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Academic advising: Helping promote the success of college students with college students with psychiatric disabilities

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Helping Promote the Success of College Students with Psychiatric Disabilities

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Abstract

Academic advisors in higher education include professional full-time staff advisors, faculty advisors, graduate assistants, interns, and staff who serve dual roles as academic advisors and career advisors. Who among these many groups does the advising can have an impact on how advising is delivered and of what the advising process consists. For those students dealing with psychiatric disabilities, they may find themselves suffering academically and afraid to ask for help. It is essential to have an academic advisor who can recognize students in distress, guidelines regarding how to deal with these students, and steps to take when referral to a professional mental health counselor is necessary. The work presented here includes a review of psychiatric disabilities in college students and the impact on students' lives. Suggestions to provide valuable information to increase the academic advisor's awareness, and skills when working with college students with a psychiatric disability are provided.

Introduction

For the increasing number of students who arrive on campus with serious mental disorders, the transition to college can be even more challenging (Gordon, Habley, & Grites, 2008). Academic advisors are in a key position to identify and assist students who exhibit questionable or troubling behaviors. Knowing when and how to intervene is often an advisor's greatest obstacle. Academic advisors are often the front line in relating to students with mental disorders. Practitioners, whether faculty or staff, come from a wide array of academic backgrounds. Colleges generally do not require a specific degree in order to practice advising. Helping more students prepare for and graduate from college is a priority for institutional leaders and policy makers at every educational level. Student success represents academic achievement, engagement in educationally purposeful activities, satisfaction, and acquisition of desired knowledge, skills, and competencies, persistence, and attainment of educational objectives (Kuh et al., 2006). Certain institutional conditions have been linked with student success, such as supportive peers, faculty, and staff members who set high expectations for student performance, and academic programs and experiences that actively engage students and foster academic and social integration (Kuh, et. al, 2006). This paper will explore psychiatric disabilities in college students while providing valuable information to increase the academic advisor's awareness and skills when working with college students with a psychiatric disability.

Academic Advising and Student Success

National studies of student satisfaction indicate that advising is an aspect of college with which students are the least satisfied (Low, 2000). Even so, academic advisors can play an integral role in promoting student success by assisting students in ways that encourage them to engage in the right kinds of activities, inside and outside the classroom. Advisors are especially important because they are among the first people new students encounter and are the people with whom students often have frequent interaction throughout the first year.

The vast majority of students (88%) say they take advantage of academic advising at some point during the first year of college (National Survey of Student Engagement, 2005). About half of both first-year and senior students say that their primary source of academic guidance is their advisor. However, more than a quarter (27%) of first-year students turn to family or friends as their main source of academic advising. It is impossible for advisors to foster student success if they do not interact with their advisees, which is the case for about one in ten students (7% of first-year students, 11% of seniors) who never met with their advisor in the current academic year; part-time, female, and Caucasian students were less likely than full-time, male, and students of color to meet with their advisor (NSSE, 2007). Students who met with their advisor more frequently were more satisfied with advising and also were generally more satisfied with their institution. Meeting with one's academic advisor is important because students who met with their academic advisor at least twice during the current academic year tended to engage more frequently in the range of educationally purposeful activities (NSSE, 2007). In addition, more frequent contact with the advisor also was related to greater self-

reported gains in personal and social development, practical competence, and general education, and more frequent use of deep approaches to learning (NSSE, 2007).

Psychiatric Disabilities

Psychiatric disabilities are complex and involve a wide array of disorders, including major depression and mood disorders, anxiety disorders (such as panic and obsessive compulsive), posttraumatic stress, autism spectrum disorders and Asperger's, borderline personality disorders, and psychotic and thought disorders such as schizophrenia and bipolar disorder. Each of these disorders is distinct, has unique symptoms, and is managed differently for varying students. It is important to acknowledge that posttraumatic stress disorder (PTSD), can occur following any unusually traumatic event such as rape, war, natural disasters, or physical violence (Hemsley, 2010). Thus, PTSD can affect a great range of students and is not exclusive to returning war veterans, although it is prevalent in that population (Scioli, Otis, & Keane, 2010). In some cases, such as borderline personality disorder, which occurs in early adulthood and primarily in women, the difficulties rest with self-image, identity, unstable interpersonal relationships, emotional instability, self-injury, and impulsivity with substance abuse, sex, spending, reckless driving, or binge eating that is damaging (Paris, 2007). For these students, developmentally appropriate tasks, such as understanding self, identity, maintaining emotional health and balance, and forming healthy interpersonal relationships may be overshadowed by the disorder.

Types of psychiatric disabilities protected by ADAAA (2008) are depression, bipolar affective disorder, borderline personality disorder, schizophrenia, anxiety disorders, obsessive-compulsive disorder, and eating disorders. Some individuals have

more than one mental illness (Kiuhara & Huefner, 2008; National Institute of Mental Health, 2010), which complicates treatment and symptom management. The research and literature indicate that mental health issues are persistent and cyclical in nature and not transient (Zivin et al., 2009; Mowbray, Bybee, & Collins, 2001; Weiner & Wiener, 1996), adding to the complexity of treatment and the evaluation of support services. Among students with psychiatric disabilities who register with campus disability services, the most common types of disorders are affective disorders, psychotic disorders, anxiety disorders, and mixed disorders (Collins & Mowbray, 2005). Perhaps as important as delineating the types of psychiatric disability is the notion that they are unique to each student, and the range of support and the differences in support are unique as well (Ekpone & Bogucki, n.d.).

Substantial increases in college attendance among students with psychiatric disabilities occurred between 1978 and 1998 from an estimated 2.6% to 9.0%, respectively (Collins, 2000). More recently, estimates indicate students with psychiatric disabilities represent 15 to 20% of this subpopulation (Rickerson, Souma, & Burgstahler, 2004). Although an exact percentage of college students with psychiatric disabilities is unknown (Rickerson, Souma, & Burgstahler, 2004; Sharpe et al., 2004), that the numbers on college campuses are growing is undeniable (Collins & Mowbray, 2005; Eudaly, 2002; Sharpe et al., 2004). This increase is attributable to a number of factors, including an increase in the general population, criteria for diagnosis that have expanded to include a broader range of disorders (Sharpe et al., 2004; Weiner & Wiener, 1996), and student desire to attend higher education. The difficulty with seeking a precise determination of the number of students with psychiatric disabilities on campus is rooted in several key

issues. Data collected by government agencies, postsecondary institutions, and through national surveys are in a self-report format. Fear of disclosure prohibits some individuals from revealing a diagnosis, and others may be unaware of the presence of a mental illness. For example, twenty years ago, college was not an option for students with Asperger's syndrome, yet more students with this disorder list attending college as their primary goal (Graetz & Spampinato, 2008). Advances in diagnosis and treatment and improvements in medications and rehabilitation practices offer opportunities for coping successfully with life activities (Belch & Marshak, 2006; Eudaly, 2002). In addition, several psychiatric disorders become apparent between eighteen and twenty-five years of age, after the student enrolls in college (Becker et al., 2002; Collins, 2000; Sharpe et al., 2004).

College Students and Mental Illness

College counseling centers across the country report an increased frequency and severity of students' mental health concerns. Two major studies document these observations. At Kansas State University, counseling center staff conducted a retro-prospective analysis of client problems over thirteen years. The analysis found a significant increase in student psychopathology in fourteen of nineteen areas, including depression, suicidal thoughts, sexual assaults, and personality disorders (Benton et al, 2003). Kitzrow (2003) reported a survey showing that from 1996 to 2001, 85% of directors of college counseling centers said they saw more severe psychological problems. In addition, the survey respondents described more cases of learning disabilities, self-injury incidents, eating disorders, alcohol and drug use, warnings to third parties, and stalking.

Psychiatric treatment is critical for people living with mental illness as it enables resumption of normal roles and engagement in meaningful opportunities, and it increases the chance of positive long-term outcomes. All college students are at some risk for negative mental health outcomes because of home-to-college stressors, but these are often intensified for those students living with a mental illness. Blanco et al. (2008) reported there is a need to address college student experience of mental illness, given that at least one estimate suggests that 45% of college students meet the criteria for a DSM-IV diagnosis.

Diagnoses most prevalent in the college student population range from substance use disorders to mood disorders, anxiety disorders, and personality disorders, among others (Blanco et al., 2008). Leavey (2005) reported college students with mental health disorders are a population vulnerable to experiencing long-term negative effects of mental illness, because their mental illness may delay the timely attainment of developmental milestones critical to adulthood. Salzer (2012) reported an estimated 26% of Americans aged 18 and older, or about one in four adults, experience symptoms associated with a diagnosable mental disorder in any given year. Serious mental illnesses (i.e., schizophrenia spectrum disorders, bipolar disorder, and major depression) affect approximately 15 to 21 million Americans (5% to 7% of the US population) and are 3 of the top 10 conditions accounting for 25% of all disability worldwide (Salzer, 2012).

Salzer (2012) reported persons with mental illnesses have strong interests in enrolling in college and obtaining higher education and are enrolling in increasing numbers. This positive development in access also highlights a weakness in campus health supports. According to a study by Kuh et. al (2006) 86% of students with mental

illnesses withdraw from college prior to completing their degree compared to a 45% withdrawal rate for the general student population. Recent efforts on college campuses have focused on early recognition of psychiatric symptoms and promoting awareness and enhancing help-seeking. Mental illnesses can also affect interpersonal relationships with peers, faculty, and administration. Lack of engagement and poor relationships with others can also be influenced by an unwelcoming campus environment driven by negative beliefs that college and university community members may hold about persons with mental illnesses. According to a study by Phelan and Basow (2007), students with mental illnesses are often viewed as disruptive, lacking academic skill, and prone to violence, and such negative beliefs and attitudes lead to greater social distance from them. Research supports findings that students with mental illnesses do not seek accommodations because they fear being stigmatized by faculty, are concerned about experiencing discrimination, and report that faculty can be uncooperative or unreceptive to the requests (Salzer, Wick, & Rogers, 2008).

Kadison and Digeronimo (2004) identified that undergraduate students often engage in risky behaviors such as unprotected sex, alcohol use, and drug abuse in an effort to cope with mental illness. Even more distressing, college students may be at greater risk for suicide because they feel they have nowhere to turn for help with illness (Kadison & Digeronimo, 2004). Most who commit suicide do not seek services from university counseling (Kirsch, Leino, & Silverman, 2005). Many of these students do not seek treatment because of financial constraints, concerns about confidentiality, stigma, (Eisenberg, Golberstein, & Gollust, 2007) and a lack of awareness of university mental health services (Yorgason, Linville, & Zitzman, 2008).

Understanding college student perceptions concerning their utilization of campus or other mental health services could be critical to the psychiatric recovery efforts and overall mental health trajectory of this population. College stressors include living in a new place with new people, balancing workload and class schedules with work, relationship problems, peer pressure, and searching for long-term employment (Cook, 2007). Some stressors contribute to stigma, as college students with mental illness may feel pressure to conform and fit in, choosing not to disclose and preserving their social status. As a college students transition to adulthood, independently managing their illness can be crucial to coping effectively (Salewski, 2003) and developing an overall sense of autonomy.

Stigma is a common barrier to functioning and recovery from a mental illness because stigma often results in consumers being denied rightful opportunities by acts of public prejudice. Some consumers who experience discrimination may self-stigmatize, which is the internalization of rejection. Consequently, these consumers agree with the negative perceptions of society and withdraw or disengage from meaningful opportunities and relationships (Corrigan & Watson, 2002). Stigma can greatly inhibit the lifestyle of people with mental illness by reducing their ability to engage in satisfying opportunities.

Accommodations for Psychiatric Disabilities

Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act (ADA) of 1990 paved the way for equal access to educational opportunity for students with disabilities. Postsecondary institutions are required to provide reasonable accommodation to qualified students who have physical or mental impairments that substantially limit major life activities (Rehabilitation Act of 1973).

Although the ADA has had a positive impact in increasing opportunities for individuals with disabilities in general, those with psychiatric disabilities ‘‘remain largely disenfranchised from higher education’’ (Collins & Mowbray, 2005, p. 308). Unlike those with physical or learning disabilities, many college students with psychiatric disabilities lack experience in self-advocacy as they may not have experienced the onset of their illness until after high school (Mowbray et al., 2006). Kiuhara and Huefner (2008) noted that students face potential stigma from disclosing their mental illness in order to receive accommodations, and they must demonstrate that their illness limits major life functions. In addition, throughout the 1990s and early 2000s, the definition of disability became increasingly restrictive due to judicial interpretations of the ADA. Despite these challenges, recent evidence illustrates a positive shift in the experiences of students with psychiatric disabilities. First, those currently enrolled are more likely to request and receive accommodations than previous cohorts of students with psychiatric disabilities (Salzer, Wick, & Rogers, 2008). Second, current students have better relationships with peers and administrators and are more involved in campus clubs and organizations (Salzer, 2011). Third, research suggests that office personnel who work in student disability services are interested in developing services for students with psychiatric disabilities and they perceive their institutions as generally supportive of this population (Collins & Mowbray, 2005). Finally, the ADA Amendments Act of 2008 has helped increase protections for those with psychiatric disabilities by defining activities such as reading and thinking, which are essential to success in the classroom, as major life activities (Belch, 2011).

A growing amount of research indicates that supported education approaches are

likely an effective practice in enhancing the academic success of students with mental illnesses. Students with mental illnesses face the same barriers as other students, including difficulty paying college tuition, poor preexisting academic skills, and lack of confidence. Campus engagement and relationships with others are factors that are found to be associated with academic problems and poor retention for any college student. Students with mental illnesses were found to experience greater problems in these areas, likely associated with symptoms of their illness and perceived discrimination, producing heightened distress and putting them at greater risk for dropping out. The impact on individuals and society of these high dropout rates are enormous. Baron and Salzer (2002) reported low educational attainment for individuals with psychiatric disabilities is viewed as a major factor in explaining the high unemployment and labor market experiences of persons with mental illnesses in the labor market, resulting in increased dependence on public entitlements. Providing effective treatment and rehabilitative supports to these students may result in substantial benefits for all who are affected. Appropriate treatment and support can provide students with psychiatric disabilities the opportunity to develop their talents and realize their potential, culminating in their successful navigation of college (Collins & Mowbray, 2005). Yet these disabilities are the least understood and least academically supported on campus (Megivern, Pellerito, & Mowbray, 2003). The fundamental challenge for student affairs professionals is that their educational and experiential preparation has not accounted for the complexity of working with students with psychiatric disabilities. Characteristically, disability support providers are the experts; however, the issues and concerns extend far beyond the work of disability support providers and must include generalist student affairs practitioners, administrators,

and faculty (Kitzrow, 2003). Students with psychiatric disabilities are unique among the larger population of students with disabilities. Since the range of disabilities is psychiatric in nature, they are also complex and hidden, and often these students have multiple disabilities. They are the most recent subgroup of students to challenge the conventions of higher education and gain access (Nolan et al., 2005). Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. It is important to note that a mental illness does not necessarily mean that the individual has a disability covered by the protections afforded by the Americans with Disabilities Act (1990). The substantive difference between mental illness and psychiatric disability is the effect on one's capacity to cope with typical demands in life. A mental illness becomes a disability when one's ability to cope successfully is compromised due to a greater severity of symptoms. Psychiatric disability indicates that the mental illness interferes with major life activities (Souma, Rickerson, & Burgstahler, 2002). The Americans with Disabilities Act Amendments Act (ADAAA) (2008) expanded the list of major life activities to include learning-related activities such as concentrating, reading, and thinking.

Core Values In Student Affairs

The core values of human dignity, equality, and community have grounded the student affairs profession for quite some time (Belch, 2000) and are essential to creating inclusive campus environments (Hall & Belch, 2000). Societal culture dehumanizes and even demonizes individuals with mental illness. The language about mental illness reflects this, as terms such as *loony, fruitcake,* and *space cadet* are used to describe those thinking or behaving in ways that are outside the boundaries of the cultural norm.

Speaking to the value of the human dignity of people with mental illness, Hall and Belch (2000) affirmed that "we need to honor individual identity, confront dehumanizing behavior, and clearly affirm the value of their involvement and what they bring to campus communities" (p. 7). In addition, Boyer (1990) espoused the importance of dignity and civility as he confirmed the need for and importance of developing community on college campuses. The value of equality focuses on groups rather than individuals.

People with psychiatric disabilities indeed represent a marginalized group both in and outside higher education. Student affairs professionals must welcome each group while developing their knowledge base and skills to provide programs, policies, and services that offer opportunities for success (Hall & Belch, 2000). It is also important to keep in mind that a group is made up of individuals, and recognizing individual differences is important, a particularly salient point about psychiatric disabilities. Institutional issues include a lack of information, knowledge, and training among faculty, administrators, and student affairs staff; limited human and financial resources; and the presence of institutionalized stigma and fear (Belch, 2011). The adjustment to college, coupled with developmental issues and disability-related symptom management, social limitations, attitudes and perceptions, and institutional policies and procedures are additional stressors students with psychiatric disabilities must contend with during their college that affect their persistence, retention, and ability to earn a degree.

Implications for Academic Advisors

Clearly linked to retention and academic performance, Backels and Wheeler (2001) suggested that mental health issues interfere with college students' success more

than ever before. Academic advisors have an increasingly important responsibility to recognize and refer students who face these problems. In a time of such rapid increases in mental health issues, it is important that academic advisors know when and how to report these. According to Harper and Peterson (2005), academic advisors should first be aware of the following signals of distress: (a) excessive procrastination, (b) decrease in the quality of work, (c) too frequent office visits (dependency), (d) listlessness, (e) sleeping in class, (f) marked changes in personal hygiene, (g) impaired speech or disjointed thoughts, (h) threats regarding self or others, and (i) marked changes in behavior. Increasing student awareness of mental illnesses and help-seeking, combined with providing effective treatments, should have some secondary benefits on campus engagement and relationships. However, a more direct approach of targeting increased campus engagement and enhancing the development of more positive relationships with others on campus through, for supported education is an individualized rehabilitation approach that identifies student strengths, interests, and needs, and provides supports to maximize the student's postsecondary educational success (Unger, 1998). Common supports for students include increasing awareness of accommodations, assistance in engaging faculty, increasing awareness and utilization of campus health services as well as facilities and other resources, becoming more active in campus social life, and enhancing interpersonal relationships. Once advisors recognize signs of distress, they should not directly attempt to provide therapy to students unless they are qualified to do so. Referring students to a campus mental health counselor is the best response. Behavioral intervention teams (including representatives from judicial, counseling, and

academic offices) have been designed on many campuses to help campus administrators respond to students' behavior.

Recommendations

Based on my research throughout this project and from my personal experience as an academic advisor, I feel strongly that cross-disciplinary collaboration would be an excellent opportunity for professionals across college campuses. This collaboration could be an opportunity for counselors who serve the university counseling center or counselor educators to work as collaborators or consultants to help student affairs professionals understand the basic skills necessary to deal with students with psychiatric disabilities. It could also provide the opportunity for advisors to be able to do some early informal assessment of students who may be presenting symptoms of distress but may not be aware of the resources available to them. Collaborations between academic advising units and counseling offices may also be highly effective for coordinated events and making cross referrals for students. It could also be helpful for those academic advisors on small college campuses with limited counseling resources to have professional counselor's skills and experience to assist with addressing a variety of student needs.

Conclusion

The number of students with psychiatric disabilities continues to increase. These students have a variety of diagnoses, including depression, bipolar disorder, schizophrenia, and compulsive disorder. In addition to the conditions themselves, medications used in treatment may have side effects that have negative educational impact. The advisor may need to function as a point of contact for the student in

providing structure and support. Advisors may also find that students with a psychiatric disability may need additional information and encouragement regarding good study habits and effective time management. Teaching students how to use a daily planner and how to plan for completing class work is an effective tool for time management strategies. Meeting with a student to understand their concerns and direct them to the appropriate resources also allows the advisor to develop a supportive relationship with the student.

As a product of such supportive relationships, the advisor should be a sounding board for students regarding their academic and personal behaviors. Since students with psychiatric disabilities are held to the same code of conduct as other students, honest and caring feedback regarding behavior and classroom expectations can be an important advising tool. Likewise, the advisor should use praise when merited as a method for building self-confidence with students. The career decision-making component of developmental advising may be especially challenging for first-year students with psychiatric disabilities. It is not uncommon for students to have career goals based on the individuals with whom they have the most contact, namely, mental health professionals. Expanding career choices within the decision-making process, exploring options, and determining skill sets within career areas may need to be major goals of the advising process.

In order to maximize effectiveness with students with special advising needs, it is necessary for academic advisors to first build coalitions and establish relationships with various campus resources. These students not only face unique challenges but fit into multiple populations that are serviced by a wide variety of campus offices and resources.

It is necessary to use all available resources, and advisors can serve as "links" between students and various departments and programs (Gordon et al., 2008). Coalition building requires a systematic process involving academic departments, faculty, and advising services in order to address the personal, career, and academic goals of these special students. Advisors must make a commitment to the whole student and recognize and appreciate the unique characteristics and individual differences of each student population. This should include a commitment to facilitating student development, success, and learning; providing quality services to meet individual student needs; and providing each student access and opportunity across college campuses. Coalition-building is an ongoing process that demands communication between partners on a regular basis. This provides a solid foundation and consistency over time that becomes embedded in our institutional structures and approaches as students with specific advising needs are served.

Academic advisors are not trained to be counselors; likewise counselors rarely have the institutional knowledge about curriculum, academic resources, and services that advisors have. Yet both advisors and counselors help students set goals so they can improve their personal functioning, identity barriers that may impact successful accomplishment of their goals, develop strategies to accomplish these goals, and assess whether or not the strategies are successful. Suggestions for future work may include a more defined training program for current professionals in academic advising positions on college campuses and to help them recognize signs of distress in students since there is an obvious growth in the number of students with psychiatric disabilities.

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