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

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Specific Aims for the Day

• 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
Today’s Structure

• 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
Let’s Gauge the Room

• 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...
What is Mental Health

- 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
What is Mental Illness

• 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
Inclusivity & Mental Health

• 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
General Resources

- [http://www.newsweek.com/nearly-1-5-americans-suffer-mental-illness-each-year-230608](http://www.newsweek.com/nearly-1-5-americans-suffer-mental-illness-each-year-230608)
- [https://www.mentalhealth.gov/](https://www.mentalhealth.gov/)
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
Concerns at Wake
Who Accesses UCC

• 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
Concerns at Wake
Role of the UCC

- 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
Counseling Center & CARE Team

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](counselingcenter.wfu.edu)  [careteam.wfu.edu](careteam.wfu.edu)
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)
Learning Assistance Center & Disability Services

Academic Support Services
- Academic Coaching
- Peer Tutoring Program
  - Psychology 100: Learning to Learn

Accommodations for Students with Disabilities
- Reviewing Documentation
- Approving Requests
- Implementing Accommodations
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
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)
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.
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
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
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.
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
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
• 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
• 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...
Gratitude

- 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