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Latina/o College Students with Psychiatric Disabilities: Experiences Encountered on the
Postsecondary Educational Trajectory

By: Adaly Reyes Martinez

Claremont Graduate University

2022

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Approval of the Dissertation Committee

This dissertation has been duly read, reviewed, and critiqued by the Committee listed below, which hereby approves the manuscript of Adaly Reyes Martinez as fulfilling the scope and quality of requirements for meriting the degree of Doctor of Philosophy in Education.

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Abstract

Latina/o College Students with Psychiatric Disabilities: Experiences Encountered on the

Postsecondary Educational Trajectory

By: Adaly Reyes Martinez

Claremont Graduate University, 2022

This research study explored the experiences of Latina/o college students with mental health disabilities. The purpose of this study is to explore the academic and social experiences, as well as the barriers and support services that impact the retention of Latina/o students with psychiatric disabilities in the postsecondary setting. This study also explored how ethnicity shaped the unique experiences of these students. Qualitative interviews with 14 student participants were conducted in a large public institution in the United States. The theoretical frameworks used were intersectionality and DisCrit to incorporate a dual analysis of race and ability. The current findings revealed the academic and social experiences of Latina/o college students with psychiatric disabilities, including barriers encountered, interactions between faculty, as well as the most used campus resources. Additional findings include an increase of mental health awareness in college and an increase of peer support for students with mental health disabilities. Findings include a need to extend disability service offices beyond the legal compliance requirements and allow for a place to commune with other students with disabilities. It was also found that a hierarchy of stigma exists among psychiatric disabilities. In addition, vast differences were noted between K-12 and college in terms of campus climate and access to support services. Intersectionality is also discussed in terms of how it shapes the student experience. Implications for practice and recommendations for future research are also included.

Dedications

To my parents, husband, children, and siblings

Mom and dad, thank you for everything, your sacrifices for our family allowed me this
opportunity.

To my husband, Romeo, thank you for your unconditional love and support, I couldn't have done
this without you.

To my children, Emma and Romeo, thank you for your patience, smiles, and love. I love you
always.

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Chapter 1: INTRODUCTION

Students with disabilities and Latina/o students are two historically marginalized populations growing in numbers across college campuses nationwide. In 2019, the National Center for Education Statistics reported a large increase of enrollment and found that 19% percent of undergraduates have a disability, a large increase from 2015 when the rate of students with disabilities was 11%. Likewise, Latina/o college enrollment is also increasing. According to the National Center for Education Statistics (2017), the college-going rate among Hispanic high school graduates grew from 22 to 37 percent between 2000 and 2015, and Hispanic undergraduate enrollment more than doubled to 3 million. In 2017, it was found that 20% of traditional U.S. college students identified as Latina/o, making it the second largest ethnic group enrolled at the undergraduate level (NCES, 2019).

Despite these record numbers of enrollment, these two student populations are not graduating at the same rate as their non-disabled and non-Latina/o peers. In the past few years, there has been a significant increase in research regarding the retention of the college student population in general (Contreras & Contreras, 2015; Gandara & Contreras, 2009). There is plenty of research documenting the retention rates of Latina/o students, as well as some research specifically about the retention of students with disabilities. However, virtually no research exists regarding the retention rates of Latina/o college students with psychiatric disabilities. To ensure that all students have an equal opportunity for academic success, we first need to understand the experiences and needs of this unique student population.

Students with Disabilities

The number of students with disabilities enrolling in postsecondary education is on the rise nationwide (Hong, 2015). If we follow statistics and reports, back in 2003 the National

Council on Disability found that the number of students with disabilities attending college had more than tripled over the last 20 years. Fast forward to 2015, the National Council on Disability found that approximately 11 percent of undergraduates had a disability, equaling to about 2 million students. A few years later, the National Center for Education Statistics (2019) reported a large increase of enrollment and found that 19% of undergraduates reported having a disability. Of those students enrolled, only 35% were full-time undergraduates, while 65% were part-time students (PNPI, 2018). The increase in enrollment of students with disabilities is undeniable and can be attributed to many things, including the passage of federal laws such as the ADA and Section 504 of the Rehabilitation Act, (O’Shea & Kaplan, 2017). Other reasons may include an increase of mental health awareness, as well as improvements in technology and treatment (Collins & Mowbray, 2008).

For the purposes of this study, the terms *psychiatric disabilities* and *mental health disabilities* are used interchangeably. At least 88% of postsecondary institutions reported serving students with disabilities, and at least 76% of those institutions enroll students with a mental illness or psychiatric disability (PNPI, 2018). The National Center for Education Statistics found that individuals with mental health conditions represent approximately 24% of college students with disabilities, thus making *psychiatric disabilities* a large category of college students with disabilities in the United States (Helm, 2012; NCES, 2009). Given the large number of students identifying with mental health disabilities, research of students with psychiatric disabilities of utmost importance. Per O’Shea and Kaplan (2017), the most common psychiatric disabilities reported in college populations as well as the general population include depression, bipolar disorder, eating disorders, anxiety, schizophrenia, and posttraumatic stress disorder. It is important to note that grouping mental health disabilities into a single broad category can be

problematic, as it implies that individuals experience these conditions in similar ways (Zimmerman, 2014). However, students' needs may vary widely as psychiatric disabilities are distinctive to each individual. Students may be impacted by different factors such as: individual personality, disability symptoms, age of disability onset, medications, and side effects, and use of available support (Zimmerman 2014; Andreasen, 1997).

Latina/o Students

As previously mentioned, another population that is also on the rise in postsecondary enrollment is Latina/o students. Latinas/os are identified as the largest growing minority group in the nation; by 2050 more than one third of the overall US population will be Latina/o (Fry & Lopez, 2012). In 2016, Hispanics were identified as the largest ethnic minority accounting for more than 57 million individuals at about 18% of the U.S. population (Bauman, 2017). With this growth of the general population, college enrollment rates have also increased.

In 2016, the number of Latina/o students in schools doubled, and a year later, 20% of traditional U.S. college students were Latina/o (NCES, 2019). This growth is seen across both community colleges and four-year institutions. However, Latina/o students are overrepresented in the public 2-year associate degree programs and underrepresented in bachelor's degree programs. Specifically, 28% of Latina/o students enroll in public 4-year bachelor institutions, while 41% enroll in public 2-year associate granting institutions (Excelencia in Education, 2019). Even then, only 24% of Latina/os have an associate degree or higher, compared to 44% of the U.S. adult population (Excelencia in Education, 2019).

Background to the Problem

Despite the higher enrollment rates of both populations: students with disabilities and Latina/o students in higher education, the graduation outcomes for these two populations are

subpar. Specifically, college students with disabilities have lower rates of degree completion and higher rates of withdrawal when compared to college students without disabilities (Carroll, Pattison, Muller, & Sutton, 2020; Katsiyannis, Zhang, Landmark, & Reber, 2009). Likewise, Latina/o students have lower rates of degree completion when compared to their non-Latino peers.

The National Council on Disability (2015) found that the completion rates of students with disabilities are much lower than their peers without disabilities; only 34 percent finish a four-year degree in eight years. Students with disabilities typically have lower retention rates; they take longer to complete a degree, and complete degrees at a lower rate than the general college population (Francis, Duke, Fujita, & Sutton, 2019; Wessel, Jones, Markle & Westfall, 2009). For every three traditional college students that graduate from college, two students from a marginalized population have dropped out of college (Rigler, 2013).

Latina/o students are also an underrepresented group when it comes to degree completion. Despite the increase in population, Latinas/os are not graduating at the same rate of non-Latino students. Pérez Huber, Vélez, and Solórzano, (2014) report Latina/o students are still “falling through the cracks” and the educational attainment gaps for this student population has widened in the past decade. Although completion rates have slightly increased among Latinos, they are still less likely to earn their degrees than their White counterparts. The small improvements in numbers that have been made in educational attainment in the past ten years, is most likely due to the increase of the Latina/o population in the US itself (increase of 18 million) and is not the result of a more equitable education (Perez Huber et al., 2015).

In 2019, the Postsecondary National Policy Institute (2020) found that Latina/o college students in the age range 25-29 who had completed a bachelor's degree was 21%; yet White

students in the same age group who had earned a bachelor's degree was 45% over the same period. Beyond access to college, degree attainment continues to be an issue. For every 100 Latina students, 63 make it through high school and only 13 receive an undergraduate degree (Perez Huber et al, 2015). Contreras and Contreras (2015) posit that many of the patterns that Latinos face in the K-12 system extend into college, making degree completion difficult. There are several reasons as to why completion rates continue to stay flat among Latinos such as developmental remedial courses, work responsibilities, and long completion rates which are not captured in 4–6-year data collection (Bailey, et al., 2010; Gandara & Contreras, 2009). In general, it is well-documented that Latina/o students are graduating at a much lower rate than other racial groups. The missing piece in the literature is that very little is known about students who have both intersecting identities: psychiatric disabilities and Latina/o identity, therefore the basis of this study is to fill that gap.

Purpose of the Study

Due to the growing number of (1) students with psychiatric disabilities and (2) Latina/o students enrolling in postsecondary institutions, coupled with the disproportionately low retention rates of these two student populations, the current study aims to understand the experiences of students who identify as both, a Latina/o student, and a student with a psychiatric disability, while working towards their degree. This study aims to centralize the voices of Latina/o students with psychiatric disabilities, to share their experiences, and hopes to reveal the barriers faced when working towards a four-year degree. The purpose of this study is to explore the bridges and barriers that affect the retention of Latina/o students with psychiatric disabilities in the postsecondary setting.

The National Center for Education Statistics (2019) found that 18.3% of college students with disabilities identified as Hispanic/Latino. Identifying the barriers and bridges Latina/o students with psychiatric disabilities experience during their undergraduate years will assist in the establishing of effective academic interventions regarding the retention of these students with multidimensional identities. This information is also useful in providing students with psychiatric disabilities adequate support services that foster their success and retention in higher education. Per Zimmerman (2014), numerous studies have found that the most commonly reported psychiatric disabilities on university campuses are: anxiety disorder, bipolar disorder, major depression, obsessive compulsive disorder, and schizophrenia-spectrum disorder. While there is no recent data as to what the most common type of disabilities are for Latina/o students, due to the increasing number of diverse types of psychiatric disabilities in postsecondary settings, and the increase of Latina/o students, effective and efficient interventions that promote the retention and success of this student population need to be identified.

Research Questions

This study addresses the following research questions:

Research Question 1: What are the academic and social experiences of Latina/o college students with psychiatric disabilities when working towards degree completion?

- a) How does ethnicity shape the experiences of Latina/o students with disabilities?

Research Question 2: What factors contribute to the retention of Latina/o college students with psychiatric disabilities?

- a) What academic resources and support services do Latina/o college students with psychiatric disabilities utilize in their pursuit of a four-year degree?

- b) What barriers do Latina/o college students with psychiatric disabilities face in their pursuit of a four-year degree?

Significance of Study

This topic is relevant and warrants research, to add to the existing gap of literature about Latina/o college students with psychiatric disabilities. While separate research is available on the experiences of college students with disabilities and experiences of Latina/o college students, there is a gap in knowledge regarding the experiences of students with both marginalized identities. How do the experiences of students with these two intersecting identities affect their educational journey? When studying both race and disability, one person characterized by both is dually oppressed, and the intersection of these two identities create a unique experience. The experiences encountered by a Latina/o college student with a psychiatric disability can be very different than the experiences of a non-disabled Latina/o college student or a White student with a disability.

Research shows that psychiatric disabilities are among the least academically supported and understood disabilities on campus, and faculty members can at time be an obstacle for students who seek accommodation (Rao & Gartin, 2015; Smith-Osborne, 2005). Despite the increase of students with disabilities on college campuses, faculty and disability support providers are not adequately prepared to support students with psychiatric disabilities (Salzer, Wick, & Rogers, 2008). For example, a study by Rao and Gartin (2015) found that faculty members believe the integrity of the course or program is compromised when an accommodation is requested. Per the American College Health Association (2019), within the last year, 19.7% of students reported feeling “so depressed that it was difficult to function,” 23.2% of students reported they “felt things were hopeless,” 22.1% felt “overwhelming anxiety,” and 8.6% of

students reported that they “seriously considered suicide” (p. 13-14). When another layer to their identity is added, such as being a Latina/o student, how do these experiences change? How can faculty and staff support this student population, when not much is known about their unique experiences?

This study aims to elevate the voices of students with psychiatric disabilities to share their experiences and hopes to uncover the bridges and barriers faced when working towards a four-year degree. In addition, this study aims to shed light on how these experiences are different specifically for Latina/o students. Therefore, identifying the barriers and bridges Latina/o students with psychiatric disabilities experience during their undergraduate years will assist in the establishing of effective academic interventions regarding the success of these students. This study also aims to guide educators and student affairs practitioners on how to better support students of color with psychiatric disabilities and prevent their dropout from four-year institutions.

Definitions of Terms

Several terms have been presented that individuals outside disabilities services in higher education may not be familiar with. For the purposes of this study, these terms are defined as follows:

1. *Accommodations*: modifications of academic requirements and support services necessary to afford a student with a disability an equal opportunity to participate in and enjoy the benefits of campus services, programs, and activities. Accommodations may not result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial or administrative burdens (CSU Chancellor’s Office, 2014).

2. *Postsecondary institutions*: For the purposes of this study, college, university, higher education institution and postsecondary institutions are used interchangeably and refer to a four-year degree granting university.
3. *Psychiatric disability*: For the purposes of this study, the terms *psychiatric disabilities* and *mental health disabilities* are used interchangeably and refer to a group of mental health disabilities in which the person exhibits abnormal thoughts or behaviors that significantly affect the ability to maintain one or more life function (Gordon & Keiser, 1998), including “major depression and mood disorders, anxiety disorders (such as panic, obsessive compulsive, post-traumatic stress), autism spectrum disorders and Asperger’s, borderline personality disorders, and psychotic and thought disorders such as schizophrenia and bipolar disorder” (Belch, 2011, p. 75).
4. *Retention*: The ability of an institution to retain a student from admission to the university through graduation (American Council on Education, 2005).
5. *Student with a disability*: An admitted student who has a physical or mental impairment that limits one or more of their major life activities (CSU Chancellors Office, 2014). For the purpose of this study, “students with disabilities” refers to undergraduate students and excludes graduate students.

Assumptions

This study is conducted based on the following assumptions:

1. It is assumed that the current data of the retention rates of the general student population is accurate and up to date.
2. The individuals selected to interview have a documented disability and are Latina/o.
3. The participants will answer the questions honestly.

4. Participants have a genuine interest for participating in the research with no ulterior motives.

Limitations

There are many factors that go into a student choosing to identify as an individual with a disability or not. It is a personal choice. Due to this, obtaining a real number of students with disabilities in a university is unrealistic. Although many students do not register with a disability services office, the closest chance to obtain an accurate number of students with disabilities in an institution is through this type of office. A limitation of this study is that only students who are registered at the Disability Services Office were asked to participate in the research. This study does not include those students who have psychiatric disabilities but have not registered with the disability services office. It is important to note that a possibility exists that students' who seek academic support at their disability services office, already have a stronger intrinsic motivation and help-seeking behaviors than those students with disabilities who do not seek services (Zimmerman, 2014).

Another limitation lies in the geographic area. This study was conducted at an HSI state institution in Southern California. Results may be limited to this geographical area and may not be generalizable across other populations in different locations. In addition, this study focused specifically on Latina/o students, which could be seen as a possible lack of ethnic diversity among participants. It is important to also note that the experiences of Latina/o college students at an HSI may be greatly different than those at a predominantly White institution. Despite these limitations, this study contributes original research in an understudied field. The data presented is valuable and provides an opportunity for students who are traditionally marginalized to have a platform and share their experiences.

Positionality

It is important to note that my identities and professional experiences may have influence the research. I am a Latina and I have lived in California my entire life. Prior to conducting this study, I have worked in the student affairs division with international students, as well as in graduate admissions, and currently in a disability services office. My experiences of interacting with my students with disabilities ultimately led to my interest in conducting qualitative research to learn more about their experiences on campus. Through conversations with Latina/o students with disabilities, I heard stories in which students shared struggles with discrimination and social isolation, especially from their family, peers, and faculty. I entered the original research project in hope of developing and understanding the ways in which Latina/o students with disabilities experience and negotiate the intersection of their ethnicity and their disability status in an institution of higher learning.

As a non-disabled Latina, what does it mean to critically examine issues of race and disability? I would consider myself to be an outsider in this research. I am Latina, but I am not a student with a disability. I must be careful that I do not attempt to speak for research participants who are both. I must allow their voices to be heard. I have chosen to direct the focus of my research on the experiences that Latina/o college students with psychiatric disabilities face and how these experiences affect their persistence and ultimately graduation. Although I do not identify as having a disability, as a first-generation student of color I experienced many challenges on the road to completing my college degree and can relate to other students from marginalized populations.

As a current individual in the field of student disability services, I often see students with disabilities struggling in similar ways as I did. Students register with our office to receive

services and believe that this equates to success. However, oftentimes, students drop out despite disclosing their disability and registering with the disability resource office on-campus. As a staff member, I am a witness of the daily struggles' students face, and although most of them want to succeed, wanting it alone appears to be insufficient. As their advocate, I want to have my students' voices heard. Yet, I find myself to be in a position in which I must balance the institutions interest and ensure that we are in compliance with federal and state legislations, and that in our practices we are not discriminating against a students with a disability. At the same time, I want to advocate for student needs and offer services that go beyond the legal requirements of accommodations. Thus, I am intrigued to research more about the bridges and barriers that Latina/o college students with psychiatric disabilities face throughout their academic journey, and how these experiences may lead to their graduation or early withdrawal from the university.

Summary and Organization of the Study

This chapter focused on introducing the study designed to explore the different factors affecting Latina/o students with psychiatric disabilities in higher education. Research questions were developed to guide the process of this study. These questions also helped to elaborate interview protocols that explored the experiences of Latina/o students with mental health disabilities in a four-year public state university in Southern California. Chapter 2 is an overall review of the literature available regarding Latina/o students and students with disabilities. It establishes a theoretical framework and conceptual framework for the study. The review of the literature shows a pattern primarily focusing on the history of disabilities in the United States as well as the enacting of federal legislation. Then it explores studies of students with psychiatric and mental health disabilities, leading to the general experiences of Latina/o college students.

Chapter 3 describes the qualitative exploratory phenomenological research design. Specifically, it describes the context of the study, the criteria for selection of participants, the data collection process, and the data analysis procedures. Chapter 4 reports the research findings, while Chapter 5 discusses the conclusions, implications, and recommendations. Chapter 5 ends by providing a summary and recommendations for further study.

CHAPTER 2: LITERATURE REVIEW

Literature Review

The area of Latina/o college students with psychiatric disabilities is under researched and outdated in academia. Specifically, there is limited understanding of the experiences that this unique student population with intersecting identities encounters on college campuses (Francis et al., 2019). Thus, it is important to work with the knowledge that we do have and examine the existing research for this population as two groups with two separate identities. The following chapter reviews the literature available and explores the experiences

of both students with disabilities and Latina/o students. This chapter is organized into four sections as follows.

The first section, *History of Disability Legislation*, reviews the legislation pertinent to postsecondary institutions. This section begins with an overview of the history of individuals with disabilities. It then moves on to discuss in more detail the legislation that is common in higher education such as the Americans with Disabilities Act of 1990 (ADA) and its amendments, as well as The Rehabilitation Act of 1973 and its Section 504 and Section 508. The second section of this literature review, *Experiences of College Students with Psychiatric Disabilities*, discusses issues encountered by this student population, such as self-advocacy, integration, and stigma. In addition, it discusses the impact these experiences have on their academic journey.

The third section of the literature review is *Experiences of Latina/o College Students*. This section examines the barriers that hinder the success of the Latina/o student population, as well as the factors that influence the success and persistence of Latina/o students in college. The final section of the literature review discusses the *Theoretical Framework and Conceptual*

Framework. The frameworks discussed in this section include Intersectionality and Discrit. These frameworks are connected to the review of literature presented and they were used to formulate the research problem explored.

History of Disability Legislation

A disability, as defined by the Americans with Disabilities Act of 1990 (ADA), is a physical or mental impairment that substantially limits a major life activity. Originally, the ADA defined a major life activity as “communicating and working as well as caring for oneself, performing manual tasks, seeing, hearing, eating, walking, standing, lifting, bending, speaking, and breathing” (Chapter 126, Sec. 12102, ADA, 1990). Almost two decades later, in 2008, the ADA was amended and included learning related activities such as reading, concentrating, and thinking (ADA Amendments Act, 2008). By this definition, disabilities may be invisible (psychological/psychiatric disabilities) or apparent (physical disabilities).

Throughout history, people with disabilities have been discriminated against extensively. For example, in the 1800s, people with disabilities were regarded as unfit and unable to offer anything to society (ADL, 2018; Vaugh, 2003). They were used for the purposes of entertainment and as ridiculed objects in circuses and exhibitions (ADL, 2018; Barnartt & Scotch, 2001). It was not until certain legislation was enacted, that individuals with disabilities began to be accepted as full members of society.

Historically, institutions of higher education were not able to admit individuals with disabilities. In 1864, President Abraham Lincoln enacted a law that provided funding for the education of deaf and hard of hearing students at Gallaudet University (Armstrong, 2014). Although it excluded the large majority of students with disabilities, this law was essential as it

established the beginning of a political movement for policies that supported and accepted students with disabilities as “capable of learning.”

Even when accepted onto college campuses, students with disabilities continually faced extensive challenges on these campuses through discriminatory attitudes and inaccessible buildings (Gelbar et al., 2015). The discriminatory treatment and marginalization of people with disabilities continued until World War I (Albrecht, 1992). As time passed, several other disability laws were approved. Legislation relevant to the higher education sector include the Rehabilitation Act of 1973, specifically Section 504 and 508 of the Rehabilitation Act, the American with Disabilities Act (ADA), and the ADA Amendments of 2008. In the next section, each legislation piece will be explored in more detail.

Rehabilitation Act of 1973

The Rehabilitation Act of 1973, as Amended (Rehab Act) prohibits discrimination on the basis of disability in programs conducted by public agencies such as: federal agencies, programs receiving federal financial assistance, federal employment and in the employment practices of federal contractors (The Rehabilitation Act, 2018). The Rehabilitation Act of 1973 is a civil rights law that prohibits discrimination to any person who has a physical or mental impairment, has a record of such impairment, or is regarded as having such an impairment (29 USC. 791 et. seq., (1973). In general, the Rehabilitation Act of 1973 is broadly concerned with employment discrimination and prohibits federal agencies from having discriminatory hiring practices. While the Rehabilitation Act has several sections, the most pertinent to institutions of higher education include section 504 and 508.

Section 504

Section 504 specifically discusses the prohibition of discrimination against qualified individuals with disabilities by any institution receiving federal funding, or by any program or activity conducted by a federal executive agency (U.S. Department of Health and Human Services, 2006). Since financial aid for college students is considered federal funding, most institutions whether private or public, must adhere by Section 504 of the Rehabilitation Act of 1973 and cannot discriminate against individuals based on disability status. Section 504 also requires postsecondary institutions to provide equal access to all aspects of a college campus and its programming (29 USC. 791 et. seq., 1973). Section 504 prohibits any institutions receiving federal financial assistance to deny qualified individuals the opportunity to participate in programs, access programs, or benefit from federally funded programs, services, or other benefits (U.S. Department of Health and Human Services, 2006). However, this applies only if the student is a qualified individual to participate in the program and meets the essential eligibility requirements with or without accommodations (U.S. Department of Health and Human Services, 2006).

Section 508

Section 508 of the Rehabilitation Act of 1973 addresses accessibility standards for electronic and information technology (EIT) communications. It specifically requires federal agencies' information and communication technology (ICT) to be accessible to people with disabilities, including their employees and the public (29 U.S.C. § 794d). Examples of information and communication technology include web sites, telephones, and other multimedia devices (U.S. Equal Employment Opportunity Commission, n.d.). The access available to individuals with disabilities must be comparable to the access available to individuals without

disabilities, in other words, the standard for all electronic documents must be accessible regardless of how someone “reads” (BrailleWorks, 2018). For electronic documents to be considered compliant with Section 508, they must provide individuals with the same information that is displayed visually. For example, when used with assistive technology, individuals with a visual impairment, blindness, or a reading disability, would be able to obtain the same information on a document by hearing it, rather than reading it. Another example at the higher education level is that all videos shown in class must be captioned to be accessible to individuals that are deaf or hard of hearing or for those with an auditory processing disorder.

Americans with Disabilities Act (ADA) of 1990

The Americans with Disabilities Act (ADA) passed by Congress in 1990, is the first comprehensive civil rights law in the United States that addresses the needs of people with disabilities and prohibits discrimination on the basis of disability. Before the ADA (1990) people with disabilities experienced discrimination in employment, education, housing, health services, transportation, etc. and had no legal recourse to remedy the discrimination experienced (ADA, 1990). At the time, people with disabilities were severely disadvantaged in society and employment, economically disadvantaged, and educationally disadvantaged. The ADA came about to ensure equal access and opportunity to these individuals with disabilities in the United States.

Its purpose is to “(1) provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities; (2) to provide clear, strong, consistent, enforceable standards addressing discrimination against individuals with disabilities; (3) to ensure that the Federal Government plays a central role in enforcing the standards established in this Act on behalf of individuals with disabilities; and (4) to invoke the sweep of

congressional authority, including the power to enforce the fourteenth amendment and to regulate commerce, in order to address the major areas of discrimination faced day-to-day by people with disabilities (Section 2, ADA, 1990).

ADA Amendments Acts of 2008

Almost two decades after the Americans with Disabilities Act of 1990 was passed, amendments were passed in September of 2008. Due to some restrictions in the ADA, congress passed the amendments which served as a way to broaden the law in place (Georgetown Law Library, 2018). One major change of the ADA Amendments Acts of 2008 (ADAAA) was the broadening of the definition of a “disability.” “The term ‘disability’ means, with respect to an individual— a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment (ADAAA, 2008). This broadening of the definition qualified more people with various types of disabilities to be protected under the ADA, especially individuals with mental health illnesses.

Another change in the ADAAA was more protections for employees to balance out employers’ interests, as the original ADA favored employers’ interests too much (Georgetown Law Library, 2018). The ADAAA also changed the way that certain language should be interpreted by broadening the interpretation. For example, an individual is *regarded as having such an impairment*, if the individual establishes that he or she has been subjected to discrimination because of a perceived physical or mental impairment whether the impairment limits or is perceived to limit a major life activity (ADAAA, 2008).

To conclude, this section discussed the historical background of disabilities and how these legislations came to be. While these pieces of legislation cannot guarantee discrimination

will not take place in institutions of higher education, they set a precedent to establish the civil rights of individuals with disabilities. It is important to highlight that while there are many differences across these pieces of legislation, they all have a common goal, which is to provide access and prohibit discrimination for individuals with disabilities: both physical and mental health disabilities.

Experiences of College Students with Psychiatric Disabilities

In the past, the terms mental health illnesses and psychiatric disorders have been used interchangeably to describe people with behavioral, emotional, or psychological problems (Belch, 2011; Kupferman & Schultz, 2015). Mental health disorders/psychiatric disorders can include, but are not limited to anxiety disorders, mood disorders (bipolar, depression, etc.), schizophrenia/psychotic disorders, and other disorders as defined by the *Diagnostic and Statistical Manual of Mental Disorders* 5th edition (American Psychiatric Association, 2013). An individual is then described as having a psychiatric or mental health disability when these conditions substantially limit one or more major life activities, (Hong, 2015; Belch 2011).

With the enactment of certain federal legislation, the higher enrollment rates of students with disabilities in higher education has also occurred. However, the increase of this subgroup may present new challenges to school administrators who are unfamiliar with the needs of the population (Belch, 2011). While almost every college student encounters barriers throughout their education journey, students with psychiatric disabilities face even more barriers to success brought on by disability-related limitations and symptoms. These include short-term memory, lack of executive functioning skills, lower self-confidence, social limitations, side effects of medication, difficulties with finances, difficulty with self-advocacy, difficulty with integration to

the college campus, institutional policies, stigma among their peers, staff, faculty, and a lack of access to support services (Belch, 2011; Hartley, 2010).

Many college students with disabilities struggle with the fear of being judged or treated differently by peers and instructors, and therefore are less likely to advocate for themselves, evaluate their own performance, and are less likely to develop a sense of empowerment (Hong et al., 2007). In addition, students with psychiatric disabilities face institutional issues such as coming across faculty and staff that have insufficient knowledge and training of this population (Kupferman & Schultz, 2015).

Despite the increasing enrollment of college students with disabilities, research shows that disability support providers and faculty are still not adequately prepared to support students with psychiatric disabilities (Rao & Gartin, 2015; Salzer et al., 2008). Specifically, self-advocacy, integration and stigma are current problems that affect the retention of college students with psychiatric disabilities but are not being properly addressed by postsecondary institutions. With these various challenges and barriers in place, the success of this student population is jeopardized and “the revolving-door concept” continues in higher education as it has with other underrepresented groups in the past (Belch, 2011).

Campus Integration and Self-Advocacy

Transitioning to college can present many challenges to students with psychiatric disabilities. Not only do students with psychiatric disabilities have to learn to function in a new environment, but they must simultaneously cope with the symptoms of their illness and the stress that accompanies it (Clark & Davis, 2000; Kupferman, & Schultz, 2015; Pedrelli et al., 2015). Despite their disability status, students want to be assimilated to college like other students, and they want to live up to the traditional expectations of a college student (Hong, 2015). Developing

a sense of belonging can be challenging, but it is necessary especially for students from marginalized populations to successfully integrate into the college campus community (Vaccaro, A.T., Daly-Cano, M., & Newman, B. M., 2015).

Hong (2015) conducted a qualitative study among 28 participants, grounded in a self-determination framework to understand how college students with disabilities viewed their experiences in college. Through this research, Hong (2015), found that students with disabilities often lack the skills to integrate themselves into college, perhaps because they have experienced separate educational classrooms throughout K-12 (Hong, 2015). Many times, students with disabilities are not aware of their own strengths, interests, and limitations (Hong, Ivy, Gonzalez, & Ehresberger, 2007). Due to the challenges listed, students with disabilities struggle to assimilate and integrate into a new environment, and are often faced with social awkwardness, academic challenges, and psychological stress (Hong et al., 2007). This is detrimental to college students with disabilities, since research shows that social acceptance is necessary for a sense of belonging and integration on campus (DeWall & Bushman, 2011).

Vaccaro et al., (2015) conducted a grounded theory study among eight college students with invisible disabilities about the sense of belonging among students with disabilities during their first year and found that the ability of students with disabilities to advocate for themselves in and out of the classroom shaped their sense of belonging and integration on campus (Vaccaro et al., 2015). Self-advocacy can be thought of as the ability to state one's needs and wants, and requires knowledge of self, ability to communicate, and ability to be a leader (Vaccaro et al., 2015). However, students with disabilities often lack self-advocacy skills because they have never had to advocate for themselves (Hong, 2015), due to parents or teachers taking care of advocating for them in the past throughout K-12 (Janiga & Costenbader, 2002). Therefore, they

are less likely to advocate for themselves, to seek help from their instructors, or struggle with advocating for accommodations from university disability services offices (Hong et al., 2007; Hong, 2015). In fact, one of the most common barriers that student's report is when seeking support services due to concerns of being outed by faculty (Thompson-Ebanks & Jarman, 2018). These barriers that students with psychiatric disabilities must cope with during college may ultimately affect their college experience and success in earning a degree (Belch, 2011).

Stigma of Psychiatric Disabilities

Stigma can be described as a “devaluation of certain individuals on the basis of some characteristic they possess, related to membership in a group that is disfavored, devalued, or disgraced by the general society” (Hinshaw, 2007, p. 23). Per Abdullah and Brown (2011), mental health stigma is the most daunting barrier to future progress in the field of mental health. Most people are unwilling to have individuals with a mental disorder marry into their family, work closely with them, or socialize with them. Corrigan (2004) also discusses the difficulty individuals with mental health disabilities experience when it comes to fully integrating into society, due to discriminatory practices from employers and landlords. All of this can lead individuals with psychiatric disabilities to internalize the stigma portrayed by society, diminishing their self-esteem and own worth, and ultimately affecting them in their academics (Hartley, 2010).

Stigma is just as prevalent of an issue in higher education, as it is in the rest of society. Fear of stigma is the most cited reason as to why students with psychiatric disabilities do not share their disability status (Collins and Mowbray, 2005). Martin (2010) found that fear of being discriminated against and concerns about cultural stigmas were common reasons as to why students avoided disclosing their disabilities and failed to seek support services. Similarly, in a

study conducted by Hong (2015), students with disabilities shared barriers of feeling judged, looked down upon, distrusted, humiliated, treated differently than a normal student, and embarrassed by instructors, either in private or in front of the class. College students who experience stigma or discrimination due to their disability experience a sense of isolation, feelings of inferiority, and avoidance by others (Link & Phelan, 1999).

Many college students with disabilities struggle with the fear of being judged or treated differently by peers and instructors (Hong, 2015). Because psychiatric disabilities are invisible, students are often questioned or distrusted by their instructors as to whether their disability is truly real (Muckenhaupt, 2000). In a qualitative study among nine undergraduate students conducted by Thompson-Ebanks and Jarman (2018), it was found that sometimes faculty can “out” the student with a disability to their peers when discussing their accommodation needs. This creates yet another barrier, as students with accommodations are often judged by other students who see accommodations as an unfair advantage in academics (Collins & Mowbray, 2005). Salzer et al., (2008) found that among students who received an accommodation, 56% of them reported feeling embarrassed or bothered about disclosing their disability to faculty and worried about being stigmatized by faculty. Due to this, college students with psychiatric disabilities may hesitate to ask for help (Collins & Mowbray, 2005), they avoid having to “confront” their instructors about their accommodation needs, which in turn places them at-risk to drop out of college (Megivern, Pellerito, & Mowbray, 2003). Unfortunately, many students go through tremendous efforts to hide their psychiatric disability due to fear of stigma and discrimination, and in doing so struggle to meet university requirements (Martin, 2010).

Academic Impact

Mental health disabilities can have a significant impact on a student's academic performance, such as GPA and their ability to persist and complete their education. Eisenberg, Goberstein, and Hunt (2009) found that depression is a significant predictor for higher dropout rates and lower GPA. This association is even stronger for those students who also have an anxiety disorder. Students also struggle to keep up with their coursework, as Eisenberg et al., (2007) found that 44.3% of undergraduates reported that mental or emotional difficulties affected their academic performance, and 18.4% of them reported missing academic obligations in the past 4 weeks because of their mental health.

Students with psychiatric disabilities are also at higher risk of dropping out prior to completing a degree than students without disabilities or students with other disability types. Specifically, 86% of students with psychiatric disabilities drop out versus 47% of students with other types of disabilities and 36% of students without disabilities (Hurst & Smerdon, 2000; Kessler et al., 1995; Kupferman & Schultz, 2015; Salzer, Wick, & Rogers, 2008). Similarly, another study found that psychiatric disorders, specifically Bipolar I disorder had a strong positive relationship with failure to graduate from college (Hunt, Eisenberg, & Kilbourne, 2010). As higher education professionals, it is our duty to create campus communities that are welcoming, supportive, and empathetic to help the academic success and retention of this student population (Belch, 2011). In addition, it is important that disability officers in higher education facilitate the communication between students and faculty when requesting accommodations, as a power differential clearly exists between the two, and some students may not receive the help they need without the help of an advocate due to fear of stigma or intimidation.

Experiences of Latino Students

Latinos are the fastest-growing population in the United States and are projected to increase in population by 86% from 2015 to 2050 (U.S. Census Bureau, 2014). Latinos in general are projected to continue growing at a steady rate, and currently approximately one out of every six students attending colleges and universities in the United States identifies as a Latina/o student (Montelongo, 2019). As of 2017, it is estimated that around 20% of traditional college students in the U.S. are Latina/o; an increase to 3.27 million Latina/os enrolled in postsecondary institutions nationwide (PNPI, 2020; NCES, 2019). Despite these growing numbers, Latina/os continue to have low degree completion rates with 24% of Latino adults holding an associate degree or higher vs. 46% of White adults (U.S. Census Bureau, 2018). The 4-year graduation rate is 51% for Latina/o students compared to 63% for White students (Excelencia in Education, 2020). Data reveals that among 18–24-year-old individuals, 69% of Whites held bachelor's degrees, while 8% of Hispanics held bachelor's degrees (Krogstad & Fry, 2014; Murphy & Murphy, 2018).

A large number Latinas/os students are more likely to attend 2-year colleges than they are 4-year universities, with 58% of Latinos enrolled in 2-year colleges (Flink, 2018). Community colleges are usually a gateway for students wishing to transfer to 4-year institutions, yet less than 25% of Latinos enrolled at 2-year colleges actually transfer out to a 4-year institution. When compared to their White counterparts, Latinas/os take longer to complete their postsecondary degree (Clayton, Medina, & Wiseman, 2019). About 23% of Latinas/os complete a bachelor's degree within 10 years of leaving high school, compared to 47% of White students (Clayton et al., 2019). As a whole, the Latina/o student population falls behind other ethnic minorities when it comes to obtaining a college degree across 2-year institutions and 4-year institutions (Cook et

al., 2012; Flink, 2018). This final section of the literature review will present the experiences of Latina/o College Students as well as the limited research regarding Latino students with disabilities.

Latina/o College Students

Historically, the Latino student population was described as unprepared for college, lacking coping strategies, “at risk,” (Castellanos & Orozco, 2005; Gloria & Segura-Herrera, 2004; Rendón & Hope, 1996). However, more recent findings contrast this earlier research and show that Latino college students demonstrate a stronger drive to achieve and a higher level of academic effort than their peers from other racial groups (Rennick, Franco & Kim, 2014; Hurtado, Sáenz, Santos, & Cabrera, 2008). This subsection will discuss some barriers that Latina/o college students encounter on their educational trajectory as well as some influencers for success.

Factors Impacting Success

While any college student is expected to encounter stressors along their postsecondary educational journey, research has shown that Latina/o students encounter unique barriers. There are a variety of factors that may impede the graduation of Latina/o students such as lower socioeconomic background leading to financial stress, an unwelcoming campus climate, and cultural differences such as familial support (Arevalo, Soa, & McNaughton-Cassillb, 2016). It has been found that students with lower socioeconomic backgrounds spend more of their time working (Nora & Crisp, 2009) which means less time engaging in school activities (Pascarella, Pierson, Wolniak, & Terenzini, 2004; Stuart et al., 2011). For Latina/o students, having a lower socioeconomic background leads to various issues such as the inability to pay for college causing many to drop out to go to work and leaving college for familial responsibilities (Matos, 2021).

A study conducted by Zell (2010) found that Latina/o students had to continuously strategize to make the most out of their limited resources, specifically based on financial concerns. Financial limitations forced many of them to take reduced course loads and work and work full time to ensure they could pay for bills, childcare, and school, which made their graduation goal longer to achieve (Zell, 2010). It is important to note that despite the financial strain that family can bring on, family is important for the success of Latina/o students, specifically emotional support and parental influence can impact academic persistence and motivate Latina/o students (Matos, 2021). In contrast, other studies argue that employment opportunities may “positively influence students’ learning outcomes by providing an opportunity to integrate their work experience and academic college experiences” (Rennick, Franco & Kim, 2014, p. 248; Dundes & Marx, 2006; Pascarella & Terenzini, 2005; Perna, 2010).

In addition, some literature has found that discrimination and being a member of an ethnic minority are linked to psychological distress (Ojeda et al., 2012; Amaro, Russo, & Johnson, 1987). Racial microaggressions can also impact the psychological wellbeing of students, which ultimately can impact their success. Sanchez et al., (2018) conducted a study that examined the link between racial-ethnic microaggressions and psychological distress. Findings indicated that among the total sample, racial-ethnic microaggressions were directly linked to increased psychological distress. That is why an unwelcoming campus climate is often reported as an obstacle encountered by Latino students (Matos, 2021). The ability for Latino students to persist is hindered when they feel unsupported by the institution and experience hostile environments (Hurtado & Carter, 1997; Loo & Rolison, 1986; Skinner & Richardson, 1998; Matos, 2021).

Influencers for Success

As previously, Latina/o college students face many challenges, and much of the literature relies largely on the notion that students must become integrated into other college environments, placing the burden of retention on the student (Oseguera et al., 2009). Oseguera et al., (2009) challenge this literature and instead present literature that uses the definition of retention from the work of Braxton, Hirschy, and McClendon (2004), in which they define college student departure as the result of individual students interacting with their institutions in a specific context and that “the onus of retention or persistence [does not] rest with the individual students” (p. 4). They identified several programs that promote the retention and ultimately graduation of Latina/o college students such as TRIO programs, *Adelante*, and ENLACE. Other programs that influence Latina/o student’s success include *Puente* program and EOPS (Chacon, 2013). In addition, Santiago (2008) identifies HSIs and their opportunities to be models in the higher education realm, specifically for retaining the Latina/o student population. Academic support (academic advising, cohort support programs, developmental education) was emphasized as a practice for students' success, across HSIs (Santiago, 2008).

Relationships, trust, and a sense of belonging also matter for the success of Latina/o students in the K-20 system. Interactions between student and faculty have been identified as strong positive predictors of persistence among Latino college students (Hurtado & Carter, 1997; Kim, Rennick, & Franco, 2014). In higher education, recommendations for quality student-faculty relationships include faculty that are approachable, understanding, and encouraging of students. In addition, mentoring has been found to facilitate the transition into college and throughout college years (Rodriguez & Oseguera, 2015).

Cultural spaces such as cultural centers were also identified as influential in the success of Latina/o students as they were connected to the student's own culture, they provided psychological support, and allowed an environment in which students could relax, but also be empowered (Montelongo, 2019). The study conducted by Gonzales et al., (2015) investigated whether participation in a cultural center's new learning community model—*The casa away from casa* program—had an impact on retention of students. This study found that students were able to persist toward graduation because they were able to build bonds with students and faculty, not because of their incoming GPA or standardized tests. “A sense of collectivity, belonging, and *familia* was created that now carry these students well beyond their first year at WSU” (Gonzalez et al., 2015, p. 236). Strayhorn (2012) builds on Hurtado and Carter (1997) sense of belonging framework and suggests that Latino students are able to persist in spaces where they experience a sense of belonging. This is important to note, as Latino students have frequently identified inadequate faculty relationships and unwelcoming campus environment as significant barriers to retention (Matos, 2021).

Latina/o Students with Disabilities in K-12

Despite the increase of Latina/o individuals in college settings, to date there is limited research available regarding the academic and social experiences of Latina/o students with disabilities in college. The limited research that exists of Latina/o students with disabilities revolves primarily to Latina/o students with disabilities in the K-12 educational sector, not in the postsecondary setting. This section will discuss the available research regarding the overrepresentation of Latina/o students in special education as well as the familial involvement of Latina/o students with disabilities in the K-12 system.

Overrepresentation of Latina/o Students in Special Education

Research shows that historically, there has been an overrepresentation of African American and Latino/Latina student in K-12 special education (Losen & Orfield, 2002). While the ways of identifying students for special education students have changed, disproportionate representation of Latina/o in special education still occurs in districts that have a large majority of Latino students (Shumate, Campbell-Whatley, & Lo, 2012). Specifically, it has been found that Latina/o students are over identified as having a specific learning disability (SLD) (Cortiella & Horowitz, 2014; Valenzuela, Copeland, Qi, & Park, 2006). Similarly, Sullivan (2011) found that over an eight-year period, Latina/o English Language Learners were increasingly overrepresented in the categories of SLD, mild mental retardation, and speech language impairment. This is most likely due to incorrect assessments based on language knowledge or misunderstood Latino students' educational needs (Sullivan, 2011; Shumate et al., 2012). It was also found that Latino students qualified for special education services at much higher rates than their actual growth rate in public schools (Calderon, 2015; Keel, Cushing, & Awsumb, 2018).

This disproportionate representation is a problem, not because of the label or education services that students receive, but rather it is a problem because placement in special education itself is linked to lower graduation rates and limited access to postsecondary education opportunities (Chamberlain, 2005; Oesterreich & Knight, 2008). Specifically, the dropout rates for African American and Latino students with disabilities much higher when compared to their White counterparts (Keel et al., 2018). Increasing the opportunities for access to college for underserved students, such as students with disabilities should be a priority for educators. Yet, there is an overrepresentation of Latina/o student in special education, while there is an underrepresentation of Latina/o students with disabilities in college. Even though there has been

an increase in students with disabilities enrolling in college, with 19% of students in college identifying as having a disability, the increase is most notable in White students, with 20.8% of students with disabilities enrolling in college identifying as White (NCES, 2019).

Although the statistic shows an increase of students with disabilities attending college, it ignores the fact that there is a link between race and the transition to college. Latina/o students are often labeled with more stigmatizing disabilities and are not included in college bound or college preparation courses (Artiles, Rueda, Salazar, & Higareda, 2005; Oesterreich & Knight, 2008). These incongruities affect the quality of education that Latina/o students with disabilities receive and impacts their access to postsecondary education (Oesterreich & Knight, 2008). Hughes (2013) found that many culturally linguistic diverse students with disabilities (including students of color and Latina/o students) are more likely to live in poverty, attend under resourced schools, not attend higher education, and experience far less success. For example, at the postsecondary level, students must self-identify as having a disability and provide documentation with the disability services office on-campus, which is very different than the K-12 setting in which the institution identifies students for special education and provides the necessary evaluations and documentation. Oesterreich and Knight (2008) posit that if special education teachers do not teach students the differences in transitioning between K-12 to postsecondary it can leave students isolated and without necessary accommodations. This type of guidance is especially essential for Latina/o students who are more likely to be first-generation college with no prior knowledge or guidance from parents on how to navigate the postsecondary settings.

Familial Involvement

Increased parental and familial involvement are very important for students with disabilities in the K-12 system for several reasons; (1) since it is written into pieces of legislation

that govern special education (IDEA and No Child Left Behind Act) and (2) familial involvement has been linked to positive student outcomes (Rodriguez, Blatz, & Elbaum, 2014). In order to increase and understand the familial involvement of Latino families, it is important to look at what involvement looks like for Latino families, as they may demonstrate their level of involvement in different ways than White families.

There are several reasons as to why Latino families may be less likely to demonstrate involvement in their student's school, such as a perception that school personnel are not open to their efforts to become involved. In addition, some families of Latino students tend to be more involved with their child at home than in school, some experience language barriers that prevent them from being physically involved at school, and some view teachers as the professionals who know special education law best and know how to assist their child (Blanchett, Klingner, & Harry, 2009; Harry, 2008; Walker, Ice, Hoover-Dempsey, & Sandler 2011). This is important to highlight, as school personnel may perceive this as a lack of involvement from Latino families and perpetuate negative cultural stereotypes, such as "failure to become involved due to a lack of concern about their child" (Rodriguez et al., 2014, p. 264). Keeping this in mind, it is crucial that schools send clear messages and invitations to these families to become involved. Different ways that this can be achieved include encouraging parent participation in decision-making, empowering and educating families, and frequent communication with families (Rodriguez et al., 2014). Increasing and recognizing the ways that Latino families are involved with their students with disabilities is important as it can increase student success.

Conclusion

In this literature review, I discussed the experiences of students with psychiatric disabilities. Specifically, it was discussed that in general, students with psychiatric disabilities

are at a higher risk of dropping out prior to completing a degree than students without disabilities or students with other disability types for various reasons as noted. In addition, I discussed that despite Latina/o college student enrollment growing, the retention rates are still low when compared to other ethnic groups. In addition, the literature presented describes the experiences of Latina/o students with disabilities in the K-12 educational sector.

Overall, the paucity of research related to Latino college students with disabilities is concerning since Latinos are the fastest growing ethnic group in the United States. While some research exists regarding Latina/o students with disabilities in the K-12 sector, virtually none exists for Latina/o students with psychiatric disabilities in higher education. As previously mentioned, Latina/os are a fast-growing group attending college, yet graduation rates are not keeping up. Thus, research on understanding Latina/o college students with disabilities is necessary to begin closing the achievement gap. This information can be useful for admissions, to know what the needs of the Latina/o student population is and attract them to higher education institutions. In addition, according to a report conducted in 2009 by the Government Accountability Office, several postsecondary institutions lack resources and services to accommodations students with a broad range of disabilities and faculty did not have enough experience or awareness to accommodate students (PNPI, 2018). Knowing the factors that help students with disabilities persist as well as the factors that hinder their success is just as important to avoid early withdrawal from the postsecondary setting. Therefore, the purpose of this research is to fill in the gap regarding the social and academic experiences of Latina/o college students, specifically with mental health disabilities.

Theoretical Framework and Conceptual Framework

The major theoretical framework used to guide this study is Disability Critical Race Studies (DisCrit). DisCrit is an emerging field that combines the frameworks in both Critical Race Theory (CRT) and Disability Studies (DS) to propose a new theoretical framework that incorporates a dual analysis of race and ability (Annamma, et al., 2013). Researchers in the field have realized that when studying both race and disability, one person characterized by both is dually oppressed, yet these experiences cannot be separated from each other (Annamma et al., 2013; Frederick & Shifrer, 2019)

The intersectionality between the interdependent constructions of race and dis/ability in education and society in the United States makes it necessary to combine Critical Race Theory and Disability Studies. Crenshaw's (1993) work on intersectionality is essential to this theory, as DisCrit theorizes ways in which race and ability are intertwined in terms of identity. Therefore, one cannot discuss DisCrit, without first acknowledging intersectionality. This theoretical framework section is divided into three sections. The first section discusses the theoretical construct of intersectionality introduced by Crenshaw (1989), the second section discusses DisCrit (Anamma et al., 2013) and the final section discusses the conceptual framework that I will be using to give direction to this study.

Intersectionality

Intersectionality, a term introduced by scholar Kimberle Crenshaw back in 1989 as a legal concept has since become popular and experienced an increase in acceptance in academia (Collins, 2015). Yet, intersectionality is a complex concept, and many people use the term in various ways, sometimes inconsistently, which may make it difficult to understand than other works that attempt to reduce people to one category at a time. Intersectionality addresses how

multiple forms of oppressed identities interact with each other in various contexts. For example, it helps us understand how race, class, gender, and disability, are interconnected (Gillborn, 2015). It helps us understand how someone that is a member of various groups (based on identity) can experience bias and exclusion from those same groups due to carrying multiple identities. It can be defined as the processes in which multiple social identities converge and shape individual (or group) experiences (Shields, 2008). As explained by Kimberle Crenshaw (1989), intersectionality is not just how women experience biases or how black individuals may experience biases. Intersectionality is when these two identities intersect and create the vastly different experiences of black women.

Expanding on her work, Crenshaw (1991) used intersectionality to bring to light the disadvantages caused by intersecting systems creating structural, political, and representation aspects of violence against minorities in the workplace and society. Specifically, Crenshaw (1991) expands her previous work to demonstrate three different forms of intersectionality to describe the violence that women of color, in particular black women, experience: (1) structural, (2) political, and (3) representational intersectionality (Crenshaw, 1991). *Structural intersectionality* occurs when social structures in place to help a particular group, neglect the needs of “other identities” within the group and produce effects that may not be intended (For example, a women’s shelter that does not acknowledge the needs of immigrant women, women who do not speak English or women of color). *Political intersectionality* happens when the political movements that are working towards justice for a particular group, exclude the interests of the subsets that exist within the group and reinforce injustice. An example of political intersectionality is feminist activism, and when fighting for the rights of claiming that all women experience violence, regardless of ethnicity. *Representational intersectionality* refers to how

individuals from both dominant and minoritized groups are represented in society and it occurs when particular images are taken to be representative of the whole group ignoring the complexity of the group. For example, feminists fighting against being represented as the “housewife” in the media, were ignoring the fact that working class women do not choose to stay home, but rather they need to go to work. Another example is the overrepresentation of women of color as hypersexual, situating them as targets for sexism.

Several studies in higher education have used intersectionality as a framework for their research. Scholars have explored race and how it intersects with other social identities, such as race and gender, race and sexual orientation, and race and spirituality (Museus & Griffin, 2011). In education, intersectionality has served to build the formation of “equitable societies, requiring that inequities be actively challenged” (Nichols & Stahl, 2019, p. 1256). For example, when addressing student needs, many times institutions think of addressing them by meeting individual needs related to their singular identities, however, if institutions can think about the multiple aspects of their students’ identities, they may conclude different solutions about their student’s experiences (Museus & Griffin, 2011).

As with most theories, intersectionality has some limitations. Intersectionality may have the tendency to become a trend word or buzzword. When we begin to use it as a buzzword, it becomes ornamental and takes away from the radical transformation it aims to do (Harris & Patton, 2019). Some use the word intersectionality merely for material gains and opening doors for funding, or for personal gains such as publishing, therefore oversimplifying what intersectionality is (Harris & Patton, 2019). In reality, an intersectional approach goes above a basic analysis of identity and experiences. Intersectionality allows us to understand how race intersects with other axes of oppression at different times and in different contexts (Gillborn, 2015). It is a theoretical

framework that helps us understand how multiple social identities such as race and disability intersect at an individual level (micro) and displays systems of privilege and oppression at the social-structural level (macro) (Bowleg, 2012).

In this study, intersectionality plays a key role, as the participants who were interviewed for this research were specifically invited due to their multiple identities: student with a disability and Latina/o student. In addition, these students had other overlapping and intersecting identities, gender, first-generation status, disability type, religious identity, etc. Using an intersectional approach allowed us to understand the interconnectedness of all these identities, and how they shape a student's experience on a postsecondary campus.

DisCrit

Drawing from Dis/ability studies and CRT, DisCrit attempts to reframe disability from a negative and shameful identity to a positive marker of identity as something be "claimed" (Annamma et al., 2013, Caldwell 2011). It seeks to examine the processes in which students are simultaneously raced and dis/abled and do not fit into one category alone. DisCrit framework does not replace CRT, but rather expands on it. Due to the constraints that exist in Critical Race Theory (CRT) and Disability Studies (DS) a new theoretical framework that integrates a dual analysis of race and ability was necessary (Annamma et al., 2013).

Crenshaw et al., (1995) states that students who are labeled with a disability and are a student of color, are forced to constantly divide their loyalties as to which group of identity they are members of (Crenshaw et al., 1995). For example, the term *disability* can carry a negative and even shameful connotation, which makes some students reject *disability* status as an identity (Connor, 2008). This is because the label of *disability* can result in an individual being rejected by their family, culture, racial and ethnic groups, and gender groups (Goodwin, 2003).

Dis/ability has long been used as a synonym for lack of intelligence, which may explain why communities of color would fight against labeling themselves as dis/abled (Annamma et al., 2013). However, accepting this ideology is conceding to the hegemonic notions of normalcy and sets marginalized communities against each other, further perpetuating the denial of individual's rights, regardless of ethnicity and/or ability (Annamma et al., 2013). DisCrit challenges this thinking and argues that dis/ability should primarily be understood as a political and social category. DisCrit acknowledges that for students of color with disabilities, these two identity markers cannot be separated, as the experiences encountered when they are both Latina/o and dis/abled are vastly different.

In education, DisCrit serves as a lens to see the ways in which race, racism, dis/ability and ableism are built into the interactions, procedures, discourses, and institutions of education (Crenshaw 1993; Solórzano & Yosso, 2001; Annamma et al., 2013). DisCrit is comprised of 7 tenets which include:

- (1) focusing on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy.
- (2) values multidimensional identities and troubles singular notions of identity such as race or dis/ability.
- (3) emphasizes the social constructions of race and ability and yet recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside of the western cultural norms.
- (4) privileges the voices of marginalized populations.
- (5) considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens.

(6) recognizes whiteness and ability as property and that gains for people labeled with dis/abilities have largely been made as a result of interest convergence.

(7) and it requires activism and supports all forms of resistance.

Conceptual Framework

Latino/a students with a disability may have differing campus experiences than non-disabled Latino/a students. While at the same time, a Latino/a student experiencing a disability also has a different experience than a white student experiencing a disability (cite). The proposed research will begin to look at some of the critical intersections of race and disability at a large public Hispanic Serving University by using DisCrit as its theoretical framework. This study aligned with four of the seven tenets as outlined below.

Tenet One: DisCrit emphasizes the ways in which race and disability have been used to marginalize particular groups in society by creating what is seen and accepted as normal. DisCrit recognizes that in our society, being white and able are regarded as normal, everyone else that is different is viewed as deficient (Annamma et al., 2013). This study recognizes that Latina/o students are viewed as the “other” because they are not white but rather students of color. In addition to this, students with mental health disabilities are not seen as “able” and are also seen as deviant from the norm. This leads into the second tenet.

Tenet Two: DisCrit recognizes that multidimensional identities exist, such as race, dis/ability, social class, or gender. It brings attention to issues that have not been centered in CRT and recognizes how other markers (e.g., culture, language, etc.) contribute to constructing the notion of “disability.” In addition, DisCrit recognizes the complexity of navigating multiple stigmatized identities and acknowledges how experiences with

stigma and segregation often vary based on other identity markers. This study aligns with this tenet as it recognizes that Latina/o students with disabilities have multidimensional identities such as (race, ethnicity, language, immigration status, class, ability, etc.) and because of this may face multiple discrimination, stigma, and segregation. This study will emphasize the multidimensional identities Latina/o students with mental health disabilities face in higher education with the hopes of identifying barriers and effective interventions that counter those barriers and support their persistence in college.

Tenet four: DisCrit seeks to disrupt the master narrative that tends to ignore the voices of marginalized groups (Matsuda, 1987; Annamma et al., 2013). It is important to note that DisCrit does not “give voice” to this student population, as those individuals of color with disabilities already have a voice, and DisCrit does not intend to speak for or in place of these individuals. Rather, DisCrit charges readers and researchers to listen carefully and respectfully to these individuals’ stories and use them as a form of “academic activism to explicitly ‘talk back’ to master-narratives” (Annamma et al., 2013, p. 14). This study will center the voices of individuals who have constantly been ignored and unacknowledged. Latina/o students with mental health disabilities will have their voices heard through this study. This study aligns with the words of John Powell as presented by DisCrit: “I feel like I’ve been spoken for and I feel like I’ve been spoken about, but rarely do I feel like I’ve been spoken to” (Dalton, 1987, p. 81).

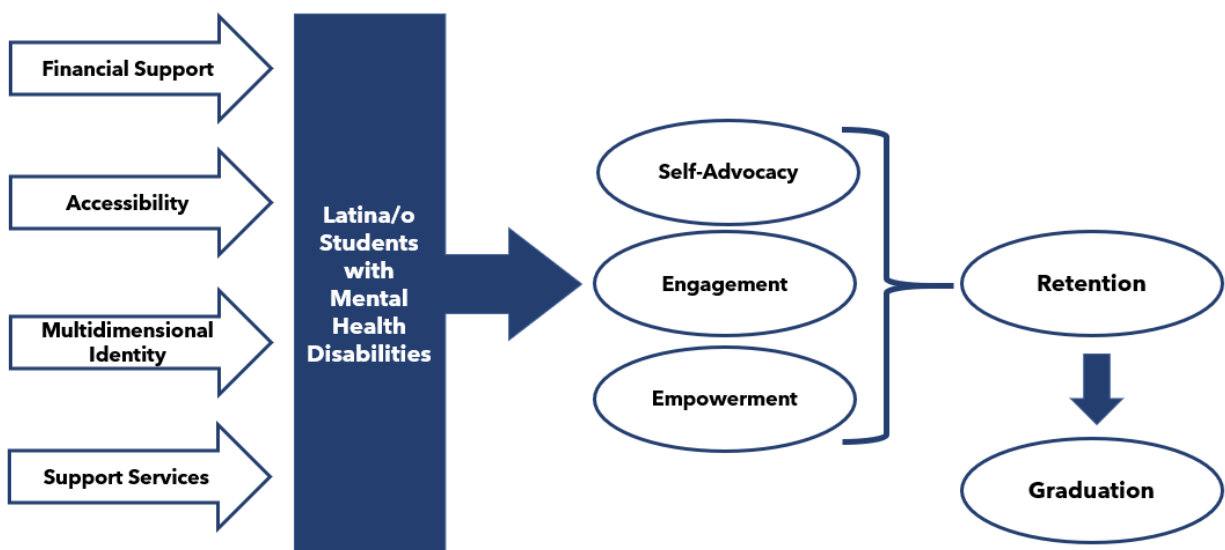
Tenet Seven: DisCrit supports activism and promotes diverse forms of resistance. This theory acknowledges the need for activism while also recognizing that some of the activities traditionally thought of as activism (e.g., marches, sit-ins, etc.) are based on able-ist norms (Annamma et al., 2013). Therefore, DisCrit supports diverse expressions

of resistance that are linked to and informed by the community, whether that be academic or theoretical, pedagogical, or activist. DisCrit recognizes intellectual activism as an active form of social justice and calls on scholars to engage in this form of activism by making visible the systemic oppressions that exist for students of color with disabilities. This tenet aligns with this study, as it seeks to promote activism, as when students share their stories, they are engaging, empowering, and self-advocating for change.

Below is the conceptual framework illustrating my approach when working with Latina/o college students with mental health disabilities while taking into consideration the four tenets presented of DisCrit. This conceptual framework consists of acknowledging and addressing four factors for Latina/o college students with mental health disabilities.

Figure 1

Conceptual Framework



Financial concern is listed as one of the biggest stressors and risk factors for increased mental health disorders and suicidality among college students. Therefore, *financial support* is a necessary factor to consider when working with Latina/o college students with mental health

disabilities. Different ways to approach the financial concerns of students and provide them with financial support include partnerships with Department of Rehabilitation, Regional Centers, and seeking out Workability Grants, that help students with disabilities obtain jobs at community worksites.

The second factor listed is *accessibility*. Accessibility refers to providing equal opportunity for students to participate in classrooms, programs, and activities regardless of whether they have a disability or not. Accessibility requires that the institution, faculty, and staff commit to providing equal access to all students, mostly accomplished through accommodations.

The third factor introduced in this conceptual framework is the acknowledgement of *multidimensional identities*. This student population, on top of being Latina/o and having a disability, they may also have other elements that affect their experiences on college campuses. Elements such cultural differences, gender and sexuality differences, language barriers, immigration status or lack thereof, may all add additional stress affecting their mental health. Therefore, it is essential when working with this student population to recognize that they have multidimensional identities and interventions need to be strategic and all-encompassing of these elements.

The fourth and final factor of this conceptual framework is providing students with adequate *support services*. These types of services include peer mentoring programs, coaching for executive functioning, disability management counseling, and ongoing training of allies (students, staff, and faculty). This conceptual framework posits that when these four factors are addressed, students will gain valuable skills that help retain them and ultimately lead to graduation. By using this framework, Latina/o students with disabilities needs will be addressed. The hope is that they will become empowered, allowing them to engage more on-campus, and

allowing them to identify their needs and self-advocate for those needs. This will lead to their retention and most importantly graduation.

Summary

The literature review discussed the history of disabilities, relevant disability legislation in higher education, the experiences of students with psychiatric disabilities, and the experiences of Latina/o college students. It outlined various challenges that are faced by both groups, students with disabilities and Latina/o student with respect to completion of studies. In addition, it outlined several influencers for success based on previous research. It also discussed the research by Crenshaw (1991) and Annamma et al., (2013) and how it provides the framework for this study by reviewing the experiences of individuals with multiple marginalized identities. Chapter 3 outlines the methodology which includes individual interviews with Latina/o students who identify as having a psychiatric disability and are currently attending a local four-year institution.

CHAPTER 3: METHODS

Research Methods

The purpose of this chapter is to discuss the research methods used for this qualitative study regarding Latina/o students with psychiatric disabilities. The sampling technique that is used in this study was created to specifically understand the experiences and identify the factors that affect Latina/o college students with psychiatric disabilities persistence to graduation. The purpose of the study is not to represent all college students with disabilities, instead it is purposefully selected to represent the experiences of Latina/o college students with psychiatric disabilities at a large public institution. The research plan, including methodology, participants, procedures, data analysis will also be discussed in more depth throughout this chapter.

Research Questions

This study addresses the following research questions:

Research Question 1: What are the experiences of Latina/o college students with psychiatric disabilities when working towards degree completion?

Research Question 2: What factors facilitate the retention of Latina/o college students with psychiatric disabilities?

- a. What academic resources do Latina/o college students with psychiatric disabilities utilize in their pursuit of a four-year degree?
- b. What barriers do Latina/o college students with psychiatric disabilities encounter in their pursuit of a four-year degree?

Methodology

This study was a qualitative research study as it is “interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they

attribute to their experiences” (Merriam, 2009, p. 5). Qualitative research differs from quantitative research, as it is based on the belief that knowledge is constructed along the way by people as they engage in an activity or experience (Merriam & Tisdell, 2016). This study was guided by using a basic interpretive design. As a basic qualitative study, this study sought to understand the “meaning a phenomenon has for those involved” (Merriam & Tisdell, 2016, p. 24). Furthermore, this “meaning” is not discovered during research, but rather it is constructed by the participants “as they engage with the world they are interpreting” (Crotty, 1998, pp. 42-43). This method was chosen given that this study interviewed students who identify as belonging with two groups that are marginalized. In general, qualitative researchers are interested in understanding how their participants make sense of their lives and experiences (Merriam & Tisdell, 2016). This study is interested in understanding how Latina/o students with psychiatric disabilities engage with their different environments, such as home, community, and the postsecondary environment, and how that impacts their college experience.

While there are many various ways data can be collected for qualitative studies such as observations, interviews, and documents, this study focused on in-depth interviewing (Creswell & Creswell, 2018). Data was collected from primary sources through participant interviews, since interviewing is often the primary data collection strategy in qualitative studies (Merriam & Tisdell, 2016). Purposeful sampling was used in order to identify students who meet the criteria for this study. Per Merriam and Tisdell (2016), purposeful sampling is used when the researcher wants to understand and gain insight from a specific sample from which the most can be learned, they are selected for participants precisely because of their expertise and/or experiences. In this study, in-depth interviewing is relevant since the objective is to understand the experiences of Latina/o college students with psychiatric disabilities working toward degree completion. As a

basic qualitative study, the goal of this research is to uncover and interpret these meanings (Merriam & Tisdell, 2016).

Data Collection

Settings

Participants were recruited at a large public institution in Southern California. The institution enrolls over 27,000 undergraduate and graduate students combined. In terms of racial diversity, a large majority of students identified as Hispanic/Latino (47%). Participants for this study had to be registered with the disability services office on campus. The disability services office currently serves over 1,200 students in providing accommodations and academic support. A large majority of students registered with the disability services office primarily identify as having “invisible disabilities” (87%). Students with invisible disabilities include those with psychological/psychiatric conditions, Learning Disabilities, ADHD, and Autism Spectrum Disorder. The other categories that students identify with are mobility disabilities, deaf and hard of hearing, blind/low vision, temporary disabilities, and other (which may include any medical condition such as cancer, fibromyalgia, cerebral palsy, etc...). This setting was chosen, given that qualitative research should take place in the natural setting, to enable the researcher to develop a level of “detail about the individual place and to be highly involved in actual experiences of participants” (Creswell & Creswell, 2018, p. 181). In addition, due to the COVID-19 pandemic, the setting was a virtual one to ensure participant’s safety. All interviews were conducted via the Zoom platform. While the pandemic did not allow to be in-person together in close proximity, Zoom allowed to connect through video with the participants and engage with them in that way.

Human Subjects Protection

This study was reviewed by the Claremont Graduate University's Institutional Review Board and certified as exempt from IRB supervision. Participants were informed that they could skip questions or withdraw from the study at any time without any penalty. Personal identifiers such as names were removed, and each participant was given a pseudonym for confidentiality purposes.

Data Sources

For this study, 14 student participants were interviewed. The criteria for student participants were as follows: (1) students must be registered with the disability services office at their institution; (2) students have identified as having a psychiatric or psychological disability; and (3) students have identified as a Latina/o Student. Students had to be registered with their on-campus disability office because this ensured that the student had attempted to seek out resources but had also gone through the process of disability verification. This makes certain that the participants have a documented psychiatric disability. Finally, since this study is conducting a dual analysis of race and ability, (Latina/o students with psychiatric disabilities), the student must identify as a Latina/o student. Given that the pandemic disproportionately affected Latinas/os, this may have increased issues of mental health amongst Latina/o college students, which makes this research even more necessary. This sample is based on unique attributes of the phenomenon of interest; thus, a purposeful sample (Merriam & Tisdell, 2015).

Procedures

Potential participants were identified through a report produced by the disability services office that identified all the email addresses of individuals that are registered with the office due to a mental health/psychiatric disability. A recruitment email was sent out to that list-serve of students by the disability services office director. Students were instructed to email the PI for

more information about the study. Potential participants were provided with an informed consent form once they had reached out to inquire about the study and were asked to return it by email. Once the consent form was returned, the interview was scheduled. Participation was voluntary and confidential. No identifiable information was used, as all participants were assigned a pseudonym.

Interviews were conducted virtually using Zoom. Most participants did the interview through a video call, although some participants opted to not turn the camera on. Interviews were recorded using Otter AI for accuracy when transcribing. Prior to beginning the interview, participants were asked for their verbal consent and asked if they had any questions or concerns before proceeding with the interview. Each interview lasted approximately 60 to 90 minutes. After the interview, participants were provided with a \$10 gift card to Starbucks or Target (their choice). Each interview was then transcribed, and identifiable information (such as name) was removed and replaced with a pseudonym.

Measures

Based upon the conceptual model presented previously, an interview protocol was developed. The method of data collection used within this study was semi-structured interviews. An interview protocol was developed to be used as a guide when conducting the interview. It contains a total of 29 open-ended questions. Interviews lasted approximately 60-90 minutes. The interview protocol is divided into three sections: (1) students' background and college experience containing twelve questions (2) experiences as a student with a disability containing nine questions and (3) experiences as a Latina/o college student containing eight questions. This protocol is available in Appendix A.

Questions in the first section included students' demographic information, utilization of services information and background information, for example *“Can you start by telling me a little bit more about yourself? (major, age, interests, hobbies, etc.”* or *“What types of activities/programs have you participated in on-campus? What clubs/organizations do you belong to?”* The second section contains disability-related questions such as *“Do you feel comfortable sharing your disability with your friends? Do you feel that you experienced acceptance from your friends? Do you feel comfortable disclosing your disability to faculty?”* The last section of the interview contains questions related to culture and their Latina/o identity such as *“Do you feel that being a student of color impacts your college experience or success more negatively than other students”*

Data Analysis

Qualitative data was analyzed by reviewing each transcript after all interviews were completed. Each interview was played back using Otter.Ai and the transcriptions were reviewed and edited for accuracy (missing/incorrect words). Once all transcription editing was done, open coding of the data began. I began to manually code the data line by line using descriptive and emotion coding. This method was chosen due to the exploratory nature of the research questions and to better understand the perspective of each of the participants (Saldaña, 2016). Once coding was complete, the interviews were read twice to review for emerging themes. Codes and themes were created keeping in mind the conceptual framework presented previously. The coded segments were evaluated for themes and similarities, as an initial attempt for analysis (Saldaña, 2016). In order to interpret the meaning of the raw data while elevating participants' voices, in vivo coding was used. Each coded segment was analyzed, and three major themes resulted from the data.

Conclusion

Research that highlights the experiences of Latino postsecondary students with psychiatric disabilities is limited. Although recent studies have demonstrated an increase of students with mental health disabilities on college campuses, more information is needed to better understand what are the specific challenges that affect Latino students with mental health disabilities. Additionally, further research is needed to explore how being a Latina/o student with a mental health disability impacts their academic experience and retention and identify potential factors that reduce these challenges. In conclusion, this chapter discussed the methodology used in this study. Specifically, qualitative interviews were used to sample 14 current Latina/o students who identified as having a psychiatric/mental health disability. Chapter 4 will discuss the results and findings of the data.

CHAPTER 4: RESULTS

In this chapter, I discuss the results of the analysis of the experiences of 14 Latina/o college students who self-identified as having a mental-health disability. This study was guided by the following research questions:

Research Question 1: What are the academic and social experiences of Latina/o college students with psychiatric disabilities when working towards degree completion?

- a. How does ethnicity shape the experiences of Latina/o students with disabilities?

Research Question 2: What factors contribute to the retention of Latina/o college students with psychiatric disabilities?

- a. What academic resources and support services do Latina/o college students with psychiatric disabilities utilize in their pursuit of a four-year degree?

- b. What barriers do Latina/o college students with psychiatric disabilities face in their pursuit of a four-year degree?

Participants

A total of 14 participants (N=14) were interviewed for this study. A variety of majors were represented in the sample including Engineering (3), Animal Science (2), Physics (2), Communications (2), International business (1), Chemistry (1), Biology (1), Hospitality Management (1), and Liberal Studies (1). Age range varied from 18 to 38 with the majority of the participants (11) falling in the traditional undergraduate age range at 78.5% (18-23). Of the participants, 4 identified as male, while 10 participants identified as female. Although it wasn't asked, three of the student participants chose to self-disclose their LGBTQ+ status.

In terms of diagnosis, all but 3 students had multiple diagnoses. Most participants (11) identified as having generalized anxiety disorder and/or major depressive disorder. Other

psychiatric disabilities disclosed include bipolar disorder, borderline personality disorder, and post-traumatic disorder (see Table 1). For six of the participants, these conditions were diagnosed during college, while five were diagnosed in high school, two in elementary school and one in middle school. Out of the eight that were identified in K-12, four received services through a 504 plan, while two only received counseling services. A 504 plan is a plan offered at no-cost to students and states how a school will offer help to K-12 students and remove barriers for a student with a disability. It allows for changes/modifications to the learning environment and enables students to learn alongside their peers.

Table 1

Participant Demographics

Pseudonym	Gender	Age	Diagnoses	Self-Identified Ethnicity
Jackie	Female	24	Major Depressive Disorder; Generalized Anxiety Disorder	Mexican/ Latina
Jason	Male	21	Major Depressive Disorder	Mexican American
Jose	Male	38	Posttraumatic Stress Disorder	Mexican
Sofia	Female	21	Posttraumatic Stress Disorder	Mexican
Mayra	Female	23	Major Depressive Disorder; Generalized Anxiety Disorder	Mexican
Karen	Female	21	Major Depressive Disorder; Generalized Anxiety Disorder	Mexican
Valerie	Female	20	Major Depressive Disorder	Bi-Racial/Multi-Racial
Tamara	Female	29	Bipolar Disorder/ Borderline Personality Disorder;	Latina/White
Paola	Female	23	Major Depressive Disorder; Generalized Anxiety Disorder	Mexican/ Latina
Carlos	Male	20	Major Depressive Disorder; Generalized Anxiety Disorder	Mexican American
Erik	Male	20	Major Depressive Disorder; Generalized Anxiety Disorder	Mexican/ Bi-racial

Diana	Female	19	Major Depressive Disorder; Generalized Anxiety Disorder	Mexican
Janette	Female	20	Generalized Anxiety Disorder	Latina/Hispanic/White
Amanda	Female	18	Major Depressive Disorder; Generalized Anxiety Disorder; Posttraumatic Stress Disorder;	Mexican

The following are brief descriptions of each participant, which provide more detail about their mental health disability background.

Jackie

Jackie is a 24-year-old Mexican/Latina female, diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder during college. Currently, she attends therapy on a bi-weekly basis and checks-in with a psychiatrist for medication. Jackie suffers from suicidal ideation from time to time.

Jason

Jason is a 21-year-old Mexican American male diagnosed with Major Depressive Disorder during college. He has never received school services for his disability up until now. He currently does not attend therapy and does not take medication due to fear of being dependent for life.

Jose

Jose is a 38-year-old Mexican male and a veteran. He was diagnosed with Posttraumatic Stress Disorder after military service. He received services at the community college prior to transferring to a four-year institution. He has a history of attending therapy and taking medication. He continues to manage his disability by attending therapy and checking in with his psychiatrist for medication.

Sofia

Sofia is a 21-year-old Mexican Female. She was diagnosed with Posttraumatic Stress Disorder during college. She has a history of attending therapy and taking medication, but currently does not take medication and does not attend therapy anymore. She has made different lifestyle changes to help her cope with her condition.

Mayra

Mayra is a 23-year-old Mexican Female who identifies as LGBTQ+. She was diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder in high school and received accommodations through a 504 plan. She manages her disability with medication, and although she has a history of attending therapy, she currently is not attending therapy.

Karen

Karen is a 21-year-old Mexican female. She is diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder. She was diagnosed in high school but did not receive any services as she was unaware that any help existed. Karen has a history of hospitalization due to suicidal attempt. She currently continues to experience suicidal ideation. In the past she attended therapy but was not allowed to take medication due to her mom being opposed to it. Currently she is trying to find a therapist with her insurance.

Valerie

Valerie is a 20-year-old Bi-racial LGBTQ+ female. She was diagnosed with Major Depressive Disorder during high school and received services through a 504 plan. She has a history of two hospitalizations due to suicidal ideation. She currently is not taking any medication and is not attending therapy.

Tamara

Tamara is a 29-year-old White Latina female. She was diagnosed with Bipolar Disorder and Borderline Personality Disorder in elementary school. She did not receive any services during K-12. Tamara has a history of attending therapy for over 15 years and taking medication on and off. She currently continues with therapy but is not taking medication at this time.

Paola

Paola is a 23-year-old Mexican Latina female. She was diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder in elementary school. She received services until her last year of high school through a 504 plan. Paola has a history of two hospitalizations due to suicidal ideation. She currently receives psychiatric services for medication and attends therapy.

Carlos

Carlos is a 20-year-old Mexican American male. He self-disclosed his LGBTQ+ as a transgender individual. Carlos is diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder which were both identified in high school. Carlos did not receive any services with a 504 plan, he only received counseling services. Carlos has a history of suicidal ideation. He does not take any medication or attend therapy currently.

Erik

Erik is a 20-year-old Mexican Bi-Racial male. He is diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder which were both identified during middle school. Erik received services through a 504 plan in K-12. He has a history of hospitalization due to suicidal attempt and suicidal ideation. He has a history of attending therapy, but stopped right before starting college. He continues to take medication.

Diana

Diana is a 19-year-old Mexican female. She was diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder during college. She did not receive any services throughout K-12 although symptoms were present since junior year of high school. She has a history of attending therapy and taking medication for symptoms of depression and anxiety including suicidality, panic attacks, insomnia, and loss of motivation. Currently, she stopped medication after trying three different kinds. She continues with counseling and neurofeedback therapy.

Janette

Janette is a 20-year-old White Latina female. She was diagnosed with Generalized Anxiety Disorder during college. There is no prior history of receiving services. Janette has a history of suicidal ideation. She continues with therapy to help manage symptoms of her disability.

Amanda

Amanda is an 18-year-old Mexican female. She was diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder and Posttraumatic Stress Disorder. These conditions were identified during high school although symptoms were present since age 12. She did not receive services through a 504 plan, and only received counseling in high school. Currently she attends therapy, but has not been able to start medication due to a lack of health insurance.

Themes

Data analysis produced three main themes that highlight the experiences of Latina/o college students with psychiatric disabilities. The first theme *Intersection of Identities* addresses research question one and subset questions a and b, as well as question 2b. This theme explores the challenges students face due to the intersectionality of multiple identities such as being a

first-generation college student, identifying as LGBTQ+ and identifying as a Latina/o student with a mental health disability. It discusses the student's challenges encountered in their family as well as stigma and disbelief regarding their mental health disability.

The second theme *Academic and Social Experiences* answers research questions one and research question two, by sharing experiences that students encountered in the academic setting but also in their social setting. Experiences regarding challenges, faculty interactions, and resources and support services used most by students are discussed in greater detail.

The third theme, *Increase of Mental Health Awareness* answers question two and the subset questions a and b. It discusses the differences between high school and college in regard to services and support, as well as articulates peer support experience and the impact that has on their disability identity. Overall, this chapter will highlight the true and lived experiences of Latina/o students with psychiatric disabilities.

Intersection of Identities

Intersectionality was the first theme in this research study. The intersecting identities of being a student with a mental health disability, along with being Latina/o, first-generation college students, and LGBTQ+ had a unique impact on the student's college experience.

First Generation Latina/o Students

One of the most common themes that came up was the stark difference in first-generation college students versus their counterparts. There was a clear lack of knowledge regarding 504 accommodations during high school for students who were first-generation college students. Many students did not know that these types of services existed. For example, Paola details her experience about receiving services until her last year of high school.

My last year I believe that was when I found out about it, and I didn't really know about any of these things. My parents didn't attend college, so they had no idea what kind of resources were available. I knew about it when my sister told me that she kind of heard about it from one of her friends. So I started asking for information about help. I would say that in college I have had more access to more different accommodations, because they never gave me all these types of options in high school. I feel like that they have been more understanding now in college and you don't have to fight so hard to try and prove your case.

This is significant, as many Latina/o students are not getting the help they need during K-12. The impact of this can be whether they attend college or not. Without the appropriate help, students may be struggling academically, which can lead to lower grades and early withdrawal from high school, thus impacting their overall ability to attend college.

Jackie also shared her experience as being a daughter of an immigrant and how that shaped her experience in college.

I have plenty of friends who, you know, their parents may have been born here, but the grandparents are born in Salvador, or whatever, right? They have a certain financial and social background, like a more established one. But I feel like my mom immigrated with no education, there is definitely financial stress, because my mom immigrated from Mexico without resources. And that's a thing you know, that domino effect into our financial situation, the socio-economic aspect of it. I won't say being a first-generation Latina has, like, negatively impacted my college experience, but it has added financial stress and made it hard to know about what resources that are available.

For Jackie, being a first-generation college student not only impacted her social background, but also her financial situation. She equated first-generation with low-income, which added significant stress during college in addition to everything else she was experiencing as a student with a disability.

For another participant, when asked if her ethnic background or first-generation status impacted her studies, Karen responded the following:

Yeah, a bit, because for STEM, especially the math classes I'm feeling... It's just a bunch of white dudes, and here I am a Latina female. I have not been directly harassed or anything, but it just feels so hard to like, I want to ask questions, but because I'm already here I'm like I have to prove myself more. I have to prove that I deserve to be on the same level as them because for the guys it's expected for them to be here, but for me it's like, "oh, you have to work exceptionally hard and you have to keep working really hard." It feels like I'm pressured not to ask questions because then they can say I don't really belong in this area because I don't understand, as well as they do. I'm always intimidated. It's more of a personal discomfort. I've heard other stories about women, but I haven't had any negative experiences directly, but I feel like as I continue growing more, like I expect a little more discrimination as I go higher up into the field.

Karen was always self-consciousness about her identify in being a woman, Latina, first-generation, and having a disability. She internalized some stereotypes that come with these identities and pressured herself to work extra hard and be on top, so that others wouldn't question her presence in STEM courses.

Amanda also shared how being a first-generation low-income student with a mental health disability impacted her college experience. When asked if her first-generation status impacted her college experience, her response was:

Yes, a lot in comparison to other students. They have a lot of resources, while I'm fully depending on myself to survive. My white peers, their parents pay for everything, they pay for their car. I have to spend time studying and working, and on top of that add all the limitations from my disability, it's a huge disadvantage. But I have no choice.

Amanda also equated first-generation with low-income and limited resources. She shared how she was not able to focus on her studies alone. Being the first to attend college already comes with added pressures, and in addition she had other responsibilities such as having to work to pay for her needs.

For the participants, being a first-generation Latina/o with a mental health disability was unfortunately a disadvantage that limited them in one way or another. They shared how being a first-generation student limited their knowledge in asking and receiving services. This caused them to struggle academically throughout K-12 without any support. For the participants in this study specifically, not only were they the first generation to attend college, but they were also children of individuals who immigrated to the United States. This caused them difficulties as their parents did not have much knowledge about navigating college, as well as limited financial resources. The next section will discuss the intersection with their LGBTQ+ identity.

LGBTQ+

Another identity that came up was the LGBTQ+ identity. Several students shared how their LGBTQ+ status coupled with being Latino impacted their mental health disability. Valerie shared an incident that happened on campus due to her LGBTQ+ status.

It was my freshman year in the spring semester, I was living on-campus and I worked in the dorms. I guess people would describe the way I dress as masculine. And one day, I was walking to work. I had my headphones on, but I wasn't listening to music, I could still hear. And I wasn't really paying attention. But I did see a group of guys out of the corner of my eye. I didn't look at them, but I knew they were talking to me because we were the only ones walking on that pathway. And they saw me, I was just wearing shorts. And then they told me the "F word" the homophobic term. I didn't look at them. I didn't say anything. I just kept walking. But they still kept persisting. They didn't come close to me, and I didn't get close to them. But I just kept walking on my way to work, and just ignored that.

When asked if she felt that there was a place on campus where she could find help due to her LGBTQ+ status, Valerie responded:

I did go to the PRIDE Center but people already had their own groups. And I didn't really feel or see myself connecting with other people in the center, as opposed to each other.

But in the Latino cultural center I feel there are more people to connect with.

Valerie shared an unfortunate situation in which she was harassed due to her appearance and LGBTQ+ identity. Even more unfortunate is the fact that she was not able to find a place on campus that she could connect with in regard to her LGBTQ+ identity. Incidents like this can make individuals symptoms exacerbate, only making their limitations greater throughout college.

Carlos also shared his experience as a transgender Latino and how being both LGBTQ+ and a Mexican American impacted his academic journey.

It is a struggle for me, because I am transgender with a disability and I'm also in such a household to an extent that again, I need to do everything on my own. Frankly I feel like

you have to be up to certain standards. Like there's been many times where I don't feel like I'm enough in my own community. I didn't know as much Spanish as I should have, you know? My older siblings think they can speak Spanish really well, I cannot speak enough for people to understand. I went to like Sunday school, they made us read in Spanish, and I couldn't read fast or good enough, I completely felt rejected and isolated there. I have a feeling that maybe I should have been diagnosed before. But it wasn't like that. I figured it out more so in middle school...it wasn't until like, maybe freshman year of high school that I was talking to a classmate and when I got really thinking I really feel like this, and that's when I fully was like, "No, I am" and then that's like, when I came out. Yeah. So I feel like there's definitely something there before, I was displaying signs of memory issues and other symptoms and maybe it's like, if someone paid attention, if my parents and family had paid attention more, maybe you know, earlier, It could have played out differently for me.

Carlos shares how he hasn't found a community in which he truly feels that he fits in. He doesn't feel Latino enough due to his limited ability to speak Spanish. He doesn't feel like he fits in his church community because of his LGBTQ+ identity and the fact that his Spanish language abilities is not strong. Carlos also describes how his family is religious and believes in God and due to that, they downplay what he is experiencing and going through.

My breaking point was back in high school because when I got like, referred to counseling or whatever, technically I was a minor, my parents had to sign the paperwork at the psychiatric hold. That's how they found out. I went through all the things in church, my confirmation, all of that. I even did like Sunday school for a bit too...My father's

voice is like “it's fine. Just believe in God.” He believes in it so strongly. Like at the same time it's not that easy.

He shared that in a way, growing up in a religious family, while being part of the LGBTQ+ community and having a mental health condition affected his mental health more because his dad thought it was possible to pray it away and didn't give it much importance. It is unfortunate that both of the Latino students that shared their LGBTQ+ identity, also shared heightened psychiatric symptoms leading to psychiatric hospitalizations. The next section discusses the intersectionality of being Latina/o and disabled.

Latina/o Identity

One of the most common themes that emerged when talking about family and Latina/o identity and culture was stigma in the family. Many student participants shared the challenges they encountered within their family were stigma and disbelief or downplaying the conditions. When asked if she was comfortable sharing her disability with her family Jackie responded:

No, no, I have to hide everything. I have to keep everything a secret. My mom very much is like “oh, you're sick, let's make a weird tea and give it to you, or just like vitamins” or If I say I'm anxious or whatever...She has this totally different perspective on medication. Like I just trust it in a way. For her it's all like, all these interesting remedies...Yeah, so I think like that distrust she has and I guess the disbelief makes me feel like I can't really tell her anything.

Jackie shared the dynamics of her mother and reluctance to accept mental health medication which is very common among Latinas/os.. There is increased stigma around the Latina/o community and thinking that if you seek help from a psychiatrist there is something wrong with you and not just an illness like any other.

Another student mentioned that she has never mentioned anything to her family since after the first time she disclosed she was attending therapy and taking medication.

I never told my family about it again. I was going to therapy and also starting medication, the first time. And of course I got medication backlash. So, within the first year I wasn't saying anything...My parents have a stigmatized idea of mental health. I told my father and family and it was not the best reaction, because they think I'm going to the same asylum my mom went to and they think I just have severe worry. So, it's not that they don't believe me, it's just that they think I'm afraid, or that something bad is gonna happen to me or the government's taking me away.

Sofia received backlash from her family from wanting to seek help, which discouraged her from ever mentioning it again. Sofia shared her mother's mental health experience and how that one negative experience affected her family's perception regarding mental health and increased the stigma that was already present.

Karen also disclosed that one of the reasons why she wanted to participate in this study is because we, as a Latino community, need to talk more about it. She shared:

I got diagnosed pretty young and I remember we were obligated to go to therapy but like my mom was the one in charge. She was like "no therapy, there's nothing wrong with you." She would tell me specifically "tell the therapist that there's nothing wrong with you so we can leave early." And then like, Oh, "don't let them diagnose you with that because that's bad, it's gonna ruin everything." And like it just made me feel like it was the worst thing possible. After five years, my mom understands my anxiety better, but she's still kind of in denial about the fact that I have depression and she doesn't really understand what that is.

Karen realizes from her personal experience the heightened stigma levels that exist among the Latina/o community. Her mother is a prime example. Even after knowing that her daughter was formally diagnosed with a mental health condition, she didn't really understand how serious mental health can be, and just like any other illness it needs attention to prevent it from getting worse.

Other students experienced a sense of disbelief from their family regarding mental health. Whether it was downplaying it or just not believing that mental health is real, students shared their frustrations in getting their families to acknowledge their mental health conditions. Tamara shared that even with a formal diagnosis, her family pushed back and denied that her condition was a real thing.

In fact, even though I was diagnosed, my family really pushed back against that, and they did not believe it. So as a kid in high school, I really struggled to get help. People didn't understand that like, No, I'm not being dramatic. I'm not being dramatic, I was not exaggerating or trying to get out of doing things. I really have this incredible anxiety that was preventing me from doing things.

Like Tamara, there were many participants that shared the same experience. Parents or family believed they were lazy or trying to get out of things. Or that they were being too dramatic and just needed to try harder and they would grow out of it.

Amanda also shared her experience regarding her parents not believing her mental health condition.

My parents, they had to know for legal reasons, I left home at 17 and CPS was involved. I was living in a home for one summer and then I was placed at my grandmother's home. I had tried to take them [parents] to get help for me, my parents were aware of my

struggles but they chose not to believe it. Even my grandmother let them know I was diagnosed with all of these, but they didn't say anything about it, other than I was "making things up in my head."

Amanda shared how she tried to convince her parents that she needed help, but they refused to believe her. She was removed from her parent's home by CPS and was able to get the help she needed that way. However, even then, her parents chose not to believe she had a mental health illness that needed attention and accused her of making things up.

Paola shared her experience about her extended family not accepting or believing that her mental health disability is real.

Mental health is very misunderstood in our culture, a lot of it has to do with the culture of working hard. Our parents worked hard to get here and sacrificed a lot to get here. I think having any type of disability that slows you down is looked down on, and maybe that's why they don't believe or don't want to believe it's a real thing. I know my extended family wouldn't accept it or understand it.

What Paola shared is true regarding mental health in the Latino community. Especially for students that come from families in which their parents immigrated to the United States for a better life. There is an underlying expectation and assumption that as children of immigrants, they must work hard and be grateful for the sacrifices that the parents made. Claiming mental health is looked down on because it is misunderstood that it is being used as an excuse to accomplish something. Overall this first theme talked about the intersectionality of being a first-generation college student, LGBTQ+ individual, and Latina/o while also identifying as having a mental health disability. The next finding discusses the academic and social experiences of Latina/o students with psychiatric disabilities in college.

Academic and Social Experiences

The academic and social experiences of Latina/o college students with disabilities are unique and vary greatly. In this section, I will share the experiences that the students encountered throughout their postsecondary journey. I share the hardships and personal barriers that students encountered throughout their journey in higher education, as well as some of the academic experiences such as the interactions with faculty and the academic resources and support services students used the most.

Barriers Encountered

Some of the barriers cited by participants include overcoming self-stigma, limitations due to symptoms presented by their disability, and financial hardships. Many participants discuss not wanting to apply to services or not identifying as “disabled” because they felt they weren’t “disabled enough” or mental health conditions weren’t considered a disability. Several participants that did not want to accept their mental health diagnosis as a disability due to internalized stigma. Specifically, Jackie shared how she did not want to label herself as having a mental health disability, but to get help it is something she had to come to terms with. She also discusses her feelings and how she felt she was not deserving of some of the resources that were offered to her:

I didn't really realize that what I was going through was a disability, until I was really talking to a therapist and my doctors and stuff. And they said, you don't have to be struggling, you need help. I basically spent that whole first year figuring out and trying to get an answer. And then I started using disability services, but I was still in the journey of figuring out why I was going through this and getting answers and I don't know, I felt like I wasn't deserving of the resources either. So I was like, very hesitant.

Without knowing it, Jackie had a lot of self-stigma to overcome. She did not realize that her mental health condition, which was disabling her on a day-to-day basis, could be considered a disability in school. Although she was struggling, she felt that she was not deserving of the resources available, which delayed her reaching out for help, and furthermore made it difficult to progress academically.

In addition to Jackie, another participant shared similar feelings of overcoming self-stigma regarding his disability status. Erik tells of his frustration because he is the only one in his family with a mental health disability, which is hard to accept:

It's difficult to accept I got the short end of the stick in the family. I have so many other things going on that my siblings don't. There is no background in my family of mental health, so it's weird... When things are ok I don't feel disabled, but when I'm going through it, it is definitely a disability, it holds me back from doing anything normal and it's hard to accept it.

Erik shared the dynamics and history of his family in terms of mental health. He shared since he is the only one in the family with a mental health disability it becomes difficult to talk about it. This is hard for Erik because he does not have someone in his family that can understand what he is going through and how disabling his condition can be. This then makes Erik internalize stigma and makes him reluctant to talk about it with others.

Similarly, another participant (Mayra) delayed getting services. Although she received services in high school, she did not continue to immediately seek services in college.

During my first year of college I didn't have any accommodations and it was terrible. I had the common idea of "stop being a baby and grow up," so I didn't apply for services in college and when I stopped getting services it was bad. It was really bad. Then I

decided to reach out for help and the counselors were so great, the accommodations were so much different than in high school and I felt supported, like I felt that this is what school is supposed to be like. it really helped me to turn everything around, I finally felt that I had someone at school.

Mayra delayed getting services, not because she felt undeserving, but rather because she didn't want to recognize she had a mental health condition. She shared that she thought if she just changed her mind set and "grew up" things would go away. She even stopped using services after high school and delayed applying for services in college till her second year, this caused a lot of academic trouble for her that could have possibly been prevented if she had overcome self-stigma.

Diana, another participant that had high levels of self-stigma. Even with a diagnosis, she was not willing to accept the fact that it could be considered a disability.

It was hard to send an email to professors to ask about accommodations, it was difficult to ask for help, I have always done well so it hurt to ask for help, I almost felt guilty about using accommodations, not that I don't see it as a disability. But for some weird reason, like when it comes to me personally, I have a hard time calling it a disability, just the idea that it could impede me is hard, even though it is impeding me. So I don't know, maybe this is a personal thing, but yeah I even know I have a diagnosis, and I know it's real, but it's hard for me to accept it. So I don't like to call it a disability.

Diana, like her peers, also shared her experience about not wanting to be labeled as having a "disability." Although she knew she had a diagnosis, it was hard to accept the term itself because she did not want to admit that her mental health condition was disabling for her. She even shared that she had some feelings of guilt after asking for help and for accommodations. Self-stigma can

be a huge hindrance for students with disabilities, because even though the help is available, they are ashamed of seeking and receiving it.

Beyond overcoming internalized perceptions about mental health and self-stigma, other student participants shared different barriers. For Sofia, one of the biggest barriers presented to her during her academic journey were the specific limitations and symptoms that her mental health disability presented.

I was aware of it everyday and every moment, the first 3 years I was on medication, I had tons of restrictions on what I could do, what to eat, what to drink, when to go to sleep, all of that. I basically was restricted in every way, which made it very hard to do anything. Even now on good days when I'm able to go out, my anxiety still bugs me and reminds me it's still there.

Sofia shared how she was limited in every way, including her ability to eat, sleep, go out, etc. This made it difficult to do much of anything personally and academically.

In addition to the symptoms experienced due to her mental health condition, Sofia recalled the financial barriers she and her husband faced during her first couple years of college.

I basically had every challenge I can imagine. Besides the challenges that my mental health condition presented, I left my family, I didn't have family here. I lived with my husband for the first year, and it was very stressful, because I didn't come with more money, I was very much low income so there was moments where I didn't know if we were going to get by, I had to take out a private loan and dealing with all those issues, as well as being an engineering student, and realizing my background in high school and where I came from was hard. It was much of a hard transition. I luckily had a job with housing which helped, but I eventually lost that job because my mental health disability

was really bad. I ended up taking some actions that were not the best for me, and so within that first year I had to move in where I live now. We didn't have money, we were barely getting by. My husband was primarily trying to work, looking for jobs. This went on pretty much in all 2018-2019.

Students like Sofia have a hard time making progress academically. In addition to the challenges presented to any college student, she has to deal with limitations of her condition and in addition financial challenges, which made it difficult to have access to basic needs.

Similarly, another participant, Jose, shared challenges with finances and how he wished being in school was viewed as a job because it takes a lot of work, especially for him due to his disability.

I mean, in terms of barriers, it's really everything. Mostly is the financial stress, the way that education is evaluated. For me specifically, as far as the rehabilitation program and how they measure work, or what they consider work and how much work one person does and evaluate someone based on that. I feel they don't take the intellectual work or education that goes along parallel with physical work as "work." For the regular person that doesn't have injuries that I have, it's not an issue because it's not as magnified as it is for me. My injuries just don't go away. It's constant and to be in school is work, but unpaid. That makes it hard.

These financial challenges are not unique to only Jose and Sofia. Paola also relays her experience about financial challenges and how having limited resources made her transition to college difficult.

It was hard, I moved out at first to live closer to school, because I didn't have a car and the commute was far. Even then it was really difficult so I moved back home. I was the

first one in my family to move out, I had to ask my boyfriend's family at the time to help me move out. It was hard to learn to be on my own, especially financial challenges have always been a problem. This made it difficult to focus only on school.

The financial barriers are a great hindrance for students like Jose, Sofia, and Paola. In addition to the expected challenges that come with being a college student, these students had to live with their disability daily. They had to overcome the challenges presented by their disability and in addition, overcome financial challenges. The participants could not focus just on their studies, but also had to figure out how to provide for their basic needs.

Overall, students were presented with several challenges and barriers throughout their journey in higher education. As outlined above, the major barriers that students identified were self-stigma and overcoming that first, to be able to have access to the help that was needed. Financial challenges were also another barrier noted by various students. This caused students psychological stress, and in addition it took time away from their studies as they had to look for jobs to help sustain them throughout college.

Faculty Interactions

It is important to understand what type of interactions Latina/o students with mental health disabilities are having with their faculty members. In general, faculty interactions were mostly positive according to most student participants. Twelve of the participants shared that they never felt discriminated against or felt that they were treated differently due to their disability. Six of the participants mentioned that they never felt that they had to personally disclose to a faculty member their disability status, since the disability office sent the email notifications, which made things easier for them. Only two participants shared negative experiences with faculty.

Below are some examples of the positive faculty interactions students had. Specifically below, Karen shared her positive experience with a faculty member for the first time.

College is a lot better in my opinion and my professors, because like I said we have a tendency to downplay things... I remember I started talking to my professors, my diagnosis and they actually started treating me and the issue very seriously. I remember I made an offhand joke about having suicidal thoughts. My professor, she got so genuinely scared and concerned, like I did not know how to react. College helped me realize that like, oh yeah, shit like I actually have a serious problem, it isn't something I can just work really hard to push through like my parents want me to.

Karen shared that her experience in college was validating and for the first time she felt that her condition was taken seriously. She shared how she felt after a professor treated the issues she was experiencing as serious and real, and it wasn't because she wasn't trying hard enough, which was the narrative she had heard from her parents. Had it not been for this positive faculty interaction, it is possible Karen may have internalized what she heard from her parents and would have not accepted her disability.

Another student shared that her professors were her biggest supporters throughout her academic journey. Diana shares the positive interactions she has with her professors:

My liberal studies professors are my biggest supporters. They have they tend to be more accepting if we need help. So I'm not super nervous talking to them or asking them for extra time. Not that I constantly do it, but I feel like I'll get a better response, not to bash other professors. But I feel like they really think about how we feel and it makes me feel more comfortable in their classes.

Diana shared her experience with certain professors from her major was positive, when compared to the general education professors she had interacted with before. Knowing that her instructors were understanding eased her nervousness and anxiety about asking for accommodations and using them as well.

Another participant, Erik, also disclosed that in college his professors are more understanding and although he is not required to disclose his specific diagnosis, he feels comfortable doing so.

It was more difficult in high school and due to my hometown being small, it wasn't a very understanding environment. But college is different and accepting and it is a lot about being inclusive. I do disclose diagnosis, it is not necessary, but I feel comfortable disclosing to them so they know the severity of what I'm dealing with, it just gives them a why and makes them more understanding, I think.

For Erik, being able to talk to his professors about his specific disability was helpful. He disclosed earlier that talking to his family was awkward and therefore he avoided it. Erik was able to find a person on campus that he felt comfortable talking to about his specific limitations and diagnosis. This allowed for him to obtain the help he needed in terms of accommodations.

While most participants felt comfortable talking to their professors about their mental health disability, Tamara was one of the student participants that shared some hesitation in talking to her professors about her disability when asked if she felt comfortable in sharing her disability with her professors:

I think for the most part I do feel comfortable disclosing my disability status. I really think it depends on the teacher's questions that I get from them though. I can already think of a professor that I wouldn't want to tell, just because of the demeanor and attitude,

stuff that he's said in class. I have no evidence, like concrete evidence that he will be understanding or not accepting. But it's the attitude that he takes in the classroom that can really put you off about being upfront about that kind of thing.

Tamara was one of the very few students that shared hesitation in sharing her disability status with her instructors. Specifically, it was a particular instructor's attitude and demeanor when talking about accommodations in the class that made her hesitant to reach out. One of the ways this could have been avoided, could have been by simply including a statement on the syllabus without having to discuss anything in front of the class. The next sub-section discusses the campus resources that student participants identified as most helpful.

Campus Resources

Identifying which academic resources and support services students used throughout their undergraduate career is important since these impacts their persistence and retention on campus. The most reported used resources/centers were the disability office, the counseling office (CO), academic advising, and specific programs offered in their major department. Below are some examples of the resources used by students as mentioned throughout the interview.

For a student like Jackie, the counseling office was what helped her the most, she shared "Yeah, CO. I was consistently talking to a therapist at CO Like, honestly I think it did change my life. I used the wellness center too." This student was extremely grateful for having the opportunity to visit the counseling office, as it changed her trajectory and her perspective about herself. Jackie disclosed that she began to internalize the messages her peer said about her, but when she had the chance to talk to a counselor, she knew that it was not true, and that changed her life for the better.

For Diana, a different participant, trying to access the counseling office was a different experience. She expressed that besides the disability office, CO was also another resource she tried to use, but was unable to. She mentioned that she would have really benefited from having counseling on-campus but was unable to get an appointment because the center was too impacted.

At one point I visited CO, but they told her there was a long wait. I called for a week straight and couldn't get an appointment, so I went the private way in Claremont. It was frustrating to get an appointment.

This is significant since, like Diana, there are many students who need counseling on-campus, however there are not enough counselors to serve the need of the students. This is also significant as without documentation, students cannot establish disability status. If students are not able to get in to see a counselor, even if they have symptoms and are experiencing a disability, there is no way to verify it without a treatment provider. This can slow down the process for students to get the appropriate help they need in a timely manner.

Janette also identified the top three resources used on campus as disability services, counseling, and academic advising.

The most used resources for me are academic advising, CO and disability services, I don't really get too involved. In terms of accommodations, the increase in time for tests and being able to record lectures, and online learning has been so helpful because I can go back and learn at my own pace.

Janette shared that specifically being registered with the disability services offices was helpful as the accommodations she received helped her with her limitations in processing speed. Students like Jannette who are easily distracted or have racing thoughts due to

their anxiety can experience significant barriers during lectures, and having accommodations in place helps with these limitations and ensures that they too, have an equal opportunity to learn.

Similarly, Jason identified his major department advising, the disability services office, and counseling as major resources for his success:

Well, for starters, the Department of Physics has been great for me. Whenever I need to reach out, I've been able to. My advisors through the physics department have been wonderful. They've always helped me figure out a good plan as things have been changing. They've been great about that...As I was going through online schooling, I really really felt like I needed to reach out. So I reached out to the disability services office, and they were super cool. I had an intake interview. They understood what I was going through, and they pointed me in the right direction. So they gave me services, basically what I had to do was I would have to record all of them [lectures] and then submit them to the notes and they would have somebody transcribe the notes and send them to me within a week...And yeah, other than that, I reached out to counseling. I've been wanting to see a therapist for a while but that's mainly the resources that I've been able to take advantage of.

Jason reported that these services were the only ones he has taken advantage of. A common pattern that is displayed among these participants is that they all used disability services in conjunction to the counseling office. This is a significant finding that should be noted in terms of what future collaborations can be made between counseling services and disability services offices.

Overall this section covered the hardships and personal barriers that students encountered, including overcoming self-stigma and financial barriers. The academic experiences of these students are also discussed, such as the interactions with faculty and the academic resources and support services students used the most during college. The next section will discuss the increase of mental health awareness on college campus.

Increase of Mental Health Awareness

The third and final major theme that emerged throughout the analysis of the data was a general increase of mental health awareness. Many student participants shared the vast differences between K-12 and college in terms of available services, knowledge about disability and accommodations, and peer support. Below are the experiences that student participants shared, regarding their mental health disability.

Differences between K-12 and College

Several student participants reported that there were major differences between K-12 and college regarding attitudes towards mental health, as well as the type of support that was available for them. For Amanda, one of the major differences was delayed diagnosis, she was not able to get a formal diagnosis until she was in college.

I always knew I had it since I was around 12 or 13. I was never able to do therapy though, my parents never approved of it, but ever since I left home I was finally able to attend therapy and got formally diagnosed with ADHD, anxiety, Depression and PTSD. That didn't happen till April of 2021, so I basically went my whole life without a diagnosis. Although Amanda knew she had some mental health illness from around age 12, she was never able to receive help or get a formal diagnosis or accommodations during K-12. Not because she wasn't aware of the process, but because her parents did not approve. This is a significant

difference, as in K-12 everything has to be approved by parents. Whereas in college, the student does not need to tell their parent anything and the institution is not legally obligated to disclose sensitive information either.

Another participant, Tamara, shared that even with a formal diagnosis, it didn't serve her well as she was still not taken seriously in high school regardless of her diagnosis. This in turn affected her self-esteem.

It was primarily frustrating because I went to private schools, so there was not a lot of awareness or health. I also remember feeling very isolated from my peers, because they never had that anxiety that I had, they didn't struggle with depression. I still suffer today from these things, but I now have the language to talk about them. Back in high school, I could not force myself to do anything, it was so much harder to really want to accomplish or do anything and make myself do it. As a kid, when you don't know what that's called, and the people around you aren't supportive, you just either think you're broken or you think they're right. So I had a lot of self-esteem problems as a result of that... I don't think there was even a disability program in high school, or K-12. The most help we were provided in K-12 was like a very nice teacher who would sometimes stay behind or if your teacher would let you stay in their room and retake a quiz or something like that. But there was no real service for students with disabilities or mental illness or anything like that. As far as college experience, I think at least two or three times a semester, I would hear about how "we have unique help, you can just come here and ask for it." And there's always a big push about how it's okay to need help. You know, we don't need to be ashamed of it.

For Tamara, her experience in high school was detrimental to her self-esteem. Even though she had a diagnosis, she was not able to receive any formal support through accommodations in K-12. However, once in college, she learned to accept that it was okay to need to help and there was no need to internalize any negative feelings she had learned during high school.

Jackie also mentioned how college is a much more positive experience, as she no longer has to hide her mental health disability. In high school it was a reason for her to be bullied, but now in college she has made lifelong friends and bonded with them due to her mental health disability.

In high school I felt like a weird girl trope. That was a pretty dehumanizing experience, because I was thinking in high school, I'm just a weird girl that no one likes. I got bullied mostly for my personality. And mostly like, for me being myself. So I really had no friends because of that. I really tried to make friends too, but it didn't happen. I'd be really friendly to people and stuff, and I guess I was just like a "weird girl" or whatever. Now in college, I mean, basically college is the reason why I realized I'm not just a weird girl. I've been struggling with things that, you know, should have been diagnosed and noticed a lot sooner. And that kind of impacted my life, so I feel like the services at college have been very validating and helped me figure out things. It's not just the services either, just like the people I've met are also super supportive amazing people, I've made my lifelong friends in college.

Jackie had a hard time during K-12 being bullied and dehumanized due to her mental health conditions. She also internalized some of those messages she would receive which affected her self-esteem. However, now that she is in college, she learned to accept herself. She felt validated and found people that understand and support her.

Janette also shared her experience about losing friends in high school once they found out she was having suicidal thoughts.

I actually have a flag on my permanent record because of my [suicidal] thoughts. And I'm not going to lie after going through my therapy, my friends found out and they were like, "Whoa, like, that's not cool, blah, blah, blah" and actually I lost a lot of friends. Which really sucks because at the time I feel like you need more support than ever before, but I didn't have any friends because they all heard about it and we're like, "oh, she's like that.

Well, I don't want to be involved with that" and a lot of them just weren't okay with that.

Janette's experience in high school was not a positive, just like the other two participants. She lost "friends" due to her suicidal tendencies and thoughts, during a time in which she needed them the most. Similar to Jackie, high school was a very disturbing time filled with bullying and internalizing negative messages.

Another difference that was noted between K-12 and college was that between the reactions of teachers and faculty. Mayra shared her experience about how her high school teachers were judgmental and not supportive.

In high school however, that wasn't the case. There used to be a lady that worked there, who supposedly ran a counseling center but didn't call it anything. And when she retired, you can kind of tell that she just felt that she had more slack in terms of how she treated students. Sometimes it would be the inability to get the accommodations I should have been able to get, or feeling of embarrassment. Yeah, I feel like judgment was really more the biggest thing. I never actually had anybody tell me like "absolutely not" you can't get your accommodations, I never had that. It was more like, you just knew what they were thinking or what they thought like "you don't look physically disabled." And you can't

tell my anxiety because of my ability to talk to people, because I feel like people don't understand there's a difference between social anxiety and regular anxiety. And just because I'm able to talk to people, that doesn't mean that I can't have a panic attack at the drop of a dime, you know? And I feel like there's a big misunderstanding, they associate anxiety with maybe shy people or people that have trouble talking to people. But that's just not the case for me.

Mayra shared that in contrast to her college experience, her high school experience was filled with judgmental adults. She felt that because she was able to socialize, that her anxiety diagnosis was seen as not valid or real. She felt that others questioned whether she truly had a mental health disability. Overall, just like Mayra, most of the participants had a negative high school experience, and a much more positive experience during college. Both in terms of receiving services but also in interactions with people. The next subsection discusses the increased peer support that participants have found during their college educational journey.

Increased Peer Support

Most of the participants shared that one of their major support outlets are their peers and friends. In comparison to high school, college has been a much more accepting environment where students feel comfortable sharing their mental health with their peers. Several participants specifically shared how much easier it is to talk about their mental health now because a lot of people can relate in one way or another.

When asked about what their interactions with peers were like, Jackie disclosed how much easier it was to make friends now that she is in college:

I think it's more than just like a community. I felt like I made a family. You know what I mean? Like I said, I met my friends. I am not scared to be myself anymore. And I think

it's so easy to make friends now, you know what I mean? Everyone just seems to kind of relate to each other. Yeah, surprise so yeah.

For Jackie, this is a huge contrast. In high school she was bullied due to her mental health disabilities, however, in college she has found people that she can relate to. She considers these individuals more than friends. This is significant because students with mental health disabilities need a support system in place, and fortunately for Jackie she has been able to find one.

Jason also disclosed that his friends check-in on him and are a great support system, since he has been outspoken and shared his mental health disability:

I'm pretty outspoken with what's been going on with me. So when we talk there's the occasional talk of what I've been going through and reaching out for help and I'm met with a lot of good feedback...the ones that I talk to on a regular basis they know that I've been getting help from the disability office and struggling with a lot of different mental problems. But yeah, I think a lot of people can empathize with the problems that I'm struggling with. I feel like just some people have had the same problems that I used to, where they think "maybe it's problems that everybody has", you know? Or they feel like they don't need to reach out because "they're lazy or whatnot." I think a lot of people struggle with that. I think a lot of people have families that don't talk about mental health, and therefore think they are dealing with "laziness or whatnot". So I think I think I've been accepted for who I am and everything that's about me, Like I said the reaction that I get from a lot of people is great.

Similar to Jackie, Jason has been able to establish a support system in college, which is important for his retention and success during college.

Another student participant, Valerie, mentioned how she wasn't even aware of the services available on campus for mental health, but it was one of her good friends that shared the information with her.

I found out about disability services, it was from a friend, a friend that I met my first semester in college, and he told me about all these resources... There is a lot of visibility when it comes to disability support. Like when I was going through high school it was not pretty common, but here I have felt support, especially from my friends.

Valerie's story demonstrates how having friends that are accepting is crucial for the success of students with disabilities. In her particular case, her friend was aware of her mental health issues, but was also knowledgeable about resources on-campus and was able to connect her to resources.

Carlos shared that now that he is in college everything is much simpler versus high school.

It is easier to talk about. Like, if I'm depressed or something. It's definitely easier to talk about in comparison to high school. In terms of college it's like we're all struggling here, and there's more people at least being sympathetic towards each other, there's more understanding than in high school.

Carlos finds that there is a shared community in the struggle they face. Just like him, other students are struggling with mental health illness, and while that is not necessarily a positive thing, it does help to have others around that understand what a person with a mental health disability goes through.

Tamara mentioned that although she is very outspoken about mental health, she sometimes does hesitate about sharing her specific diagnosis even if her friends are understanding.

Yeah, my peers they're very, very open with mental health. The only time I hesitate is with specific diagnosis, especially with things like borderline personality disorder, or bipolar disorder, the kind of more, “scarier ones” that people don't understand as well, or that movies have been made about or have some kind of a stigma. Because they do tend to alter perceptions a lot more than I think just saying depression/anxiety does.

Depression/ anxiety seems almost normal now, it seems like everyone's got one of those and saying anything beyond that is still sort of taboo. I feel like if it was my close friends specifically, I feel comfortable with pretty much any mental health diagnosis.

Tamara brought up a significant point. Although there is an increase of awareness among depression and anxiety, which makes it easier to accept these conditions and normalize it, there is still a tendency to stigmatize other conditions that are seen as more “dangerous.” Overall, the student participants shared a positive experience in college with increased peer support and acceptance. The next subsection will discuss how this increase of awareness and acceptance is a double edge sword and has its downside to it.

Increase of Awareness and the Downside to It

On the contrary, other students found that an increase of mental health awareness, while good, had its bad side. They shared that it was a double-edged sword. Since anxiety and depression are more talked about, they felt that everyone was now using it as a buzzword which ultimately downplayed their experience and their real diagnosis from a provider. Jose shared his

experience about how people use the pandemic as an excuse to self-diagnose themselves with mental health, which in a way takes away the seriousness of his disabilities. He shared

I know people say, Oh, you know, “everyone has like a degree of PTSD from the pandemic” and what not, but it is not the same.

Jose’s experience that led to a PTSD diagnosis is severe and presents severe limitations on a daily basis. However, when other students are using the word loosely it diminishes the severity and seriousness of his condition. Although it is a positive thing that there is an increase in awareness around mental health disabilities, it can be detrimental in normalizing symptoms that can be severe and debilitating.

Amanda also shared her experience regarding anxiety and shared that it is the most disabling obstacle in her life. Yet, she hears other students say they also have anxiety, which makes her frustrated to hear how many individuals use the terms so casually.

Anxiety is the biggest thing in my life, I get anxious about everything, I over worry about everything, little things like “maybe I can fall while walking.” It’s very difficult, the anxiety and depression, sometimes I cannot get out of bed and I just stay there for hours crying, I can't make it to class and can't stop crying, other days I’m so hyperactive I can't focus on anything. While I feel that we have made progress in recognizing mental health, I have heard of a lot of people just self-diagnose themselves saying that they have anxiety and depression, and it frustrates me because if they only knew what people like me actually go through.

Similar to Jose’s experience, Amanda felt frustration hearing others use diagnoses terms so loosely. When people self-diagnose themselves they dismiss the experience of what others with actual diagnosis experience.

Conclusion

In conclusion, this chapter discussed three overarching themes regarding the experiences of Latina/o college students with disabilities. As outlined by the participants, there are a variety of factors that impact their social and academic experiences. The first theme *Intersection of Identities* addresses research question one by exploring the challenges students face due to the intersectionality of multiple identities such as being a first-generation college student, identifying as LGBTQ+ and identifying as a Latina/o student with a mental health disability. It discussed the student's challenges encountered in their family as well as stigma and disbelief regarding their mental health disability.

The second theme *Academic and Social Experiences* answers research questions one and research question two, by sharing experiences that students encountered in the academic setting but also in their social setting. Experiences regarding challenges, faculty interactions, and resources and support services used most by students were discussed in greater detail.

The third theme, *Increase of Mental Health Awareness* answered question two and its subsets. It discussed the differences between high school and college in regard to services and support. In addition, it discussed the increase of peer support and the impact that has on their disability identity. Overall, this chapter highlighted the lived experiences of Latina/o students with psychiatric disabilities a postsecondary institution.

CHAPTER 5: DISCUSSION

The purpose of this study was to explore and understand the experiences of students who identify as both, a Latina/o student and a student with a psychiatric disability, while working towards their college degree. More specifically, this study sought to identify the challenges and barriers students encountered not just in the academic setting, but also in the home/familial environment. This is important to identify as these factors can affect the retention of Latina/o students with psychiatric disabilities in the postsecondary setting. It is already known that the retention rates for students with disabilities is lower when compared to their non-disabled counterparts (National Council on Disability, 2015; Rigler, 2013). When another layer of their identity is acknowledged, one can see how the experiences are different for this specific population.

In this study regarding mental health disabilities, I focused on learning about the experiences of Latina/o college students who self-identified with a mental-health disability and were registered with the disability office on-campus. To better understand their experiences, the following research questions shaped this study:

Research Question 1: What are the academic and social experiences of Latina/o college students with psychiatric disabilities when working towards degree completion?

- a) How does ethnicity shape the experiences of Latina/o students with disabilities?

Research Question 2: What factors contribute to the retention of Latina/o college students with psychiatric disabilities?

- a) What academic resources and support services do Latina/o college students with psychiatric disabilities utilize in their pursuit to a four-year degree?

- b) What barriers do Latina/o college students with psychiatric disabilities face in their pursuit to a four-year degree?

These research questions were answered using a basic qualitative research approach.

Furthermore, in-depth interviews were conducted among 14 participants that met the criteria.

Interviews were recorded, transcribed, and analyzed for salient themes and key findings. This chapter will discuss the findings, share implications for practice, and include recommendations for future research.

Discussion of Findings

In this section, I provide a summary of my research findings and discuss them in relation to the research questions and literature. The three major findings discussed include Intersection of Identities, Academic and Social Experiences, and Increase of Mental Health Awareness. I discuss how my findings are supported by research, but also how these findings are contradictory to previous research regarding mental health disabilities among Latina/o college students.

Intersection of Identities

For college students with a mental health disability, persisting through college can be a challenge due to the limitations presented by the disability itself. However, having intersecting identities can create a vastly different experience, adding unique challenges. Several research has found that those individuals that identify with a minoritized group, (e.g., ethnic minorities, LGBTQ+ individuals, etc.) have a higher risk for increased mental health issues. This finding addresses research question one and subset questions a and b, as well as question 2b. This theme explores the challenges students face due to the intersectionality of multiple identities such as being a first-generation college student, identifying as LGBTQ+ and identifying as a Latina/o student with a mental health disability. Furthermore, it identified the challenges that student

encountered in their family as well as stigma and disbelief regarding their mental health disability.

In this study, participants shared their experiences as first-generation, low income, Latina/o student with mental health disabilities and cited financial challenges as a major barrier. Specifically, students reported difficulty with managing the day-to-day limitations posed by their disability but experienced even greater stress due to limited financial resources. For example, they shared difficulty with commuting to campus due to lack of a car, or difficulty with housing due to low income. The participants in this study shared that they continuously had to strategize to make the most out of their limited resources. Students shared how having a mental health disability while attending school was a job in itself. In addition, many of them had to take a job which took time away from their studies and added stress to their daily life, which exacerbated the symptoms of their disability. This is consistent with previous research that states financial stress can result in anxiety or worry (Robb, 2017).

Studies have also shown that debt and financial strain can lead to a higher likelihood of developing a mental disorder, such as depression and anxiety (Meltzer, Bebbington, Brugha, Farrell, & Jenkins, 2012; Sweet et al., 2013). Furr et al., (2001) also found that one of the most frequently cited causes of depression among students was money problems, which was confirmed in this study as well. Beyond the psychological distress that financial stress can bring, it can also impact academics. Cadaret and Bennett (2019), found that higher levels of financial stress are associated with higher academic distress and lower grade point average. Having a lower socioeconomic background can lead to various issues such as the inability to pay for college, which can cause many students to drop out to go to work (Matos, 2021). Therefore the experiences for Latina/o students with disabilities who are also low-income, can lead to them

reducing their course load and extending their time to graduation, based on financial concerns (Zell, 2010). This can impact their retention and graduation rates, which are already low compared to their White non-disabled counterparts.

Other participants shared how their ethnicity shaped their experiences. For example, students shared how identifying as Latina/o and first-generation college students made it difficult to know what resources were available for them. They were not aware of the services available during K-12, which caused a delay in getting diagnosed and as a result not qualifying for services. The student participants had no knowledge of 504 accommodations or where to go for help. For many of them, the first-time receiving services was until college. They found out about these services through their college orientation or through their peers.

Students reports they had to figure out how to navigate the system as they were the first one in their family to attend to college. With this first-generation college student title, high expectations also came. Many of them shared the added pressure they felt because they had to graduate and make their parents proud. Being a first-generation college student while having a mental health disability can be a barrier, since they are the first to go to college, they may not have the social and academic capital necessary for academic success, which can often cause them to doubt their ability to succeed (Ojeda, Navarro, Meza, & Arbona, 2012; Boden, 2011).

Previous research has found that there is a lot of stigma behind psychiatric disabilities. In fact, mental health stigma is the most daunting barrier to future progress in the field of mental health (Abdullah & Brown, 2011). Most people are unwilling to have individuals with a mental disorder marry into their family, work closely with them, or socialize with them (Abdullah & Brown, 2011). While this research study found that students did not experience stigma related to their mental health disability on campus, they did experience it at home. One of the reasons why

the participants in this study did not experience negative interactions or stigma on-campus was because of the COVID-19 pandemic shifting in-person learning to online learning. While this had an impact on their academic experiences, students forced to live at home due to pandemic shutting down campuses reported experiencing great levels of stigma at home.

For many students the biggest source of stigma and discrimination came from their family. Many participants shared how their parents thought they were exaggerating or were lazy and trying to get out of doing schoolwork. Others shared that their parents would deny that there was anything wrong with them, even after having a formal diagnosis. One participant shared how her mother asked her to lie to her therapist so they could stop treatment. Other participants also shared they received backlash from their family about seeking treatment, whether it was therapy or medication. Some of the participants internalized what they heard from their parents and family, and hesitated or delayed seeking help. Overall, the participants felt that being Latina/o, but especially being a first-generation Latina/o college student, impacted their ability to get services. They shared that there was never much support from their family to get help, and they believed that this stemmed from the expectation for them to do well in college and graduate. Participants shared that they believed their parents or family thought that having a mental health disability would put them behind, so they chose not to acknowledge it, as if not acknowledging it would make it go away.

This is consistent with literature around mental health in the Latino culture. Stigma is a big threat in the Latino population for seeking and adhering to treatment (Cabassa, 2013). There are many reasons as to why stigma continues to be a big issue within the Latino community. Previous research has shared that Latino individuals experiencing symptoms of a mental health disorder may worry about how seeking treatment for their mental health illness may reflect on

their family and bring shame or embarrassment to the family (Marquez & Ramírez García 2013; Cheng et al. 2013). Others may feel that they may lose or become unworthy of respect (Abdullah and Brown 2011). Regardless of the reason, stigma and discrimination from family was a major obstacle for the participants. While most individuals can find a support system within their immediate family, these participants found the complete opposite. This made it much harder for them to seek support and help, as family was opposed to it. For many students it led to a delayed diagnosis until college, once they were no longer minors and under their parents watch.

Participants in this study also shared their experience of being a Latina/o individual with a mental health disability and identifying as LGTBQ+ as well. According to past research, LGBTQ+ individuals have shown higher prevalence of anxiety, mood, and substance use disorders. Gnan et al., (2019) found that among LGBTQ+ individuals, mental disorders such as depression and anxiety disorders are more common (up to 3 times more) than in heterosexual youth. The participants in this study who chose to self-disclose their LGBTQ+ identity all had a history of suicidality, either hospitalization due to a suicidal ideation or hospitalization due to a suicidal attempt. This is alarming, yet consistent with the literature regarding mental health of LGBTQ+ individuals. The link between mental health and suicidality is more pronounced among LGBTQ+ individuals than in heterosexual individuals. Specifically, the presence of a lifetime mental disorder has been shown to increase suicidal attempts by 3 to 9 times, and LGBTQ+ individuals who experienced rejection from their family were eight-times more likely to attempt suicide (Sutter & Perrin, 2016). Due to these alarming statistics, coupled with the experiences of shared by the participants in this study, looking at this student population and ensuring best practices to help with their retention and wellbeing is necessary.

Academic and Social Experiences

This theme addressed research questions one and research question two, by sharing experiences that students encountered in the academic setting but also in their social setting. Experiences regarding challenges, faculty interactions, and resources and support services used most by students are discussed in greater detail. This question also allowed for exploration of how their ethnicity played a role in shaping these experiences.

Latina/o participants attending college with a mental health disability shared that overall their interactions with faculty on campus was a positive experience. Many students shared that they never felt any differential treatment from their instructors when they asked for accommodations. They shared that most of the time they didn't need to start the conversation because the disability office would do so by sending an email to their faculty members. This step alleviated a lot of nervousness for students as they didn't have to be the ones to initiate the request for accommodations directly with their faculty. In addition, students shared that they never felt a power differential or intimidation when asking for accommodations. This finding is contradictory to the research that is available regarding the experiences of students with psychiatric disabilities. Previous research found that students with invisible disabilities, such as psychiatric disabilities, were often questioned, distrusted, or judged as to whether their disability is real (Hong, 2015; Muckenhaupt, 2000).

The COVID-19 online learning environment can be attributed to why the participants had very different experiences than other students in the past. Participants shared that many of the times, they did not have to disclose their disability status to instructors or ask for specific accommodations, because the online learning eliminated some of the barriers they normally face and facilitated more access. Some students noted that they no longer had to ask to audio record

the lecture or ask for notetaking services, since lectures were constantly recorded and uploaded to CANVAS or Blackboard (online learning platforms). Others noted that testing outside the classroom environment was no longer an applicable accommodation, as they were all taking exams at home, in an environment they could control. Therefore, having online classes with access that benefits everyone, is a huge step to removing barriers for students with disabilities in general.

Also, the student participants in this study appreciated that the disability services office was efficient in initiating the conversation with faculty about their accommodations needs. Students shared that this took their worry away of having to talk to their professors about their accommodations in the class. They also did not worry about other peers hearing their disability status. In the past, research has found that faculty can inadvertently “out” students with a disability to their peers when discussing their accommodation needs, which can create a feeling of an unfair advantage (Thompson-Ebanks & Jarman, 2018; Collins & Mowbray, 2005). Yet, this was not an issue among the students interviewed. In a way, it appears that the pandemic shielded students from negative experiences, as they did not have to request specific accommodations from instructors as often. In addition, if students did have a request, everything was done over email which alleviated some of the worry about talking to the instructor in-person and feeling intimidated due to a power differential between a faculty member and a student.

A major barrier that was identified by participants in this study is self-stigma. Stigma can be described as a “devaluation of certain individuals on the basis of some characteristic they possess, related to membership in a group that is disfavored, devalued, or disgraced by the general society” (Hinshaw, 2007, p. 23). Individuals with psychiatric disabilities that internalize

the stigma portrayed by society, experience self-stigma, which diminishes their self-esteem and own worth, and ultimately affects them in their academics (Hartley, 2010).

Previous research has found that self-stigma can lead to negative emotional reactions such as low self-esteem and poor self-efficacy (Corrigan & Rao, 2013). Many of the participants hesitated to apply for services when starting college, as that meant that they needed to self-disclose their condition. This is consistent with the literature that states college students with psychiatric disabilities struggle with the fear of being judged and are less likely to advocate for themselves (Hong et al., 2007). However, research has shown that a way to combat stigma is to “come out” and let others know about their psychiatric history and/or condition (Corrigan & Rao, 2013). For some students, they were able to overcome the stigma they had internalized only after disclosing their disability status. Once they disclosed their disability status, they no longer were worried about others finding out, and they felt more empowered to talk about their mental health with peers.

Increase of Mental Health Awareness

Prior research states that students with psychiatric disabilities experience feelings of isolation, they must learn to function in a new environment, while simultaneously cope with the symptoms of their illness and the stress that accompanies it (Clark & Davis, 2000; Kupferman, & Schultz, 2015; Pedrelli et al., 2015). The participants in this study shared the limitations of their disability were barriers they had to overcome during their academic journey, sometimes daily. One of the ways they were able to overcome was due to a greater sense of inclusivity regarding their mental health status on their college campus. They compared their negative experiences in high school to those of college. In high school, the participants reported losing friends, bullying, unawareness or denial of services and accommodations, and feelings of judgment from peers and

teachers. However, once in college, students shared that there was greater visibility about disability services and mental health. This helped them feel more welcomed and included, which encouraged them to seek services and disclose their disability status among their peers. By sharing their disability status, the participants shared that they were able to bond more with peers and found common things they could talk about. This finding is consistent with research that shows once people disclose their status, the worry over secrecy is reduced and they may find that peers will be supportive even after knowing their condition (Corrigan & Rao, 2013).

In addressing research question one, it was found that student participants shared increased feelings of support from their peers. In fact, for many of the student participants their major support came from their college peers. Most of the participants shared that they found a close-knit circle of friends in college and some of them bonded because they were all experiencing similar mental health issues. Most participants shared they had friends that would check-in on them and they felt comfortable sharing their mental health disability with their peers.

In addition, students shared that they did not feel judgment or stigma from their peers. This is a key finding, as much of the literature available shares that students with psychiatric disabilities experience great stigma from their peers. Students shared that they never felt discriminated against due to their disability status or ethnicity. This may be attributed to the fact that the college they attended is an HSI. This means there is a larger percentage of Latino/Hispanic students on-campus and students had peers that they could relate to. This finding could look very different if the study had been conducted in a predominately white institution, where Latino students may experience racial microaggressions due to being an ethnic minority and discrimination related stress. (Ojeda et al., 2012; Amaro, Russo, & Johnson, 1987). Although

students shared a feeling of inclusivity on-campus, they yearned for more opportunities to meet other students they could relate to, in terms of ethnicity and disability.

Disability is a type of diversity that is often overlooked because it doesn't pertain to an ethnic group. While other diverse affinity centers exist, most of the disability offices are strictly in place for compliance reasons. Students shared that they would like to have a place to commune and meet other students with disabilities, which is positively linked to academic success. Research shows that having safe spaces for students to find community is crucial for their persistence in college. Specifically, cultural spaces have been identified as influential in the success of Latina/o students as they are connected to the student's own culture, they provide psychological support, and allow an environment in which students can relax, but also be empowered (Montelongo, 2019). Therefore, extending disability offices to go beyond the legal requirements of providing accommodations such as participants have requested could prove to be beneficial for students.

Results from this research found the increase of mental health awareness was not equal among specific diagnoses. While there was a more common acceptance for mental health disabilities such as depression and anxiety, there was more stigma attached to other psychiatric disabilities such as bipolar disorder or borderline personality disorder. One of the reasons this could be is because there are generally more students diagnosed with depression and anxiety than any other conditions on college campuses, therefore it has become more normalized. A study found that the top three concerns among college students include anxiety followed by depression and stress (LeViness, 2019).

Nonetheless, this finding is consistent with the idea that certain diagnosis may carry higher levels of stigma. Mann and Himelein (2008), found that the diagnoses of schizophrenia

and bipolar disorder were associated with a strong stigma compared to other diagnoses such as depression and anxiety. In addition, some students reported that while an increase of mental health awareness was positive, some reported that at times it took away the seriousness and downplayed the limitations of their condition. This is something that has also been observed across other demographics. While mental health issues are being discussed by more people, the topic is sometimes overused and misappropriated (Academy for Addiction Professionals, 2019). This is not to say that individuals who identify as having a mental health disorder should be treated skeptically, but it's a call to attention to a disturbing trend in which people are describing anything as a mental health illness (Academy for Addiction Professionals, 2019). Misappropriating a real mental health diagnosis to what is normal behavior takes away the seriousness of the problem and therefore it is something that needs our attention when raising awareness of mental health.

Implications for Practice

The results of this study suggest several implications for practice in higher education institutions that will be discussed in this section. The COVID-19 pandemic brought various changes in the academic world. We had to adapt to online learning and try different things to keep students engaged. Due to the pandemic, faculty changed the way they taught their class and made classroom materials more accessible for everyone. One thing that we learned from this pandemic is that when faculty do something for the benefit of the entire class, it eliminates the need for accommodating individuals. Student participants shared that one of the reasons why they didn't need to disclose their disability status in some instances was because professors would record the lecture and make it available online for everyone. Students were able to watch it as many times as needed. This eliminated the need for them to ask for certain accommodations

such as notetaking and/or audio recording. Therefore, universities should move towards a goal of universal design to normalize the fact that students learn in different ways, need to access materials in different ways, and engage in different ways. Postsecondary institutions should seek to learn best practices from the forced changes the pandemic brought, as some changes were for the good and gave all students an equal opportunity to learn, engage, and succeed.

The finding of increased mental health awareness and increased peer support suggests the importance of increasing visibility around the topic of mental health disabilities. Participants shared that their main support system consisted of their peers. Being able to share their mental health struggles with other college students and receiving help was significant for the retention of Latina/o college student with psychiatric disabilities. This finding supports the need for higher education institutions to facilitate these types of relationships. As shared by the participants, there is value in peer programs that include support groups, mentoring, and space for social gatherings, all with the goal to connect Latina/o students who have mental-health disabilities. This is especially needed since many of the students reported not having a support system or understanding at home and from family. Their main source of support was from their peers. Therefore creating a safe space for students to be able to connect other students similar to them is crucial. Having a disability student center that goes beyond offering the transactional services, (e.g., accommodations, test proctoring, etc.), but a center that allows for community building and social gatherings would be greatly beneficial to Latina/o students with mental health disabilities.

Self-stigma among Latina/o college students with mental health disabilities was also a significant finding. Many students shared how they were hesitant to share their mental health disability status, which caused a delay in getting support services in college. In addition, student participants report feelings of guilt, shame, and feeling like they did not deserve help. This is

detrimental to their wellbeing and self-esteem. One way to address this is to provide outreach starting in the senior year of high school. Making the connection with high school students about the services that are available in college can help alleviate and reduce some feelings of self-stigma. During these outreach sessions, disability services providers can share information about how to disclose their disability and how to seek help.

Financial challenges were also a constant barrier that many Latina/o students with mental health disabilities shared. Many students reported having housing insecurity, difficulty with transportation to and from school, and just in general having more barriers created by the need to spend hours at work, instead of studying. Thus, improving the financial stability of Latina/o college students with mental health disabilities is necessary. Different ways include creating peer mentoring jobs. In these types of jobs, not only would the student earn money, but also spend time with peers and find support through that avenue. Another way is to create scholarship opportunities for Latina/o students with mental health disabilities. This will help in having stable basic needs and reduce financial related stress, which could exacerbate their mental health condition.

Depression and Anxiety are more common and therefore it is easier to talk about these types of diagnosis. However, when it comes to other mental health disabilities such as borderline personality disorder, bipolar disorder, there is still stigma around these types of mental health disabilities. Therefore support, outreach, and more visibility to raise awareness regarding these diagnoses should be prioritized. It is important to increase understanding and de-stigmatize what pop culture and media have portrayed these diagnoses as; dangerous and scary. More visibility and awareness could be achieved by providing information on the website about common limitations experienced by students with these disability types. Specifically, the limitations

experienced in the academic setting, along with what type of support and accommodations are available for these conditions could help in sharing more knowledge regarding these disability types.

An additional finding of this research study was the big contrast of the participants' experiences in high school versus in college. For most of the participants, high school was a very difficult time. Many of them experienced negative interactions with their peers. As a result, some participants hesitated to seek services in college. Therefore, there is a strong need for students with mental health disabilities in high school to receive appropriate support from peers. Creating partnerships with high schools may be one way to disseminate information and raise awareness regarding mental health. These partnerships would allow for exposure to the available resources on college campuses, as well as a peer-program.

Stigma within the Latina/o culture family setting was another significant finding of this study. It was noted by participants that many of their family denied the fact that mental health disabilities are real. For many of the participants, family thought they were being lazy or not trying hard enough. Due to this, it is important to create ways in which this misinformation can be eliminated. Education Latina/o families regarding mental health from early on is crucial, preferably starting in the K-12 setting. Once in college, one way to do this is by having a mandatory wellness workshop during orientation. This workshop can touch upon common causes for mental health disabilities. For example, educating families of the chemical imbalance in the brain that can cause depression, may be helpful in understanding depression and anxiety as any other medical condition. It would also be helpful to share typical symptoms, as well as hidden signs of mental health disabilities, and resources on how to get help if one suspects a mental health disability.

Recommendations for Future Research

This study filled in a gap in literature regarding the experiences of Latina/o college students with psychiatric disabilities. Nonetheless, there is still much more to discover regarding this student population. One of the findings that this study discussed was the intersectionality of identities, such as LGBTQ+ identities. Student participants in this study who identified as LGBTQ+ had higher rates of suicidal ideation and suicidal attempt. More research regarding the mental health of Latina/o LGBTQ+ college students is necessary to better understand their experiences and needs in higher education.

Another finding from this study is that most Latina/o student participants had positive interactions with faculty and peers on-campus. Although this finding is a positive one, it is important to keep in mind that the campus is an HSI. This means there are more Latino/Hispanic students in this institution than at a predominantly White institution, and students may feel a stronger sense of belonging among students that they can relate to. Future research should focus on the experiences of Latina/o college students with mental health disabilities on a PWI to see in which ways they are different. In addition, future research should also examine the changes that the COVID-19 pandemic brought in terms of the way that faculty teach and make classroom materials accessible to the entire class, eliminating the need for some accommodations, and eliminating the need to request accommodations in-person, making the interactions between students and faculty more positive.

In addition, some of the students alluded to a hierarchy of stigma, depending on the specific diagnosis. For example, some students felt that depression and anxiety were more commonly accepted than other psychiatric disorders such as bipolar disorder and borderline personality disorder to name a few. This hierarchy of stigma also could be a topic for future

research. In an effort to destigmatize all psychiatric disabilities regardless of diagnosis, future studies should look at what the factors contributing to stigma for certain diagnoses are.

Conclusion

In conclusion, this chapter discussed the findings of this research study in relation to the research questions and in relation to the existing literature. In addition, several implications for practice were discussed, as well as recommendations for future research. The current findings revealed the academic and social experiences of Latina/o college students with psychiatric disabilities, including barriers encountered, interactions between faculty, as well as the most used campus resources. Additional findings include an increase of mental health awareness in college, and with it an increase of peer support. In addition, vast differences were noted between K-12 and college in terms of campus climate and access to support services. Lastly, the finding of intersecting identities was also discussed in terms of how being a first-generation Latino college student being and identifying as LGBTQ+ also shapes the student experience. This study found that while there is an increasing number of students who are experiencing mental health illness, a higher number of students in need are also in fact seeking help through the disability services office and counseling.

Implications for practice include the need for higher education institutions to facilitate peer-mentoring and peer support relationships, as well as safe spaces for community building. Other implications for practice include outreach to high schools and creating partnerships with them. Financial challenges were a significant worry for the student participants, and therefore finding ways to alleviate this stressor is necessary. Opportunities for increasing awareness of psychiatric disabilities among Latina/o families is also crucial. Offering mandatory wellness workshops during orientation is one way to start this. Finally, future research may seek to

understand in more depth the intersectionality of identities, such as Latina/o LGBTQ+ identities. In addition, future research should focus on the experiences of Latina/o college students with mental health disabilities on a PWI. Future research may also seek to understand the hierarchy of stigma among psychiatric disabilities and specific diagnoses.

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Appendix A: Recruitment Email

Dear DRC Student,

You are invited to participate in a research study: *Experiences of Latina/o College Students with Psychiatric Disabilities* led by Adaly Martinez, a doctoral student in the School of Educational Studies at Claremont Graduate University and professional staff member at XX University.

The purpose of this qualitative research study is to examine and understand the experiences of students who identify as both, a Latina/o student, and a student with a psychiatric disability, while working towards their degree. This study aims to centralize the voices of Latina/o students with psychiatric disabilities, to share their experiences, and hopes to reveal the barriers faced when working towards a four-year degree.

This study consists of participating in an interview that may last anywhere from 60-90 minutes.

Your participation will be strictly confidential and is entirely voluntary. You may withdraw from participation at any time and for any reason.

If you would like to participate in the study, please reply to this email and I will contact you to schedule a meeting.

Sincerely,

Adaly Reyes Martinez

Doctoral Student

School of Educational Studies

Claremont Graduate University

Appendix B: Consent Form

You are invited to participate in a research project. Volunteering will not benefit you directly, but you will be helping us to develop an understanding the experiences and the factors that help Latina/o college students with psychiatric disabilities persist to graduation. If you volunteer, you will complete an interview. This will take about 60-90 minutes of your time. Volunteering for this study involves no more risk than what a typical person experiences on a regular day. However, there is a possibility of being asked questions that you may not feel comfortable answering. Your involvement is entirely up to you. You may withdraw at any time for any reason. Please continue reading for more information about the study.

STUDY LEADERSHIP: This study is led by Adaly R. Martinez, a doctoral student of education at Claremont Graduate University, and supervised by Eligio Martinez, PhD, a Professor of Education at Claremont Graduate University.

PURPOSE: The purpose of this study is to explore the experiences of Latina/o students with psychiatric disabilities in the postsecondary setting. Specifically, the study aims to explore the factors that help Latina/o college students with psychiatric disabilities persist to graduation as well as the barriers affecting retention.

ELIGIBILITY: To be in this study, you must have self-identified as having a mental health disability, be registered with the disability services office, and identify as Latina/o.

PARTICIPATION: During the study, you will be asked to complete an interview over zoom or over the phone, which would require about 60-90 minutes of your time. You will be asked questions which include students' demographic information, utilization of services information, disability information, and culture and ethnicity information. For example, “*What types of*

activities/programs have you participated in on-campus? Do you feel comfortable disclosing your disability to faculty? Etc.

RISKS OF PARTICIPATION: The risks that you run by taking part in this study are minimal and include the possibility of being asked questions that you may not feel comfortable answering. You are free to skip any questions/items that may make you uncomfortable.

BENEFITS OF PARTICIPATION: We **do not** expect the study to benefit you personally. This study will benefit the researcher(s) by helping me complete a requirement for my graduate education. As well as allow me to share and present findings at national disability education conferences and be able to develop manuscripts for publication.

COMPENSATION: A \$10 gift card of your choice to Starbucks or Target will be provided as direct compensation for participation in this study. Participants will receive the gift card at the end of the interview.

VOLUNTARY PARTICIPATION: Your participation in this study is completely voluntary. You may stop or withdraw from the study at any time, and/or skip any questions that may make you uncomfortable without it being held against you. Your decision whether to participate will have no effect on your current or future connection with anyone at CGU or Cal Poly Pomona.

CONFIDENTIALITY: Your individual privacy will be protected in all papers, books, talks, posts, or stories resulting from this study. We may share the data we collect with other researchers, but we will not reveal your identity with it. To protect the confidentiality of your responses, we will assign you a pseudonym and remove all identifiable information. Interviews will be audio recorded and transcribed for accuracy. Only the PI will have access to the audio recordings and your name, and any identifiable information will be removed from the transcription. Once the

interviews are transcribed, they will be destroyed. All files will be kept in a password protected document.

FURTHER INFORMATION: If you have any questions or would like additional information about this study, please contact Adaly Martinez at 909-869-3971 or adaly.martinez@cgu.edu. You may also contact Dr. Eligio Martinez at 310-270-7593 or Eligio.Martinez@cgu.edu

The CGU Institutional Review Board has approved this project. If you have any ethical concerns about this project or about your rights as a human subject in research, you may contact the CGU IRB at (909) 607-9406 or at irb@cgu.edu. You may print and keep a copy of this consent form.

If you wish, I/we will be happy to send you a copy of this consent form.

CONSENT: Participating in this study, means that you understand the information on this form, that someone has answered any and all questions you may have about this study, and you voluntarily agree to participate in it.

I consent, Proceed

I do not consent

Appendix C: Interview Protocol

Background

1. Can you start by telling me a little bit more about yourself?
 - a. Background: where did they grow up? Previous school attended?
 - b. Family, siblings?
 - c. Major
 - d. Year
 - e. Age
 - f. Interests/hobbies
 - g. Dislikes
2. What are the major differences from K12 to college in terms of support services and accommodations?
 - a. Did you have an IEP or 504 Accommodation Plan? *If yes, what type of accommodations/modifications did you receive?*
3. How would you describe your academic experience in high school?
4. What was your relationship like with other students and your teachers? Describe which support services/resources you have utilized during your college trajectory.
 - a. Which ones have you used the most? Why?
 - b. Which have you used the least? Why?
 - c. How did you hear/find out about them?
5. What was your transition to campus like? Did you experience any challenges? If yes, how did you navigate these challenges?
6. At what point did you begin to use DRC services?

7. Can you share your college experiences from your freshman year until now?
 - a. What do you like about college?
 - b. What do you dislike?
8. What types of activities/programs have you participated in on-campus? Off-campus?
9. What clubs/organizations do you belong to?
 - a. How did you learn about these organizations?
 - b. Why did you join?
10. Can you describe the types of interactions that you have with your peers?
11. What types of interactions have you had with your professors?
12. Who is/are the biggest supporters for you throughout your college journey?

Disability-Related

1. I realize that you self-disclosed a disability in order to receive services, but do you see yourself as “disabled”?
 - a. What role does your disability play in your life?
2. What accommodations do you find the most useful/effective for you?
3. How do you manage your disability? Now that you are in college, do you feel comfortable sharing your disability with your friends?
 - a. If yes, how do you disclose to them? If no, why not?
 - b. Do you feel that you experienced acceptance from your friends?
4. Do you feel comfortable disclosing your disability to faculty?
 - a. If yes, how do you disclose to them?
 - b. If no, why not?
5. Do you feel that you experienced acceptance from your professors?

6. Do you feel comfortable disclosing your disability to staff? If yes, how do you disclose to them? If no, why not?
7. Do you feel that you experienced acceptance from staff members?
8. Are there any campus activities or organizations that you would like to participate in, but are unable to due to your disability?
9. Do you feel that being a student with a disability affects your college experience or success more negatively than other students without disabilities? Please explain.
 - a. Any negative experiences? Any positive ones?

Culture and Ethnicity

1. Can you tell me more regarding your ethnic background?
2. Please share more about your family background.
 - a. Have other people in your family attended college? Did they graduate?
 - b. How does your family feel about a college education? What was their reaction when you enrolled in college?
3. How comfortable are you in sharing your disability with your family?
 - a. How do you approach them to disclose to them? If you do not, why not?
 - b. How supportive is your family with you about your disability?
4. Do you feel that being a student of color impacts your college experience or success more negatively than other students? Please explain.
5. Any negative experiences? Any positive ones?
6. What challenges or barriers have you experienced as a student of color?
7. Overall, how do you feel about your experience at CPP?
8. Is there anything that you want to add that has not been covered?