

“It’s All in Your Head:” Students with Psychiatric Disability Navigating the University Environment

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Abstract

The number of students in higher education with psychiatric disabilities is rising; about one in three undergraduates identify as having some type of mental health condition (U.S. Dept. of Education, 2014). This qualitative study explores the experiences of 14 college students with one or more psychiatric disabilities (PD), who were receiving accommodations at a mid-sized four-year public university. Semi-structured interviews were transcribed, and four major themes were identified through inductive thematic analysis: (a) the effects of stigma on the university experience, (b) the impact and effect of the symptoms of PD for students in the university environment, (c) strategies for coping with the disability in the university environment, and (d) the role of social support from university faculty and staff. The findings of the research, their salience to the educational success of students with PD, and recommendations for improved outcomes are reported.

Keywords: psychiatric disabilities, higher education, college students, student experience, qualitative research, thematic analysis

While decades of research have explored the topic of students with physical and/or learning disabilities in postsecondary settings, it was not until 1990 that students with psychiatric disabilities were also acknowledged, due to judicial rulings under the Americans with Disabilities Act (ADA) (e.g., Blacklock, Benson & Johnson, 2003; Kiuahara & Huefner, 2008). The number of students with psychiatric disability (PD) entering or reentering higher education has continued to rise since 1990 (e.g., Demery, Thirlaway, & Mercer, 2012; National Alliance on Mental Illness [NAMI], 2012; Padron, 2006). Students who identify as having some type of mental health condition now constitute 34.6% of the total undergraduate population at four-year public postsecondary institutions in the United States (U.S. Department of Education, 2014). ADA-recognized psychiatric disabilities include major depression, bipolar disorder and anxiety disorder (which includes post-traumatic stress disorder, or PTSD), schizophrenia, and personality disorders (Kiuahara & Huefner, 2008). College students with psychiatric disabilities face myriad challenges, whether intrapersonal or interpersonal, that can negatively impact their educational experience.

Although the ADA was implemented in 1990 in order to attenuate many of the obstacles to full inclusion in society by individuals with disabilities, prejudice continues toward those with PD who pursue higher education (e.g., Collins & Mowbray, 2005; Sharpe, Bruininks, Blacklock, Benson, & Johnson., 2004; Thompson-Ebanks, 2014).

Challenges stemming from environmental factors such as stigma coupled with inadequate institutional policies pose significant barriers to academic achievement for students with PD. The stress associated with coping with symptoms of their mental health conditions, and ableist discrimination on campus, may have a negative impact on their grades and academic progress (Bruffaerts et al., 2018; Kernan & Wheat, 2004). It has been estimated that nearly 86% of university students with PD withdraw before completing their education (Kessler, Foster, Saunders, & Stang, 1995), which is double the estimated dropout rate of 30-40% for all college students (Porter, 1990). These factors contribute to an achievement gap between students with and without disabilities, such that students with disabilities may ultimately be less likely to complete their degrees (Horn & Berkold, 1999; Hurst

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& Smerdon, 2000; Newman et al., 2011; Wolanin & Steele, 2004). Because others are often unaware of the existence of a psychiatric disability or a learning disability, it may actually be more challenging for students to deal with this type of disabling condition which can require making a stressful decision about whether or not to self-disclose; by contrast, it may be more straightforward for campus accessibility centers to meet the accommodation needs of students with disabilities that are evident, like some mobility limitations or sensory impairments (Adams & Proctor, 2010; Kowalsky & Fresko, 2002; Wilson, Getzel, & Brown, 2000). Research suggests that among all students with disabilities, students with PD may be considered particularly at risk. In a comparison of students with PD and students with learning disabilities (LD), those with PD were older and less likely to graduate than those with LD (McEwan & Downie, 2013). A study of adults with PD who had attended college, but not graduated, found that almost half reported relying on government benefits after leaving school (Megivern, Pellerito, & Mowbray, 2003). In fact, researchers have found that individuals with PD are less likely to be employed than individuals with other types of disabilities (Schindler & Kientz, 2013). It is therefore vital to conduct research in this area to minimize the challenges encountered by this population and improve their overall educational experience (e.g., Demery et al., 2012; Kihara & Huefner, 2008; Padron, 2006; Weiner, 1999). Implementing evidence-based interventions and increasing programs and services for students with PD would not only contribute to increased overall retention and graduation rates for colleges, by shrinking the achievement gap between students with and without disabilities, but also improve the employment and career prospects for students with PD who successfully earn bachelor's degrees.

Although students from all walks of life may embark on their college careers with a sense of trepidation about whether one can successfully meet the academic demands of the university environment, these concerns can be compounded by the realities of their mental health conditions for students with PD. Students with PD of all ages experience typical college stress, which can potentially intensify the difficulty of their experience (Demery et al., 2012). A growing body of research describing the internal and the external factors that pose significant challenges for students with PD in the university environment has begun to elucidate the issues.

Obstacles to Success in the University Environment

Psychiatric disorders can manifest in individuals by creating low self-esteem, feelings of inadequacy, lack of confidence, inability to concentrate, and lack of trust (e.g., Knis-Matthews, Bokara, DeMeo, Lepore, & Mavus, 2007; Padron, 2006; Thompson-Ebanks, 2014). Additional symptoms of PD may include anxiety, lack of motivation, hopelessness, memory loss, and impaired concentration. Internal chaos, inability to cope academically, reduced competence in social interactions or normative adult roles, and feelings of being overwhelmed were also expressed as obstacles (Collins & Mowbray, 2005; Dougherty et al., 1993). For students on medication to ameliorate symptoms, medication side-effects can make it difficult to fully function cognitively in an academic setting (Padron, 2006; Schindler & Kientz, 2013).

University students develop perceptions of themselves in response to interactions with the environment, including those with the student body, faculty, staff, administrators, service providers, and even the institutional policies and practices. In studies of self-reported student challenges, the environmental factors that contributed to negative experiences and outcomes were perceived as stigma, discrimination by other students, faculty and staff, lack of awareness, lack of skill and empathy from service providers, and inadequate accommodations (e.g., Blacklock et al., 2003; Padron, 2006; Thompson-Ebanks, 2014). Stigma, in particular, was consistently mentioned in numerous studies by students as a salient obstacle (Blacklock et al., 2003; Demery et al., 2012; Dougherty et al., 1993; Weiner, 1999). Stigma is generally attributed to a lack of awareness and/or education and manifests through university faculty, staff, and fellow students' perceptions of the individual with PD as strange and different, thereby "othering" them (Dougherty et al., 1993).

Being labelled as different can be painfully equated to having "blemished character" (Goffman, 1963). Writing on stigma, Goffman stated that, "By definition, we believe the person with a stigma is not quite human. On this assumption, we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances" (p. 5). The stigmatized individual is thereby devalued, deemed unworthy or deficient, and may be blocked from typical social interactions. One coping mechanism a student described was wearing a smile as a mask so as not to encounter marginalization (Demery et al., 2012). Faculty have also been identified as a source of stigma, whether due to lack of understanding or mistrust of a student's need for accommodations (Blacklock et al., 2003). This attitude among faculty is extremely

damaging, not only to a student's sense of belonging, but to his/her willingness to disclose the disability in order to receive support services (e.g., Demery et al., 2012; Weiner, 1999). Turner and colleagues (2007) identified fear of stigma as a significant factor in students' reluctance to seek mental health treatment; while 72% of university students in the study reported mental health problems, only 4% of those students sought help from campus support services (Turner, Hammond, Gilchrist, & Barlow, 2007). Paddon (2006), a university student with severe PD, conducted a study addressing personal struggles with stigma while attending graduate school. The study described the researcher's own experience with the attitude from faculty that students with PD utilizing accommodations were receiving "special treatment."

Supports to Success in the University Environment

Descriptions in the literature of obstacles students encountered as a result of their PD were countered by the supports and accommodations that supported a positive educational experience. One effective approach for assisting students with PD in higher education is the *supported education* model (e.g., Collins & Mowbray, 2005; Dougherty et al., 1993; Hartley, 2010; Unger, 1990). Supported education is defined as:

Education in integrated settings for people with severe psychiatric disabilities for whom postsecondary education has not traditionally occurred or for people for whom postsecondary education has been interrupted or intermittent as a result of a severe psychiatric disability and who, because of their handicap, need ongoing support services to be successful in the education environment. (Unger, 1990, p. 10)

Services provided as part of this programmatic support model include classes on academic survival skills, outreach to services and resources, and career planning guidance (Collins & Mowbray, 2005).

Studies have found that students universally acknowledged the value of academic supports such as extensions on assignments, preferential seating, extra time for taking tests, and being able to register for classes and obtain textbooks early. In addition, assistance with basic college survival skills such as navigating the university bureaucracy, obtaining financial aid, and being instructed in ways to manage multiple assignments were identified as being critical to positive outcomes (e.g., Knis-Matthews et al., 2007; Megivern et al., 2003; Sharpe et al., 2004). Additional beneficial factors include coordination and collaboration between students, faculty, and service providers

and having well-trained service providers on campus to assist students with referrals to resources (e.g., Blacklock et al., 2003; Collins & Mowbray, 2005; Weiner, 1999).

As with the college student population in general, students with PD need social connections and support from peers. Having connection to and encouragement from others was expressed as a particularly critical underpinning to success for this population (e.g., Dougherty et al., 1993; Weiner, 1999). Research has indicated that taking advantage of campus mental health services was beneficial, as was knowing one's limitations by taking a reduced course load or attending an institution with smaller class sizes (e.g., Knis-Matthews et al., 2007; Sharpe et al., 2004). Furthermore, developing meaningful and attainable goals, celebrating achievements, and creating supports specific to the individual were all identified as valuable strategies for overcoming obstacles (Schindler & Kientz, 2013).

The issue of disclosure was one charged with much apprehension for the students interviewed in multiple studies. On the one hand, disclosure meant receiving accommodations which enabled a greater possibility for academic success. On the other hand, disclosure was often equated with stigma and stereotyping which limited positive social interactions or interactions with faculty (e.g., Dougherty et al., 1993; Weiner, 1999). A number of strategies have been identified by students for coping with the "disclosure dilemma." Some reported adopting a strategy of "feeling people out" to test whether or not they could safely disclose their disability without being negatively judged. At the other end of a range of strategies, some students chose complete non-disclosure, citing that the risk of being stigmatized was too great to compensate for the benefits of accommodations (e.g., Collins & Mowbray, 2005; Knis-Matthews et al., 2007). Nonetheless, recent studies have demonstrated that students who did self-identify and received university support were more confident, had fewer hospitalizations, and felt increased self-efficacy (Martin, 2010).

Higher education is viewed as a vehicle for upward mobility, a part of the American dream; as such it has afforded people of diverse backgrounds the opportunity to improve their lives (Unger, 1990). Studies investigating the experiences of students with PD have shown that, given the opportunity accompanied by adequate support, these students can succeed in higher education. Research among students with PD has helped identify the ways in which support systems and strategies help students achieve their goals in higher education and shed light on how higher education can give individuals with PD a sense of pur-

pose, provide a stabilizing force, and empower them with hope for the future (e.g., Dougherty et al., 1993; Knis-Matthews et al., 2007). It is through increased awareness that the imperative for providing access to higher education to all, regardless of "ability," can be realized. Listening to the voices of students with PD and understanding how their conditions impact their functioning in the university environment creates awareness about their unique experiences in order to help foster their success in higher education.

The goal of this qualitative study is to elicit greater understanding of how students with psychiatric disability experience the university environment. Postsecondary institutions present distinct challenges to these students in both academic and social domains. The purpose of the study reported here is to give students with PD the opportunity to describe the ways in which their educational experience is impacted, to broaden awareness of the complexity of psychiatric disabilities and, in doing so, to provide insight which can guide the development of more inclusive university environments so that the achievement gap can be narrowed.

Method

Participants

The current study took place on the mid-sized campus of a four-year public university in California. Using a purposive sampling method, 14 students who self-identified as having a psychiatric disability and were receiving institutional accommodations participated; they are a subset of a larger study of 45 students with various disabilities and learning differences (Chin-Newman, Nair, & Smith, 2017).

Participants included 10 females and four males who were between 19 and 64 years of age, with a mean age of 35.2 years; 13 were non-traditional aged (over age 25) and 1 was traditional aged (under age 25). Ethnicities were reported as: White ($n = 3$), African American ($n = 2$), Hispanic ($n = 1$), Korean American ($n = 1$), mixed ($n = 4$), unknown ($n = 1$), and declined to state ($n = 1$). Psychiatric disabilities which students self-identified as were: bipolar disorder (BP, $n = 5$), post-traumatic stress disorder (PTSD, $n = 5$), depression ($n = 4$), anxiety or panic disorder ($n = 4$), borderline personality disorder (BPD, $n = 2$), obsessive-compulsive disorder (OCD, $n = 1$), agoraphobia ($n = 1$), psychotic disorder ($n = 1$) and schizoaffective disorder ($n = 1$); many of the participants ($n = 8$) had comorbidity for more than one psychiatric disabling condition. Students' major disciplines included: Psychology ($n = 4$), Ethnic Studies ($n = 2$), Biology ($n = 1$), Statistics ($n = 1$), Criminal Justice

Administration ($n = 1$), Hospitality and Tourism ($n = 1$), Human Development ($n = 1$), Communications ($n = 1$), Speech Pathology ($n = 1$), and Business Administration ($n = 1$). Table 1 lists each participant's pseudonym, and demographic information for multiple aspects of their identities (see Table 1).

Measures

The 13 interview questions focused on the challenges the students faced, the role of the disability in their experiences at the university, and the social support received from faculty or staff that facilitated a successful college experience. Examples of key open-ended questions from the semi-structured interview included: (1) What are the biggest challenges you face as a student with a disability, and (2) Do you feel that any one person or two has played the most important role in supporting your time as a student here?

Procedure

Participants were recruited through emails sent by Accessibility Services to students registered with disabilities and from a counselor to her advisees. Flyers were distributed to faculty mailboxes, and recruitment posters were posted on bulletin boards throughout campus. Respondents were screened to confirm their disability through the use of questionnaires; after being interviewed, each participant received \$25 in funds applied to their university account, which could be spent on campus.

Each participant was interviewed once, either on campus ($n=11$) or over the phone ($n=3$). Interview lengths ranged from 20 to 80 minutes, with the average being 37 minutes. Each interview was audio recorded and then transcribed verbatim; the interview transcripts were read and re-read by the first author, making note of initial impressions. Themes were established based on the identification of participants' prevalent responses and on their particular salience to the overarching research question. As an iterative process, thematic analysis not only identifies and describes themes from the data collected, but also aims to "capture something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82). The themes elicited from the data collectively address the question of how students with PD experience the university environment.

Results

The key themes elicited from analysis of the data include: (1) the effects of stigma on the university

experience, (2) the impact of the symptoms of PD on students in the university environment, (3) strategies for coping with the disability in the university environment, and (4) the role of social support from university faculty and staff (see Figure 1). It was through the individual and collective accountings of the day-to-day challenges and successes that the lived experiences of the participants were illuminated in greater detail.

The Effects of Stigma

Students with PD must often face the decision on whether or not to disclose their disabilities and to whom. The participants explained that the motivations behind their decision varied based on whom they were considering disclosing to, as well as the anticipated outcome. Not disclosing at the institutional level meant not receiving accommodations or needed support; however, not disclosing to classmates or professors had the social benefit of avoiding marginalization, labeling, or stigma. Navigating this tightrope of possible outcomes was described by participants as particularly stressful (see Figure 1).

All of the participants were students who had disclosed their disability status to the Office of Accessibility Services in order to receive accommodations; however, the decision on whether or not to disclose to faculty or classmates varied by student and was carefully considered. Nine of the fourteen participants chose not to disclose the specifics of their disability to anyone other than Accessibility Services counselors. Fearing stigma and embarrassment, being looked at and treated as different, and wanting to fit in were all contributors to their decisions, as was found in other studies (e.g., Sharpe et al., 2004; Thomson-Ebanks, 2014). Students or faculty not familiar with PD may readily dismiss or not be aware that this type of disorder has roots in genetic, environmental, and lifestyle factors and may be attributable to traumatic life events, biochemical processes in the brain, and/or environmental toxins (NAMI, 2018). The lack of awareness and/or sensitivity to the nature of these conditions was described as contributing to the student's sense of alienation and exclusion. Nine of the participants explained the impact of this external stigma and had developed strategies in the hopes of mitigating the impact.

Raquel: It would help for other students to know kind of like what my disability is, just so they can understand, but then again I can be anxious because you don't know how they're going to react, but not only if they knew, but if they are understanding about it...people can be less under-

standing because they don't think it's as hindering as like dyslexia or something...just creating awareness so that I can be more comfortable to say something.

Chris: Because you're first and foremost to people a person with a disability, so anything you say is invalid. But if you can succeed in passing [as someone without a disability] then your achievements have more merit because you're not a "person with disabilities" that has achieved these things, you're a "real" person that has achieved these things. Sometimes, if you can succeed in passing, it's just a lot easier.

When professors were described as being the source of stigmatization of students with PD, they were characterized as being judgmental, discriminatory, lacking compassion, being suspicious of students' need for accommodations, or acting dismissively toward the student and their concerns. A participant who received the accommodation of taking exams in a private room spoke about this as one of her biggest obstacles.

Sharon: I'd say it's instructors who have a different sense of fairness...and so they somehow think that I'm getting an unfair advantage or that it's going to impact their ability to keep a fair testing environment for all, or that somehow there'll be cheating – that is the biggest obstacle and annoyance. And it is very discouraging because I encounter it every quarter.

Another student, describing the challenge of faculty who minimize the legitimacy of PD as a disability worthy of accommodations explained: "I've had teachers do that, like, 'it's all in your head,' and I wanna be like, well, why don't you go into my head... I've tried to figure out ways to make people understand."

Stigma not only originated from external sources; the effects of internal stigma, in which students felt negatively about themselves, were also reported as adversely affecting their experiences. Participants reported feeling embarrassed, rejected, having low self-esteem, lacking confidence, feeling different from their classmates, and not wanting to stand out in a negative way.

Lisa: I feel kind of sad because I don't want to be different than my classmates and having special accommodations makes me feel like I'm different. I don't want to be and I don't want people to look at me like "oh, she has special accommodations, she must be having some troubles."

Numerous proposals for minimizing the stigma, both external and internal, were suggested by participants. One idea was to reframe the term "disabled" as "differently-abled," in order to alter both outer and inner perceptions of people with psychiatric disabilities. Other participants spoke of what they believed would be the benefits of awareness and education campaigns on campus to elicit greater understanding and sensitivity about PD, an idea supported by other researchers (Blacklock et al., 2003; Kiuwara & Huefner, 2008; NAMI, 2012). The advantage of a more seamless process for receiving accommodations without barriers was suggested by participants as a potentially significant contributor to minimizing stigma; one student described a wholly computerized process at her previous university which eliminated the need to present a paper accommodation letter in person, thus allowing for greater privacy and a less stigmatizing experience.

The Impact of the Symptoms

The impact that the symptoms of psychiatric disabilities have on a college student's academic performance, social interactions, and educational trajectory, as told by the participants, is powerful and complex. Students described significant obstacles they encountered as a result of their symptoms, which included: being unable to focus or concentrate, feeling overwhelmed, experiencing side-effects from medication, and being unable to complete their educational goals in a traditional timeframe. The symptoms themselves were described by some students and included experiencing blurry vision, racing heart, sweating, confusion, manic or depressed states, and impaired memory (see Figure 1).

Sharon: For me, in particular, having a quiet place to take a test... I have a panic disorder and it's inconvenient most of the time, but super inconvenient when you're in a situation where, if you left, you can no longer get points and so...ah, I'm a straight-A student, but I will get an F on a test if I start to have a panic attack.

The effects of the symptoms were described by all of the respondents as challenging, though several explained that, with their medication regimen, they were able to manage the symptoms reasonably well. Students made it clear that their symptoms limited their capacity to function according to the same expectations of their non-challenged classmates and thus, all acknowledged that without accommodations they would not have been able to succeed at the university. Over half ($n = 8$) of the students had

comorbidity for multiple psychiatric disorders, presenting compounded challenges; while not unusual (e.g., Holmes & Silvestri, 2015), this highlights the necessity of implementing education and training for university faculty and staff as to the nature and multi-dimensionality of psychiatric disorders.

One of the most common conditions of the participants, bipolar disorder ($n = 5$), manifested as impaired focus, concentration, and cognition, causing significant challenges in everything from studying and completing homework to test-taking and making progress in educational goals. Experiencing erratic emotional, mental, and energy states, as well as inconsistent sleep cycles, meant that planning and completion of tasks were severely compromised. The symptoms themselves, as well as the limitations they created in performance, were a source of frustration for the students.

Doris: Well, with being bipolar...what is difficult is being able to focus and see something all the way through because I get distracted and I also have these lulls where I don't produce anything.

A second prevalent condition of this group was post-traumatic stress disorder (PTSD) ($n = 5$). The symptoms of this disorder are reported as potentially affecting every aspect of a person's daily routine by the National Institute of Mental Health (NIMH, 2019). For these students, feelings of anxiety and sensory over-stimulation, inability to concentrate, hypervigilance, sleep-deprivation, and impaired comprehension contributed to creating obstacles to their success.

Wes: Sometimes people don't realize the connection between those diagnoses [PTSD, Bipolar Disorder and Major Depression] and the challenge of learning...that it can interfere with the process...because my thoughts are not in a direct train, concentration can be a challenge and it takes extra energy to stay focused and to deal with the challenges of school itself that comes along with it – even something as simple as recording, listening and comprehending and remembering all at the same time can be a challenge some days.

Those participants with depression ($n = 4$) characterized their symptoms as feeling hopeless and sad, having no motivation, being apathetic and having a desire to quit school. They described feeling low self-esteem and a lack of self-confidence.

Lisa: The problem is that sometimes I have too many things going on in my life, especially with

my family, and I'm feeling very, very down... I'm very responsible, I feel that I'm a good student, my GPA is 3.4, so I know that I have the potential...but when this depression comes to me, it's like I don't want to know about nothing, and even though I have to do my homework, I don't do it. Sometimes, I get so depressed I want to quit.

The remaining conditions reported by the study's participants (borderline personality disorder, obsessive-compulsive disorder, agoraphobia, psychotic disorder, and schizoaffective disorder) presented emotions and behavior which the students described as creating major challenges. Feeling extremely uncomfortable in the classroom, the emergence of unexpected behaviors, and the fear of being labelled and stigmatized were some of those challenges. Many of the symptoms experienced by the participants were moderated by medications; however, students explained that the medications themselves also created obstacles due to unwanted side-effects.

Strategies for Coping

In order to be successful in higher education, all students require coping skills and strategies to navigate the university environment; for students with psychiatric disabilities, this set of skills must be expanded to encompass the unique characteristics of their conditions. Whether challenged by impaired focus or concentration, feelings of anxiety that create blurred vision and impaired thinking, or internal/external stigma that creates feelings of low self-esteem or shame, participants described ways of coping that made their educational experiences more positive.

Coping strategies generally were described by participants as those of effectively managing their time, maintaining discipline, and not taking on too much at once; a unique perspective reported was one in which focus on grade outcomes was minimized in order to mitigate stress levels. Asking for help and seeking the assistance of professors outside of the classroom, though difficult for some, was described by over half of the participants as supporting their success while coping with their PD, as similarly noted in the literature (e.g., Collins & Mowbray, 2005; Dougherty et al., 1993). Citing limitations of the policies, practices, and training about PD within the university and its staff, half of the participants described that advocating for themselves, to the extent they were able, provided a way to influence more positive outcomes (see Figure 1).

The Role of Social Support from Faculty and Staff

Participants identified professors and counselors

as having had a significant impact on their educational experiences, in both positive and negative ways. When positive, they explained the benefits as being "transformational" and "wonderful." Professors were described as having provided support, understanding, and compassion, and filled roles not unlike those of parents, friends, or mentors.

Raquel: so like most of my professors have been understanding, but some have been more understanding than others. Kind of like...how that emotional connection is helpful because it's an emotional disability. And even if it's not [an emotional disability] there are feelings that go along with any disability. I feel like anybody can relate to feeling bad...feel frustrated when you can't get certain things. I just feel like making a connection with any disability is really helpful for the emotional side.

Counselors were described by the students as being sources of emotional support, guidance, motivation, and as go-betweens when students needed interventions on their behalf.

Doris: Ben Johnson [Accessibility Services counselor] has also given me, yeah, the support and just the positive input that I have value as a person because I don't always feel that way about myself.

Nine of the fourteen participants expressly cited specific staff counselors as being extremely beneficial in helping them navigate the campus environment more smoothly, several ($n = 7$) stating that these counselors went above and beyond their jobs at the university and provided supportive counsel on issues not only related to the university experience, but to their personal lives as well (see Figure 1).

Discussion

These study findings corroborate prior research on the obstacles faced and supports encountered by students with PD in postsecondary settings. The students described facing a multitude of obstacles in their attempts to navigate their environment in order to realize their educational goals; they expressed significant concerns about the capacity for these obstacles to negatively impact their experiences at the university. Components of their differing psychiatric disabilities were experienced as alterations in emotions, behavior, and cognition. Dealing with these fluctuating conditions presented often agonizing experiences for the participants, both internally felt as

well as creating negative responses in their social interactions at the university.

Nine out of the fourteen participants described negative experiences with professors and/or staff who demonstrated either blatantly discriminatory attitudes/behaviors, more subtle micro-aggressions, or a failure to provide the support the students were looking for. Yet, it is not the case that these students were blaming campus personnel for their difficulties. On the contrary, all of these same respondents described other interactions with professors and staff as caring and supportive, similar to other researchers' findings (e.g., Dougherty, 1993; Megivern et al., 2003; Schindler & Kientz, 2013). The students' characterization of the benefits of having an "emotional connection" with professors and staff provided a noteworthy perspective; because many students described fragile emotions as part of their condition, feeling emotional support and understanding was reported as having contributed positively to their educational experience. Generally speaking, student interactions with professors and staff that are encouraging have the potential to motivate students to persist in their studies (Schreiner, Noel, Anderson, & Cantwell, 2011; Trolan, Jach, Hanson, & Pascarella, 2016). Unfortunately, students with disabilities may be more vulnerable to being harmed by negative interactions with professors because they have been found to be more likely than nondisabled students to blame themselves for their failures (Adams & Proctor, 2010). Future research could explore the interactions between professors and students by contextualizing the faculty-student relationship to a greater extent, taking into account variables like academic field of the professor, major and educational level of the student, and whether or not there is a match between the professor and student in terms of gender, ethnicity, and other aspects of identity.

Limitations of the Study

Although the student experiences described here may have limited generalizability, the aim was to represent the campus environment as encountered by these students with PD, which may have applicability to similar environments. Due to the necessity of students identifying as having a psychiatric disability in order to participate, only students willing to self-disclose their condition participated; a broader narrative may have been elicited had the experiences of students with these psychological conditions, but who were not receiving accommodations, been represented in the sample. Further, the limitations of this study include the lack of more than one interview for each participant; however, while multiple interviews

might have elicited a greater level of comfort in the respondents, it's also possible that requiring additional interviews would have proven burdensome to some participants and yielded a less representative sample of participants with different types of disabilities.

Future Directions

Recommendations for Future Research

As with research on other types of disability, it is important that future research regarding students with psychiatric disability take into account the perspectives of the students themselves concerning what supports they are lacking in higher education, and why it's meaningful for them to remain steadfast in pursuit of their educational goals despite the hardships – in the words of Padron (2006), a "critical part of recovery is engaging in meaningful activities and having opportunities to learn and grow instead of being treated as a fragile, low functioning individual who is incapable of dealing with stress at any level" (p. 148). Students with psychiatric disabilities typically experience extended timeframes in their educational attainment (e.g., Knis-Matthews et al., 2007; McEwan & Downie, 2013; Schindler & Keintz, 2013), as did many of the participants in this study, with nearly all being over the age of 25 (average age 35.2 years). While symptoms related to their psychiatric disability may have caused students to take lighter course loads and/or to take breaks in their education, it is vital for future research to consider the complete life context of students with PD when making recommendations for facilitating their academic achievement. For example, in this study 10 of the 11 undergraduates were transfer students; academic advising for transfer students can be more complex, and being a transfer student can be a stigmatized aspect of a student's identity as well (Chin-Newman & Shaw, 2013). Additionally, older students are more likely to have children, and in this study 3 women were single mothers. Institutions of higher education could enhance the well-being of student-mothers by offering couples/family counseling, workshops on stress reduction and time management, and on-campus childcare (Miller, Gault, & Thorman, 2011; Quimby & O'Brien, 2006). Further research examining the specific concerns and needs of older students with PD would be an important contribution to the literature.

Due to the study's participants being mainly non-traditional aged students and because of their ethnic diversity (see Table 1), applying a lens of intersectionality may help in understanding their unique perspectives based on their personal identities (Stapleton & Croom, 2017). For example, an African

American man in his mid-40's was well aware that he didn't have demographic characteristics in common with his classmates, which made him feel "isolated." He described it as "extremely difficult" in "every class" to work with others in groups because of negative stereotypes others had of him based on his ethnicity; however, in order to overcome this, he worked extra hard to be helpful to classmates and initiate study groups. Multicultural educators suggest that teachers, even if they do not share the same aspects of identity as their students, can effectively employ culturally responsive pedagogy by learning about the history and culture of their students, being open to learning about people different from themselves, and recognizing ableism and other types of discrimination in others and in themselves (Grant & Zwier, 2011).

Intersectionality research in the future should begin to regularly include disability and ableism, while qualitative research on students with disabilities should regularly report on the ethnicity of participants and also analyze data with these aspects of the participants' identity in mind. For example, multiple qualitative studies of students with PD did not report on the ethnicity of participants (Demery et al., 2012; Dougherty et al., 1996; Knis-Matthews et al., 2007; Padron, 2006; Weiner, 1999), while two studies which reported enrolling numerous African American participants did not address this fact in discussion of their results (Megivern et al., 2003; Schindler & Kientz, 2013). Another aspect of identity that is often overlooked by researchers is the role of religion or spirituality (Grant & Zwier, 2011), which could play an important role in the lives of some students, such as African American students (Rosser-Mims, Palmer, & Harroff, 2014). In this study, two participants referred to religion or spirituality in their interviews; the male African American participant above referred to his belief in a higher power as giving him a sense of purpose, and a Korean American woman mentioned her Christian faith as helping her to focus on being the best student and parent that she can be.

Recommendations for Supporting Students with Psychiatric Disabilities

By making a greater investment in relevant programs and services, institutions of higher education could potentially do much to facilitate the success of students with psychiatric disabilities (Bazelon Center for Mental Health Law, 2007). The following recommendations address the need to create a campus climate that is welcoming to students with PD, and to coordinate services with outside mental health providers.

Fostering feelings of inclusion on campus for students with psychiatric disabilities. One of the

key recommendations found in the literature and supported by this study is to develop services and programs to foster feelings of inclusion at the university for students with PD (Blacklock et al., 2003; Kiuhara & Huefner, 2008; NAMI, 2012). Achieving a sense of belonging and acceptance from those in one's environment is generally acknowledged as a basic human need (Baumeister & Leary, 1995; Maslow, 1968) that is related to persistence for college students (Tinto, 2017), and for students with mental health issues, it is an especially salient contributor to a positive experience in higher education (Knis-Matthews et al., 2007; Schindler & Kientz, 2013; Sharpe, et al., 2004). Two organizations that are working toward fostering awareness and inclusion of students with mental health conditions are Active Minds, and Art With Impact. Through student-run campus chapters, a speakers bureau, and other campus initiatives, Active Minds promotes dialogue on mental health issues with the goal of educating all students, eliminating stigma, and providing information about available mental health resources both on campus and within the community (Active Minds, 2019). Art With Impact promotes mental wellness through its "Movies for Mental Health" program by screening short films on campus in order to catalyze discussion of mental health issues (Art With Impact, 2019). Another approach would be to initiate a mental health awareness campaign on campus through ads in the campus newspaper, signs on campus, etc.; research on such a campaign in the community was found not only to improve knowledge of mental health issues, but to increase the likelihood that people would seek help (Wright, McGorry, Harris, Jorm, & Pennell, 2006).

Increased collaboration with community mental health providers. Another recommendation, supported by this study and others (Megivern et al., 2003; Wilson, Getzel, & Brown, 2000; Woodbridge, Goldweber, Yu, Golan, & Stein, 2014), calls for increased collaboration with community mental health providers. A study of all 23 California State University campuses and their local county mental health departments concluded that such partnerships yielded many advantages, including broadening awareness about available supports and increasing referrals to county mental health agencies (Woodbridge et al., 2014). Because supported education is usually available from off-campus providers, such referrals may be necessary in order for students with PD to access supported education (Collins & Mowbray, 2005). Additionally, the National Alliance on Mental Illness (NAMI, 2019) advocates for increasing the links between campus-based mental health services and community mental health networks, as

well as supporting legislation mandating increased funding for such measures.

Faculty and staff training related to understanding psychiatric disabilities. A third recommendation is for increased professional development and training of university faculty and staff pertaining to the issues relevant to students with psychiatric disability. As evidenced by the participants' reports of negative interactions with professors or staff, there is a notable deficiency in programs for educating faculty and the university community as to the nature of psychiatric disabilities, and the specific challenges and needs of this population. Survey research has also concluded that increased education is a necessary priority for addressing current inadequate or ineffective approaches (Collins & Mowbray, 2005; Martin, 2010). Faculty training offered by some pioneering institutions of higher education covers disability awareness, legal rights and responsibilities, and information about universal design for learning (Cook et al., 2006; Murray, Lombardi, Seely, & Gerdes, 2014; Park, Roberts, & Stodden, 2012; Sowers & Smith, 2004). Faculty members who have participated in such training indicate that their attitudes toward students with disabilities are more supportive, and that they are more willing to provide accommodations (Bigaj, Shaw, & McGuire, 1999; Murray, Lombardi, Wren, & Keys, 2009).

Because of the direct role of faculty members in teaching and advising students, as well as their potential influence on campus climate and culture, faculty members are key to the success of students with PD and other types of disabilities (Murray et al., 2014; Wilson, Getzel, & Brown, 2000). Ideally, a train-the-trainer model with faculty trainers could be effective for improving delivery of instruction and cultivating a culture on campus that is more supportive of students with disabilities (Rohland, Erickson, Mathews, Roush, Quinlan, & Smith, 2003). Although implementing such programs would require a substantial institutional commitment, campuses could take smaller steps toward increasing faculty members' understanding of students with disabilities, and universal design, by making available webinars (AHEAD, 2019; Innovative Educators, 2018) and online courses (Quality Matters, 2018), and publicizing online resources that are freely available (AUCD, 2019; CAST, 2019; Center on Disability Studies, 2019; DO-IT Center, 2019; Equity and Excellence in Higher Education, 2019). Further training for disability services staff in the areas of psychiatric disabilities and supported education would also be beneficial for students with PD (Collins & Mowbray, 2005); for example, any staff member could take a very low-cost online course on implementing mental health evidence-based practic-

es (Center on Mental Health Services Research and Policy, 2019), and those with prior work experience related to psychiatric rehabilitation are eligible to pursue certification as a Psychiatric Rehabilitation Practitioner (Psychiatric Rehabilitation Association, 2019). If institutions of higher education adopt multi-pronged approaches to increasing awareness of psychiatric disabilities and the legal responsibilities of faculty and staff related to PD, and motivate faculty members to incorporate principles of universal design into their instruction and to interact compassionately and appropriately with students with PD, the academic community can effectively engage, embrace, and support the educational goals of this population.

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Table 1

Participant Characteristics

Name	Age	Gender	Ethnicity	Education Level	Transfer Student	Psychiatric Disorder(s)	Major
Viola	40-50	Female	Declined to State	undergraduate	Yes	PTSD	Ethnic Studies
Kevin	26	Male	Mixed	graduate	N/A	Anxiety, Panic Attacks	Biology
Victoria	34	Female	White	undergraduate	Yes	Anxiety Disorder	Psychology
Raquel	19	Female	Samoan, Italian, Croatian, Chinese	undergraduate	No	Depression, PTSD, Borderline Personality	Psychology
Sharon	28	Female	Jewish	graduate	N/A	Agoraphobia, Panic Disorder	Statistics
Doris	64	Female	Unknown	undergraduate	Yes	Depression, Bipolar Disorder, PTSD, Anxiety	Ethnic Studies
Wes	45	Male	African American	undergraduate	Yes	PTSD, Bipolar Disorder, Major Depression	Psychology
Lisa	42	Female	Hispanic	undergraduate	Yes	Severe Depression, Borderline Personality Disorder	Criminal Justice Administration
Cindy	31-36	Female	Korean American	undergraduate	Yes	Bipolar 1 Disorder	Hospitality and Tourism
Latifa	45	Female	African American	undergraduate	Yes	ADHD, Obsessive-Compulsive Disorder	Human Development
Caroline	32	Female	White	undergraduate	Yes	PTSD	Psychology
Chris	26	Male	White	undergraduate	Yes	Bipolar NOS, ADHD, ASD	Communication
Neil	27	Male	Latino / White	graduate	Yes	ADD, Bipolar 1 Disorder	Speech Pathology
John	26	Male	African American-Caucasian	undergraduate	Yes	Psychotic Disorder, Schizoaffective Disorder	Business Administration

Note. PTSD = Post-traumatic Stress Disorder; ADHD = Attention Deficit Hyperactivity Disorder; NOS = Not Otherwise Specified; ASD = Autism Spectrum Disorder; ADD = Attention Deficit Disorder

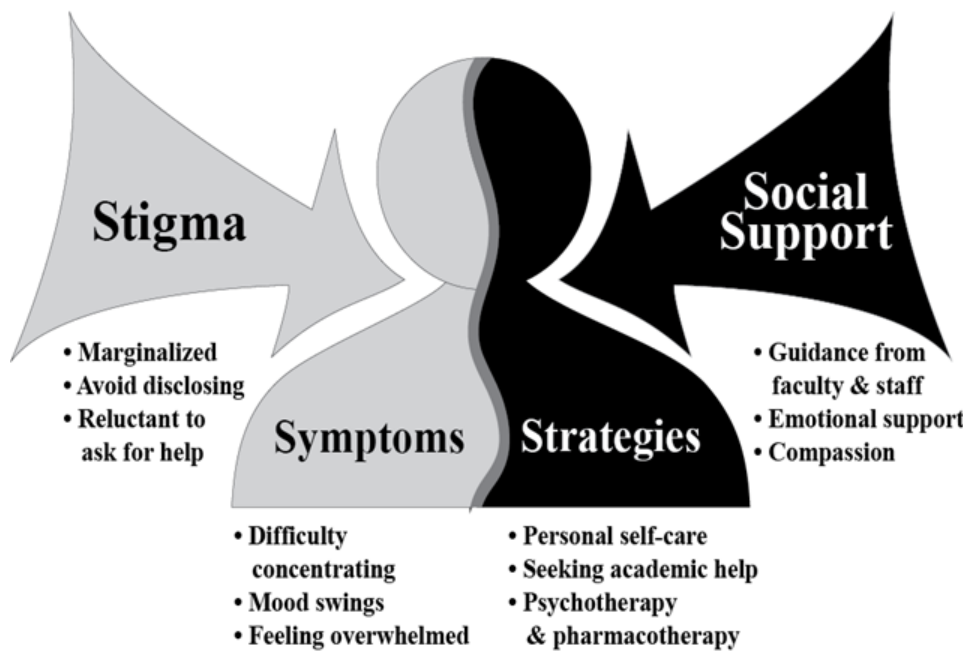


Figure 1. Challenges and supports for university students with psychiatric disabilities. Image adapted from original with permission by Livier Ayon, 2016.