



**JOB ACCOMMODATION NETWORK**

## Accommodation and Compliance Series

# Higher Education Accommodations: Students with Psychiatric Disabilities

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## Preface

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In honor and memoriam of Virginia Tech <http://www.vt.edu/tragedy>.

# JAN'S ACCOMMODATION AND COMPLIANCE SERIES

## Introduction

JAN's Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with Title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific medical condition and provides information about the condition, ADA information, accommodation ideas, and resources for additional information.

The Accommodation and Compliance Series is a starting point in the accommodation process and may not address every situation. Accommodations should be made on a case by case basis, considering each employee's individual limitations and accommodation needs. Employers are encouraged to contact JAN to discuss specific situations in more detail.

For information on assistive technology and other accommodation ideas, visit JAN's Searchable Online Accommodation Resource (SOAR) at <http://www.jan.wvu.edu/soar>.

## Information about Psychiatric Impairments

### What are psychiatric impairments?

Psychiatric impairments, also called "mental illnesses," refer collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning (Goldman, 1999).

### How prevalent are psychiatric impairments?

Recent studies estimate that about 20 percent of the U.S. population is affected by psychiatric impairments during a given year. This estimate is based on surveys that defined psychiatric impairments according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV and DSM-IV-TR) (Goldman, 1999).

### What are some common psychiatric impairments?

**Generalized Anxiety Disorder:** Generalized anxiety disorder is characterized by the feeling of constant worry and tension that lasts 6 or more months. This exaggerated worry and tension appears to have no cause and the individual may feel stressed and unable to relax (APA, 1994).

**Bipolar Disorder:** Bipolar disorder (manic depression) is a brain disorder involving episodes of mania and depression. It affects more than two million American adults. Effective treatments are available that greatly reduce the symptoms of bipolar disorder and allow people to lead normal and productive lives (APA, 1994).

**Depressive Disorder:** Depressive disorders are serious illnesses that affect a person's mood, concentration, sleep, activity, appetite, social behavior, and feelings. Depressive disorders come in different forms, the most common being major depression (uni-polar depression). Major depression, the leading cause of disability in the U.S., affects over nine million adults annually. Despite its disabling effects, depression is highly treatable (APA, 1994).

**Obsessive-Compulsive Disorder:** People with obsessive-compulsive disorder (OCD) experience recurrent unwanted thoughts (obsessions) or rituals (compulsions), which they feel they cannot control. Rituals such as hand washing, counting, checking, or cleaning are often performed in hope of preventing obsessive thoughts or making them go away. Performing these rituals, however, provides only temporary relief, and not performing them can increase anxiety. Left untreated, obsessions and the need to perform rituals can take over a person's life. OCD is often a chronic, relapsing illness (APA, 1994).

**Panic Disorder:** Panic disorder is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress. These sensations often mimic symptoms of a heart attack or other life-threatening medical conditions (APA, 1994).

**Post-Traumatic Stress Disorder (PTSD):** PTSD is a condition that can occur after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened (e.g., rape or mugging, natural or human-caused disasters, accidents, or military combat). Many people with PTSD re-experience the ordeal in the form of flashbacks, memories, nightmares, or frightening thoughts, especially when they are exposed to events or objects reminiscent of the trauma or on the anniversaries of the event. People with PTSD also experience emotional numbness and sleep disturbances, depression, anxiety, irritability or outbursts of anger, and guilt (APA, 1994).

**Schizophrenia:** Schizophrenia is a severe and chronic brain disorder that impairs a person's ability to think clearly, manage emotions, make decisions, and relate to others. People with schizophrenia experience terrifying symptoms that often leave them fearful and withdrawn. Schizophrenia is highly treatable, and new discoveries and treatments are continually improving the outlook for people with this disorder (APA, 1994).

**Seasonal Affective Disorder (SAD):** SAD is caused by seasonal natural light variation that affects humans' circadian rhythm. Symptoms of SAD include depression, excessive eating and sleeping, and weight gain during the fall or winter months. Full remission from depression occurs in the spring and summer months (APA, 1994).

### **What treatments exist for psychiatric impairments?**

Effective treatments include psychotherapy, cognitive behavioral therapy, relaxation techniques, and biofeedback to control muscle tension. Medication, most commonly anti-anxiety drugs, may be required in some cases (NIMH, 2000).

## **Psychiatric Impairments, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act**

### **How do the ADA and section 504 of the Rehabilitation Act apply to students in higher education?**

The Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 both ensure that students with disabilities have equal access to educational opportunities in higher education. Both laws require colleges and universities to offer a wide range of services, accommodations, and auxiliary services for students with disabilities. These services are typically individually designed, and based on the specific needs of each student as identified by the school's Disability Service Providers.

### **Are psychiatric impairments considered disabilities under the ADA and Section 504 of the Rehabilitation Act?**

The definition of disability is the same under both laws. Neither law contains a list of medical conditions that are covered disabilities. Therefore, some students with psychiatric impairments will have a disability covered under the ADA and some will not. This means that some students with psychiatric impairments will be eligible to receive services from the school's Disability Service Providers, and some will not.

A student has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or is regarded as having such impairment (EEOC, 1992). To be covered by the ADA, the impairment must substantially limit one or more major life activities. These are activities that an average person can perform with little or no difficulty. Examples are: walking, seeing, speaking, hearing, breathing, learning, performing manual tasks, caring for oneself, and working. These are examples only. Other activities such as sitting, standing, lifting, or reading are also major life activities (EEOC, 1992).

Most courts have agreed with the activities listed by the EEOC, and have gone further to expand on other activities and impairments. For example, in *Coons v. Department of the Treasury*, 383 F.3d 879 (9th Cir. 2004), the court held that "...depression and panic disorders (emotional or mental illnesses) are impairments" (Fram, 2007). However, the EEOC has stated that "...common personality traits, such as being irresponsible or showing poor judgment, are not impairments." In addition, the EEOC and various courts all agree that traits like "irritability and chronic lateness are not themselves impairments" and "an inability to tolerate stressful situations is not an impairment under the ADA" (Fram, 2007).

For more information about how to determine whether a person has a disability under the ADA, visit <http://www.jan.wvu.edu/corner/vol02iss04.htm>.

## Accommodating Students with Psychiatric Impairments

Note: Some students have psychological impairments such as depression, bipolar disorder, or severe anxiety. Psychological impairments complicate many areas of life, including education. Every case is different, but there are some commonalities in the academic experiences of students with psychological impairments (University of California, Berkeley Disability Services, 2007).

Students with psychiatric impairments may develop some of the limitations discussed below, but seldom develop all of them. Also, the degree of limitation will vary among individuals. Be aware that not all students with psychiatric impairments will need accommodations in school and many others may only need a few accommodations. The following is only a sample of accommodation possibilities available. Numerous other accommodation solutions may exist.

### Questions to Consider:

1. What limitations does the student experience?
2. How do these limitations affect the student's ability to perform in the classroom or participate in college activities?
3. What accommodations are already available to help reduce or eliminate the problems caused by the student's limitations?
4. Are all possible resources being used to determine accommodations?
5. Can the student provide information on possible accommodation solutions?

Special note about housing: Students with psychiatric impairments may need housing accommodations, such as a private room, permission to use a service animal, modified door/window locks (for additional safety), or special room location (nearest to a bathroom, nearest/farthest from entrance).

Factors surrounding housing accommodations for students with psychiatric disabilities include cost (single student in a double-occupancy room), documentation that supports the need for housing accommodations, and issues of direct threat. While schools are justified in denying housing to students who pose harm to themselves or others, schools are currently reviewing their "suicide policies" in light of recent court rulings against George Washington University (2006) and Hunter College (2006). It may be a violation of the ADA or other laws to automatically exclude students from housing who attempted suicide, particularly when the students can provide medical documentation showing they are not currently a risk of harm to themselves or others, and can safely return to dorm-living and academic life.

## Accommodation Ideas:

**Time Management:** Students with psychiatric impairments may experience difficulty managing time, which can affect their ability to mark time as it passes incrementally by minutes and hours. It can also affect their ability to gauge the proper amount of time to set aside for certain tasks. It may be difficult to prepare for, or to remember, activities that occur later in the week, month, or year.

- Divide large assignments into several small tasks
- Give ample time to complete in-class and out-of-class assignments
- Provide a checklist of assignments
- Assist students with their own techniques for time management:
  - Emphasize due dates on the syllabus
  - Develop a color-coded system (each color represents a task, or event, or level of importance)
  - Help students add entries on their calendar or PDA, or double-check entries to ensure dates and times were entered correctly

**Memory:** Students with psychiatric impairments may experience memory deficits, which can affect their ability to complete tasks, remember personal responsibilities, or recall daily actions or activities.

- Provide written instructions
- Allow additional time for new tasks
- Offer use of note-taker
- Audio or video recording the class or lecture
- Provide copy of instructor's notes or slides
- Provide outline or list of key words for each class session

**Maintaining Concentration:** Students with psychiatric impairments may experience decreased concentration, which can be attributed to auditory distractions (that can be heard) and/or visual distractions (that can be seen).

- To reduce auditory distractions:
  - Purchase a noise canceling headset
  - Hang sound absorption panels
  - Provide a white noise machine
  - Relocate student's workspace away from audible distractions
  - Redesign student's workspace to minimize audible distractions
- To reduce visual distractions:
  - Install space enclosures (cubicle walls)
  - Reduce clutter in the student's classroom environment
  - Redesign student's workspace to minimize visual distractions
  - Relocate student's workspace away from visual distractions

Organization and Prioritization: Students with psychiatric impairments may have difficulty getting or staying organized, or have difficulty prioritizing tasks and activities for school.

- Develop color-code system for files, projects, or activities
- Use chart to identify class activities and assignments
- Use college advisor to help schedule classes each semester
- Use a tutor, upperclassman, or volunteer to reinforce organization skills
- Assign prioritization of assignments for the student
- When possible, assign new project only when previous project is complete
- Allow work to be completed in groups, making each person in the group accountable for a portion of the project

Social Skills: Students with psychiatric impairments may have limitations in adaptive skills, such as communicating with others, or exhibiting appropriate social skills. This might manifest itself as interrupting others, demonstrating poor listening skills, not making eye contact when communicating, or inability to correctly read body language or understand innuendo.

- Demonstrate appropriate behavior in the classroom
- Develop a simple, but appropriate, code of conduct for your classroom:
  - Rules for tardiness or leaving early
  - Rules for engaging in debate or discussion
  - Rules for good classroom citizenship
- If possible, make class attendance optional
- Encourage students to minimize personal conversation, or move personal conversation away from classroom
- Promote sensitivity training (disability awareness) in the classroom
- Encourage all students to model appropriate social skills
- Adjust teaching techniques to better fit the student's needs
- Allow the student to complete work online
- Adjust method of communication to best suit the student's needs

Completing Course Requirements: Students with psychiatric impairments may need adjustments to, or modifications for, course or degree requirements. Many solutions exist, including:

- Course substitution
- Taking a reduced course-load
- Spreading out course-load to include summers or an additional academic year
- Independent study
- Online courses



Taking Tests: Students with psychiatric impairments may need accommodations when taking tests. For information regarding testing accommodations, see:

- <http://www.jan.wvu.edu/media/testingaccomm.html>

Additional Reading: In response to the tragic shootings that occurred at Virginia Tech on April 16, 2007, agencies that provide information about higher education and disability, or that provide information about psychiatric impairments, all expressed sympathy and condolences, and provided worthwhile information about emergency preparedness, disability awareness, and accommodations. For further reading, see:

- [http://ahead.org/resources/mentalhealth\\_resource.htm](http://ahead.org/resources/mentalhealth_resource.htm)
- [http://www.samhsa.gov/MentalHealth/understanding\\_MentalIllness.aspx](http://www.samhsa.gov/MentalHealth/understanding_MentalIllness.aspx)
- <http://www.nami.org/Template.cfm?Section=April6&Template=/ContentManagement/ContentDisplay.cfm&ContentID=45403>

## Resources

### **Job Accommodation Network**

West Virginia University, PO Box 6080  
Morgantown, WV 26506-6080  
Toll Free: (800)526-7234  
TTY: (877)781-9403  
jan@jan.wvu.edu  
<http://www.jan.wvu.edu>

### **Office of Disability Employment Policy**

200 Constitution Avenue, NW, Room S-1303  
Washington, DC 20210  
Direct: (202)693-7880  
TTY: (202)693-7881  
infoODEP@dol.gov  
<http://www.dol.gov/odep/>

### **Anxiety Disorders Association of America**

8730 Georgia Avenue, Suite 600  
Silver Spring, MD 20910  
Direct: (240)485-1001  
Fax: (240)485-1035  
<http://www.adaa.org>

### **Center for Psychiatric Rehabilitation**

Boston University  
940 Commonwealth Avenue West, 2nd Floor  
Boston, MA 02215  
Direct: (617)353-3549  
kfurlong@bu.edu  
<http://www.bu.edu/cpr>

### **Judge David L. Bazelon Center for Mental Health Law**

1101 15th St. NW, Suite 1212  
Washington, DC 20005  
Direct: (202)467-5730  
TTY: (202)467-4232  
HN1660@handsnet.org  
<http://www.bazelon.org>

**Knowledge Exchange Network**

P.O. Box 42557  
Washington, DC 20015  
Toll Free: (800)789-CMHS  
TTY: (301)443-9006  
info@mentalhealth.org  
<http://www.mentalhealth.org>

**National Institute of Mental Health**

Office of Communications and Public Liaison  
Information Resources and Inquiries Branch  
6001 Executive Boulevard, Room 8184  
Bethesda, MD 20892-9663  
Direct: (301)443-4513  
TTY: (301)443-8431  
nimhpubs@nih.gov  
<http://www.nimh.nih.gov>

**National Mental Health Association**

2001 North Beauregard Street, 12th Floor  
Alexandria, VA 22311  
Toll Free: (800)969-6642  
TTY: (800)433-5959  
infoctr@nmha.org  
<http://www.nmha.org>

**National Mental Health Consumer Self-Help Clearinghouse**

1211 Chestnut Street, Suite 1207  
Philadelphia, PA 19107  
Toll Free: (800)553-4KEY  
info@mhsselfhelp.org  
<http://www.mhsselfhelp.org>

**Obsessive Compulsive Foundation Inc.**

PO Box 9573  
New Haven, CT 06535  
Direct: (203)315-2190  
info@ocfoundation.org  
<http://www.ocfoundation.org>

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[http://dsp.berkeley.edu/sbin/dspACCESS.php?\\_page=dspServices](http://dsp.berkeley.edu/sbin/dspACCESS.php?_page=dspServices)

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