Mental Health and Academic Accommodations

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The Facts about Mental Illnesses

Rates of mental illness on university campuses have grown steadily and substantially over the past 30 years. The American Psychological Association published a 2013 survey in which 95% of college counseling center directors nationwide say significant psychological problems pose a growing concern on their campus.

The National Alliance on Mental Illness published a 2012 survey of college students in which 27% of respondents reported they lived with depression and 24% of respondents with bipolar disorder. The rates are similar—if not worse—for graduate students. According to surveys, anxiety, depression, and bipolar disorders are the top concerns. Attention-deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), eating disorders, and substance addictions are also commonly diagnosed among college students. A 2014 article from The Stanford Daily reports that 23% of Stanford students have considered attempting suicide and that 3% have attempted it.

Who is Vulnerable to Mental Illnesses?

Any student may experience depression, anxiety, and other forms of mental illness during their education. Some populations who may be at increased risk include students who identify as first-generation/low-income (FLI), members of underrepresented minority groups, international students, LGBTQIA individuals, and women in majority-male disciplines.

Why Should Teachers Care?

Making curriculum accessible to all students can help all students have an equal opportunity to learn in your course. As more and more Stanford students are afflicted with mental health concerns, there is a need to consider mental health in the context of classroom activities and assessment. Especially in classes where participation is a significant factor in grading, considerations must be made for students with mental illnesses to ensure they are not disproportionately affected.

Warning Signs:

Though this is not an exhaustive list, some signs that a student may be experiencing psychological difficulties include:

- Tired, sad, or affectless appearance
• Unexplained absences and/or altered classroom behavior
• Loss of interest or enjoyment in what they previously showed enthusiasm for
• Slowed thinking, speaking, or moving
• Marked decrease in functioning, quality of work, effort, or participation
• Angry outbursts, irritability, or frustration
• Themes in creative writing that are consistently dark or negative

As a teacher, you should not try to precisely diagnose a student’s mental state. If you notice any of these symptoms, you can express concern to the student (“You seem less engaged in class lately, is everything okay?”) and/or relay your concerns to the student’s Academic Advising Director (https://undergrad.stanford.edu/advising/about-your-advisors/uar-advisors/academic-advising-directors-contact-us) or Residence Dean (https://resed.stanford.edu/get-know-us/find-your-residence-dean-rd).

For graduate students, the Graduate Life Office (https://glo.stanford.edu/) can provide consultation. The Office of Accessible Education (OAE) (https://oae.stanford.edu/) makes determinations about academic accommodations for disabilities and mental illness.

**How to Be Inclusive of Students with Mental Illnesses:**

• Include a statement in your syllabus on your willingness to accommodate students. Sound sincere: let students know in your own words that you take mental health seriously.

• To make a student feel seen and valued, consider spending time building rapport at the beginning of the quarter. Encourage office hour visits and/or do ice breakers to help students get to know each other (see resources below).

• Some students do not know what is available or what they need. If you suspect a student is suffering from a mental illness, considering checking in (e.g. send an email saying or talk to them without drawing attention) and letting them know about resources on campus (e.g. OAE, CAPS, Bridge Peer, residential advisors).

• Structure class in a way that accommodates students who might find it difficult to participate in larger group settings. Think-pair-share activities and anonymous questioning are common and effective.

• Consider assessing participation in ways beyond talking during lecture or section. Encourage office hours, emailing, online forums, or other less intimidating alternatives.

• Videotaping or recording lectures and setting up a note-taker system or a buddy system might help students who have difficulty coming to class.
• If possible, excuse absences or course withdrawals without penalty after consulting with the student.
• Keep in mind formal boundaries: make sure you know what you can do as a teacher and what the OAE can do.

**References and Resources for Instructors:**


Times Magazine article on the topic: [http://time.com/4473575/college-mental-health-guidebook/](http://time.com/4473575/college-mental-health-guidebook/)


Office of Accessible Education @ Stanford: [https://oae.stanford.edu/faculty-teaching-staff](https://oae.stanford.edu/faculty-teaching-staff)

Icebreaker questions for building rapport: [http://ggia.berkeley.edu/practice/36_questions_for_increasing_closeness](http://ggia.berkeley.edu/practice/36_questions_for_increasing_closeness)