "students who may need help and refer them to counselors" (Morrow & Hammer, 2011, np). Yet, the logic of the University's plan to train teaching assistants in the identification of students with 'unmet needs' to be referred to counselors as a response to grievances regarding long wait times to meet with counselors is difficult to understand. Rather than make "front line" services more efficient, this approach increases the number of service users and seekers (Queen's University, 2012).

Several interview participants shared their understanding of their role in relation to the experience of student mental illness as that of a listener. However, many also perceived this role as limited. As noted below, student services staff were not there to "solve all the problems," and when problems were made to appear, when they "happened", the best that they could do would be to direct students to the "right resources." One participant described an incident of disclosure, in which disclosure occasioned a view of mental illness as something that happened" which marked a distinction between the responsibilities of students and those of university student services professionals:

Okay, so when that happened I made the phone call right here. I asked the student's permission, "Do you permit me to call this person? Do you need help? Or do you want to go to hospital? I would go with you." And it's with their permission. It's not something I would just take them and go to the hospital and I would not disclose anything. It would be their responsibility to disclose that, and that goes

with anybody that comes here because that's not our place, we don't mediate in those kinds of disputes. Or if it's a staff member, we're here to listen. We're not here to solve all the problems, and we encourage people to solve their own problems and go to the right resources.

Within the university setting, discourses of resilience become "'dense transfer points' of power relations, through which subjects are formed, and bodies – individual and social ones – are relegated and shaped" (Pratt, 1998, p. 285). Resilience appears as the successful demonstration of knowledge of one's place within the social system, materializing in the form of people who "solve their own problems and go to the right resources". This is true for staff as well as students, insofar as staff can solve student mental health problems by referring students elsewhere, to the "right resources". However well intended, this style of thinking reproduces the precarity of student services professional positions within the university system and with that, the expectation that they themselves demonstrate resilience.

A resilient (govern)mentality permits consideration of how people are situated vis-à-vis others within a system. Yet, it does so by defining, and normalizing, people's situations as resources that can be exploited in the pursuit of academic success. With permission, student services professionals can accompany, but cannot mediate; they can "make the call", they can even "go", but cannot disclose – that is beyond their scope, and requires documentation. The social and political implications of a 'resilience mentality' that orients to student services professionals as neutral guides, and university student mental health as an opportunity to enhance knowledge of resources (Aubrecht, 2012b). Unexamined deference to psychiatric expertise characteristic of this style of thinking risks trapping people working within university student

services in their social roles and as oppressors of disabled people; this, even when they possess first person experiential knowledge of mental health and illness.

Although the social model (Oliver, 1996) recognizes disability as a product of oppressive social and economic orders, one of the limits of the social model is that its acceptance may rest on a failure to question *who* the oppressor is. Dimitris Anastasiou and James Kauffman (2010) situate the problematic character of relations to oppressive structures within Oliver's conception of expertise as a 'trap.' From their perspective, "The problem ... is that physicians and 'pseudoscientific paramedical professions' are seen as trapped in their social roles as experts and, at the same time, as oppressors of people who have disabilities" (2010, p. 1). Many of the student services professionals I spoke with referenced the bureaucratic hierarchies and silos of university administered and regulated programs to mark the limits of their roles, and what they can do to support students who disclose mental difference, disorientation and/or distress. Several also suggested that the bureaucratic organization of university life posed challenges to recognizing and affirming the value of mental health experiences within their own lives. For example, at the end of one interview a student services staff person who was also a student looked at me puzzlingly and asked why I never asked about their specific experiences of student disclosure of mental illness and with it, the validation of the existence of 'student mental life', or how student disclosure shaped their ways of relating to their work and world. After asking this, they turned to me and said,

... *but* when I was coming in and thinking about mental health, which is something which is very important to me because... I have had students who have come to me and disclosed information about their mental health ... It refines my skills and attitudes towards how I am supposed to address this student, particularly, because this is not

only a student, engaging as a student that goes to school, *but* as someone who wants to actually engage in a higher level conversation about what it means to be a citizen or whatever the situation is.

The disclosure of information about mental health is represented as a learning opportunity or 'teachable moment' that serves to refine skills and attitudes, *but* it also does more than that – it presents an opportunity for all parties to demonstrate their knowledge of what is needed to be perceived as a good citizen of the university community. Disability studies theorist Dan Goodley (2014, p. 150) reminds us that "the practices of what makes for a good productive citizen are not simply found in the walled confines of the prison, school, mental institution or family home, they are found throughout or across these spaces." Neoliberal economic and socio-political rationalities urge responsible individuals to control their health not only for their own sake but also for the socio-economic good of the nation.

Participants shared stories that highlighted the importance of formal medical or psychiatric "documentation" – letters of accommodation for students or certificates of "training" for staff, to affirming one's place in the university community. On multiple occasions documentation of a professional diagnosis was described in ways that likened it to a passport that permitted access to academic accommodations and specialized university supports and services. Such documents were also something that only select university student services professionals could provide – those imbued with the authority of psy-expertise. Documented mental health and illness diagnoses contributed to a social hierarchy within service provision that marked student service professionals working outside or on the margins of psy-knowledge as "not a counselor" and thus as *lacking the authority to make decisions about student life*. Consider the following assertion by

one interview participant. In self-narrating as "there to listen" but unable to diagnose, disclose, or to give testimony in the form of written letters for students, participants displayed a sense of ambivalence about the extent of *what they can do for students*, as illustrated by one interviewee below:

No, so, like I'm very clear that I'm not a counselor. I'm very clear that I'm willing to listen and be a friend in the sense of listening, but I'm not a counselor so they can come and they don't need any documentation. But, I also cannot offer any documentation, so I can't write any letters for them or anything.

This expression "not a counselor" exemplifies a version of resilience as an occasion for both students and staff to reflect on role expectations and the professional limits that structure what one can do within the university setting. Although students may enter without documentation, neither will they leave with it. This raises the question of how different supports and services are valued and evaluated, and how such valuations are internalized and projected by the professionals who administer them.

"We All Fall": Learning to Conform to the Capitalist Rules of Action

Rather than a deviation from the norm, or abnormality, mental illness is presented by student services as ordinary and expected; an unfortunate reality of everyday life within the neoliberal university context. In the passage cited below, the interviewee communicates an understanding of mental illness as immanent in capitalist society:

I think it's a myth that you can be well in 21st century capitalism, like I think it's impossible, and I think this work-life balance is kind of bullshit and we need to name it and then help people strategize around what's possible. But, individualizing it as

I'm just not achieving work-life balance, like I really resist that. I think that in a culture that is so consumer focused and so uncommunity-minded, to think that people won't be anxious and depressed is ridiculous. ... I think there's very little recognition in 21st century capitalism that people can't work all the time and be well. And there are some people who are a little more vulnerable, that go down faster than the rest of us, but we all go down. And very little tolerance for vulnerability and for the opportunities that vulnerability creates around community-building and humanness and sharing. We want to teach ethics, but we want to prevent the ethical lesson.

According to this perspective, mental illness both marks the exploitation of students, while at the same time rationalizing their descent: "we all go down" but some "that go down faster than the rest of us". Yet, this statement can also be read as an expression of recognition of "a shared condition of precarity that situates our political lives" (Butler, 2011, p. 15): "we all go down." Within this context, the dividing lines between success and survival become blurred. We all fall, but some faster than others, expresses a sense of ambivalence concerning the possibilities for radical transformation *within* the university.

Peter McLaren suggests that the fall characteristic of contemporary life within the university is shaped by "educational neoliberalism" (2010, p. 497). McLaren perceives this as evidenced in the "business agenda of schools" (p. 498) and the "premise that education is primarily a sub-sector of the economy" (p. 498). Calling for a critical pedagogy "capable of engaging everyday life as lived in the midst of global capital's tendency towards empire", McLaren reminds us that, "The idea here is not to adapt students to globalization, but to make

them critically maladaptive, so that they can become agents of change in anti-capitalist struggles" (2010, p. 504). Rather than radical spaces student services offices were routinely represented by the professionals and staff who occupied them as offering a 'safe place' comprised of people who understand and are sensitive to the precarious nature of students' positions within the university, but presumably not in a position that would permit them to change the way things are:

Everywhere else, it seems to me, they're called upon to be better-than or they are less-than or whatever, but at least I think here we've nurtured them and we've given them an opportunity to be who they are and they're accepted for who they are. Are they going to get a job? I went to a graduation of PhD students and there was close to 200 and they looked like they were 16 years old and my thought was, where are you going to get a job? Like how are you? You know, and it's sad, but that's the route that people have to follow. ... that's their biggest concern – you know, what am I going to do when I'm finished, or I don't want to go to grad school or am I going to get into grad school – I mean, this is the anxiety that starts at year one. And this plays out and plays out and plays out, and goes on and on and on, this is what I'm noticing to be very difficult, and really, what can I say? ... And so, I think that that is where their anxiety is, and they get caught up in that sort of feeling of what am I going to do, what am I going to do?

In an article in *The Globe and Mail* titled, "Mental Health Worries Grow Among University Students", Erin Anderssen (2009, np) says that "suicide is the second leading cause of death among university students." She tells the story of Taylor Kagel, a 17-year-old at Simon Fraser University who had, "won a scholarship, but felt too overwhelmed to study for exams, and

his failing grades just made it worse.” Anderssen places Kagel in a group of a growing number of students with mental health problems, including 19-year-old University of Ottawa student Michel Gariepy who committed suicide shortly after moving into residence. She describes how Kagel contemplated suicide in his second year but “made the choice instead to go to his doctor.” Interestingly enough, Anderssen suggests that this really does not come as much of a surprise since, “In many ways, universities are the perfect incubators for mental-health problems. Illnesses such as depression and anxiety often strike in late teens and early twenties, and students often far from family face common triggers: break-ups, drug use, the pressure to make good grades while bills pile up.” Anderssen cites the economic situation as an additional “trigger” for mental health problems. Students are buckling under the strain of increasing expectations and worries about the kinds of futures, or more aptly, “careers”, their grades can secure.

Stories like Kagel’s are in abundant supply in the Canadian media, as well the university newspapers. Students living with undisclosed difference represent a threat to the *integral-ness* of the institution. Difference left undisclosed and undiagnosed is culturally understood as a cause of disorganization and deterioration, like an “accident” waiting to happen (Titchkosky, 2011), or a trigger to be pulled (Madden, 2012; University College Cork, 2010; University of Sheffield, 2012; University of Western Ontario, 2010). This form of media accounting can be used to contextualize what student services staff say about referrals; making it possible to view referrals as a means of negotiating the increasing expectations on University staff and students.

... if a student is obviously mentally distressed or suicidal, I would most definitely send them to the hospital or to other services at the University. If they need to know things about, you know, what is the residence life, we would refer them... So, definitely there is a referral. We wouldn’t try to handle everything in this office, I’m not a

psychologist or anything like that, but a lot of times students would come here asking for advice for this or that, and we are very good about referring them.

Like the others who described themselves as 'not a counselor', this interviewee invokes the authority and expertise of psychology. The assertion, "I'm not a psychologist", offers a means of communicating the *specific* nature of the work that is done within that particular unit of the division of student services: making referrals. What is also displayed in this assertion is the power and authority of the psychology within the university to define who can handle what. According to the interviewee, what makes their office different from psychology is that they "wouldn't try to handle everything", but they "are very good about referring [students]" nonetheless.

Conclusion – Becoming Critically Maladaptive

Following Diaz (2010), the student services professional may best be understood via the figure of the "accountologist" (p. 90). Drawing on Fischer (1999), Diaz describes the accountologist as one of multiple "emergent forms of life" within a context of changing, competing, yet also incongruous, versions and visions of the university. Diaz depicts the accountologist as, "an academic worker whose accountability is no longer to the public, but to the administration of the university, and his or her accountability is conceived of no longer as an ethical responsibility but as the clerical bookkeeping of one's acts" (2010, p. 90). The results-focused customer service discourse of "quality control" (Dubiel, 2010, p. 69) organized through new public management models of university governance reinforces consciousness of 'referrals'

as the most appropriate and effective response to students expressing difference, disorientation and distress.

The commonality of 'referral' as a practice for students perceived as "obviously mentally distressed or suicidal" should provoke questions concerning the nature of the authority of psychiatric knowledge on North American university campuses. Clearly, psychiatric services are not simply one service universities provide, equal among others. Psychiatric and counseling services play a rather more definitive role in the conduct of everyday life within the university setting; organizing relationships above and beyond those of the students, to include relationships between and among service providers, institutional divisions, and even institutions, such as between the hospital and the university (Aubrecht, 2012b). When students consult university student programs and services staff for 'advice' not only do they receive 'referrals', but ways of recognizing the meaning of "extreme circumstances" as something which can be grounded in the "day-to-day" of university life. They also learn of that there are people who will call, but not disclose; who will recommend, but not mediate; who understand, and may need more information even if they cannot provide any, but who at the end of the day cannot change the way things are because their positions will not permit it.

The most important task now facing universities is not university student mental health and illness, since according to the logic of student mental health and illness and the resilience governmentality that frames it, *we all go down*. It is, rather, to shift the focus from refining our skills and adapting to adversity in the interest of becoming better citizens; to creating conditions that disrupt hegemonic relations and referral processes, and that encourage staff, faculty and students to become more critically maladaptive. This paper has proposed that such a shift can be

achieved by attending to the appearance of alterity in professional accounts, and thinking with the transformative potential of the *nothing but*...

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