

# **College Students with Psychiatric Disabilities**

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### **ABSTRACT**

This paper focuses on college students with psychiatric disabilities. It defines and discusses various psychiatric conditions such as mood disorders, anxiety disorders, eating disorders, and personality disorders. It concludes with accommodations that a college professor can make to help these students succeed in higher education.

## **College Students with Psychiatric Disabilities**

Because of a heightened need to have adequate knowledge and skills to function in today's global society as well as US federal legislation such as Individuals with Disabilities Education Improvement Act, Rehabilitation Act and Americans with Disabilities Act, a large number of students with disabilities are attending college. The rates of college attendance are all time high. According to the National Center for Education Statistics (NCES), in 2008, approximately 12 million individuals attended 4-year college and seven million attended 2-year institutions. The college enrollment increased by 24% between 2000-2008 (NCES, 2010). Data indicate that approximately 9% of college population has disabilities and 17.1% of this population has mental health problems. The purpose of this paper is to address the following questions: (1) What is a psychiatric disability? (2) How does a college/university know that a student has a psychiatric disability? (3) Generally speaking what kind of psychiatric disabilities college students have? (4) As an instructor and as an advisor how can you accommodate a student with a psychiatric disability in your classroom? Let us look at each one of these questions one by one.

### **What is a Psychiatric Disability?**

There is no universally agreed upon definition that provides precise boundaries for the concepts of mental disorders, psychological disorders, psychopathology or psychiatric disabilities. In the field of psychiatry, psychiatric disabilities refer to patterns of *thinking*, *feeling*, and *behaving* that cause personal distress and/or impairment in one or more areas of functioning. Mental disorders represent reactions of a personality to psychological, social, and biological factors. It is important to note that mental disorders are *legitimate health* conditions and not *character flaws*. Just like other health conditions, they respond to medical interventions. It is a misconception that all individuals having the same disorder are alike (American Psychiatric Association, 2003)

It is noteworthy that in Pre-k through grade twelve schools, the term serious emotional disturbance (SED) is used for children under the age of 18 with diagnosable mental health problems. The Individuals with Disabilities Education Act (IDEA) defines SED as a condition that exists over a long period of time and has one or more of the following characteristics to a marked degree. The law is reticent about the definition of long time and marked degree. The characteristics that individuals with SED could have are: (1) An inability to learn that can not be explained by intellectual or other factors, (2) An inability to develop & nurture satisfactory interpersonal relationships, (3) Inappropriate behaviors and mood under normal circumstances; (4) A general depressive mood; (5) A tendency to develop fears and other problems associated with school work (Individuals with Disabilities Education Improvement Act, 2004)). As evident, the definition is ambiguous and lacks clarity. This definition has certainly been severely criticized (Smith & Tyler, 2010).

In western world, the definitions of terms related to mental disorders are such that a significant proportion of population can be said to have symptoms of some type of psychiatric disorder. The research data indicate that in the U.S.A. alone, approximately 29% of the general adult population has demonstrated evidence of mild to severe mental disorder within a given year and that 48% have experienced a disorder at some time in their life (Kessler et al., 1994). Unfortunately more than half of the individuals suffering from mental disorders do not seek treatment because of stigma surrounding mental health disorders (U.S. Department of Health and Human Services, 1999).

### **How Does a College Know that a Student Has a Psychiatric Disability?**

In Pre-k through grade twelve schools, Individuals with Disabilities Education Improvement Act (IDEA) applies to the education of students with various disabilities. The IDEA mandates that school authorities find, label, and serve children with disabilities. The IDEA ceases to apply to school population after the age of 21 years (IDEA, 2004). So, when students with disabilities arrive in college, the scenario changes. The students with disabilities have to disclose their disability, and self identify to the college

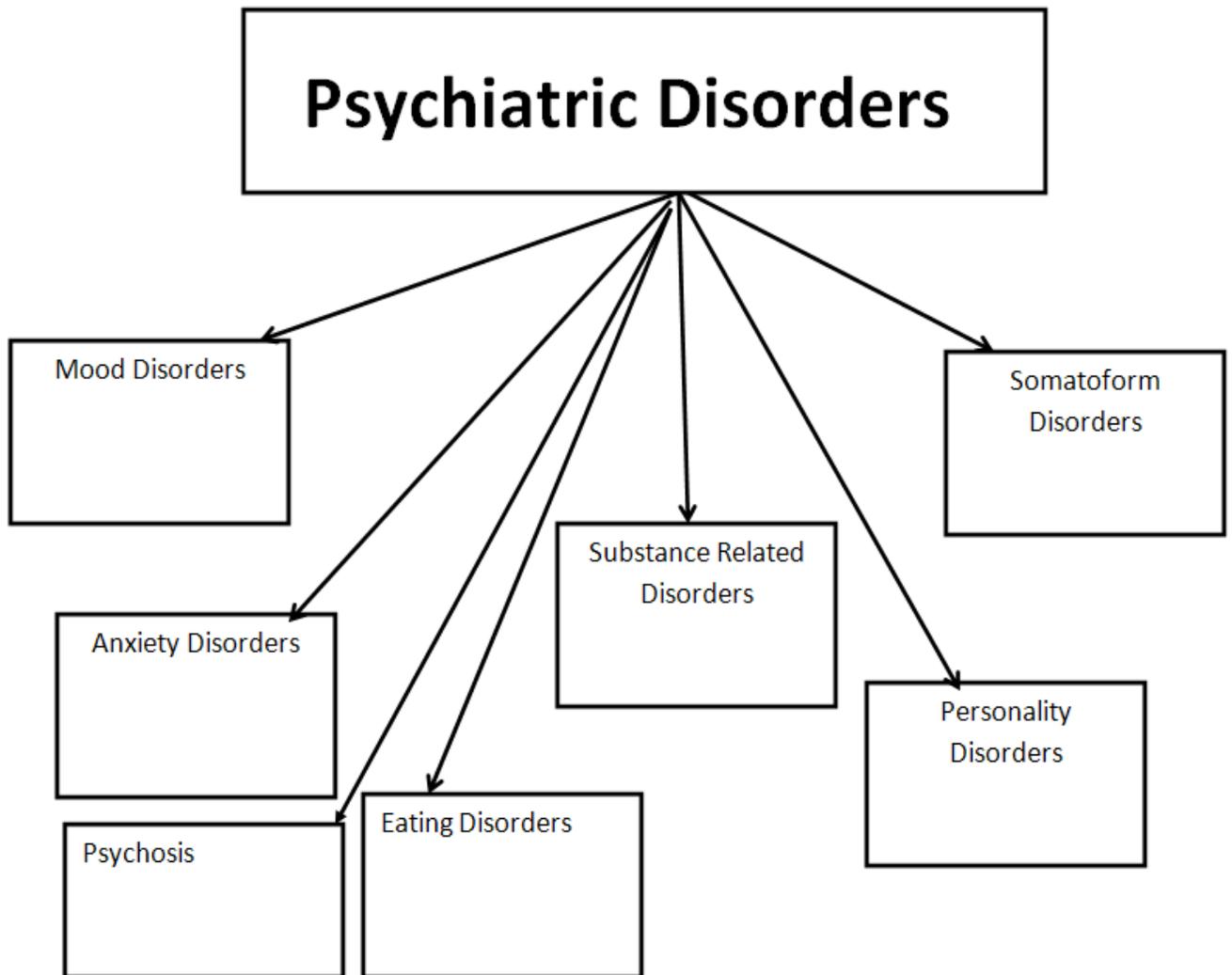
Office of Disability Services if they need accommodations, auxiliary aids, and other services  
(Rehabilitation Act, 1973)

As an instructor, you would not know that a student has psychiatric disability unless he/she discloses this information to the Office of Disability Services and documents it. To document a psychiatric disability, the student will have to submit the current report of his/her treating psychiatrist which indicates diagnosis according to DSM –IV criteria, the standard manual for the diagnosis of mental disorders in the U.S.A. The report is expected to include the symptoms, and the severity of condition. It also includes how disability impacts the student’s learning and academic performance . Further, the report indicates the pharmacology used in the treatment of given psychiatric condition and any side effects that it might have.

The information about a student’s psychiatric disabilities is considered medical and strictly confidential. It is kept on file for the staff members of Office of Disability Services. The information is not shared with instructors or anybody else on the university campus without the permission of the student.

### **What Kind of Psychiatric Disabilities College Students Have?**

The Diagnostic and Statistical Manual (DSM) of American Psychiatric Association (APA) organizes mental disorders into 16 major diagnostic classes. These categories are broad, heterogeneous, and overlapping. As shown in Figure 1., the mental disorders prevalent in college classrooms are; mood disorders, anxiety disorders , somatoform disorders , eating disorders, psychosis, substance related disorders, and personality disorders.



**Figure 1. Psychiatric Disorders in College Classroom**

Since, it is beyond the scope of this paper to provide detailed information on the full spectrum of manifestations of all mental disorders, a brief discussion of disorders listed above follows:

### **Mood Disorders**

Each one of us experiences rise and fall in our affect in day-to-day living. However when individuals experience extremes of affect along with shifts in affect that are inconsistent with events around them, they are diagnosed with mood disorder or affective disorder. Depressive Disorders and Bipolar Disorders are two types of mood disorders ((American Psychiatric Association, 2003). Lets us look at them.

### **Depressive Disorders**

Depression is a serious medical illness. A person suffering from depression feels sad and overwhelmed for weeks or for months. The person loses interest in activities of daily life. Research shows that depression raises the risk of suicide (American Psychiatric Association, 2003).

In academic year 2009-2010, the string of suicides committed by students on various college campuses across the country, including six suicides at Cornell, an ivy league college, where three students jumped off the bridge is alarming. It is a reminder to us all that depression is painful and can be destructive (CNN, 2010). Famous people like Winston Churchill, Abraham Lincoln, and Vincent Van Gogh also had to cope with depression.

## **Bipolar Disorder**

Bipolar disorder causes dramatic mood shifts from extremely high to low and then back again to low with periods of normal affect in between. Severe changes in energy and behavior go along with these changes in mood. The periods of highs and lows are called episodes of mania and depression (American Psychiatric Association, 2003). Ludwig Beethoven, British novelist Virginia Woolf, British actress Vivien Leigh, and recently Jane Pauley, NBC newscaster dealt with the bipolar disorder.

## **Anxiety Disorders**

Brief episodes of tension and anxiety are part and parcel of life. However, for some folks, this anxiety becomes intense and long term. It begins to disrupt their lives. They feel fearful and unsure. In situations like this, the individual is diagnosed as having anxiety disorder. Major types of anxiety disorder are: (1) Generalized Anxiety Disorder, (2) Phobias, (3) Panic Disorder, (4) Obsessive Compulsive Disorder, and Post-traumatic Stress Disorder. (American Psychiatric Association, 2003). Approximately 18% of American adults have anxiety disorders. (U.S. Department of Health and Human Services, 1999).

### **Generalized Anxiety Disorder (GAD)**

When individuals experience excessive anxiety on long term basis and their anxiety does not surround a situation, object, or an event, they are diagnosed with GAD. Their fears and worries are accompanied by physical symptoms such as headaches, muscle aches, hot flashes, and trembling. (American Psychiatric Association, 2003).

None of us can ever forget the Virginia Tech massacre carried out by Sueng-Hui Cho, an English major in his senior year who suffered from GAD. It is noteworthy that Cho was diagnosed with anxiety disorder during middle school and high school years, where he received needed supports. However, due to federal privacy laws, Virginia Tech was never informed about his diagnosis and the accommodations he needed, and consequently a tragedy resulted (Newsweek, 2007).

## **Phobias**

Phobia is an intense and irrational fear of an object, situation, or event that in reality is not at all dangerous. Phobias can interfere with daily life. Some of the common phobias are Social phobia and Agoraphobia. (American Psychiatric Association, 2003).

## **Panic Disorder**

Sometimes, anxiety takes the form of panic disorder. The individual afflicted with panic disorder experiences recurrent panic attacks that give no warning and are accompanied by chest pains, dizziness, sweating, and fainting. The individual feels like he/she is having a heart attack (American Psychiatric Association, 2003).

## **Obsessive Compulsive Disorder (OCD)**

Individuals with obsessive-compulsive disorder (OCD) have persistent, upsetting thoughts (obsessions). They use rituals (compulsions) to control the anxiety these upsetting thoughts produce. Most of the time, the rituals end up controlling the individual (American Psychiatric Association, 2003).

### **Posttraumatic Stress Disorder (PTSD)**

Posttraumatic Stress Disorder is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat. People with PTSD have persistent frightening thoughts and memories of their ordeal and feel emotionally numb, especially with people they were once close to. They may experience sleep problems, feel detached or be easily startled (American Psychiatric Association, 2003).

### **Somatoform Disorder**

It is a mental disorder in which an individual experiences physical symptoms that mimic physical disease or injury for which in reality there is no identifiable physical cause. The condition reflects psychological problems that take somatic form. Hysteria and hypochondriasis are two subtypes of Somatoform disorder (American Psychiatric Association, 2003).

### **Eating Disorders**

An individual with eating disorders experiences severe disruptions in eating behavior. He/she might extremely reduce food intake or increase it excessively. The individual experiences distress or concern about body weight and/or shape. Anorexia Nervosa and Bulimia Nervosa are two major types of eating disorder (American Psychiatric Association, 2003).

## **Psychosis**

It is a mental disorder in which an afflicted individual loses touch with reality and experiences hallucinations and/or delusions. This thought disorder impairs the ability to meet the demands of daily life. Usually, there is a particular level of stress in an individual's life for the trigger of psychosis. The individual is not aware of his/her illness. Approximately 3 out of every 100 hundred people experience a psychotic episode. (American Psychiatric Association, 2003). According to CNN (2002) Andrea Yates of Texas who drowned her five children suffered from psychosis and depression.

## **Substance-Related Disorders**

When individuals are unable to control their addiction to psychoactive drugs and the addiction has harmful consequences for them, they are diagnosed with substance related disorders. The substances that are generally used include alcohol, heroin, cocaine, and LSD (American Psychiatric Association, 2003).

## **Personality Disorders**

Personality disorder is a consistent, pervasive, and inflexible pattern of inner experience and behavior that deviates significantly from the individual's cultural expectations. It usually begins in adolescence or early adulthood. Personality disorders lead to distress or impairment (American Psychiatric Association, 2003). Some of the personality disorders to be found in a college classroom are: (1) Dependent, (2) Obsessive-Compulsive, (3) Histrionic, (4) Borderline, (5) Anti-social, (6) Narcissistic and (7) Sociopathic/psychopathic.

The diagnosis of mental disorders is much more difficult than the diagnosis of physical ailments because there is no definitive lesion, laboratory test, or abnormality in brain tissue that can identify mental disorders. Mental health conditions are referred to as disorders, and not diseases, because diagnosis rests

on clinical evidence. Mental disorders are not confined to any particular religious, racial, and financial group. Anyone can be a candidate for a mental disorder (U.S. Department of Health and Human Services, 1999).

## **As an Instructor, How Can You Accommodate a Student with Psychiatric Disabilities?**

The most prevalent management of psychological disorders is with *psychotherapy* and *pharmacology* (U.S. Department of Health and Human Services, 1999). The students with psychiatric disabilities who have disclosed their disability to the Office of Disability Services would most likely be under the care of a psychiatrist. As an instructor, you can help them succeed in your classroom by making accommodations, which are modifications or support that provide a student with a disability an equal opportunity to participate in and benefit from instruction. In other words, accommodations are adjustments to how things are usually done. Some common accommodations are:

### **Extended Time for Assignments**

This is an accommodation from which every college student disabled or nondisabled can benefit. The students with psychiatric disabilities often have motivational, time management, and fatigue issues. Extended time to submit their assignments will result in completion of assigned work and hopefully to success.

### **Extended time for Tests and Quizzes**

It is common for students with psychiatric disabilities to get anxious, lose concentration and the needed focus. Further, since most of them are on some sort of medication (s) that might have side effects, extended time to complete their test/quiz would yield higher grade on tests and quizzes.. Extended time has the potential to compensate for the time they tend to lose because of intrusive/ troubling thoughts, slow processing of information, and fatigue. Extended time also offers a coping tool for many side

effects of medication (s). As a rule, time for tests, quizzes and assignments is extended by *two and half times* of the originally assigned time. For example, if the allowed test/quiz time is two hours, 2-4 PM, then the student in need of this accommodation can be allowed up to 5 clock hours to complete the test.

### **Tests and Quizzes with Breaks**

Again due to ongoing fatigue, distractions, and need to refocus, the student with a psychiatric disability should be allowed to stretch and take a little break from the testing situation. The instructor may suggest the student to go for a little walk and/or drink.

### **Quiet, Distraction Free Testing/Quizzing Area**

Quiet, private or partially private testing/quizzing areas have potential to increase concentration and consequently lead to higher performance. Quiet, private or partially private testing location also offers freedom from threatening and controlling test setting which can be harming in psychological sense for students with psychiatric disabilities. Controlling situations and psychiatric issues do not blend well .

### **Use of Readers and Scribes for Testing/Quizzing**

If a student indicates that his/her performance improves if a peer or another individual reads test to him/her or needs a peer to record the responses to the test, that accommodation should be offered. There can be several reasons for the student's need for scribe and reader such as anxiety, loss of concentration and slow processing speed.

### **Permission to Have Beverage and Food During Instruction in Class**

Generally, just about every student diagnosed with a psychiatric disability is likely to be on psychotropic drugs. These drugs can have modest to severe adverse effects such as insomnia, dry mouth, restlessness, perspiration, thirst, and increase in urination. If the student with psychiatric disabilities is allowed to address his/her physiological needs with a snack, use of beverage and additional breaks

during class instruction, the student is likely to have more gains in learning from class lectures, class discussions and other in-class learning activities.

### **Permission to Leave Class & Return as Needed**

As mentioned earlier, due to the adverse side effects of psychotropic drugs and the inherent nature of psychiatric disability itself, the student might need more frequent breaks during class instruction. For example, in a 3-hour class, the student might need a 10-minute break twice or three times in place of one 20-minute break. The professor can discuss this arrangement with the student on the first day of class or even before the first day of class. The student with a psychiatric disability can be advised to sit near the exit door to minimize disturbance to rest of the class.

### **Flexible Attendance Requirements**

Due to mental health issues and medicational side effects, students with psychiatric disabilities may not be able to maintain required attendance throughout the semester. There might be days that they are too preoccupied and too consumed by emotional issues and/or are experiencing strong negative emotions that might prevent them from attending the class. Here is a vignette to illustrate the need for this accommodation.

#### **Vignette 1**

John is Health, and Physical Education (HPE) major at a public university in Northeast. He is a sophomore. He has been diagnosed with Bipolar disorder. For the management of his condition, John takes Lithium. One of the adverse side effects of Lithium on John is that he has developed insomnia. On Tuesdays at 11 AM, John has a Child Development Class (EDU 250) with Dr. Kenny. Dr. Kenny's observations of John indicate that he is bright, enthusiastic about learning and is very conscientious. John actively participates in class discussions. Half way through the semester, Dr. Kenny notices that John has not been coming to class. After a few absences, John shows up in class. Dr. Kenny talks with him and

learns about the facts of John's absence. For the next few weeks, John is absent again. When he returns to class, Dr. Kenny talks with him again. John informs him that earlier he had been missing the class because he had sleepless nights and had no energy to come to the 11 AM class. However, the situation has changed now. His doctor prescribed to him sleeping pills. The drugstore put a label on the vial that the pill should be taken as first thing in the morning. John had been taking the sleeping pill in the morning. Consequently he has been sleeping in his dorm through the class time. John informs Professor. Kenny that it is now that the mistake of drugstore has been detected. The fall semester had almost come to an end. Because of John's difficult situation, he had violated the class attendance policy. Professor Kenny accommodated John. Instead of failing John for EDU 250, Professor Kenny gave John an Incomplete. John agreed that he would meet with Professor Kenny during his office hours and will complete all of his unfinished work

### **Modification of Seating Arrangement as Desired**

The student should be allowed preferential seating of choice. Depending on the condition and medication the student is on, the student might like to sit in front of the class to avoid distractions. Or if the student needs frequent breaks, he might like to sit close to the door. Or if excess perspiration is a problem, the student might choose to sit near the window or the air conditioner vent.

### **Peer Note takers and Tape Recorders in Class**

Students with psychiatric disabilities might miss vital course information because of concentration problems or due to continued several absences. If a peer is designated to take class notes or a tape-recorder is used to capture class lectures, the student will be able to keep up with course materials and information.

### **Allowing Access of Course Materials in Online Format Such as WebCT**

Making course materials available online in course management programs such as WebCT facilitates self-paced learning of course content. It also minimizes intrusions and other classroom distractions. The instructor can make online course materials available to the whole class. The author of this paper utilizes this strategy for the benefit of all students enrolled in a course. It definitely is very costly time wise in the beginning. However, it takes less and less time every semester if adopted.

### **Communicating Awareness of Emotionally Evocative Class Content**

The students with psychiatric disabilities can be very sensitive and fragile emotionally. In the event, the class is discussing emotionally evocative content; it would help these students if the instructor can acknowledge the sensitive nature of the content in advance. The instructor acknowledgement can go a long way in helping these students maintain and restore their emotionally clam status.

### **Modifications to policies, procedures, practices**

There might be circumstances where a student can graduate only if a required course can be substituted, waived or the grading criteria changed to satisfactory/unsatisfactory. These matters should be negotiated with administration, student and the course instructor.

It should be noted that the accommodations should always be *individualized*. Although many individuals with psychiatric disabilities are stabilized using medications and/or psychotherapy, their behavior and affect may still cycle (U.S. Department of Health and Human Services, 1999)

### **As an Advisor, How Can You Help a Student with Psychiatric Disabilities?**

An advisor plays a critical role in the academic career of individuals with disabilities. To lower stress levels, the advisor can arrange for priority registration of the advisee. Similarly, if there is a need

for reduced credit load, substitution or waiver of courses, the advisor can act as an advocate. Also because of concentration and attention issues that students with psychiatric disabilities have, the advisor should make sure that the student does not sign up for back-to-back classes. Also, if the student needs , the advisor can arrange for a confidant and trusting peer companion who could walk the student to the classroom and stay with him/her during class period. Finally, if the student becomes overwhelmed, the advisor would be better off by referring the student to the university counseling services.

### **Summary**

This paper emphasizes that because of federal legislation such as IDEA & American with Disabilities Act (ADA) unprecedented number of students with disabilities are going on to college. As it happens colleges are not always prepared to work with them. The paper offers a definition of psychiatric disorder. It also includes a list of selected psychiatric disorders. It discusses various accommodations that can be adopted by college professors to accommodate students with psychiatric disabilities in their classrooms.

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## **Related links**

[A Guide to College and University for Students with Psychiatric Disabilities](#)

[American Psychiatric Association \(APA\)](#)

[Anxiety Disorders Association of America](#)

[Anxiety Disorders Association of British Columbia](#)

[CNN Video: Cornell Students Commit Suicide](#)

[Depression and Bipolar Support alliance](#)

[Depression Podcast at NIMH](#)

[For Those with Disabilities in College](#)

[Journal of Affective Disorders](#)

[Including Students with Disabilities in STEM courses and Activities](#)

[Mental Health: A Report of the Surgeon General](#)

[Montgomery College Disability Services](#)

[Mood Disorders Society of America](#)

[National Alliance on Mental Illness \(NAMI\)](#)

[National Center for Posttraumatic Stress Disorder](#)

[National Institute of Mental Health](#)

[National Mental Health Association of America](#)

[Psychiatry online](#)

[Royal College of Psychiatrists](#)

[Students with Psychiatric Disabilities- Queen's University, Canada](#)

[Sueng-Hui Cho –Virginia Tech Shooter at You Tube](#)