

Supporting Students with Mental Health Issues and Acquired Brain Injury: University Teaching Staff Perspectives

Ellie Fossey^{*}, Christine Bigby[†], Lisa Chaffey[‡], Margaret Mealings^{**}, Anne Williams^{††}, Tanya Serry^{‡‡}, Annie Venville^{***}, Jennifer Oates^{†††}, Priscilla Ennals^{‡‡‡}

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^{*} **Institution:** Monash University, Australia

Department: School of Primary Health Care & La Trobe University's Living with Disability Research Centre

[†] **Institution:** La Trobe University, Australia

Department: School of Allied Health & Living with Disability Research Centre

[‡] **Institution:** La Trobe University, Australia

Department: School of Allied Health & Living with Disability Research Centre

^{**} **Institution:** La Trobe University, Australia

Department: School of Allied Health & Living with Disability Research Centre

^{††} **Institution:** Swinburne University of Technology, Australia

Department: School of Health Sciences & La Trobe University's Living with Disability Research Centre

^{‡‡} **Institution:** La Trobe University, Australia

Department: School of Allied Health & Living with Disability Research Centre

^{***} **Institution:** Australian Catholic University

Department: Faculty of Health Sciences & La Trobe University's Living with Disability Research Centre

^{†††} **Institution:** La Trobe University, Australia

Department: School of Allied Health & Living with Disability Research Centre

^{‡‡‡} **Institution:** La Trobe University, Australia

Department: School of Allied Health & Living with Disability Research Centre

Abstract

Students experiencing disability face many barriers in university education, which are often poorly understood by university teaching staff. This is more likely to be the case regarding students with non-apparent conditions, such as mental health issues and acquired brain injury. This study employed an online survey, supplemented by semi-structured interviews, to investigate the views and actions of teaching staff at one university in relation to supporting these two student groups: those with mental health issues and those with acquired brain injury. Survey responses indicated that university staff generally held positive views about both student groups, but that there was inadequate staff training to assist staff in knowing how to support these groups. Staff most commonly supported students by directly negotiating adjustments with students, maintaining regular contact, and using the university's disability services. The results of this study support previous calls for improved staff training and also draw attention to the competing demands on staff of supporting student learning whilst managing other institutional forces at play in universities.

Introduction

Increasing numbers of students with disabilities are undertaking university education in Australia and internationally (Barnard-Brak, Sulak, Tate, & Lechtenberger, 2010; Madriaga et al., 2010; Redpath et al., 2013; Stallman, 2010; Storrie, Ahern, & Tuckett, 2010). Contributing factors include: changing societal attitudes towards disability; enactment of disability discrimination legislation; educational policies to widen access to post-secondary education; and better transition planning and support for students with disabilities (Iarovici, 2014; Macaskill, 2013). Nevertheless, students with disabilities remain under-represented in the university student population and have lower completion rates (Fuller, Healey, Bradley, & Hall, 2004; Hartley, 2010; Macaskill, 2013). Universities are attempting to better meet the needs of students with disabilities, but strategies for supporting these students have not been well evaluated, resulting in a lack of evidence about which are the most effective approaches (Salzer, Wick, & Rogers, 2008; Willmott, Ponsford, Downing, & Carty, 2014).

Many university teachers have little understanding about the impact of disability on a student's academic life (Barnard-Brak et al., 2010; Brockelman, 2011; Hux et al., 2010; Matthews, 2009; Mullins & Preyde, 2013). This is more likely to be the case where the disability is less apparent, such as mental health issues (MHI) or acquired brain injury (ABI). Individually, students with MHI may experience challenges in processing information due to symptoms and medications, fluctuations in capacity to study, lowered academic self-confidence, and financial stress (Hartley, 2010; Mullins & Preyde, 2013). Likewise, students with ABI may have to contend with changes in cognition, attention and concentration, as well as experiencing fatigue and difficulty with emotional regulation. Educators are often unfamiliar with such symptoms (Hux et al., 2010; Mealings, Douglas, & Olver, 2012; Willmott et al., 2014). These students are particularly at risk of not completing courses, resulting in disruption not only to their educational attainment, but also to their vocational options, workforce participation, earnings and longer-term financial independence (Barnard-Brak et al., 2010; Fuller et al., 2004; Magnus & Tøssebro, 2014; Waghorn, Chant, Lloyd, & Harris,

2011).

Teaching staff have a responsibility to provide 'reasonable adjustments' required by disability discrimination legislation in many countries (Commonwealth of Australia, 2005; Fuller et al., 2004; Kiuahara & Huefner, 2008; Magnus & Tøssebro, 2014; Redpath et al., 2013; Ryan, 2011). However, teaching staff may not necessarily have the knowledge and expertise to meet this responsibility. Reported staff-related factors that can limit students' use of reasonable adjustments include: assumptions of 'normality' embedded in course structures, teaching and assessment practices; limited awareness by staff of students' needs; and discriminatory attitudes that inhibit help-seeking (Claiborne, Cornforth, Gibson, & Smith, 2011; Fuller et al., 2004; Martin, 2010). Both staff and students have also reported poor access to information about learning supports as well as finding that the educational support systems are complex to navigate (Fossey et al., 2015; Fuller et al., 2004; Hartley, 2010; Redpath et al., 2013).

A number of studies has found that teachers' attitudes and actions affect students' experiences of the supports provided and their willingness to seek future help (Baker, Boland, & Nowik, 2012; Claiborne et al., 2011; Fuller et al., 2004; Magnus & Tøssebro, 2014; Martin, 2010; Redpath et al., 2013; Venville, Street, & Fossey, 2013). The focus of most of these studies has been on provision of supports for students with a variety of impairments and health conditions. Little is known, however, about teaching staff views regarding supporting students with non-apparent conditions, apart from two studies which suggest that college and university teachers may have only limited understanding of the impact of these conditions on student learning (Hux et al., 2010; Mullins & Preyde, 2013). Greater understanding about the ways in which teaching staff try to support students with non-apparent conditions is required to improve the experience of these students and to ensure that institutions are fulfilling their obligations under disability discrimination legislation. As a first step towards addressing gaps in knowledge about teaching staff support for students with MHI or ABI, a study was conducted at one Australian university. The purpose of this study was to investigate two central questions:

- What views, knowledge and experience do teaching staff at this Australian university hold in relation to supporting students with non-apparent conditions, specifically either MHI or ABI?
- What actions do these university teaching staff take to support students with non-apparent conditions?

Method

This study employed mixed methods to investigate the views and actions of university teaching staff in relation to supporting students with non-apparent conditions (Creswell, Plano Clark, & Garrett, 2008). Quantitative data were collected using an online survey of a random sample of 2000 staff from one multi-campus Australian university. A survey method was chosen because of the speed and ease of survey completion by staff (Dillman, Smyth, & Christian, 2014). Subsequent qualitative interviews were conducted with teaching staff who had experience of supporting students with disabilities, in order to obtain further detail about staff actions in relation to the provision of this support; also to explore whether they held any competing perceptions about support for these students (Liamputtong, 2009).

Participants and setting

This study was conducted at an Australian university with both metropolitan and regional campuses. Typical of Australian universities, it offers a range of services for students on all campuses, including study skills, counselling and disability support. The disability support service consults with eligible students about their learning support needs, develops learning support plans, coordinates the provision of individualised reasonable adjustments where applicable, and liaises with university staff regarding barriers to access and participation both for individual students and at an institutional level.

University ethical approval was obtained for this research prior to commencement. Informed consent of the staff involved was either implied by online survey submission, or provided in writing prior to interview.

In total, 226 online surveys were submitted, of which 13 were incomplete and omitted from analysis. The 213 completed surveys represented a 10.6% return rate. Table 1 presents survey respondents' demographic characteristics. The survey sample was representative of the university's teaching staff profile with regard to classification and employment status, however, staff in the health science disciplines were over-represented and those in social sciences disciplines were under-represented. The survey sample also showed a bias toward female respondents (67%), compared with the university's overall female academic staffing (59%), likely to be an effect of the relatively high number of female staff in health science disciplines. The mean age of survey respondents was 47.7 (SD = 10.4) years.

Variable		Frequency	Percent
Gender	Male	68	32
	Female	143	67
Disciplines	Health sciences	87	41
	Sciences	40	19
	Social sciences	78	37
Academic Classification	Level A or B	133	62
	Level C or above	74	35
Employment status	Casual/short term contract	37	17
	Continuing/longer term contract	174	82
Training re MHI or ABI	Staff induction	31	16
	Disability awareness training	75	38
	Mental Health First Aid	24	12
	None	82	41

Table 1

Survey respondents' demographic characteristics (N = 213)

In addition, all teaching staff who had worked with disability services to support students with ABI or MHI were invited for an interview. Five teaching staff members, three male and two female, participated in telephone interviews that ranged from 25 to 42 minutes in length and were conducted by two members of the research team. Four interviewees were in health science disciplines, and one in a social science discipline. All had considerable experience supporting students with disabilities. They had worked in universities between five and twelve years; all were in roles that included teaching, while four interviewees also had year-level or course coordination responsibilities.

Instruments

Questionnaire

Drawing on reviews of relevant literature (Corrigan, Watson, & Barr, 2006; Gabel & Miskovic, 2014; Mealings et al., 2012), the multidisciplinary research team developed an online 34-item questionnaire. The questionnaire was piloted with two teaching staff from Health Science disciplines and revisions were made to the wording of some questions based on their comments. The final questionnaire comprised seven demographic questions, eight items exploring participants' views, knowledge and experience of teaching students with MHI and ABI respectively, and 11 items about reasonable adjustments and actions taken by participants to support students with MHI or ABI. Apart from the demographic questions, participants were asked to rate most of the other items on a five point Likert scale. For several items, participants were asked to choose from a list of fixed responses, with an option to provide open-ended comments. These items included questions about their views of the study-related issues experienced by students with MHI or ABI, actions taken to provide reasonable adjustments and support for these students, and participation in related staff development.

Interview

A semi-structured interview guide was developed to further explore findings identified through the survey with the five participants described earlier. It included questions about the participants' roles, responsibilities and prior experiences in working with students either with MHI or ABI, as well as their use of the university's disability support service, reasonable adjustments, and other supports in teaching these students. Participants were also asked about improvements that could be made in the university to better support staff in teaching students with MHI or ABI.

Procedure

The university's central administrative unit distributed an invitation to participate in the online survey to a random selection of 2000 members of teaching staff, via their email addresses. These

staff members also received emailed reminders for three consecutive weeks. Emails included information about the study and an embedded online survey link. The university's disability support service distributed invitations to participate in a telephone or face-to-face interview to academic staff who had prior experience of working with this service to support a student with either MHI or ABI, of whom five accepted.

Survey data were entered into SPSS 17.0 for analysis. Descriptive statistics were used to compare and explore the views, attitudes, knowledge, confidence, and experience of staff in supporting students with MHI or ABI. Chi-square tests for independence and Wilcoxon Signed Rank Tests were performed to explore differences in responses regarding students with MHI and ABI, and Mann-Whitney U Tests were used to explore differences between different categories of staff (such as employment status). For purposes of simplicity in describing the results, the response categories "strongly agree" and "agree" are combined, as are the categories "strongly disagree" and "disagree".

Interviews were recorded, transcribed, and thematically coded using NVivo10.0 software. Participants' identities were protected by assigning labels Participant 1 to Participant 5 to their transcripts. Verbatim quotes from interviews are used to illustrate key findings.

Results

Results from the survey are presented below, supported by illustrative quotes from the semi-structured interviews. First, results regarding staff views, knowledge and experience of supporting students with MHI and ABI, and subsequent actions are reported. The perceived role of staff in supporting students with MHI and ABI, as reported by participants, is then described.

Staff views, knowledge and experience of teaching students with MHI and ABI

A larger proportion of survey respondents reported experience in teaching students with MHI (95%) compared with ABI (36%) (Chi-square test for independence, $\chi^2(1, n=404) = 153, p=.000, \phi = .62$). Interviewed staff also described having more experience in

teaching students with MHI, although they noted that they would not necessarily know whether a student was experiencing MHI, ABI or any other non-apparent disability.

Surveyed staff generally agreed that students with MHI (79%) and ABI (59%) are capable of managing university study successfully; the majority also identified thinking, concentration, and memory as potential study-related concerns for both student groups: MHI (90%) and ABI (74%). Respondents also identified social and interpersonal skills as concerns for students with MHI (86%) and ABI (64%). Interview participants expressed similarly positive views about study capability. They also spoke about individual students' challenges related to thinking, concentration, and in-class behaviour. Changes in behaviour were also clues to identifying students at risk.

They're often a little bit more withdrawn or the opposite, sometimes really outgoing and uninhibited... (Participant 2)

Overall, more respondents reported gaining knowledge of these conditions through their working lives (MHI: 82%; ABI 43%) and personal lives (MHI: 61%; ABI: 18%), rather than through formal training in their academic roles (MHI: 34%; ABI: 23%). Furthermore, some participants reported having no knowledge or experience of ABI (34%) or, to a much lesser extent, of MHI (3%). The number of staff who had received training about MHI or ABI was low (see table 1). Training sources provided by the university included disability awareness training (33%), staff induction (14%) and Mental Health First Aid Training (Kitchener & Jorm, 2002) (11%). Twenty-six respondents (12%) named other training sources external to the university, such as through a professional body. Nevertheless, over a third (36%) of respondents reported that they had received no MHI or ABI-related training, and those working on a short term or casual contract were significantly less likely to have completed any training than staff with continuing or long-term contracts (Mann-Whitney U Test, $z = -3.963$, $p < .000$).

Survey participants overwhelmingly believed that students had a right to seek reasonable adjustments (94% agreement) and that making reasonable adjustments was effective in supporting students with MHI or ABI (86% agreement).

Staff reported actions in relation to students with MHI or ABI

Staff reported taking a range of actions to support students (see table 2). The most common actions were: to recommend that students use internal university supports; to ask students about what they needed; and to seek advice from colleagues about suitable reasonable adjustments. Both survey and interview participants expressed a preference for students to disclose some information, especially about their study-related difficulties, in order to help staff understand how their studies and learning could be affected. As one interviewee said,

I think certainly some disclosure is helpful because obviously the more you know about somebody's condition, and more so in terms of how it affects them and their learning, then that is useful. (Participant 1)

While only one third of surveyed staff considered they had adequate support to make relevant reasonable adjustments for students, most respondents also agreed that the assistance and guidance from on-campus learning and disability support services assisted them in teaching students with MHI or ABI. Likewise, the interview participants described valuing the expertise of this service, as discussed by this interviewee:

I don't necessarily believe that we need to be experts in every possible illness or disability or whatever a student might have but I guess that's where I would see the [disability support services] within the university to give lecturers or teachers the ideas or tools or resources and supports to enable us to do it. (Participant 1)

Table 2. Possible staff actions in response to students managing their studies: number of survey responses (%)

Statement	#	SA	A	D	SD	DK
Recommend the student contact support services in the University	198	133 (67%)	59 (26%)	2 (1%)	-	4 (2%)
Seek advice from support services in the University	195	97 (50%)	83 (43%)	11 (6%)	2 (1%)	2 (1%)
Talk to the student	199	85 (43%)	96 (48%)	10 (5%)	-	8 (4%)
Seek advice from colleagues	196	70 (36%)	106 (54%)	14 (7%)	5 (3%)	1 (.5%)
Recommend the student contact support services external to the University	194	37 (19%)	72 (37%)	49 (25%)	5 (3%)	31 (16%)
Take no specific action	182	1 (.5%)	6 (3%)	69 (38%)	99 (54%)	7 (4%)

Key: # = Number of respondents; SA = Strongly agree; A = Agree, D = Disagree; SD = Strongly disagree; DK = Don't know

Interview participants also reported making use of students' learning support plans to guide their provision of reasonable adjustments. Plans for students with MHI were more frequently mentioned and were typically described as including: adjustments to academic activities, such as a student's study load or assessment procedures (e.g., extended submission dates, alternative arrangements for exams); and applying special consideration to results. While fewer comments were made about adjustments for students with ABI, this interviewee described an adjustment arranged by the university's disability service:

[They] organised a transcription service, and what that meant is I had to dial in at the start of the lecture, had a telephone on me...and as I was talking that particular student could see on her screen a transcript of what I was saying... So we are going to decent lengths to make sure that we support our students.
(Participant 2)

Additionally, a number of survey participants reported creating strategies that went beyond the usual mechanisms to support students. Communication and collaborative problem-solving were central to these strategies. For example, survey respondents reported keeping in touch with students via phone and email, offering extra individual teaching or support, and adjusting teaching strategies within the classroom. As well as describing similar efforts to stay in contact with students, interview participants also spoke of deciding reasonable adjustments directly with students, based on their shared understandings of what was needed. As one interviewee said:

My role was really reinforcing and making sure I was aware of what his options were with regards to extensions and that kind of thing, and just trying to be mindful of him in the classroom, and just keeping in contact with him so he didn't get lost and left behind. (Participant 1)

Other strategies used by the interviewees to enable students' participation in academic activities included: ensuring students were in supportive environments, such as smaller groups of students; making individual arrangements for fieldwork or clinical placements; and altering spaces for students in practical classes.

We had a couple of students who we had to put into a smaller group, for example, because they were not really able to cope with the hectic environment, because the prac is quite hectic and exposure to other people,

too close to other people. So we physically separated them, without stigmatising anything...It's all done in a very inclusive way but at the same time trying to cater for that kind of behaviour or need. (Participant 2)

Perceived role of staff in supporting students with MHI and ABI

Almost all survey respondents (90%) believed that part of their teaching role was to support students with MHI or ABI to undertake their studies; a view also expressed in interviews. For example, one interviewee said:

If there are things that we can do and are within our ability to do, in a classroom, to do things in a way that suits them or makes things equitable for them, I think that's our responsibility for teachers to do that. (Participant 1)

Responses from interviewees indicated that they perceived it as part of an academic's role to meet with students who are experiencing non-apparent conditions, and to address their study-related difficulties. Indeed, one interviewee described this aspect of being a course coordinator as one that she particularly valued:

I see as the course coordinator, [meeting with students is] my responsibility ...There's a whole lot of other stuff that takes up more of my time that I would happily get rid of. Every time a student comes to me and says I need your help ... well I just think obviously I'm doing my job right if they think they can come to me. (Participant 4)

Being an advocate for students in order to ensure they received appropriate support was a further role that interviewees described undertaking. Advocacy for students included being a central point of contact for a student and asking for adjustments on their behalf, as this interviewee described:

The other thing I have instigated for this student ... is making me a central point of contact for when things are getting out of hand, so I can be an advocate on her behalf and go to her other lecturers within my school and say, "without telling you why, could you please approve an extension for this student" and then the student doesn't feel the need to disclose, but also to repeat their story over and over again, particularly if it is something they wouldn't like everybody to know... It's a way of actually just taking the pressure off without the student feeling I have to do it all myself. (Participant 4)

Unanimously, the interviewees expressed disappointment in the perceived disparity between the value that they placed on their role in supporting students with MHI and ABI and its apparent value within the broader university. Interview participants explained that they thought their activities to support students were neither valued by the university, nor did these activities contribute to their academic career advancement. Hence, as expressed by this interviewee, time spent in these activities came at a personal cost:

There is zero recognition. ...From a supervisory perspective, my discipline leader and head of department and above, none of them will say, "You've done a great job supporting these students". All they want to know is, "Where is your research grant income, why haven't you got these publications out... No one cares. (Participant 3)

The majority of survey respondents (63%) agreed that their workload affected their capacity to provide support for individual students with MHI or ABI. Interviewees elaborated that their efforts to support students were time-consuming. This was particularly so when staff had not been fully aware of, or able to plan for, a student's needs, as illustrated by this interviewee's experience of making adjustments to an online quiz:

I had to go back through the [online] quizzes and cut and paste individual questions into a Word document and then save that and email it to the student with a set of instructions of when that was due and so on. So I did that and then the next week I get advice from [disability adviser] that I've cut and pasted the radio buttons...that mucks up his software which converts written text into spoken word, "so can you go back and delete all the radio buttons?" (Participant 3)

Discussion

This study identified that, at this particular university, teaching staff held positive views towards students with either MHI or ABI, and believed that making reasonable adjustments was part of their role as teachers and coordinators. While no previous studies have focused on university teachers' attitudes specifically towards students with ABI, these findings are consistent with Smith's (2010) survey of UK university lecturers' attitudes towards disabled students in general, as well as two US studies that report positive attitudes among academic staff towards students with

MHI (Becker, Martin, Wajeeh, Ward, & Shern, 2002); Brockelman, Chadsey, & Loeb, 2006). The study described in this paper indicated that, having knowledge and experience of someone with MHI or ABI contributed to positive views about students with these conditions and about making reasonable adjustments. This is consistent with findings reported by Brockelman (2011; 2006), which demonstrated that academics with personal experience of someone with a mental illness were more likely to hold positive views towards students experiencing mental illness.

The finding that teaching staff more frequently report knowledge, experience and confidence in supporting students experiencing MHI than those with ABI is unsurprising, given that ABI is less common in the general community than MHI. Furthermore, given that only one-third of survey respondents stated that they had participated in formal training about MHI or ABI, it is also unsurprising that these teaching staff reported insufficient training and support to make reasonable adjustments for both groups, even with the availability of valued guidance from a disability support service. This is consistent with previous qualitative research that has identified the need to increase knowledge amongst university staff about making reasonable adjustments, especially in relation to less visible conditions (Magnus & Tøssebro, 2014; Mullins & Preyde, 2013; Redpath et al., 2013). Therefore, more information, guidance, and professional development are required for academic staff, as well as further research regarding how best to influence staff practices (Smith, 2010).

The most commonly reported actions related to making reasonable adjustments in this study were direct negotiation with an individual student, supplemented by collegial discussions, and formal advice from the university's disability support service. Survey respondents typically reported relying on students to tell them if they required assistance. This finding is consistent with previous research (Becker et al., 2002; Fossey et al., 2015; Magnus & Tøssebro, 2014; Redpath et al., 2013). For instance, Becker et al. (2002) found that 80% of academic staff in their study communicated directly with students about their support needs, rather than relying on centralised disability support services.

However, survey and interview responses in the present study indicated that staff also valued the guidance of the university's disability support service.

To access disability support services, students must be prepared to disclose their disability. Whilst from a staff viewpoint, disclosure enables the provision of reasonable adjustments and other supports (Venville, Street, & Fossey, 2014), the dilemmas for students associated with disclosure, particularly of less visible conditions that may lead to stigmatising and discriminatory responses, are well documented (Matthews, 2009; Mealings et al., 2012; Olney & Brockelman, 2003; Venville et al., 2013). Hence, information and training for staff could usefully raise awareness of the issues impacting student disclosure decisions, and focus more on how to offer flexible and supportive strategies routinely. Such training would assist staff to anticipate the learning needs of more diverse groups of students and thereby reduce their own reliance on student disclosure (Magnus & Tøssebro, 2014; Matthews, 2009; Smith, 2010).

This study also indicates that direct and ongoing negotiations between staff and students are considered central in making reasonable adjustments, and that staff commitment is evident in "going the extra mile", as Claiborne et al. (2011, p. 525) also reported. Survey responses clearly show that staff viewed their workloads as impacting their capacity to make reasonable adjustments for individual students. Staff reported a responsibility towards supporting all students, including those with MH and ABI, however, they felt caught between the time taken to provide this support and the fact that it was often unrecognised or undervalued by the institution relative to other measures of their performance, such as research output. This aligns with Clegg and Rowland's (2010) argument that diminishing value is being placed on the interpersonal, caring aspects of academia, such as kindness and concern for students, while the scholarly aspects of the role, such as research, take increasing precedence. Similarly, Smith (2010) noted that pressures on academic staff within post-secondary education, such as greater student to staff ratios, increased casualisation of the academic workforce and increased emphasis on online teaching, also serve to reduce the opportunity for face to face contact with students (Smith, 2010). Thus, the

expectation and responsibility for teachers to provide reasonable adjustments for individual students with particular needs, has to be underpinned by adequate institutional support. Yet, to promote inclusive learning environments, it is also necessary to shift the balance from providing reasonable adjustments so that individual students can 'fit in', toward inclusive educational practices designed to routinely accommodate greater diversity and difference (Boyd, 2014; Madriaga et al., 2010; Matthews, 2009).

Strengths and limitations

The results need to be interpreted cautiously, since this study was conducted at only one university. Additionally, a low response rate to the online survey and the somewhat uneven representation of the range of disciplines across the university may not reflect the full range of teaching staff views at this particular university. Nevertheless, strong consistency between the survey and interview results was evident. Respondents from the health science disciplines outnumbered those from all other disciplines, and might be expected to have more understanding of health and disability related issues than other university teaching staff. Therefore, the finding that staff considered they lacked adequate training and support for teaching students with MHI or ABI would most likely be stronger, not weaker, if more staff from other disciplines had responded to the online survey. A further limitation is the use of a survey questionnaire developed for this study; development of a validated tool would facilitate further systematic investigation of staff views and knowledge about supporting students with non-apparent conditions in tertiary education. In addition, more might have been learned about teaching staff practices if the survey questionnaire had sought information about the types of reasonable adjustments considered most useful, and how they were implemented.

Conclusions

This study employed an online survey, supplemented by interviews, to investigate teaching staff views at one university about working with two groups of students with disabilities whose conditions are less apparent; students with mental health issues and those with an acquired brain injury. Generally positive

views towards both student groups were reported, with more perceived knowledge and confidence reported amongst participants supporting students experiencing mental health issues than those with acquired brain injury. Participants most commonly reported using the following support strategies: directly negotiating adjustments with students; keeping in regular contact; and drawing on disability service guidance. Inadequate staff training to assist them in supporting both groups of students, and limited institutional recognition of this role were also noted. This study draws attention to the tensions for university staff as they try to provide support for student engagement and learning whilst also managing other workload demands of academia.

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The authors may be contacted via:

Ellie Fossey

ellie.fossey@monash.edu

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