

When Realities and Expectations Collide: The Intersectionality of Mental Health Concerns and Learning in Academic Settings

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- **To provide Participants with**
 - (1) An understanding of the learning opportunities and challenges for students confronting mental health illness and concerns
 - (2) An awareness of and exposure to knowledge, skills, and pedagogical considerations for improving the experiences of these students inside and outside the classroom
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- **Mental Health Concerns defined, within the context of “Diversity and Inclusion”**
 - **How are Mental Health Concerns diagnosed and addressed on a College Campus**
 - **What is the relationship between Learning and Mental Health Concerns**
 - **How do Mental Health Concerns affect short-term and long-term decisions and outcomes**
 - **Dedicated Question and Answer session**
 - **Reception to follow**
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- **What are some “common” mental illnesses?**
 - **What makes them “common?”**
 - **What are some “common” treatments?**
 - **How are they typically portrayed in the media?**
 - **Jot down one question for later...**
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- **Mental health includes our emotional, psychological, and social well-being**
 - **It helps determine how we handle stress, relate to others, and make choices**
 - **Factors contributing to mental health:**
 - **Biological (e.g., genes; brain chemistry)**
 - **Life experiences (e.g., trauma or abuse)**
 - **Family history**
 - **Environmental contexts**
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- **Mental health issues**
 - “Normal issues in normal contexts”
 - **Mental health illness** (about 20% of Americans)
 - When mental health issues become more frequent and more severe
 - Considered “serious” when day-to-day activities are impeded (about 4% of Americans)
 - May also include personality disorders
 - **Mental health treatment**
 - Therapy and/or psychopharmacological
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- **Are “people with disabilities” a cultural group?** (part of how “we” got to this workshop)
 - **What about the role of “intersectionality?”**
 - **Individuals with mental health as a “group”**
 - Supported by the human services literature
 - What might be “Common experiences” for individuals with disabilities would be?
 - **Cultural considerations and contexts to mental health**
 - Health disparities literature
 - Access to health care and insurance
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- <http://www.newsweek.com/anxiety-disorders-explained-487856>
 - <http://www.newsweek.com/nearly-1-5-americans-suffer-mental-illness-each-year-230608>
 - <https://www.mentalhealth.gov/>
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Mental Health Concerns – The Wake Perspective

At some time in the past 12 months:

50% felt things were hopeless

89% felt overwhelmed by all you had to do

65% felt very lonely

69% felt very sad

37% felt so depressed it was difficult to function

64% felt overwhelming anxiety

11% seriously considered suicide

1% attempted suicide

- **Broad range of DSM-5 diagnoses – identified both before and during time at WFU**
 - **Most common concerns**
 - **Anxiety disorders**
 - **Depressive disorders**
 - **Trauma responses (both due to recent and past traumas)**
 - **Alcohol and other drug use disorders**
 - **Eating disorders**
 - **Developmental/Adjustment concerns**
 - **Mania, psychotic disorders, personality disorders**
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- **About 13% of student population accesses UCC during a calendar year**
 - **Vast majority of students experiencing mental health distress are still able to function**
 - **Generally representative of student population**
 - **Currently trending more women than men, slightly more Asian/Asian-American, African-American, 2 or more races than Fact Book**
 - **Continuously striking balance between access and treatment**
 - **Wait between initial call and 1st apt – about 5 days**
 - **Mean number of sessions – about 5 sessions**
 - **12-session guideline in place**
 - **Case management for students referred off-campus available**
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- **Collaborates with students, faculty, and staff to help manage concerns and meet academic requirements**
 - **In the course of enrollment (graduate and undergraduate)**
 - **Consult with students prior to and return from Continuing Enrollment Status or late drops**
 - **Direct advocacy to instructors to meet with students**
 - **Consultation to parents, faculty, & staff**
 - **Collaborates with Student Health Service to provide combination of medical and psychological support**
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Counseling Center

- **Listening and support**
- **Consultation**
- **Confidential**
 - Records protected by state mental health law

CARE Team

- **Action, connecting to resources**
- **When needing someone else to step in**
 - Collect data from multiple stakeholders to identify trends
- **Discrete**
 - Info shared by multiple stakeholders

counselingcenter.wfu.edu

careteam.wfu.edu



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(Official)

BREAK TIME!

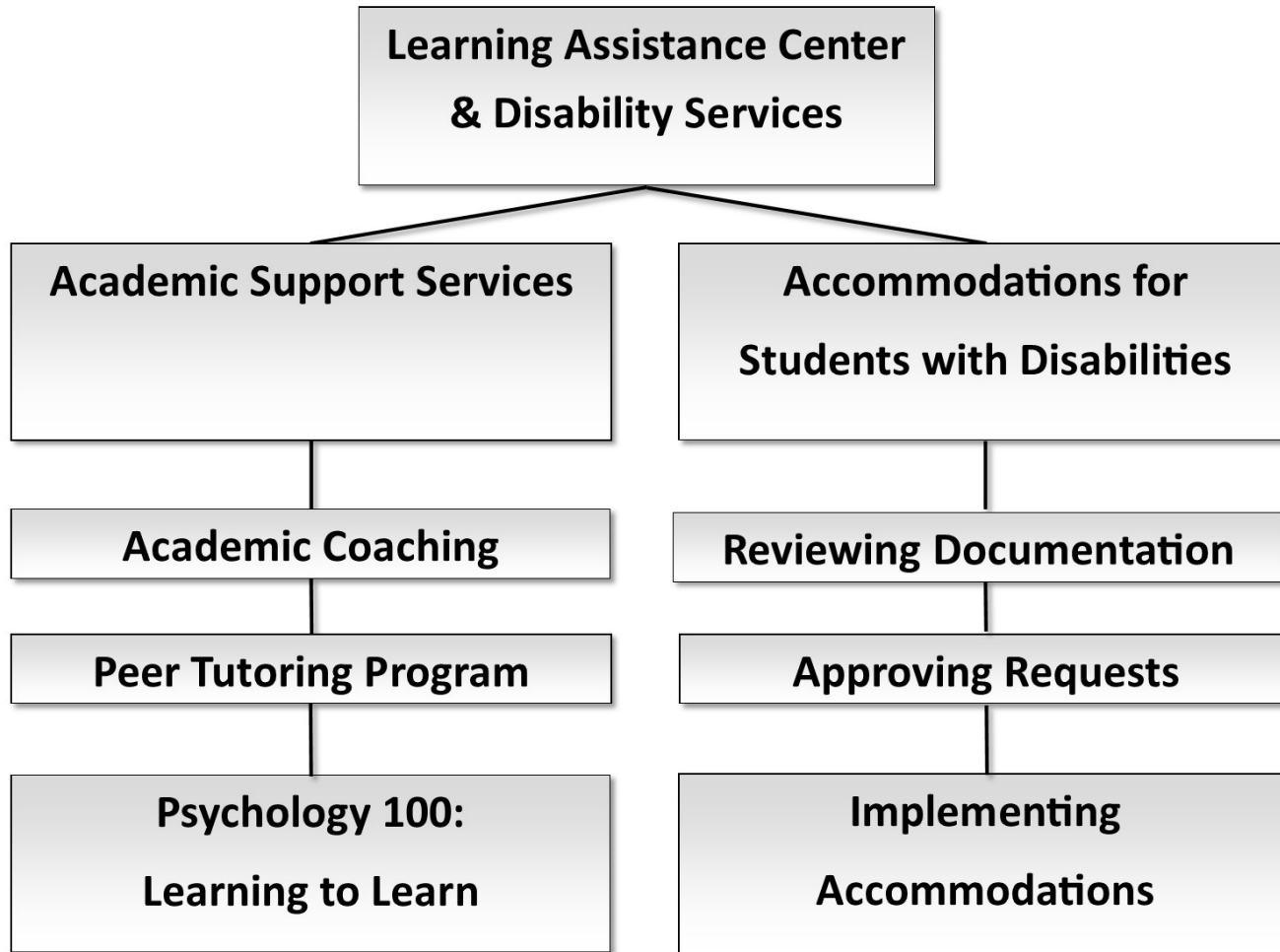


Learning Assistance and Disability Services – The Wake Perspective

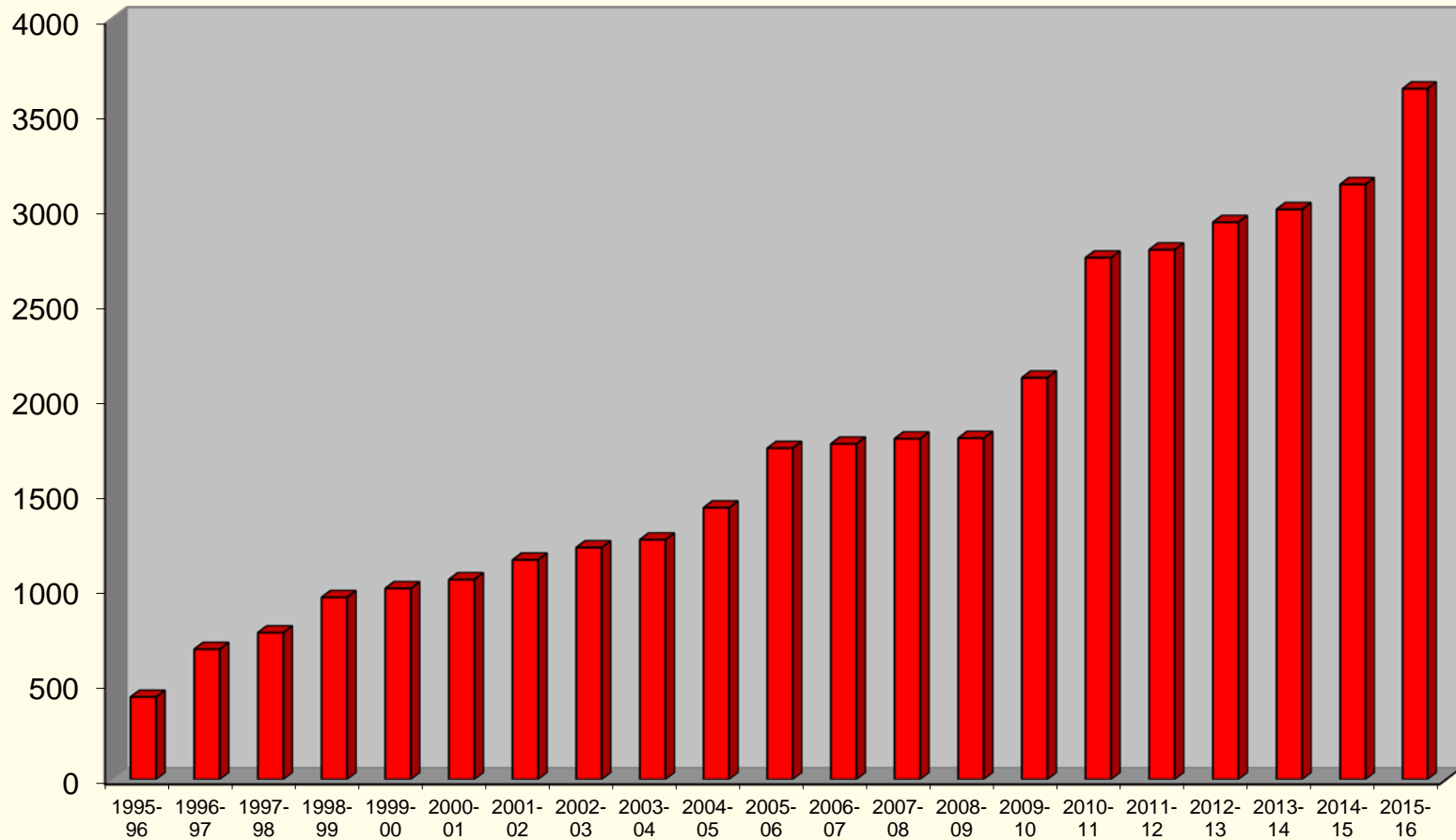
Learning Assistance and Disability Services (LAC-DS)

Helpful handouts

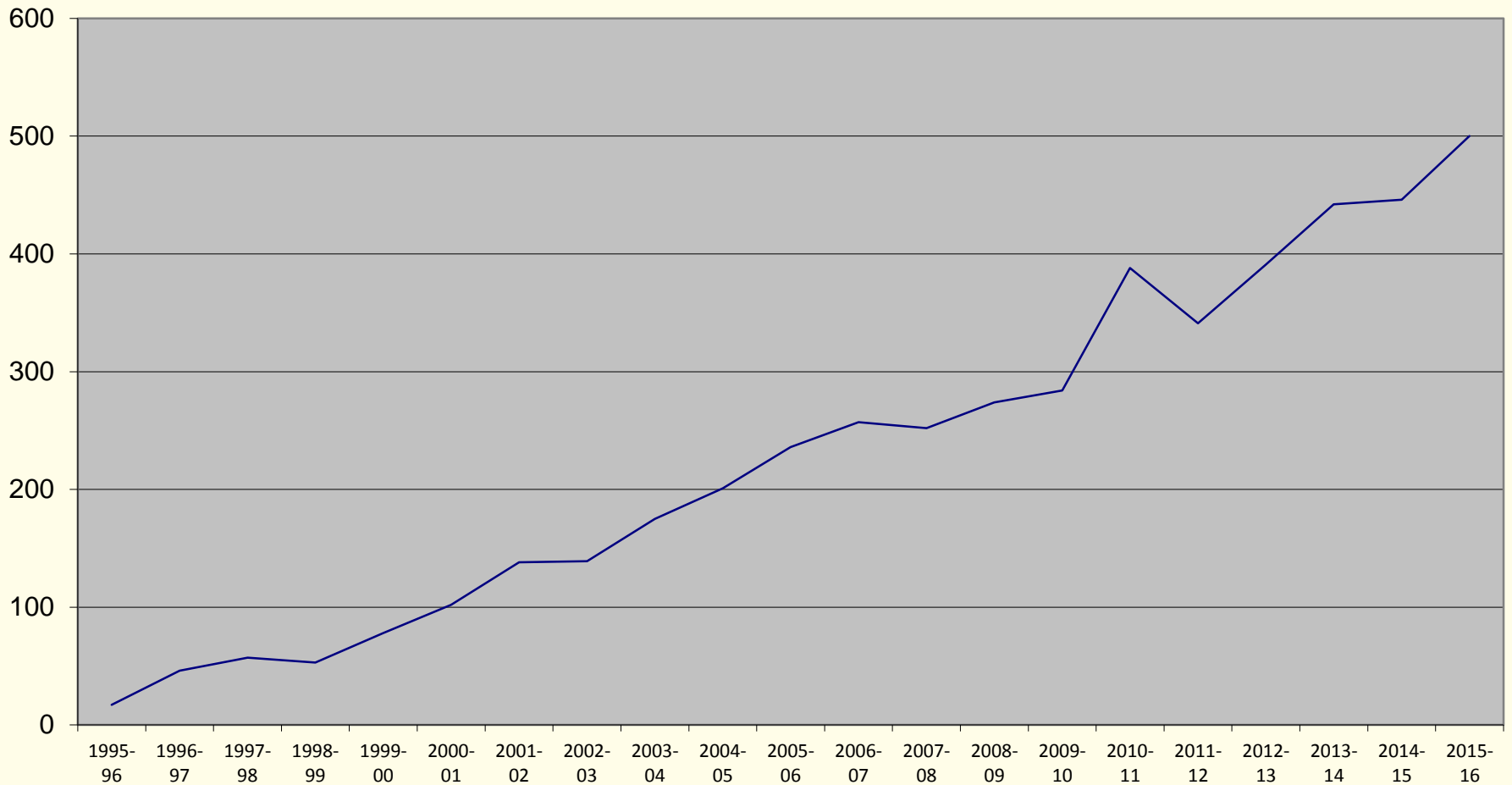
1. Accommodation process
 2. FAQ for Faculty and Staff (on LAC-DS website)
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Comparison of Number of Encounters (1995-2016)



Number of Students who Disclosed Disabilities (1995-2016)



Increased demand for services UCC and LAC-DS

- **Increase (improvement) in diagnoses**
 - **Effect of stigma-reduction campaigns**
 - **Greater awareness of mental health concerns in general**
 - **Psychotropic medication that mitigates symptoms and allows more students to access postsecondary education than in previous years**
 - **Students arrive at WFU academically underprepared**
 - **Poor frustration tolerance**
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How LAC-DS can help students with mental illness

Academic coaching – mental health concerns may lead to diminished academic performance and reduced ability to participate in daily activities

Referrals – identify other resources (UCC, OAA, off-campus referrals) that can help students in academic difficulty as a result of mental health concerns

When does mental illness become a “disability?”

- Legal definition – *a physical or mental impairment that substantially limits one or more major life activities*
 - ADA of 1990 (and the ADA Amendments Act of 2008) and Section 504 of the Rehabilitation Act of 1973
 - Temporary vs. chronic – 6 months or more (although it's grey)
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When does mental illness become a “disability?”

- Examples of psychological disabilities at WFU include OCD, bipolar disorder, and other significant anxiety and depressive disorders
 - It is not uncommon for students with mental health concerns to also have learning disabilities and ADHD
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How does the LAC-DS determine reasonable accommodations?

- (a) Review documentation from provider
 - (b) What is the *functional limitation* of the disability?
 - (c) What is the rationale – without the accommodation, would the student have meaningful access?
 - (d) Does the accommodation *fundamentally alter* the nature and essential components of the class (program, service)?
 - (e) Case by case basis – interactive process
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Examples of accommodations *could* include:

- Extended time for in class assessments, exams, and tests
 - Low-distraction environment for in class timed assignments
 - Priority registration
 - Recording lectures
 - Reduced course load
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Takeaways for faculty

- **Think twice before allowing flexible deadlines or a routine accommodation of extended time for out of class assignments. Makes it much harder for the student in the long run. Consider a reduced course load instead.**
 - **Recognizing and referring students in trouble is one of the best things a faculty/staff member can do.**
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Academic Choices and Challenges – The Wake Perspective

- **Early identification & intervention: The critical role of communication that includes faculty**
 - **Equitable and appropriate accommodations for students facing mental health challenges**
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- **Early identification & intervention: The critical role of communication that includes faculty**
 - **OAA aiming to bring faculty / staff advisers into the loop when working w/ students**
 - **Faculty urged to**
 - **Notice & convey concerns**
 - **Report meaningful midterm grades**
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- **Equitable and appropriate accommodations for students facing mental health challenges**
 - **What would I do if this were mono?**
 - **Think from the frame of “authoritative parenting”**
 - **Highly responsive & caring**
 - **Holding student to appropriate expectations in order to get credit for the course**
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- **Go back to that question you jotted down a couple of hours ago**
 - **Did it get answered?**
 - **If not, now would be a good time to ask it?**
 - **Or, perhaps, you've thought of others...**
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- **First, thanks to all of you for making the time and attending today**
 - **Second, thanks to all of the presenters for bridging the gap between student life and academic affairs**
 - **Third, please let us know if you have additional questions**
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