INSTRUCTIONAL STRATEGIES FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

The National Institute of Mental Health estimates that one in five people in the United States have some form of psychiatric disability, but only one in five persons with a diagnosable psychiatric disorder ever seeks treatment due to the strong stigmatization involved. Psychiatric disabilities may complicate many areas of life, including education.

While individual experiences differ, there are some commonalities in the academic experiences of students with psychiatric disabilities. Concentration and focus may be affected; a student’s ability to function may vary from day to day; in response to stress, students may experience an increase in symptoms. Students with psychiatric disabilities often successfully manage their symptoms with some combination of psychotherapy, medication and community supports. Below are brief descriptions of some common psychiatric disabilities.

• **Depression** is a major disorder that can begin at any age. Major depression may be characterized by a depressed mood most of each day, a lack of pleasure in most activities, thoughts of suicide, insomnia, and feelings of worthlessness or guilt.

• **Bipolar disorder** (manic depressive disorder) causes a person to experience periods of mania and depression. In the manic phase, a person might experience inflated self-esteem and a decreased need to sleep.

• **Anxiety disorders** can disrupt a person’s ability to concentrate and cause hyperventilation, a racing heart, chest pains, dizziness, panic, and extreme fear.

• **Schizophrenia** can cause a person to experience, at some point in the illness, delusions and hallucinations.

Some considerations:

• Trauma is not the sole cause of psychiatric disabilities; genetics may play a role.

• Psychiatric disabilities affect people of any age, gender, income group, and intellectual level.

• Disruptive behavior is not an attribute of most people with psychiatric disabilities.

• Eighty to ninety percent of people with depression experience relief from symptoms through medication, therapy, or a combination of the two. Depression is a variable condition that may fluctuate during a person’s lifetime.

• There are not more people with psychiatric disabilities, just more people seeking treatment outside the walls of state mental health institutions.

• Common accommodations for students with psychiatric disabilities are exam modifications, alternative ways of completing assignments, time extensions, taped lectures, early syllabus, and study skills and strategies training.
**Instructional Strategies**

The following strategies are suggested to enhance the accessibility of course instruction, materials, and activities. They are general strategies designed to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life.

- Spend extra time with the student, when necessary, and assist the student with planning and time management.
- Students with psychiatric disabilities have good reason to fear the reactions of others, given the lack of understanding and stigma about psychological disorders in our society. Make every effort to make students feel comfortable if they disclose their psychiatric disabilities to you. Don’t press students to explain their disabilities if they do not wish to do so.
- Be flexible with deadlines.
- For disability-related reasons, students may need to miss class or even to leave the room in the middle of the class. The students will be responsible for the content of any lectures missed, but they will appreciate your understanding and any assistance with filling in the gaps.
- Allow the student to tape-record lectures.
- On request from the student, assist with finding an effective notetaker or lab assistant from the class.
- Clearly define course requirements, the dates of exams, and when assignments are due; provide advance notice of any changes.
- When in doubt about how to assist the student, ask him or her.
- Allow the student the same anonymity as other students (i.e., avoid pointing out the student or the alternative arrangements to the rest of the class).