

Psychiatric Disabilities

DESCRIPTION AND FACTS:

The National Institute of Mental Health reports that one in five Americans has some form of diagnosable and treatable mental illness in any given six months. The onset of major mental illness is often between the ages of 18-25, when youth are beginning the development of their adult lives. The onset of mental illness may disrupt the life tasks of choosing a career, becoming educated, developing relationships and assuming civic responsibilities. Once disrupted, it is extremely difficult to recreate the circumstances of youth. For many people with psychiatric disabilities, returning to post-secondary education provides a means to revisit developmental tasks and to recreate lost opportunities. Although recovery rates range from fifty to seventy percent, people with psychiatric disabilities may face the stigma which continues to be associated with mental illness.

The Rehabilitation Act of 1973, Section 504, and the Americans with Disabilities Act of 1990 protect the rights of qualified persons with psychiatric disabilities in higher education. More students in general, including those with psychiatric disabilities, are identifying themselves to the Learning Center and requesting accommodations.

Students with psychiatric disabilities often receive community-based psychiatric care and/or rehabilitative services. These supports are critical in helping the student adjust to the stresses of returning to school. The provision of academic counseling and the provision of "reasonable accommodations" are necessary on-campus supports provided by the Learning Center.

Returning to school is exciting and challenging for almost everyone. For the student with a psychiatric disability, it may be especially stressful. It is important that students take responsibility for their own wellness and develop a program that allows them to function in spite of their problems.

As psychiatric disabilities are "invisible" disabilities, a student may choose not to disclose the situation and thus not receive support services. If a student does choose to receive the services available, he or she must self-identify to the Coordinator of Disability Services and provide documentation verifying psychiatric diagnosis to qualify for services. The treatment history is confidential. Information disclosed is limited to the information necessary to provide "reasonable accommodations" in the academic setting. In working with instructors, disclosure of a student's diagnosis or history is a matter of student choice. The Coordinator of Disability Services cannot disclose information about a student's disability.

POSSIBLE BARRIERS:

- Psychotropic medication may slow response time
- Interference with ability to think and memorize quickly
- Increased anxiety levels
- Decreased energy and attention
- Increased anger and reality distortion

INTERACTION WITH AN INDIVIDUAL WITH PSYCHIATRIC DISABILITIES:

1. Be patient. The more relaxed you are, the more relaxed the individual will be when communicating with you.
2. Be positive. Depression and pessimism are common behaviors associated with psychiatric disabilities, which could be decreased by another person showing positive actions.
3. Be aware that side effects could be present from any medication that is being taken by an individual with psychiatric disabilities.
4. Do not ever generalize any individual's disability. Every individual who has a disability has different reactions and barriers. This also includes those who have psychiatric disabilities.

TEACHING A STUDENT WITH PSYCHIATRIC DISABILITIES:

The following are general suggestions:

1. **Maintain high, but realistic expectations** to encourage full realization of social and vocational potential.
2. **Be aware** that a student with a psychiatric disability may frequently be treated with therapeutic medications that affect performance and speed.
3. **Encourage students at the beginning of each semester** to discuss with you any modifications that will facilitate their learning, any side effects they may have from medication, and any symptoms of stress to be noticed.
4. **Be aware of changes in behavior** that could be symptomatic of a recurrence of problems.
5. **Encourage students to use relaxation** and other stress reducing techniques especially during exams.
6. **Use positive encouragement.** Low self-esteem and self-criticism are common traits of individuals with psychiatric problems.