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STUDENTS with disabilities are historically underrepresented in post-secondary institutions (Quaye & Harper, 2015). Research has been able to illustrate the types of experiences students with psychiatric disabilities have while navigating through college (Flowers, 2012; Hong, 2015; Huger, 2011). By examining these experiences, higher education administrators and student affairs professionals can learn about the types of support students have received and challenges they have encountered. California Mental Health Advocacy Services (2015) conducted a study to identify challenges for students with psychiatric disabilities as they transition from high school to college. More than half of the students in the study discontinued their education and most indicated that they did not disclose their disability for fear of negative stigmatization (California Mental Health Advocacy Services, 2015). Stigmatization can be defined as receiving differential treatment based on perceptions by others (Barga, 1993).

The attendance of students with psychiatric disabilities has significantly increased over recent decades, and these students represent the largest group of students with disabilities across college campuses (Madaus, 2011). It is important for higher education administrators and student affairs professionals to understand the experiences of students with psychiatric disabilities in order to better support their academic and social engagement in higher education. To gain insight into how to support academic and social engagement, it is important to understand classifications of disability, historical perspectives on disability, and literature regarding the experiences of students with psychiatric disabilities. Further analysis of research related to the student experience reveals issues faced by students with psychiatric disabilities and the coping techniques used to navigate through college. The purpose of this paper is to bring forth recommendations for postsecondary institutions that provide insights on how to better support the academic and social engagement of students with psychiatric disabilities.

Definition of Disability

Smart (2009) describes physical, intellectual, cognitive, and psychiatric disabilities as four distinctly broad categories of disability. These categories are based on specific symptoms, for which individuals experience different challenges and face different stereotypes or stigmatization in society. Individuals with psychiatric disabilities were last to be recognized by the U.S. federal government, and thus last to receive federal funds for services and benefits (Smart, 2009).

Psychiatric disabilities include learning disabilities such as attention deficit hyperactivity disorder (ADHD) (Flowers, 2012), autism, mental illness, and chemical or substance abuse (Smart, 2009). The American Psychiatric Association (1994) explains that mental illness includes schizophrenia, delusional disorders, bipolar affective disorders, major depression, and anxiety/panic disorders. This creates an expansive range of challenges that students with mental illness face in higher education. According to the Americans with Disabilities Act (ADA) (1990), persons with disabilities are defined as such when their impairment substantially limits one or more major life activity. Examples of major life activities include walking, seeing, hearing, talking, and breathing (ADA, 1990). Psychiatric guidelines have added thinking, concentrating, interacting with others, and sleeping to the list of major life activities that could be limited for persons with psychiatric disabilities (Kihara & Huefner, 2008). Also, under the ADA (1990), students with disabilities are required to disclose their disability in order to receive accommodations. Kihara and Huefner (2008) explain that the requirement to disclose a disability automatically puts these students in a position where they are “defined by a category of difference” (p. 103).

The attendance of students with mental illness across college campuses has tripled over the past two decades (Hong, 2015; Reynolds, 2009). Western Michigan University’s (WMU) health center reports that anxiety or depression rank as the second highest concern shared by students when they visit (WMU Forum on Student Suicide, 2016). Just five years ago, anxiety and

depression were ranked as the fifth highest concern presented by students at WMU's health center (WMU Forum on Student Suicide, 2016). Students identifying with psychiatric disabilities experience limitations connected to academic and social engagement (Kiuahara & Huefner, 2008). Limitations are experienced within social, emotional, and cognitive domains, as represented in Table 1 (MacDonald-Wilson et al., 2003).

Kiuahara & Huefner (2008) explain that, while these domains are difficult to consistently define, they can serve as broad categories that are connected to challenges faced by students with psychiatric disabilities.

Table 1. Experienced Limitation Across Social, Emotional, and Cognitive Domains

Social Domain	Emotional Domain	Cognitive Domain
Interacting	Adjusting to situations	Concentrating
Forming and maintaining relationships	Managing symptoms	Consistently following schedules
Communicating with others		Making decisions

The rigors of higher education have the potential to negatively impact any student's ability to engage in college across these domains (Kiuahara & Huefner, 2008; Quaye & Harper, 2015; Hadley, 2011). However, for students with psychiatric disabilities, the impact can be more significant and it can take longer to work through the limitations as they are experienced, depending on the situation and the support received (Kiuahara & Huefner, 2008). Professionals at postsecondary institutions can gain a better understanding of these limitations and the challenges students face through an exploration of the historical perspectives on students with disabilities, as well as the research related to the experiences of students with psychiatric disabilities in particular.

Historical Perspective

The exploration of historical perspectives on disability in the U.S. reveals that as early as 1864, congressional considerations were made for students with disabilities in higher education (Madaus, 2011). Table 2 outlines key legislative acts impacting access to postsecondary institutions (U.S. Ability One Commission, 2015).

Table 2. Historical Legislation Regarding Persons with Physical and Psychiatric Disabilities

Legislation	Year	Purpose / Result
Congressional Act	1864	To authorize the Columbia Institution for the Deaf and Dumb and Blind to confer degrees (renamed Gallaudet College in 1894)
Soldiers Rehabilitation Act	1918	To provide vocational rehabilitation for disabled veterans returning from WWI; allowed for the Federal Board of Vocational Education to make specific considerations for disabled veterans
Smith-Fess Act	1920	To provide civilian vocational rehabilitation for disabled non-veterans; allowed for the Federal Board of Vocational Education to aid all disabled persons including non-veterans
Social Security Act	1935	To establish provisions to make vocational rehabilitation a permanent federal program (no longer requires a reactivation vote)
Barden-LaFollette Act	1943	To amend previous rehabilitation acts to expand services and funding; specifically focused on expanding services for physical restoration; regarded as a major legislative development for persons who are blind
Serviceman's Readjustment Act	1944	Allowed all returning servicemen to attend college; created a significant impact on the percentage of veterans attending college
Rehabilitation Act	1973	Provided equal access for people with disabilities in post-secondary educational institutions
Mental Illness Bill of Rights Act	1985	To allow for protection and advocacy for people with psychological disabilities
The American's with Disabilities Act (ADA)	1990	To provide comprehensive civil rights protections for people with disabilities; modeled after the Civil Rights Act Section 504; became the most sweeping disabilities rights legislation in American history

With congressional approval in 1864, President Lincoln signed into law a bill that authorized the foundation of a college division at the Columbia Institution for the Deaf and Dumb (Madaus, 2011; United States., Rives, 1864). In 1894, the college was renamed Gallaudet College, removing the words deaf and dumb, and eventually renamed Gallaudet University in 1986. Today Gallaudet offers 40 majors for undergraduate degrees, as well as graduate degrees, and is the world's only liberal arts university with a focus on supporting individuals who are deaf (Madaus, 2011). Legislation in the U.S. has continued to create access to postsecondary institutions for persons with disabilities.

After World War I, the Vocational Rehabilitation Act of 1918 was passed, which helped veterans with disabilities gain access to education. At this time, areas of study for veterans with disabilities included industry, trade, and agriculture (Madaus, 2011). The passing of the Serviceman's Readjustment Act of 1944 had an even greater impact on college campuses (Madaus, 2011). This act is commonly known as the GI Bill of Rights and, within two years of this legislation's approval, 52% of the total college population in the U.S. constituted veterans (Madaus, 2011).

Until the 1960s, legislation impacting access for persons with disabilities largely related to physical disabilities (U.S. Ability One Commission, 2015). However, in 1963, Dr. Samuel Kirk coined the term learning disability (LD) to expand the scope of disabilities that should be considered (Madaus, 2011). By 1968, the federal government designated this term as a category of disability in the K–12 public school system (Kavale, 2001). After this designation, services specific for students with hidden disabilities such as LD were developed in K–12 public schools (Madaus, 2011).

Considerations for persons with disabilities in society were addressed through legislation into the 1960s, but advocacy for civilian (non-veteran) individuals with disabilities aiming to attend postsecondary institutions were not instated until 1973. That changed with the passing of the Rehabilitation Act of 1973, which provided equal access for individuals with physical disabilities to postsecondary institutions. However, this legislation did not recognize individuals with psychiatric disabilities (U.S. Ability One Commission, 2015). Individuals with psychiatric disabilities and their access to postsecondary institutions began with the approval of the 1985 Mental Illness Bill of Rights Act.

The Americans with Disabilities Act (ADA) of 1990, modeled after Section 504 of the Rehabilitation Act of 1973, provided legislative mandates for both public and private postsecondary institutions to consider applications of qualified individuals and to provide reasonable accommodations for individuals with physical and psychiatric disabilities. Upon the approval of this legislation, some colleges feared that they would have to close because of anticipated high costs of accommodating students with disabilities (Madaus, 2011). A national longitudinal study was conducted from 1990 to 2005, which revealed that since the passage of the ADA in 1990, there has been a notable increase in postsecondary students with disabilities (Madaus, 2011). However, no colleges have closed because of fiscal burdens connected with accommodating students with disabilities. To address concerns of service

delivery and policy, the ADA Amendment Act 2009 provided clear language regarding the definition of disability and what constitutes a disabling condition in order to address concerns of service delivery and policy (Madaus, 2011; Smart, 2009).

Importantly, college attendance is not an automatic indication that students are fully engaged in the college experience (Quaye & Harper, 2015). It has taken over 100 years for legislation in the U.S. to attempt to fully address the needs of individuals with disabilities; however, even though students with psychiatric disabilities are increasing in numbers at postsecondary institutions, their needs are not yet being met (Hong, 2015; Kihara & Huefner, 2008; Madaus, 2011; Reynolds, 2009). To support and accommodate the needs of students with psychiatric disabilities, it is important to understand how these disabilities impact the students while in college.

The Student Experience

Students with psychiatric disabilities encounter different issues than their peers while in college (California Mental Health Advocacy Services, 2015). The emergence of major mental illness often occurs between ages 18 and 25, in a period when many young adults pursue postsecondary education, prepare for future careers, and develop social relationships (Unger, 1992, as cited in Sharpe, et al., 2004). Postsecondary institutions can better prepare to support students with psychiatric disabilities if they understand both the positive experiences and challenges faced by these students as they navigate through college (Flowers, 2012; Hong, 2015).

In an effort to better understand experiences of students with psychiatric disabilities, Hong (2015) conducted a study in which students were asked to journal both positive and negative experiences over a 10-week period. Participants in this study disclosed a wide range of disabilities, including clinical depression, bipolar depression, attention deficit disorder, eating disorder, and seizure disorder (Hong, 2015). By coding students' journal entries, Hong revealed information about student experiences in relation to interactions with faculty, advisors' knowledge of supports, stressors as experienced by the students, and the quality of support services provided. The results found the following:

1. Students felt judged, embarrassed, and even humiliated by faculty when they requested accommodations.
2. Students felt that advisors were generally unprepared to help them.
3. Significant stressors included mental and emotional struggles along with social stigmatization.
4. Student felt intimidated by personnel when visiting offices that provide support services (Hong, 2015).

Hong (2015) suggests that school administrators use this information to develop better services and support for students with psychiatric disabilities.

According to the National Institute of Mental Health (2002), about one in five Americans experience a diagnosable psychiatric disability every year (as cited in Sharpe et al., 2004). The results of a nationwide survey of college

students with psychological disabilities published by the National Alliance on Mental Health (NAMI) in 2012 showed that 64% of students ceased to attend college because of a mental health related issues (California Mental Health Advocacy Services, 2015).

Of those who stopped attending college more than 45% did not request accommodations, and 50% did not access mental health services and supports on campus...Overall, 40% of students with a diagnosable psychological disability did not seek help and 57% did not request accommodations from their schools (California Mental Health Advocacy Services, 2015, p. 5).

Stigma was identified as the number one reason for not seeking help (California Mental Health Advocacy Services, 2015).

Challenges Relating to Stereotypes and Stigmatization

Hong (2015) and Sharpe et al. (2004) found issues related to the access of resources, information, and support services created challenges in postsecondary education for students with psychiatric disabilities. However, Sharpe et al. (2004) also found stereotypes and stigma to create significant barriers for students with psychiatric disabilities:

Stereotypes and Stigma—All of the focus groups stated that students with psychiatric disabilities often face incorrect, stereotyped views about their disability and endure the stigma and negative consequences that frequently accompanies disclosure of such a disability (Sharpe et al., 2004, p.2).

Stereotypes can be defined as “a set of beliefs about the characteristics of a social category of people” (Bar-Tal, 1996). These beliefs, or stereotypes, create a perception of “not normal” that stigmatizes students with psychiatric disabilities if exposed. The ADA (1990) requires students to disclose their disability to an instructor in order to receive accommodations, such as more time on tests. However, Barga (1993) found that this requirement forces students with psychiatric disabilities to self-impose stigma, so students would only disclose their disability to a professor if they knew for sure that they would struggle academically with a particular class. The fear of stigma attached with disclosing a disability causes many students to opt out of services they may need to fully engage in college (Barga, 1993). Stein (2013) recently observed a similar theme, even when participants were not directly asked specifically about stigma:

Many students expressed discomfort having to ask for assistance, but did so because they knew receiving supports and accommodations were integral to their ability to achieve their postsecondary academic goals. Also, most participants asserted there is a greater amount of stigma attached to psychological disabilities and only disclose the

nature of their disability when it is “absolutely necessary” or “obvious” they were struggling with anxiety or depression or other psychological symptoms. Furthermore, most participants described stigma as a pervasive problem and felt most people held misconceptions or negative attitudes regarding psychological disabilities (Stein, 2013, p.154).

The stigma attached with disclosing a psychiatric disability creates both academic and social engagement barriers (Barga, 1993; Hong, 2015; Quaye & Harper, 2015). Academically, students find ways to avoid disclosing their disability for fear of being set apart from their peers in the classroom (Barga, 1993). Students also avoid disclosing because they find it challenging to communicate their disability and need for accommodations (Timmerman & Mulvihill, 2015). Timmerman and Mulvihill (2015) found that students who practice disclosing their disability have had more success in communicating their need for accommodations with Disability Student Services and professors. Timmerman and Mulvihill (2015) identify scripting, rehearsing, and mentally mapping out the disclosure as an effective means for students to practice disclosing their disability.

Socially, students fear the threat of being judged or treated differently (Hong, 2015). Hong (2015) found that students did not want to disclose themselves because they feared losing their friends and believed that their peers would think differently about them if their disability were disclosed. Oftentimes, students with disabilities do not have to personally disclose their disability while in high school because parents, teachers, and counselors help them communicate their needs through Individual Education Plans (IEP's) (Patrick & Wessel, 2013). Therefore, the transition from high school to college creates a necessity for students to be able to personally disclose their disability.

Challenges Transitioning to Postsecondary Education

In order for students to be successful in college, they need to navigate through a transitional process from high school into college (Patrick & Wessel, 2013; Hadley, 2011). For many students with disabilities, the transition process is particularly challenging (Patrick & Wessel, 2013; Hadley, 2011). Patrick and Wessel (2013) found students with psychiatric disabilities have specific transitional challenges relating to academics, social connections, family relationships, and requesting accommodations. Students found academic rigor, workload, and program expectations significantly different from high school, to the point that they did not feel prepared (Patrick & Wessel, 2013).

Students with ADHD report the regular occurrence of feeling nauseous, anxious, and bored when sitting in classes (Flowers, 2012). Students with ADHD also report feeling anxious because of the sense that they are lagging behind peers when they do not complete assignments on time (Flowers, 2012). Research has shown that accommodations and other assistance provided by Disability Student Services are essential to academic achievement (Stein, 2013; Hadley, 2007). When students utilize these services, they feel

a sense of community and support knowing they are not alone with their disability (Stein, 2013).

Coping Techniques

Federal laws mandate required accommodations, but even with accommodations students with LD and other psychiatric disabilities continue to have issues adjusting to the postsecondary environment (Barga, 1993; Hadley, 2007). In one study, all the students reported that they felt challenged by college writing expectations as compared to high school. In order to integrate into the institution, for their writing assignments students sought support by requesting extra time for tests, writing assistance, and assistance from note-takers (Hadley, 2007). Students have additional challenges to obtaining an academic degree because of academic barriers when taking exams and social barriers with stigmatization. In order to navigate through college, students with psychiatric disabilities develop coping techniques. Not all coping techniques are positive, but they are used by the students to help them manage perceived barriers (Barga, 1993). The student approach to navigating perceived barriers includes a coping technique called “passing” (Barga, 1993). Additional coping techniques include management of the disability, self-determination, and self-advocacy (Grella, 2014).

Passing as Non-Disabled

The most common way for students with LD or cognitive disabilities to cope with their disability in public is to pretend that it does not exist (Barga, 1993; Healy, 2005). This concept of “passing” or “normalizing” happens in multiple ways and for many different reasons. Barga (1993) points out that, in order to avoid stigmatization and ridicule, a lot of students with LD utilize this idea of “passing” as a way to make ends meet. Sometimes students want to escape from the label of “disabled,” and so they act as if they do not have a need and “normalize” themselves (Healy, 2005). To make ends meet means to successfully complete all tasks assigned in order to finish school. Students make ends meet by doing whatever it takes to pass their classes without having to disclose their disability. Students with LD sometimes become experts in manipulating the systems around them so that they can better navigate through them (Barga, 1993). An example of this is seen when students who have difficulties with reading and comprehension try to avoid situations in class that could reveal their disability.

One avoidance technique is to leave the classroom just before activities that could potentially reveal a disability begin (Barga, 1993). However, by leaving the room before it is their turn to read, students with LD are missing out on key information. In comparison, students without LD hear this information, thus placing students with LD academically behind.

Managing Disability

Another way students with psychiatric disabilities cope is to find ways to manage their disability through utilizing benefactors and by practicing

self-improvement techniques. Benefactors are people who students with psychiatric disabilities rely upon to assist them through academic and personal issues (Barga, 1993). Benefactors create a sense of community by providing academic and emotional support. An example of a positive benefactor for students with psychiatric disabilities is supportive personnel working within student learning centers (Barga, 1993). Students with psychiatric disabilities can rely on these individuals for accommodations with anything from simple tutoring assistance to complex collaboration with professors to make the classroom experience a little easier. For example, after registering with Disability Student Services on campus, a student with ADHD can utilize the learning center on campus to seek assistance with math homework, as well as make use of it for test taking purposes to receive extended time.

Another way that students with psychiatric disabilities manage their disability is to practice self-improvement techniques. Self-improvement techniques are techniques that allow students to focus on improving their perception of individual worth (Barga, 1993). Focusing on improving the self allows students to capitalize on improving their academic success (Barga, 1993). The satisfaction acquired from doing something to improve individual abilities gives students the encouragement necessary to successfully continue navigating through college (Barga, 1993). One way students can practice a self-improvement technique is to seek and initiate assistance at the university level. By reaching out for help, students are taking the first step towards independence and academic success (Stein, 2013). When students with psychiatric disabilities independently register with Disability Student Services during their freshman year, they generally express that they would not have completed their educational journey without those services (Stein, 2013). Those who do not register at that time wish they had, because, more oftentimes than not, they have already failed one class (Stein, 2013).

Self-Determination and Self-Advocacy

The idea of having to independently register to receive accommodations without automatic assistance from colleges relates back to the point that there is not adequate support for students with psychiatric disabilities (Barga, 1993; Grella, 2014). Although Disability Support Services provide accommodations as required by the ADA (1990), there are still necessary advancements in supporting students with psychiatric disabilities. In spite of insufficient support services, students with psychiatric disabilities on college campuses cope by exercising self-determination and self-advocacy (Barga, 1993; Grella, 2014). Self-determination and self-advocacy involve the students doing things to support themselves in order to be successful (Barga 1993; Grella, 2014).

According to Grella (2014), self-determination involves the need for hard work and effort in order to feel successful. While some students have the luxury of possessing the “natural ability” to be successful in their endeavors, most students have to put forth some effort in order to truly learn. Self-advocacy is a complex process that involves independence as well as the utilization of outside resources (Grella, 2014). Students with psychiatric disabilities have to be self-advocates to receive support services and achieve their

academic goals. One way for students to self-advocate is to disclose their disability and communicate with advisors about course options that are more accommodating (Grella, 2014). An example of an accommodating course is one with an instructor that utilizes supports within the classroom to assist students with psychiatric disabilities (Grella, 2014).

Best Practices for Supporting Academic Engagement

Key elements to supporting the success of students with psychiatric disabilities include access to accommodations, support services, and resources (Becker, Lee, Wajeeh, Ward & Sherin, 2002; Timmerman & Mulvihill, 2015). Universities that employ these elements are setting examples of best practices in supporting the academic engagement of students with psychiatric disabilities (Becker et al., 2002). Becker et al. (2002) believe that most universities have plenty of resources available to support students, but that they do not have the best approach to educating faculty, staff, and students on the resources that are available. At Western Michigan University (WMU), the Director of Disability Student Services has shared in public forums that she is still seeking new and better ways to educate about the services that are available for all students with disabilities (Jayne Fraley-Burgett, personal communication, March, 2016). In addition to providing better education about the support needs of students with psychiatric disabilities, postsecondary institutions can use exemplary services and support or empowerment agents as guides to creating and sustaining best practices.

Exemplary Services

Timmerman and Mulvihill (2015) contend that a best practice for supporting students with disabilities is to provide exemplary services while aiming to create a welcoming environment. Students that participated in their qualitative study shared that they appreciate when faculty and staff assist them in managing time obstacles. It often takes more time to complete readings, assignments, or tests because the assistive technologies take longer or because of dealing with side effects from necessary medications (Timmerman & Mulvihill, 2015). They also found that mentor relationships with faculty were significant to enhancing the academic engagement of students with psychiatric disabilities.

Support Agents

Flowers (2012) identified institutional agents and empowerment agents as key elements to the success of students with disabilities. Institutional agents are described as individuals who have the ability and commitment to share resources and empowerment agents. Empowerment agents are described as individuals who help students see a correlation between their goals and a path to achieving these goals (Flowers, 2012). Many assigned roles in higher education are already encouraged to serve students as institutional or empowerment agents, such as academic advisors, resident advisors, faculty,

and support staff. Best practices in supporting students by sharing resources would include training for all levels of employment across college campuses. By training administrators, faculty, and staff of the need for services and the resources available to help students obtain these services, universities would help to create a more inclusive environment for all students (Becker et al., 2002; Flowers, 2012; Kiuahara & Huefner, 2008; Smart, 2009; Timmerman & Mulvihill, 2015).

Recommendations for Higher Education

There have been significant changes made in the way students with disabilities are supported. However, these support services are still unsatisfactory. With increasing numbers of students with psychiatric disabilities attending institutions of higher education, it is crucial that educators focus more attention on how to better serve these students (California Mental Health Advocacy Services, 2015). Studies have shown that when students with psychiatric disabilities feel they are in a welcoming or inclusive environment, they are more likely to disclose their disability and seek support services or accommodations (Hong, 2015; Timmerman & Mulvihill, 2015). Creating an inclusive environment that makes students more inclined to seek support is not the only improvement that needs to be made. Based on a review of the literature, the following recommendations would improve the quality of support services for students with psychiatric disabilities:

1. **Promoting an inclusive environment:** Research suggests that if a student with a disability feels included in their campus environment, then they are more likely to seek support. Educators can make a student with a disability feel included on campus in several ways. One example of promoting an inclusive environment is when educators learn of a student's disabilities and take time to gain better understanding of what those disabilities mean for the student's education. By taking the time to research psychiatric disabilities, educators are informing themselves on how to effectively accommodate students while maintaining the integrity of the curriculum.
2. **Awareness and action training:** In order to better serve students with psychiatric disabilities, it is essential that educators are provided with training to ensure awareness of what psychiatric disabilities are and how they could affect students at postsecondary institutions. Awareness includes the discussion of stigmas and stereotypes, as well as more specific information about psychiatric disabilities. Only after awareness is achieved can an educator truly be prepared to take action and improve services. It is recommended that intensive training be incorporated into orientation practices for all students, staff, and faculty. Awareness of psychiatric disabilities and examples for how to support students with psychiatric disabilities should be incorporated into these sessions.
3. **Simplify the process of seeking and receiving accommodations:** Current procedures for receiving accommodations at postsecondary institutions are initiated only after the student locates and contacts support

services by themselves. Although this process promotes independence, some students miss the opportunity to register for accommodations and face different challenges or even drop out of school. Information about campus services and how to acquire assistance needs to be made more accessible to potential students. Promoting disability services to all students during college recruitment at high schools will help to create an inclusive approach to supporting students. Students will gain a better understanding of the process to obtain accommodations before entering postsecondary education.

4. Increase research on strategies for creating better supports: There is very limited research on how to support students with psychiatric disabilities. By increasing research on the topic, educators are gaining a better understanding of the experiences of students with disabilities. Research will also provide insights to the experiences of faculty and staff working with students and create a better understanding of how to support students with psychiatric disabilities.

Conclusion

Through legislative action, the U.S. has been working to better support individuals with disabilities for many years. Postsecondary institutions have also been working to better support students with physical and psychiatric disabilities. Federal laws mandate requirements of postsecondary institutions to recognize and make accommodations for students with psychiatric disabilities. However, the requirement to provide accommodations does not automatically help students transition into and navigate through postsecondary education.

To effectively support students with psychiatric disabilities, faculty and staff at postsecondary institutions need to understand what constitutes a psychiatric disability. As our definition explains, psychiatric disabilities include a wide range of conditions including autism, learning disabilities, mental illness, and chemical or substance abuse (Barga, 1993; Flowers 2012; Smart, 2009). The American Psychiatric Association (1994, as cited in Smart, 2009) explains that limitations connected with thinking, concentrating, interacting with others, and sleeping are impairments of major life activities, thus allowing students to be afforded accommodations under ADA (1990) guidelines.

Learning more about the experiences of students with psychiatric disabilities and the coping techniques used to navigate through college are important aspects of creating an inclusive environment and promoting academic and social engagement. Recommendations for postsecondary institutions include promoting inclusivity, training, simplicity of process of seeking and receiving accommodation, and continued research. “A college or university that views all students as members of the campus community who should be able to access all of its programs and services will realize a need for a new way to provide disability services” (Huger, 2011, p. 5). To create better ways, postsecondary institutions need to understand that providing disability services is not the job of one department with a handful of trained

professionals, but the job of every member of the community (Huger, 2011). Inclusive environments allow students with psychiatric disabilities to become academically and socially engaged in postsecondary education (Huger, 2011).



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