The Impact of Virtual Learning During the COVID-19 Pandemic on Postsecondary Students with Psychiatric Disabilities

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Abstract

Postsecondary students with mental health diagnoses experience a noticeable achievement gap compared to the general population; they experience high levels of stigma that negatively impact academic success and social connectedness. Postsecondary institutions and their students continue to operate under the compliance model of disability and provide only those mandated services that support academics. Students with mental health diagnoses from a medium-size commuter campus were recruited to survey their experiences during the COVID-19 Pandemic and virtual learning. Participants described extremely negative experiences, isolation, decreased mental well-being, and poorer academic performance during virtual learning, with an emphasis on how they did not experience assistance or support with their mental health during virtual-only campus services. Disability construction coding revealed continued emphasis on the medical and compliance models of disability by student participants. Recommendations based on this study’s findings include enhancing targeted campus communications and services for students with mental health diagnoses, explicitly naming their conditions and framing support as part of the disability services support umbrella and providing spaces for students to organize and build networks for support and political advocacy.
Dedication

To a younger version of myself, and to all the other students who struggle.
Acknowledgments

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Chapter 1: Introduction

In my first semester of graduate study, while completing a literature review on what would eventually become the background informing this thesis, I came across a statistic that startled me enough that I had to sit back and reflect. In Mark Salzer’s comparison of college students with mental illnesses and the general student population, he notes that “Eighty-six percent of students with mental illnesses withdraw from college prior to completing their degree” (Salzer, 2012). Though significant on its own, the figure is more disheartening for being nearly double the withdrawal rate of the general student population noted in the study, 45 percent (Salzer, 2012). Though further exploration into the topic allowed me to see that there are varying rates of what is termed ‘academic persistence’ depending on the types of campuses studied, among other variables, most authors note that the difficulties faced by students with mental illnesses have strong impacts on their academic success (Jorgensen et al., 2018; Rosenbaum, 2018).

The statistics, and overall literature, surrounding the academic achievements of postsecondary students with significant mental illnesses hits particularly close to home for me because I received my first mental health diagnosis as an undergraduate student, ironically pursuing a bachelor’s degree in psychology. I can recall with clarity the sensations of isolation and confusion as I navigated both my academics and the shifting reality that is life with a mental illness. I am deeply grateful to my advisors and professors, most of whom likely had no idea what I was struggling with, and thankfully, I was able to graduate on time. However, while staring down the text of so many articles on the subject, I was left wondering what exactly about me and my experiences led me to persist to graduation while others didn’t, and how I might use that knowledge to help future students as I continue my career in postsecondary education.
I was also deeply concerned, considering the awareness drawn from the literature that students who struggle academically due to any number of factors (e.g., socioeconomic status or disability) are likely to struggle more in virtual learning (Chatman et al., 2019), that at the moment I began my own graduate study my entire institution was swept up into virtual learning as a result of the COVID-19 Pandemic. With all courses and all services abruptly transitioning to virtual-only offerings, I suspected that students with mental illnesses in particular would be vulnerable to feelings of isolation and struggles to maintain focus and motivation without strong support from their campuses (McManus et al., 2017). Students that choose to study online may find it preferable for its flexibility (Murphy et al., 2019), but what unique challenges might they face with an involuntary shift to complete virtual learning? What would the long-term impact be on their academic persistence?

I cannot hope to answer all of the questions I have in the space of this study. However, as other authors have also stated outright, there is still not enough research into the academic experiences of postsecondary students with significant mental illnesses (Koch et al., 2014). Of particular note is the question of the inclusion of mental illness within the framework of disability when it comes to postsecondary students and their success. I have chosen explicitly to frame mental illness within disability for the purposes of this study for two reasons. The first is that Serious Mental Illness (SMI), which denotes long-term or chronic conditions that impede life activities, does fall under the umbrella of disability for legal purposes under state and federal law, and under disability accommodations policy at the institution at which I conducted my research, referred to hereafter as University A. The second is that, from a civil rights perspective, mental illness does not differ significantly from other disabilities when it comes to public opinion and political power, and as such, the avenues to increased access and equity in
postsecondary education are the same. I address this framework in more detail in Chapter 2. However, despite using the term ‘mental health diagnoses’ both within the text of this thesis and within the materials participants’ received during the study phase, the subject of this study is still explicitly disability, and it is the construction of disability and the field of disability studies on which I have built my theories and research design and based the interpretation of my findings.

In the remaining sections of this chapter, I will define terms I use consistently throughout this study, establish the policy context in which mental health and disability services are offered by University A, give a summary of the unique setting presented by University A, and establish the structure of this thesis.

**Definition of Terms**

**Accommodations**

Accommodations are defined as adjustments and modifications made to instructional and/or curricular requirements in order for students with disabilities to fully participate in a course (Rehabilitation Act of 1973).

**Any Mental Illness (AMI)**

Any mental illness (AMI) is defined by the National Institute of Mental Health (NIMH, 2021) as ‘a mental, behavioral, or emotional disorder [...] ranging from no impairment, to mild, moderate or even severe impairment’ (NIMH, 2021). It is considered a step below serious mental illness (SMI) in severity.

**COVID-19 Pandemic**

The COVID-19 Pandemic refers to an ongoing global pandemic of the coronavirus disease beginning in December 2019 caused by the virus severe acute respiratory syndrome
coronavirus 2 (SARS-CoV-2). The disease is referred to by the shorthand COVID-19 due to the first identification occurring in December 2019 (WHO, 2022).

**Mental Health Diagnosis**

In this study, I am making a distinction between mental illness more broadly (any mental illness, or AMI, as defined by the National Institute of Mental Health) (NIMH, 2021) and symptoms of a mental illness that has been, or could be, used as justification for a diagnosed condition. I used this term in part to clarify for both my participants and my readers that I am referring to a diagnosable condition rather than general symptoms when I describe or discuss mental illness. I did not, however, require that participants have a diagnosis to participate, to not discriminate against potentially participants who experience barriers to mental health professionals who could give a diagnosis. For clarity and ease of writing, I will use the terms mental health diagnosis and mental health condition interchangeably.

**Psychiatric Disability**

Under the Americans with Disabilities Act (ADA) of 1990, a disability is defined as ‘a physical or mental impairment that substantially limits one or more of the major life activities of an individual’ (ADA, 1990). It more specifically defines ‘mental impairment’ as including ‘any mental or psychological disorder such as [...] emotional or mental illness,’ with examples given such as major depression, bipolar disorder, anxiety disorders, schizophrenia, and personality disorders (ADA, 1990). Current literature on the topic concurs, with researchers defining psychiatric disability as the ‘inability to perform according to expectations or norms’ due to the extreme or burdensome nature of the symptoms of an individual’s mental health diagnosis (Rudnick, 2014, p. 112). In the case of psychiatric disability in particular, it is the existence of
serious mental illness (SMI) and related symptoms that create a burden on or inability to perform life activities, which in turn merits the designation ‘disability’ (NIMH, 2021).

**Serious Mental Illness (SMI)**

Serious mental illness (SMI) is defined by the National Institute of Mental Health as ‘a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities’ (NIMH, 2021). SMI is differentiated from AMI in part by the significance of its burden on the individual. It is due to the existence of SMI that individuals are classified as having a psychiatric disability.

**Supports**

Support services in general includes all student services available at a university provided with the intention of ensuring student success, retention, and on-time graduation. Academic tutoring centers, writing, math, and STEM centers, and student identity-focused communities are considered supports. Disability-related supports more specifically encompass both instructional accommodations as well as other support services and networking provided specifically to students with disabilities, such as disability support offices or disability-focused student communities and mentor programs (Newman et al., 2020).

**Virtual learning**

As a result of mitigation strategies implemented in response to the COVID-19 Pandemic, all classes at University A switched to a virtual modality beginning in March 2020, continuing until August 2021. All classes were taught primarily over the video and audio platform Zoom, with class materials available over Canvas and via email. Faculty were expected to transition their office hours to virtual platforms such as Zoom or chat programs, or offer telephone calls if needed, and were contactable primarily through email. Prior to the COVID-19 Pandemic,
University A had only minimal online class offerings. For clarity and ease of writing, I will use the terms virtual learning and online learning interchangeably.

**Virtual-only services**

As a result of mitigation strategies implemented in response to the COVID-19 Pandemic, campus services at University A switched to a virtual-only model of service beginning in March 2020 and extending until August 2021. This meant that all student services, including disability accommodation and mental health services, were not available physically on campus, but rather could be accessed online via chat programs, email, website information, and via the video and audio platform Zoom, as well as over traditional telephone lines.

**Policy Framework**

Mental illness and mental health concerns are extremely common, with one in five US adults experiencing a diagnosable issue in 2020 (NAMI, 2021). Despite its prevalence, however, mental health remains elusive as a rallying point around which individuals with mental health diagnoses identify and advocate for themselves. Though included within landmark disability rights legislation of recent decades and emphasized by the Obama Administration with regards to the enforcement of the ADA and the Supreme Court decision in *Olmstead v. L.C.* (1999), psychiatric disabilities seem to lag behind, both within the broader disability rights movement and within the public consciousness.

**The Legal History of Psychiatric Disability**

The incorporation of mental health and psychiatric disabilities within the concept of disability occurred from the very beginning of the disability rights movement, and these conditions were not excluded from the legislation hard-won by advocates. Both Section 504 of the Rehabilitation Act of 1973 and language in the ADA referenced both physical and mental
conditions in the definition provided for disability. Section 504 specifically defines an individual with a disability as “any person who (a) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (b) has a record of such an impairment, or (c) is regarded as having such an impairment” (Vocational Rehabilitation Act, 1973, Section 504, 29 U.S.C. § 705). The ADA uses similar language in its definition of disability, though neither refer explicitly to any specific conditions. In this way, under the eyes of the law, mental health and psychiatric disabilities are not different from physical conditions with regards to federal services and protections afforded individuals with disabilities.

Indeed, the Supreme Court’s decision in *Olmstead* only provided more opportunity for emphasis to be placed on the inclusion, rather than exclusion, of psychiatric disabilities under the umbrella of federal protection provided by the ADA. The case, filed in 1995 by guardian ad litem on behalf of two women in the state of Georgia, pertained to their being housed within institutional settings for treatment of psychiatric disabilities despite clinical assessments determining that they would both do well and benefit from the opportunity to live and receive treatment within their communities. Beginning in the District Court Northern District of Georgia, the case was decided in favor of the plaintiffs, appealed to the Eleventh Circuit Court of Appeals, decided again in favor of the plaintiffs, before finally appealing to the U.S. Supreme Court, with the Court deciding to hear the case in 1999. The ultimate decision of the Court was that mental illness is a form of disability and is therefore covered under the ADA, and unnecessary confinement of an individual with a psychiatric condition to an inpatient setting is a form of discrimination until Title II (*Olmstead v. L.C.*, 1999).

It is in large part a result of the *Olmstead* decision that individuals with psychiatric disabilities have been so thoroughly championed by federal agencies as deserving of the same
state and federal resources as those with physical or intellectual disabilities. The Department of Justice under the Obama Administration was particularly focused, and their policy guidance on enforcement of Olmstead ensured that individuals with psychiatric disabilities also had opportunities to receive support employment services, residential services, and placement in general education classrooms instead of being segregated into separate classrooms (Mathis, 2017).

It is impossible to establish what advocacy is necessary for postsecondary students with psychiatric disabilities without making clear the legal responsibilities of postsecondary institutions that establish the bare minimum at which they must be operating with regards to accommodation and support of students with disabilities. In the next section, I summarize the state and federal laws and case law that inform the implementation of disability accommodation and support at public universities in the state of California. The following laws, government codes, and court cases are the most relevant to those services provided by University A to its students.

Disability Law and Precedent

Section 504 of the Rehabilitation Act of 1973. The Rehabilitation Act of 1973 is a federal law that prohibited discrimination based on disability status and provided funding for the expansion of rehabilitation services and services to individuals with disabilities. Of particular interest to postsecondary institutions is Section 504, which specifically forbid discrimination based on disability status by any institution or program receiving federal funding and provided guidance on how institutions such as those of higher education can and must accommodate students with disabilities on campuses and in classrooms.
**Americans with Disabilities Act of 1990.** The Americans with Disabilities Act of 1990 (ADA) is a federal law that expanded the protections established in the Rehabilitation Act (1973) to include much of the private sector and private employers, as well as expanding the required physical accommodations of public spaces. The U.S. Department of Justice established regulations for disability accommodations based on Title II of the ADA that apply to postsecondary institutions, and Title III establishes explicit language for the accommodation of service animals and auxiliary aids in public spaces.

**Olmstead v. L.C. (1999).** Olmstead v. L.C. was a Supreme Court case decided in 1999 regarding discrimination against people with mental or psychiatric disabilities. Specifically, it established precedent that mental illness is a form of disability and is therefore included under the umbrella of protection provided by the Americans with Disabilities Act (1990).

**The Unruh Civil Rights Act.** The Unruh Civil Rights Act was a California state law enacted in 1959 that prohibited discrimination based on identity, including disability status, by any business operating in the state. Predating the ADA over 30 years, the Unruh Act was updated in 1992 to conform to the standards established by the ADA, so any violation of the ADA is also a violation of the Unruh Act. In addition, while the ADA allows plaintiffs of violation suits to claim legal fees, the Unruh Act also allows plaintiffs to sue for damages.

**California Disabled Persons Act.** The California Disabled Persons Act was an amendment to the Unruh Act passed in 2009, explicitly asserting the equal right of access for people with disabilities or medical conditions to all public spaces, including both public and private schools.

**Statement of Problem**
Postsecondary students with mental health diagnoses make up a growing number of the overall population of students attending colleges and universities in the United States (NAMI, 2021) and worldwide (Alonso et al., 2017), with percentages of students reporting mental illness symptoms and distress, including depression, anxiety, and suicidal ideation, increasing steadily since the turn of the century (Eisenberg, et al., 2021). The increase over the previous decade was significant enough that psychological journals and media outlets began referring to a ‘mental health crisis’ among college students, though they rarely differentiate between acute and chronic mental health conditions (Henriques, 2014; Lumpkin, 2021; Xie, 2022). However, research is unclear on the origins of the increase, as the age range of most undergraduate students falls squarely within the age of onset for many chronic mental health conditions (Jorgensen, et al., 2018). In addition, the percentage of students with disabilities entering postsecondary education has increased fivefold since the passage of the Americans with Disabilities Act in 1990, (Wagner et al., 2005).

Despite increased access to postsecondary education for students with disabilities overall, rates of on-time degree completion remain low for postsecondary students with mental health diagnoses (Rosenbaum, 2018) and students report stigmatization by instructors and peers (Fossey, et al., 2017; Lyman et al., 2016) in addition to academic difficulties brought on by managing their conditions (Mowbray et al., 2001). Furthermore, those problems faced by students with mental health diagnoses in postsecondary institutions have been shown to be exacerbated by the often-disconnected nature of virtual learning (Arias, 2020). Like many postsecondary institutions in the United States during the COVID-19 Pandemic, University A transitioned to virtual-only course offerings beginning in March 2020 during the Spring semester.
and continued this modality of instruction for the 2020-2021 Academic Year, which encompassed Fall 2020 and Spring 2021 (National Center for Education Statistics, 2021).

Research demonstrates that disconnected students perform less well academically than connected ones (Rosenbaum, 2018) and that students with mental health diagnoses experience disconnection and stigma directly tied to their conditions (Martin, 2010). Despite this, law and policy continue to treat mental health as separate from disability (Mathis, 2017), which, along with continued arguments within the fields of psychology and psychiatry that mental illness is not disability (Rudnick, 2014), fuels the perception that there is no community within disability advocacy for people with mental health diagnoses (Stefan, 2001).

There is a need to examine the impact of the transition to virtual learning due to the COVID-19 Pandemic on postsecondary students with mental health diagnoses. In addition, it is necessary to examine the way in which University A has approached supporting its students with mental health diagnoses during the Pandemic in order to determine how best to serve them going forward, regardless of whether learning virtually or in-person. How this student population in particular experienced the transition to virtual learning is directly tied to how they experience postsecondary education as students with mental health diagnoses.

**University Context**

The university at which this research was conducted will be referred to within this thesis as University A to maintain confidentiality for its participants.

University A is a public four-year university located in Southern California. It is a medium-sized primarily non-residential institution (Carnegie Classification of Institutions of Higher Education, 2021). Most matriculating students are undergraduates, with a small post-baccalaureate, credential, and graduate student population. University A is a Hispanic-Serving
Institution (HSI), a federal designation given to colleges and universities with 25% or more total undergraduate Hispanic or Latinx full-time equivalent student enrollment (Higher Education Opportunity Act, 2008), which allows for additional grants and funding for the university to support Latinx students. Students with disabilities make up less than 10% of the overall student population.

Research Questions

This research examines the impact of the campus wide transition to virtual learning triggered by the COVID-19 Pandemic on students with psychiatric disabilities. Of specific interest for students in the study are the following questions:

1. What campus services did students utilize? (RQ 1)
2. To what extent did they perceive them to positively impact academic and social/emotional success? (RQ 2)
3. What stressors did the students experience during the pandemic? (RQ 3)
4. To what extent did students report having felt supported in their mental health by the campus community? (RQ 4)
5. What recommendations do students make for the campus to support students with psychiatric conditions? (RQ 5)

Organization of the Thesis

This thesis is organized into five chapters, each with a specific purpose. This chapter (1) is intended to introduce the topic and the purpose of the study. Chapter 2 provides a conceptual framework that grounds the study in current disability studies pedagogy and reviews present empirical literature on psychiatric disabilities among postsecondary students. Chapter 3 provides an explanation of the methods used in this study to address the research questions. Chapter 4
contains the results of this study, and Chapter 5 provides a discussion of the findings, including how they relate back to the conceptual framework described in Chapter 2 and what implications there are for postsecondary administrators, faculty, staff, and parents and students.
Chapter 2: Literature Review & Conceptual Framework

In my previous chapter, I introduced the research questions developed to address the impact of the transition to virtual learning triggered by the COVID-19 Pandemic on postsecondary students with psychiatric disabilities.

In this chapter, I will first review the current empirical literature on postsecondary students with psychiatric disabilities, including the gap in the literature this study is intended to address. Second, I will establish the conceptual framework on which I grounded my research questions and methodology.

Review of Empirical Literature

Online learning in higher education has a long history; the University of Phoenix was the first college to offer a fully online degree program back in 1989 (Tikkanen, 2018), and in the intervening decades, online learning and the availability of online classes at colleges and universities has boomed. In 2017, an estimated 6.6 million postsecondary students worldwide enrolled in some form of online or distance learning course, making up roughly one-third of all students in higher education, and 2.2 million of those students enrolled exclusively in distance education (Bustamante, 2020). Online learning is meant to open doors that traditional face-to-face courses cannot, offering the opportunity to pursue a degree to students who might otherwise not be able to attend college because of geographical distance, limited physical mobility, or non-academic commitments (Edmonds, 2004). Indeed, students report flexibility as the primary reason for choosing to study virtually (McManus et al., 2017; Meskhi et al., 2019).

However, online classes have not been the magic bullet for nontraditional and historically underrepresented student groups that so many had hoped - student achievement in online classes remains stubbornly on par, if not outright below, achievement in face-to-face classes, regardless
of student age, ethnicity, gender, or socioeconomic (Journell, 2007). To put it simply, students who struggle in-person will struggle online, and depending on the amount of orientation and supports offered to online students, many more will fail to succeed online than would on-campus (Chatman et al., 2019).

Students with disabilities also struggle online compared to in-person, despite their having access to the same accommodations they would normally receive on campus; in some cases, the achievement gap between students with and without disabilities can even widen in the virtual learning environment (Richardson, 2015). Though students with disabilities are more likely to prefer the online learning environment than those without disabilities (Arias, 2020; Kotera et al., 2019), students with disabilities studying online are still more likely to perform poorly, drop out, delay graduation or fail to graduate altogether than their peers (Arias, 2020). Uniquely disadvantaged among students with disabilities are individuals with psychiatric disabilities. An analysis of the retention rates for students with psychiatric disabilities in online courses show that the online learning environment can exacerbate this already troubling achievement gap between students with psychiatric disabilities and students with other types of disabilities (McManus et al., 2017; Murphy et al., 2019).

**Online Learning for Students with Disabilities**

**Students with Disabilities and Higher Education.** Earning a college degree has a significant impact on one’s future career prospects and earning potential. The U.S. Bureau of Labor Statistics reported in 2019 that the average working professional with a 4-year degree earned nearly $25,000 more annually than the average worker with only a high school diploma, and the unemployment rate for college graduates is lower than that of high school graduates. This also holds true for individuals with disabilities - persons who have earned a college degree
report lower unemployment rates than those without, report higher earnings than those without, and overall experience more employment stability in the long term (Statistics, 2020).

Considering the benefits, it is no surprise that the number of individuals with disabilities enrolling in higher education is growing. The student population who entered K-12 schooling with the full force of the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act (ADA) has begun earning their high school diplomas and moving on with their educations, but even so, the number of students with disabilities in higher education has not yet fully grown to reflect the percentage of individuals with disabilities in the population at large. According to the statistics of the World Health Organization, people with disabilities throughout the world make up 23 percent of the total population of the planet (Meskhi et al., 2019), but as of the 2015-2016 academic year, only 19.4% of undergraduate students reported having a disability (Snyder et al., 2018).

However, enrollment is only half the picture. When looking at graduation rates regardless of type of postsecondary schooling, the National Longitudinal Transition Study (Wagner et al., 1993) found that students with disabilities were only 40.7% likely to complete their course of study within a 6-year period, while students without disabilities were 52.4% likely to complete their program; a closer look at 4-year traditional universities shows that gap widening to 34.2% for students with disabilities and 51.2% for their non-disabled peers. Worth noting is that students with disabilities are more likely to complete 2-year programs than students without disabilities, and those who have attended or graduated from a 2-year school prior to moving on to a 4-year school are more likely to succeed (Collins & Mowbray, 2005).

The Complexities of Online Learning. The success of the online learning environment has been difficult to pin down. Some studies have shown lower than average pass rates for
students studying online (Chatman et al., 2019), while others indicate inclusion of at least one online class during undergraduate study increases the likelihood of successful degree completion (Wavle & Ozogul, 2019). Variance comes in the form of gender, age, ethnicity, disability status, first-generation student status, socioeconomic status, first semester Grade Point Average (GPA), as well as campus type and location. Online learning has not been implemented uniformly across higher education, nor is there any expectation it will be, but continued work has allowed researchers to narrow in on the factors that impact the academic success of different groups, including students with disabilities.

Multiple studies have shown that students with disabilities are more likely to prefer a fully online learning environment than their non-disabled peers (Collins & Mowbray, 2005). Most obviously, students with mobility impairments are not faced with the difficulty of navigating a potentially inaccessible campus, while students with learning disabilities can take more time with lectures and assignments, processing them at their own pace (Case & Davidson, 2011). Online learning also reportedly provides more overt control over one’s studies, with spatiotemporal flexibility and unimpeded access to course materials cited as primary benefits (Kotera et al., 2019). Independence and control are important to college students of any background, but the difficulties often associated with living visibly disabled in a public space (i.e. a college environment) make a sense of control in one’s studies all the more vital to the wellbeing of students with disabilities (Owusu-Ansah et al., 2012).

The primary complication experienced by students with disabilities versus their non-disabled peers is requesting and accessing accommodations. Unlike K-12 schooling, which is governed by the IDEA and places the responsibility for providing supports on the school, postsecondary students are responsible for identifying themselves as having a disability and
requesting accommodations, though the student will usually work with a counselor to determine what specific supports their disability necessitates. This process can be fraught with discomfort, however, depending on the disability in question. Persons with visible disabilities (such as visual or physical impairments) report general positive experiences with persons without disabilities, whereas persons with ‘invisible’ disabilities such as learning or psychiatric disabilities experience fewer positive interactions with persons without disabilities (Smart, 2001; 2009). Less visible disabilities require intentional disclosure in a way visible disabilities do not, and the disclosure itself often creates negative experiences or conversations with persons without disabilities, leading to increased anxiety and shame around disclosure. The impact of this on student accommodations is clear: studies show students with learning disabilities often feel embarrassed or guilty for requesting needed accommodations (Ryan, 2007), while students with psychiatric disabilities often go to great lengths to hide their diagnoses from faculty and university staff despite the negative impact on their studies (Martin, 2010).

However, for students who do request accommodations, the learning environment itself does not seem to impact either the process or quality of accommodations. Studies show that overall, students with disabilities do not have significantly more positive or negative experiences when requesting accommodations in the online learning environment, compared to face-to-face instruction (Barnard-Brak & Sulak, 2010). Students with visible disabilities seem to experience more positive attitudes toward requesting accommodations while studying online, whereas those with invisible disabilities report minimal difference.

Beyond accommodation, online courses can create complications in the form of course content and classroom engagement. Though accessibility in the traditional classroom can be limited just as easily, the online learning environment consists of many more instructor-created
items, including web pages, word processing documents, spreadsheets, presentations, videos and audio recordings, and much more, all of which must be accessible to the end user - in this case, students with disabilities. When instructors lack awareness of and knowledge about issues of access and accommodations for students with disabilities, it can directly impact student learning and impede success (Morgado Camacho et al., 2017). Online classes can also limit peer-to-peer interactions and contact with the instructor, especially for students with disabilities.

Psychiatric Disabilities and Higher Education

Unique Challenges Facing Students with Mental Health Diagnoses. Increasing numbers of postsecondary students report mental illness symptoms, including disordered eating and sleep, feelings of depression, and suicidal thoughts (Blanco et al., 2008). Survey data is startling - one survey out of the UK showed 8 out of 10 students experienced at least one symptom, while a third of students reported having suicidal thoughts within the past year (Gil, 2015). It is clear students with mental health diagnoses need supports - the graduation rates for students with a single diagnosis are lower than any other subgroup among students with disabilities, with roughly 86% withdrawing before degree completion (Salzer, 2012). However, despite increasing need, a 2016 survey by the Association for University and College Counseling Center Directors found that among participating organizations, there was only one counselor available for every 1,737 students (Reetz et al., 2016), leaving many students without the support structures they needed to succeed.

Symptomatology can affect academic attainment, as most diagnoses involve some amount of impact on concentration, motivation, and focus, and medications or other treatments can interfere with a student’s efforts (Murphy et al., 2019). Martin (2010) found that many students, such as individuals with Major Depressive Disorder (MDD) or Bipolar Disorder,
experience lowered mood and feelings of overwhelming sadness, which make it difficult to engage with instructors or meet course requirements, negatively impacting attendance, participation and assessment; students often lose confidence in themselves and their abilities as a result of poor performance, which in turn impacts their success, often snowballing until the student gives up on their degree altogether (Martin, 2010).

Despite high numbers of students with symptoms and diagnoses, fear of disclosure and resulting social stigma prevent many students from seeking accommodations. In some surveys, as many as two-thirds of students self-identifying as having a diagnosis did not disclose to the appropriate counseling or accommodations staff in order to receive support (Grabinger, 2010; Martin, 2010). This was primarily due to fear of discrimination during their studies and in professional employment. Many students went to considerable efforts to hide their mental health condition and in doing so struggled to meet university requirements. Of the minority who did disclose, most received helpful assistance with both their studies and management of their mental health condition (Martin, 2010).

Another factor at play is the sometimes-siloed nature of the usually separate disability accommodations office and counseling services office. Despite the real impact symptoms have on cognitive ability, at most postsecondary institutions, the emphasis remains on counseling and counseling services as the ‘solution’ to supporting students with mental health diagnoses (Schindler & Kientz, 2013). The most significant factors in use of accommodations appear to be the size of the accommodation’s office staff and the amount of specialized training staff members have with regards to psychiatric disabilities (Collins & Mowbray, 2008), indicating that more cooperation and overlap between the two resources does have positive impacts on students.
At-Risk Students Studying Online. Students with psychiatric disabilities report experiencing many benefits of fully online study. Flexibility and the freedom to consume course materials at their own pace and in their own spaces are just as beneficial to students with mental health diagnoses as they are to students with other disabilities. Removal from a traditional classroom can also address issues of anxiety and can allow students to minimize visible symptoms of mental illness, thus avoiding unwanted disclosures (Murphy et al., 2019). Disability accommodations offices have also adapted to the virtual sphere, maintaining appropriate accommodations while also finding new ways to support students with disabilities in virtual learning in particular (Edmonds, 2004). However, many students report similar issues in requesting accommodations online that they do on campus - denied requests, unsympathetic staff, and uninformed instructors, which appear to be more keenly felt in the online environment (Barnard-Brak & Sulak, 2010). Counseling services, an important component in supporting students with psychiatric disabilities, have been slower to transition to online accessibility, leaving students who choose wholly virtual program without access to the same supports unless they are able to visit campus. Maintaining connectivity with instructors and peers is also of particular necessity for students with mental health concerns, as online learning can leave students already at risk feeling isolated, and barriers between students and instructors or staff can result in even less motivation to seek out needed supports (McManus et al., 2017). While this is certainly an issue for any student, both statistics and research demonstrate that students with psychiatric disabilities are uniquely at risk of struggling academically without strong support from instructors and staff.

Online Learning During COVID-19 Pandemic. There is emerging anecdotal information to indicate that the COVID-19 Pandemic and the transition to virtual learning have
been extremely stressful and difficult for students, but we are only just now getting concrete data to back up this assumption. So far, research indicates that the majority of students experienced an increase in stress and anxiety during the Pandemic, with one in five students reporting their mental health has significantly worsened. Unique stressors attributed to COVID-19 and virtual learning include fear and worry over students’ own health and that of loved ones, difficulty concentrating, disruptions to sleep patterns, decreased social interactions, and increased concerns about academic performance and academic integrity.

As the impact of the ongoing effects of the COVID-19 Pandemic becomes more apparent, research into the long-term impact the Pandemic and virtual learning will have on postsecondary students will no doubt be forthcoming, but so far, there has not been any specific research into how the transition to virtual learning has specifically impacted students with psychiatric disabilities. This study aimed to address the specific experiences of this target population.

Summary

The rich empirical literature examining the college experiences of students with psychiatric disabilities is missing. But there is also a gap in understanding psychiatric disabilities from a social construction lens. Therefore, my study is also grounded in the literature on social construction and the construction of disability itself. I will next discuss persons with mental health conditions and the policy environments from a theoretical lens, to anchor this study in political and social contexts.

Conceptual Framework

Social Construction Theory
The Theory of Social Construction proposed by Schneider and Ingram (1993) posits that political policy is directed toward specific target populations, which can be clustered into quadrants based on whether these populations are able (strong) or unable (weak) to wield political power (power) and whether they are perceived as deserving (positive) or undeserving (negative) of wielding said power or of receiving the benefits of power from others (image). Based on which quadrant a population falls in, they may be perceived as being either the beneficiary or loser of a particular policy proposal, with policy proposals leaning into existing social construction in its portrayal of the given population. Figure 2.1 illustrates the axes of power and image, with examples of the typical populations that may fall into the respective quadrants, as detailed by Schneider and Ingram (1993).

Figure 2.1

*Social Construction and Political Power: Target Populations*
Note: adapted from Schneider & Ingram (1993; 2005)

Per Schneider and Ingram’s own diagram, individuals with disabilities fall into the weak power/positive image quadrant, labelled ‘Dependents,’ wherein they are generally the recipients of policy rather than the writers of policy, but are generally viewed as a population ‘deserving’ of being beneficial policy outcomes (Schneider & Ingram, 1993; 2005). However, the population of individuals with disabilities is not monolithic in nature, and different subpopulations experience different social construction. Considering the persistence of stigma around mental health, individuals with psychiatric disabilities or mental health diagnoses may well fit more appropriate within the ‘Deviants’ quadrant (weak power, negative image), and this study posits that not only is this the case, but that this positioning negatively impacts students with psychiatric disabilities’ ability to find community within the broader community of students with disabilities, and to advocate for themselves around their shared identities.
**Disability Construction**

Academics and activists have examined disability and the various lenses through which we view disability for decades. The earliest framing of disability noted by scholars consisted of a moral model, through which disability is perceived as a punishment for a presumed sin, and this persisted well into the 20th Century in the United States (Snyder & Mitchell, 2006). The first of the modern models is the medical model, in which disability is viewed as a distinct pathology and nothing more. In the medical model, disability is explicitly a defect or failure of a bodily system, which should be fixed if it can be, and treated if it cannot be, but must always be viewed as abnormal or wrong, in a medical sense. Support for disability when offered through the medical lens consists primarily of access to healthcare professionals, medication, and medical equipment, and individuals with disabilities are often described clinically and impersonally (Goodley, 2017).

Through the field of disability studies, different models of disability have been introduced to counter the moral and medical models. As this study is intended to examine the framings of disability experienced by postsecondary students with mental health diagnoses, specific models will be included in the construction of disability to be analyzed, specifically the medical described above, and the social, compliance, economic, and minority models of disability.

**The Social Model.** The social model frames disability as the existence of barriers to full participation in society. Within the social model, disability is a social construct, existing only when institutions have not been built or managed in such a way as to allow individuals from all walks of life full access (Thomas, 2007). In this study, participants’ ability to engage fully in their postsecondary education without barriers will be examined using the framing of the social
model, specifically noting the ease with which peer-to-peer connections are made and the extent to which students with mental health diagnoses experience feelings of inclusion within the campus community.

**The Compliance Model.** In addition, within the field of education and postsecondary education in particular, current literature refers to the compliance model of disability, specifically with regards to support services; this is the framing in which institutions view disability as an obligation mandated by state and federal law, with an emphasis on providing the minimum support and services required to meet those mandates rather than what is often termed ‘full and meaningful access’ to education (Gabel, 2010). In this study, I will examine a compliance construction of disability vis-à-vis students’ experiences with campus disability services and if, similar to a compliance view of support where academics are the only focus, participants experience their mental health conditions as primarily impacting their academic success over other areas (Cory et al., 2003).

**The Economic Model.** Stone (1984) argued that, in the modern day where disability is defined by government in part to distribute welfare aid, an economic framing of disability is essential in the overarching examination of disability politics and activism, stating, “the concept of disability is fundamentally the result of political conflict about distributive criteria and the appropriate recipients of social aid” (Stone, 1984). In the climate in which this study was conducted, the cost of postsecondary education is a major political talking point and a barrier to educational access for many students (McGurran & Hahn, 2022). In addition, the student population at University A has a high ratio of commuter students to student residents, with many students working off campus to support themselves or their families. As a result of this added context, rather than viewing economic construction in the traditional sense as it relates to
disability aid access from government services, I am using the model to refer to the finances of student participants and the extent to which their financial situation functions as a barrier and possible additional stressor for students with mental health diagnoses in particular.

The Minority Model. In building on the social model of disability detailed above, the minority model allows for disability to be experienced as a political identity and protected class (i.e. a minority group). Minority model activism recognizes common experiences of marginalization within the broader community of individuals with disabilities, similar to shared experiences of oppression amongst people of color. The minority model makes use of political activism to directly challenge political and social marginalization, termed ableism, that stems from perceptions of disabled bodies and minds as abnormal and unacceptable (Gabel, 2010). In this study, the minority group framing will be used to examine the extent to which postsecondary students with mental health diagnoses experience their academic struggles as the result of minority group marginalization and the solution to them to be political activism.

Summary

In examining the way postsecondary students with mental health diagnoses experience disability, the framework underpinning the research design incorporates both Schneider and Ingram’s (1993) theory on the interaction of political power and social image, and multiple models of disability drawn from disability studies. Using these framings will allow me to examine where on a multitude of axes the experiences of postsecondary students with mental health diagnoses fall, how they view their own experiences during the COVID-19 Pandemic, and what recommendations can be made based on these framings to improve campus support of this population of students.

Conclusion
In this chapter, I have reviewed the empirical research on postsecondary students with mental health diagnoses, virtual learning, and the emerging research on the impact of the COVID-19 Pandemic on postsecondary students. Research indicates that students with mental health diagnoses drop out or fail to graduate at higher rate than their peers without mental health diagnoses or psychiatric disabilities, and that this trend is exacerbated by virtual learning. I then reviewed the conceptual framework which undergirds my study, proposing that despite a firm legal foundation for the argument, mental health diagnoses are not being viewed as ‘disability’ on a broad scale, and as such, students with mental health diagnoses are not supported by campus disability communities and disability accommodations offices in the same way that students with other disabilities are.

Lack of full community support, especially when learning is occurring virtually, leaves students with mental health diagnoses isolated, and this isolation was likely exacerbated by the changes brought on in response to the COVID-19 Pandemic. The effects of the abrupt transition to virtual learning on students with psychiatric disabilities is one that needs to be examined closely, at all levels of postsecondary education. In particular, it is imperative that researchers enable students’ own voices to be heard in the ongoing conversation as to how best serve them, at a distance and as campuses reopen and students return to classrooms. In order to address specifically how the students at University A were impacted by virtual learning, this study asks the following research questions (RQs):

1. What campus services did students utilize? (RQ 1)
2. To what extent did they perceive them to positively impact academic and social/emotional success? (RQ 2)
3. What stressors did the students experience during the pandemic? (RQ 3)
4. To what extent did students report having felt supported in their mental health by the campus community? (RQ 4)

5. What recommendations do students make for the campus to support students with psychiatric conditions? (RQ 5)

The next chapter will outline the methods I used in this study.
Chapter 3: Methodology

In my previous chapters, I established the characteristics of and unique risk factors facing postsecondary students with psychiatric disabilities and the need to further research the impact of the changes to postsecondary learning brought on by the COVID-19 Pandemic on this population. Specifically, I introduced the research questions developed to address this gap in the empirical literature in Chapter 1. In Chapter 2, I grounded my study in social science and disability studies conceptual and empirical literature on psychiatric disabilities among postsecondary students.

In the current chapter, I will outline how I developed my methodology and how each request question is addressed in my design, data sources, participant selection, and analyses.

Research Questions (RQs)

Considering how current literature indicates that students with psychiatric disabilities drop out at higher rates than their peers, a trend that is exacerbated when students study primarily online, the purpose of this study was to examine how students with psychiatric disabilities have been impacted by the transition to fully virtual learning brought on by the COVID-19 Pandemic during the 2020-2021 academic year. Of specific interest for students in the study were the following questions:

1. What campus services did students utilize? (RQ 1)
2. To what extent did they perceive them to positively impact academic and social/emotional success? (RQ 2)
3. What stressors did the students experience during the pandemic? (RQ 3)
4. To what extent did students report having felt supported in their mental health by the campus community? (RQ 4)
5. What recommendations do students make for the campus to support students with psychiatric conditions? (RQ 5)

Research Design

The study utilized a concurrent transformative mixed methods design (Creswell, 2003). This section first explains what mixed methods designs consist of, then what concurrent transformative design entails, and finally why this design method was the best choice for my study.

Mixed methods research design can be defined as a method of collecting and analyzing both qualitative and quantitative data within a single study, or a series of studies within the same program of inquiry. The concept behind the mixed design is that the use of both quantitative and qualitative data will allow for a better understanding of the research problem at hand than either approach would alone (Creswell, 2003). Mixed methods research design is of particular benefit to research within the social, behavioral, and human sciences, where limiting the design to one component or the other will fail to capture the full picture of human experience (Johnson & Onwuegbuzie, 2004; Johnson, Onwuegbuzie & Turner, 2007).

A study design can be considered mixed if both qualitative and quantitative elements are incorporated at any level of the design, including in the research questions themselves, the sampling procedures, the data collection procedures, the data analysis, or even the conclusions drawn from said analyses (Tashakkori & Creswell, 2007). In this study, the research questions were developed with both quantitative and qualitative elements, resulting in mixed data collection procedures and analyses.

According to Creswell (2003), a mixed methods study design is considered concurrent if both quantitative and qualitative data collection occurs simultaneously. In my study, the survey
instrument served as the only means of data collection and survey questions encompassed both quantitative data collection in the form of questions with discrete response options and qualitative data collection in the form of questions with open-ended narrative responses requiring coding. Data were collected simultaneously, and analysis included data from both methods to inform a central conclusion, rather than one method following the other (nested strategy) or the data from one method being compared to another (triangulation strategy). In addition, the design is considered transformative if it is based on a specific theoretical framework. In the case of this study, the design was grounded in a theoretical framework, specifically in Schneider & Ingram’s Theory of Social Construction (1993). This framework guided all elements of the design, including the formulation of research questions, the data sources, choice of analyses, and interpretation of the results. See Figure 3.1 below for a visual representation of the relationship between quantitative and qualitative methods within a concurrent transformative design strategy.

To develop a clearer picture of the experience of virtual learning for postsecondary students with psychiatric disabilities, this study was intentionally designed to capture both quantitative and qualitative data. Without both methods of data collection and analyses, the study design would have failed to completely answer the research questions around which the design was built. In addition, it was determined that the best method of capturing as much data as possible from the target student population would be to develop a survey instrument in which participants could provide all data at once, and anonymously, so as to minimize discomfort. As a result of these considerations, a mixed methods design with a concurrent transformative strategy was the best method for addressing the specific research questions at the heart of this study.

Figure 3.1

Concurrent Transformative Strategy
Note: adapted from Creswell (2003).

**Participant Selection**

This study primarily utilized indirect participant recruitment, with advertisements for the study being distributed by university faculty to their students, posted as flyers throughout the university campus, and uploaded to a student textbook exchange group on the social media site Facebook. The advertisement contained a QR code that linked directly to the consent form for the study, where students could attest that they met the criteria for participation before consenting to the study. Participants were recruited who (a) were current or former students at University A, (b) attended during the 2019-2020 and 2020-2021 academic years, and (c) self-identified as having a mental health diagnosis. Specific conditions included one or a combination of depression, dysthymia, bipolar disorder, anxiety disorder, panic disorder, PTSD, other mood disorders, obsessive-compulsive disorder, or schizophrenia, with students given the option during the subsequent survey to provide the name of a condition not included in the above list if applicable.

To recruit as many participants as possible from this small population, I intentionally avoided use of the term ‘disability’ or ‘psychiatric disability’ in both advertisements and study materials. I instead used the term ‘mental health diagnoses’ to describe the conditions listed above as participation criteria. This was to minimize confusion on the part of potential participants who may not identify as having a disability but experience long-term or chronic
Serious Mental Illness (SMI), as well as to lessen potential internalized stigma that certain terminology might trigger in potential participants. In addition, I intentionally did not limit participation eligibility criteria to only those with formal diagnoses, instead offering an answer option for participants to indicate symptoms of a condition were present without formal diagnosis. This was done to include potential participants who might experience barriers to healthcare and formal diagnosis.

Participants were recruited primarily via physical flyers distributed throughout campus, primarily in areas where students gather socially (e.g. student union, cafeteria, study spaces, campus library), which contained information pertaining to eligibility and a QR code that directed potential participants to the consent form document hosted in AdobeSign. Instructors within the campus Schools of Education and Arts & Sciences also distributed an electronic version of the flyer to students in their classes during Fall 2021 and Spring 2022 at direct request of the researcher. A third method of recruitment, posting the electronic flyer in a campus book exchange group on the social media platform Facebook, was also introduced in Spring 2022 in order to reach more students. However, despite implanting a variety of recruitment methods, the total participant count remained low.

Data Collection Instrument

Upon completion of the electronic consent form, participants were emailed a link to the survey tool directly by the researcher. The survey consisted of three sections: 1) demographic information regarding mental health diagnoses and disabilities, 2) academic information for the 2019-2020 and 2020-2021 academic years, including which campus resources the students made use of, and 3) open-ended narrative response questions about their overall experience during the pandemic-induced virtual learning.
Section 1 of the survey instrument, while not tied explicitly to a single research question (RQ), was intended to gather information on the types of mental health diagnoses experienced by the participant population and to key in more specifically on if participants made use of the campus disability services. Section 2 of the survey instrument addressed RQ 1 (“What campus services did students utilize?”) and RQ 2 (“To what extent did students perceive them to positively impact academic and social/emotional success?”). Section 3 of the survey instrument addressed RQ 3 (“What stressors did the students experience during the pandemic?”), RQ 4 (“To what extent did students report having felt supported in their mental health by the campus community?”), and RQ 5 (“What recommendations do students make for the campus to support students with psychiatric disabilities?”), while also adding more depth to the answers to RQ 1 and 2.

Below is a table (Table 3.1) summarizing the survey instrument questions, which have been numbered Q1.1-Q3.8 for easy reference, with the first digit referencing the section number and the second digit referencing the question’s position within that section.

**Table 3.1**

*Survey Instrument Question Summaries*

<table>
<thead>
<tr>
<th>Question #</th>
<th>Question Text Summary</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1.1</td>
<td>Do you have a mental health diagnosis?</td>
<td>Yes; no formal diagnosis; no</td>
</tr>
<tr>
<td>Q1.2</td>
<td>Which diagnosis?</td>
<td>Diagnoses Options and “Other” (see Appendix A)</td>
</tr>
<tr>
<td>Q1.3</td>
<td>Do you qualify for disability services?</td>
<td>Yes; unsure; no</td>
</tr>
<tr>
<td>Q1.4</td>
<td>If yes to Q1.3, for diagnosis, or other condition?</td>
<td>Yes, for mental health diagnosis; no, for other; for multiple; do not qualify</td>
</tr>
<tr>
<td>Q2.1</td>
<td>What level of schooling did you attend during virtual learning?</td>
<td>Undergraduate; postbac/certificate; graduate</td>
</tr>
<tr>
<td>Q2.2</td>
<td>What negative academic experiences did you have before virtual learning?</td>
<td>Withdrawal, Fail, Incomplete grades, Probation, or None</td>
</tr>
<tr>
<td>Q2.3</td>
<td>What negative academic experiences did you have during virtual learning?</td>
<td>Withdrawal, Fail, Incomplete grades, Probation, or None</td>
</tr>
<tr>
<td>Q2.4</td>
<td>How did virtual learning impact GPA?</td>
<td>5 – it went up a lot; 1 – it went down a lot</td>
</tr>
<tr>
<td>Q2.5</td>
<td>What campus services did you use before virtual learning?</td>
<td>Services Options Listed (see Chapter 4 and Appendix A)</td>
</tr>
<tr>
<td>Q2.6</td>
<td>How helpful were services before virtual learning?</td>
<td>5 – Very Helpful; 1 – Very Unhelpful</td>
</tr>
<tr>
<td>Q2.7</td>
<td>What campus services did you use during virtual learning?</td>
<td>Services Options Listed (see Chapter 4 and Appendix A)</td>
</tr>
<tr>
<td>Q2.8</td>
<td>How helpful were services during virtual learning?</td>
<td>5 – Very Helpful; 1 – Very Unhelpful</td>
</tr>
<tr>
<td>Q3.1</td>
<td>Describe overall experience of virtual learning</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Q3.2</td>
<td>What stressors did you experience?</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Q3.3</td>
<td>Did the stressors make it harder to succeed academically?</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Q3.4</td>
<td>Describe the support you received from campus services</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Q3.5</td>
<td>If not satisfied, how could campus services better support you?</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Q3.6</td>
<td>Describe the support you received from instructors</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Q3.7</td>
<td>If not satisfied, how could instructors better support you?</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Q3.8</td>
<td>Any other thoughts or recommendations?</td>
<td>Open-ended</td>
</tr>
</tbody>
</table>

The full survey instrument as received by participants can be found in Appendix A. **Analyses**

The main analyses in this study consisted of three distinct steps for analysis: 1) descriptive statistics, 2) descriptive coding of open-ended participant responses, and 3) coding of open-ended participant responses using pre-developed coding schemes based on disability and social construction literatures. I will first review the descriptive statistics collected, followed by the coding methods used to analyze the data (Saldaña, 2013).

**Descriptive Statistics**

The responses to questions provided in Sections 1 and 2 of the survey instrument (see Appendix A) were best analyzed with frequencies and visual depiction of data. Section 1 addressed the demographics of the participant sample, specifically what diagnoses participants had, whether or not they were registered with the campus’ disability services office, and whether or not they received services for their mental health diagnosis, in order to get a clearer picture of
the population of students with psychiatric disabilities at University A. Section 2 of the survey instrument addressed the campus services participants did or did not use and how they would describe their experiences with said services. Visual inspection of the data was used to analyze patterns pre- and post-transition (O’Neill, R. E., et al., 2011), and this analysis was used to address RQ 1 (“What campus services did student utilize?”) and RQ 2 (“To what extent did they perceive them to positively impact academic and social/emotional success?”).

**Coding**

Coding is a method of analyzing qualitative data in which the information collected in a study is organized and grouped into categories in order to identify patterns in the data (Saldaña, 2013). In this study, analyses consist of two types of coding: 1) descriptive coding to analyze themes that emerged from open-ended responses and 2) separately reading open-ended responses, pulled to a separate document and coded for specific constructs based on the conceptual framework detailed in Chapter 2, the specifics of which are described in the two coding schemes tables at the end of this section.

**Descriptive Coding.** The first method of coding I employed was descriptive coding. Saldaña (2013) defined descriptive coding, also known as ‘topic coding,’ as a method to “document and categorize the breadth of opinions stated by multiple participants” (Saldaña, 2013, p. 7). A first pass was made where the open-ended responses were read and indexed for recurring words and phrases, followed by a second pass where those words and phrases were grouped into similar ideas, or codes. The codes were then grouped into broader categories in order to gather together a list of common elements among participants’ experiences. This method was used to address RQ 2, 3, 4, and 5 in particular.
Table 3.2 summarizes the research questions (RQs), corresponding survey question(s), and analysis method(s).

**Table 3.2**

**Research Question and Analysis Connections**

<table>
<thead>
<tr>
<th>Research Question (RQ)</th>
<th>Survey Question(s)</th>
<th>Analysis Method(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What campus services did student utilize?</td>
<td>1.3, 2.5, 2.7, 3.4, 3.5</td>
<td>Descriptive Statistics; Descriptive Coding</td>
</tr>
<tr>
<td>2. To what extent did students perceive them to positively impact academic and social/emotional success?</td>
<td>3.4, 3.5</td>
<td>Descriptive Coding</td>
</tr>
<tr>
<td>3. What stressors did the students experience during the pandemic?</td>
<td>3.1, 3.2, 3.3</td>
<td>Descriptive Coding</td>
</tr>
<tr>
<td>4. To what extent did students report having felt supported in their mental health by the campus community?</td>
<td>3.4, 3.5, 3.6, 3.7</td>
<td>Descriptive Coding</td>
</tr>
<tr>
<td>5. What recommendations do students make for the campus to support students with psychiatric disabilities?</td>
<td>3.5, 3.7, 3.8</td>
<td>Descriptive Coding</td>
</tr>
<tr>
<td>All Research Questions</td>
<td>3.1-3.8</td>
<td>Disability Construction; Social Construction &amp; Coding Schemes</td>
</tr>
</tbody>
</table>
**Coding Schemes.** As a final but separate analysis step, I re-read a clean copy of the open-ended responses multiple times (Saldana, 2013). To analyze how the experiences of students with psychiatric disabilities during virtual learning conformed to the different constructions of disability, I developed a coding scheme. My disability construction coding scheme was based on Itkonen (2007; 2009), but I built on that precedent by integrating disability studies literature’s notion of the medical model (Goodley, 2017) in addition to compliance (Cory et al., 2003), minority (Gabel, 2010), and social (Thomas, 2007) disability framing. Table 3.3 summarizes the coding scheme.

**Table 3.3**

**Disability Construction Coding Scheme**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Definitions (operational definition)</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance</td>
<td>Students are talked about in the context of educational interventions; specific methods or learning outcomes are outlined</td>
<td>Accommodations; services; the impact of disability on academic success</td>
</tr>
<tr>
<td>Minority</td>
<td>Students are talked about in the context of rights, access, or discrimination</td>
<td>Rights; right to education; right to access; discrimination; having a voice; inclusion</td>
</tr>
<tr>
<td>Social</td>
<td>Students are talked about as members of the school community and society; their contributions to friends, family, and the workforce; or the stigma of a disability and social isolation are emphasized</td>
<td>Positive: acceptance; belonging; Negative: isolated; alone; excluded</td>
</tr>
</tbody>
</table>
Specific traits of a disability are emphasized; therefore the students need medication; intervention; treatment. Specific diagnosis, treatments, and interventions. Who pays for services or needs; economic or financial pressures felt by the student as a result of the need for services or accommodations. Student fees; campus services; cost of therapy or medication; balancing work and school.

In addition, I developed a coding scheme to analyze how the experiences of students with psychiatric disabilities during virtual learning conformed to Schneider and Ingram’s Social Construction model (1993). More specifically, I developed the coding scheme summarized in Table 3.4 to examine students with psychiatric disabilities on the axes of image and power established by Schneider and Ingram (1993).

**Table 3.4**

**Schneider & Ingram Social Construction Coding Scheme**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Definitions (operational definition)</th>
<th>Example (word/phrases used)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Image</td>
<td>Population enjoys a favorable public image</td>
<td>Positive connection; connectedness; positive self-image</td>
</tr>
<tr>
<td>Negative Image</td>
<td>Population’s public image is viewed negatively, differences from the norm are emphasized</td>
<td>Negative connection; disconnectedness; isolation; negative self-image</td>
</tr>
</tbody>
</table>
Strong Political Power

Policies are favorable, being at the table in decision making
Positive experience; I-statements; active voice

Weak Political Power

Policies are often subsidies with a level of stigma, no voice in decision making
Negative experience; passive voice

**Triangulation**

Finally, the descriptive statistics, the results from the descriptive coding analysis, and the results from the coding scheme analysis were compared. I conducted several independent exploratory analyses using logical reasoning in order to examine whether the three data sets told the same story about students’ experiences during virtual learning and virtual-only campus services, and to develop an overall sense of the themes and commonalities among the participants' responses. In the following chapter, I present the results from these analyses.

**Conclusion**

In this chapter, I described the research design, the methods with which I selected participants, the survey I used to collect information on the research questions, and the analyses I employed, consisting of descriptive coding and two coding schemes which I developed using theory as a guide. In the next chapter, I will detail the results of my analyses and how they relate to the research questions posed by this study.
Chapter 4: Results

In my previous chapters, I detailed the characteristics of and unique risk factors facing postsecondary students with psychiatric disabilities and the need to further research the impact of the changes to postsecondary learning brought on by the COVID-19 Pandemic on this population. Specifically, I introduced the research questions developed to address this gap in the empirical literature in Chapter 1. In Chapter 2, I summarized existing empirical literature on psychiatric disabilities among postsecondary students and established the conceptual framework I used to develop my study instrument and data analyses. In Chapter 3, I described my mixed methods design and the development of the coding schemes I used to analyze the narrative responses I received from my participants.

In the current chapter, I will describe the results of my analyses and how they relate to the following research questions (RQs):

1. What campus services did students utilize? (RQ 1)
2. To what extent did they perceive them to positively impact academic and social/emotional success? (RQ 2)
3. What stressors did the students experience during the pandemic? (RQ 3)
4. To what extent did students report having felt supported in their mental health by the campus community? (RQ 4)
5. What recommendations do students make for the campus to support students with psychiatric conditions? (RQ 5)

My study employed both quantitative and qualitative methods in the form of concrete and narrative questions delivered concurrently within a single survey instrument. As I report the analysis of my data in this chapter, I will first detail the demographics of my participant pool,
then describe the descriptive statistical results. Then, I will illustrate the results of my coding schemes described in Chapter, beginning with my descriptive coding scheme and followed by the coding schemes developed for disability construction and social construction. Given the small n of the participants, I will report questions as the unit of analysis (n = 56).

Descriptive Statistics

Participants

A total of seven participants responded to and completed the survey instrument. To minimize the possibility of identification of participants in what was intended to be an anonymous survey, only two forms of demographic information were collection: 1) what mental health diagnoses apply to them from a list developed using eligible diagnoses in the Americans with Disabilities Act (ADA) and University A’s campus policies on disability accommodation (Q1.3 in Appendix A), and their level of study (Q2.1 in Appendix A). The results of participants’ reported formal or self-perceived condition(s) (Question 1.3) can be found below in Figure 4.1. Participants reported Depression, Anxiety Disorders, PTSD, Obsessive-Compulsive Disorder (OCD), and Other for any diagnoses not included, the latter allowing the participant to fill in the relevant diagnosis. Only one participant selected Other and indicated Attention-Deficit Hyperactivity Disorder (ADHD).

Figure 4.1

Participants’ Reported Mental Health Conditions
In addition, participants’ self-reported level of study indicated a relatively even split between undergraduate and graduate students, with three participants each reporting graduate and undergraduate study during the COVID-19 Pandemic, and the one remaining participant reporting being in a post-baccalaureate or certificate program during the COVID-19 Pandemic. See Figure 4.2 below for a graph of the participants’ responses to undergraduate or graduate status (Question 2.1).

**Figure 4.2**

*Participants’ Level of Study*
To establish which campus services students used before and during the COVID-19 Pandemic, participants were asked explicitly to indicate which services they used before the COVID-19 Pandemic (Q2.5 in Appendix A) and during the COVID-19 Pandemic and virtual-only services (Q2.7 in Appendix A). The comparison in use between pre-COVID-19 and during-COVID-19 can be seen below in Figure 4.3. The list of services encompassed the majority of mainstream student services both offered on campus and available virtually during the COVID-19 Pandemic, and the names of the services have been adjusted in this document so as to maintain the anonymity of University A.

Figure 4.3

*Campus Services Accessed Before and During COVID-19*
As demonstrated in Figure 4.3, students accessed fewer services during the COVID-19 Pandemic than before, despite services being offered virtually. Primarily, students accessed academic-focused services such as the campus writing, advising, and tutoring services, while fewer students made use of campus counseling and health services. In addition, it is worth noting that none of the participants accessed the campus disability services office before or during COVID-19. Participants were directly asked to indicate if they made use of the disability services office (Q1.3, Q1.4 in Appendix A), with answer options allowing them to specify if they qualified for disability accommodations, and if so, if their eligibility was related to the mental health diagnosis or another condition altogether. None of the participants indicated eligibility for disability accommodations, with five out of the seven respondents reporting that they were not sure if they qualified, indicating a lack of knowledge or awareness of the eligibility criteria for disability accommodations.
Participants were asked to detail in open-ended response questions what their experiences were accessing virtual-only campus services during the COVID-19 Pandemic, how those experiences compared to experiences before COVID-19 when services were in-person (Q3.4 in Appendix A), and if their experiences were negative, how campus services might have better supported them (Q3.5 in Appendix A). Participants primarily indicated negative experiences or negative views of campus services, with the negativity enhanced by the transition to virtual-only services. Respondents indicated that they were aware of what services were offered, with communication from campus and instructors both present and effective, but that the quality or availability of those services was poor. Participant #3 described the support received from campus during the COVID-19 Pandemic as “trash” and upon reflecting on the experience, stated “it really made me realize how little staff genuinely care for our mental health.”

Recommendations offered in response to Question 3.5 keyed in on access as a problem, with participants requesting extended hours due to work conflicts, reallocation of fees to allow students to access similar services off campus when campus services cannot provide, and more direct communication from services to target groups.

Experiences

Participants were asked to compare the occurrence of negative academic experiences before virtual learning and after, specifically, whether or not they received grades that result in no credit for a course (W, D, F, or I grades), withdrew from a term completely, or were placed on academic probation (Q2.3 and Q2.4 in Appendix A). Reported responses indicated no such negative experiences occurring during face-to-face learning prior to the COVID-19 Pandemic, while one participant reporting receiving a W grade, two reported receiving a D or F grade, and two reported receiving an I grade at some point during virtual learning. This reinforces the
assumption that postsecondary students with mental health diagnoses would experience poorer academic performance in a virtual environment. In addition, three participants reporting that their GPA decreased over the course of virtual learning (Q2.5 in Appendix A) compared to what it was before the transition at the start of the Pandemic.

Unexpectedly, there were several pointed responses regarding University A’s perceived lack of support for its graduate student population. Participants who indicated they were graduate students at the time of the study noted how few targeted services there were for graduate students, and responses included comments about being unaware if any available campus services were “for” graduate students as well as undergraduates. With regards to the availability of services to graduate students, Participant #5 stated “I never really knew if the services were for me too or how exactly that would work.” In addition, recommendations noted in Question 3.5 included frustration that graduate students must pay similar fees to undergraduate students, including health services and campus recreation fees, despite being at very different stages of life. Targeted communications or services for graduate students were requested by multiple participants.

Coding

Descriptive Coding

The open-ended responses analyzed by descriptive coding over multiple passes, during which recurring words and phrases were indexed, grouped into topics, before said topics were collected into broader categories, which I’ve labelled as themes, that reflected common elements in the participants’ experiences during the COVID-19 Pandemic. Participants’ responses were overwhelmingly negative with regards to virtual learning and virtual-only campus services
during COVID-19, and their difficulties were identified as belonging to one of three distinct themes: academic difficulties, social difficulties, and school/life balance.

**Theme 1: Increased academic challenges while studying virtually.** Participants reported that studying virtually in their home environments instead of in a classroom setting made it more difficult to maintain focus and avoid distractions. Pets and housemates were identified as additional sources of distraction not found in the classroom, in addition to the difficulties experienced for those also teleworking and thus having no break from computer screens. As one participant noted, “most of my day was literally being at home on my laptop.” Poor motivation was also identified by participants as resulting from virtual rather than face-to-face learning, something that telework seemed to exacerbate for some participants as well.

**Theme 2: Social isolation driven by virtual-only classes and campus services.** Difficulties in developing friendships and building connections between both peers and instructors were identified by participants as contributing to the negative experience of virtual learning. For many participants, options for socialization outside of school were limited due to the Pandemic, forcing them to remain isolated from friends and family. Student-instructor relationships were also fraught, as many participants reported that some of their professors were difficult to get in contact with or offered little support beyond academic assistance. Participant #5 stated that, even in the second year of a program, “I had still never met my professors in person.”

**Theme 3: Struggling to find balance between schoolwork and life responsibilities.** Most participants discussed the struggle to find a balance between wanting to succeed academically and performing well at work, supporting their families, and addressing their mental health. Financial difficulties were a common experience, with participants reporting stress
around working longer hours than preferable and worrying about how to pay bills. Others had family responsibilities that, when combined with schoolwork, stretched them thin. In addition, all participants reported difficulty managing their mental health while attending school virtually. Stress and anxiety were common terms throughout the responses, and some responses included expressions of frustration that campus instructors and staff were not as supportive as participants felt they needed. Participant #6 expressed disappointment at needing to remind instructors that a student is still “a human being,” saying “we don't always have faculty telling us that our mental health is more important than our schoolwork.”

**Constructing Disability**

How society views and interacts with disability have been distilled into what are termed ‘models’ of disability, by disability studies scholars; the medical model and the social model outlined by Goodley (2017), the compliance model detailed by Cory et al. (2003) and tested by Itkonen (2009), the economic model discussed by Stone (1984), and the minority model proposed by Gabel (2010). To expand on current models of disability construction, participants’ responses were analyzed for framing within the models listed above. The lens through which students with mental health diagnoses view and are viewed with regards to their conditions has a significant impact on how they experienced virtual learning and the COVID-19 Pandemic.

The majority of the responses (n = 56) discussed the student experience from a psychological/medical lens. Participants described the difficulties of their experience during virtual learning in terms of how it impacted their mental health, specifically referencing the increases in anxiety, stress, and depression they experienced, as well as decreases in focus, motivation, and feelings of connectedness. One stated, “I've never experienced worse mental health than during this pandemic,” while another contemplated dropping out, saying “my stress
level was through the roof.” Other descriptions included struggling to get out of bed, having panic attacks before class, experiencing burnout, and feeling little to no support from campus entities.

Also high among the responses were experiences described through the social and compliance lenses, with participants framing their mental health and virtual experiences as they related to their academic studies and to their connectedness with peers, instructors, and families. The economic and minority lenses were lowest in reported framing from participants, with only a few mentions.

Table 4.1

Disability Construction Frequencies across Responses

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Minority</th>
<th>Medical / Psychological</th>
<th>Social</th>
<th>Economic</th>
<th>Total Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>9</td>
<td>53</td>
<td>51</td>
<td>20</td>
<td>184</td>
</tr>
</tbody>
</table>

Note. Each coded instance within a student response, from a total of 56 responses (n = 56), was counted separately.

Perceptions of Power and Image

Schneider and Ingram’s theory of social construction of target populations (1993; 2005) allows a visualization of how negative social image and weak political power place individuals with psychiatric disabilities at a disadvantage compared to other subgroups within disability rights movements and the broader population (Schneider & Ingram, 1993; Itkonen, 2009). In examining how students with mental health diagnoses experience social construction as defined by Schneider and Ingram, participants’ responses were coded for positive and negative framings
of image and power to explore how they experienced these axes within the campus community of University A during the COVID-19 Pandemic.

**Image.** Responses (n = 56) skewed toward a negative perception of image with regards to participants’ experiences as students with mental health conditions during virtual learning. Participants described themselves as struggling, stressed, and anxious, with the perception that others viewed them this way as well. Participant #3, in describing their mental health during virtual learning, expressed that “I felt like everyone was out to get me.” Participants described feeling disconnected from their classmates and instructors, with one participant stating, “Some professors seemed like they couldn't care less,” while another expressed, “I can think of only [one] professor that I felt really made me feel like a person and not just a number.”

**Power.** Responses (n = 56) with regards to perception of power also skewed toward weak, with participants consistently describing their experiences as passive recipients of poor treatment, framing themselves as helpless in the face of campus decision making during virtual learning and the COVID-19 Pandemic. Participants described themselves as unable to receive adequate assistance or support from campus services or instructors, with Participant #7 stating, “We had little to no direction” on assignments, and being unsure what services were even available to graduate level students. However, the responses were mixed as to whether specific services were accessed by participants, with many reporting not receiving enough information or not trusting that services available would be helpful enough to bother trying. Participants also expressed frustration with having to pay fees for campus services unavailable or severely limited by virtual-only services, or for having to pay fees as graduate students for services primarily aimed at undergraduates.

**Table 4.2**
Participants’ Social Construction (Power and Image) Frequencies

<table>
<thead>
<tr>
<th>Strong Power</th>
<th>Weak Power</th>
<th>Positive Image</th>
<th>Negative Image</th>
<th>Total Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>57</td>
<td>11</td>
<td>28</td>
<td>117</td>
</tr>
</tbody>
</table>

Note. Each coded instance within a student response, from a total of 56 responses (n = 56), was counted separately.

Triangulation

In order to fully address the research questions (RQs) posed by this study, I conducted several independent exploratory analyses, using logical reasoning and critical reading to compare the results of the above two coding scheme analyses and descriptive statistics within the framing of each question.

Utilization of Campus Services (RQ1)

Participants reported utilizing fewer campus services during the COVID-19 Pandemic than they had prior to the transition to virtual-only campus services. In addition, the services used, both before and during COVID-19, were primarily academic support services such as tutoring and writing services. Use of campus health or counseling services was limited, and no participants reported making use of the disability services office before or during COVID-19.

Perception of Impact of Campus Services (RQ 2)

Participants did not perceive the services they accessed to be of positive impact on their success as students, or on their mental health. Participants mainly perceived campus services as unhelpful or difficult to access, and perceived staff as unhelpful or uncaring, especially with regards to emotional wellbeing or mental health.

Reported Pandemic-Specific Stressors (RQ 3)
Participants reported many additional stressors experienced during the COVID-19 Pandemic, including the difficulties of navigating the distractions of learning at home, managing work and school online, increased work hours, financial worries, strained familial relationships, and struggles with both physical and mental health.

**Extent of Feeling Supported by Campus (RQ 4)**

Participants reported primarily positive experiences with instructors during virtual learning, with most expressing that their instructors were helpful and supportive, willing to adjust assignments and due-dates, and compassionate toward students during the COVID-19 Pandemic. Some participants went so far as to express that campus instructors should always be so conscientious of their students’ mental health, not just during a global crisis such as COVID-19. However, participants did not feel supported by campus staff, and felt disconnected from classmates and peers due to virtual-only services.

**Recommendations for Improved Campus Support (RQ 5)**

Participants recommended more communication and contact from campus instructors and services, expanded hours to allow access for working students, and targeted communication and services for graduate students in particular. Participants also requested reductions in student fees in order to alleviate financial burdens experienced during the COVID-19 Pandemic, or the opportunity to shift fees in order to allow students assistance with accessing services off-campus if those services are not available on-campus, such as mental health counseling services, which are limited due to demand and may be difficult to access on-campus.

**Conclusion**

In summary, this study asked students with psychiatric conditions about their use of campus services, stressors, and experiences managing their mental health before and during
virtual instructions. Overall, as discussed in this chapter, students reported poor support from campus services and disconnection from campus peers, difficulty balancing schoolwork with other life responsibilities, including management of their mental health conditions, and increased stress around academic performance. Instructor-student relationships were positive, but participants expressed a desire for more proactive contact from campus entities overall. Participants perceived their mental health conditions primarily through a medical/psychological lens, and responses indicated their experiences fall within the social construction quadrant of weak power and negative image.

The next and final chapter will discuss the meaning of the findings, make recommendations for institutions of higher education based on the results, discuss study limitations, and propose areas for future research.
Chapter 5: Discussion

In previous chapters, I described the characteristics of and unique risk factors facing postsecondary students with psychiatric disabilities and the need to further research the impact of the changes to postsecondary learning brought on by the COVID-19 Pandemic on this population (Chapter 1); I reviewed existing empirical literature on psychiatric disabilities among postsecondary students and established the conceptual framework I used to develop my study instrument and data analyses (Chapter 2); I described my mixed methods design and the development of the coding schemes I used to analyze the narrative responses I received from my participants (Chapter 3); and I detailed the results of my analyses and how I connected these results to a broader series of themes that serve to answer my research questions (Chapter 4).

In this chapter (Chapter 5), I will first discuss the significance of my findings by examining my results from the lens of social construction of psychiatric disability. I then proceed with recommendations for practice and policy within postsecondary institutions, the limitations of my study, and opportunities for future research on this topic.

The Construction of Psychiatric Disability

The concept of disability itself has long been fraught, with many different framings within both academic study and public discourse. Critical disability studies have made significant progress in moving the broader social conversation around disability away from the cultural notions that disability is a moral failing (Goodley, 2017). Though the medical model, wherein disability is an acute problem within the body, is still prevalent, other pedagogies are spreading throughout the field and beyond (Goodley, 2017). However, despite progress being made for the disability rights movement, mental illness remains stubbornly resistant to framing within other models of disability, such as the social barriers model or the minority model.
(Goodley, 2017). This is evident in the consistent approach of federal policy around mental illness, where available programs and funding streams are confined to the narrow focus of “access to treatment,” a notion strangely at odds with the Department of Justice’s commitment to enforcement of *Olmstead* noted above (Mathis, 2017).

Despite overall progress in disability awareness and changes in administrations, the conversation around mental illness at a political level remains one about health and not disability. The results of this study were consistent with this framing, as students expressed themselves primarily through a medical/psychological lens when discussing their experiences as students during the COVID-19 Pandemic. The medical model and the terminology of ‘mental illness’ gives the sometimes-false perception that a diagnosis is an acute illness rather than a lifelong impairment, which may explain the lack of connection with disability services by participants, who may not even view their conditions as disabilities. In addition, in perceiving their academic difficulties via their diagnoses and attributing said difficulties to a lack of mental healthcare and services, participants experienced a limited view of identity and struggle, one that narrows the responsibility for alleviating burdens and narrowing achievement gaps to only themselves and their mental healthcare professionals rather than the campus community at large. This reinforces the theory proposed by Gabel (2010) that postsecondary institutions operate on a compliance model of disability, and as a result, students experience only as much support as is mandated by state and federal law.

The postsecondary student participants also communicated feelings of weak political power and negative social image within the campus community via their responses, and ultimately, individuals with psychiatric disabilities in general sit at a unique crossroads, both broadly and within the disability advocacy community. Per Schneider and Ingram’s framework
on social construction of target populations, the choices and likely outcomes for different social groups depend on where they fall on the paired dimensions of image and political power. Individuals with disabilities maintain little institutional power, but straddle the image line, carrying either positive ("dependents") or negative ("deviants") social image depending on public perception of their conditions (see Figure 2.1) (Schneider & Ingram, 1993; 2005).

The continuing stigma attached to mental illness diagnoses result in poor social image and lack of institutional power, situating individuals with psychiatric disabilities squarely within the deviant quadrant. Politically, individuals with mental illnesses are weak, having little leverage with which to influence political and social change, and with continued use of negative stereotypes within media and negative framing even within medical arenas, the overall image of this group is a distinctly negative one. Indeed, individuals with chronic mental health challenges can find themselves framed as weak-willed, guilty of moral failing, or having brought their condition on themselves through their own poor choices (Schurich, 2002). This becomes crystal clear in the aftermath of active shooter incidents within the U.S., where, despite the statistics that individuals with mental illnesses are a population more at risk of violence being done to them than violence perpetrated by them, without fail the conversation shifts back to the ways in which the solution to the violence is controlling and containing individuals with mental illnesses (Preidt, 2021).

The framework on image and political power becomes relevant to understanding the experiences of students with psychiatric disabilities in postsecondary institutions when considering policy designs for college students. As research into non-academic factors impacting student retention and degree completion shows, the experience of connectivity to instructors and peers while studying at the postsecondary level can be incredibly impactful, and stigmatized
health conditions such as mental health diagnoses reduce social integration, which in turn negatively impacts academic achievement (Rosenbaum, 2018). The often paralyzing and isolating nature of most mental health diagnoses also impede individuals from developing a foundation for political identity in the same manner as other disability subgroups (Putnam, 2005).

**Policy and Practice Recommendations**

Through both empirical literature and legal precedent, there is justification for viewing psychiatric disability through the lens of political identity, allowing individuals with mental health diagnoses to collectively self-advocate for social and political change in the same way that other disability advocacy groups do. Furthermore, as long as postsecondary institutions maintain a compliance lens with regards to disability, any push from student organizations for more holistic support from campus services will be an uphill battle. Taking into consideration everything this study has gleaned from the experiences of students with mental health diagnoses during virtual learning, I make the following two recommendations to University A and postsecondary institutions more broadly.

**Changing How We Use Language and Identity**

Considering the high emphasis placed on the medical and compliance framings of disability in comparison with the minority model, it is clear that University A is not providing the framework for students with mental health diagnoses to self-identify and organize in support of their needs. This is noticeable in the organization of student support services on campus, where disability and counseling services are wholly separate, and no unique space for students with disabilities exists within the campus affinity group center. In addition, as noted anecdotally by this author, the language used for counseling service events and support groups focuses more
on building skillsets and alleviating acute symptomology. Mathis (2017) in particular argued that framing chronic mental health diagnoses as disabilities is vital to strengthening both the existing support network and political advocacy for individuals within this population.

No participants made use of the disability services office, and the majority indicated that they were unsure of their eligibility. This result makes clear that students with mental health diagnoses are not being supported as students with disabilities. The importance of naming diagnoses and using explicit language in the process of building a support framework has been established regarding other areas of disability, such as in the field of intellectual disability (ID) (Schalock & Luckasson, 2013). This is no less true for mental health diagnoses and psychiatric disability, and without acknowledging the chronic conditions students experience, postsecondary institutions cannot even begin to develop a full supportive framework with which to bolster students with mental health diagnoses’ academic success.

Postsecondary institutions should make space for students with disabilities, and students with mental health diagnoses more specifically, within the broader affinity group community, acknowledging them as a minority group with a shared political and social identity and giving them the tools to self-advocate in similar ways to LGBTQ+ students and students of color. In addition, the language used by campus services is important, and so long as they shy away from using diagnostic language and the term disability when planning for, engaging with, and supporting students, this population will not feel supported nor welcome.

**Bolstering Campus Connections**

Participant responses indicated enhanced feelings of isolation and disconnection from campus services during virtual learning and the COVID-19 Pandemic, with participants noting a lack of communication from campus entities, lack of responsiveness from campus staff, and an
overall lack of knowledge around service availability during virtual-only campus services. As Bolman and Deal (2017) note in their discussion on a human resource frame, human needs are relatively universal. Postsecondary students, those with and those without mental health diagnoses, need social connection in order to be successful academically, and access to campus services is vital whether learning is occurring primarily on campus or virtually. Expanding campus communications from campus services to students, such as enhancing web pages, make use of social media services, and providing info sessions and tables at campus events would increase student knowledge of available services and reinforce feelings of connectedness and inclusion for students at large. Increasing communication is essential from key support services such as campus counseling, disability services, and affinity group centers (Bolman & Deal, 2017).

In addition, targeted communications for students with mental health diagnoses is vital. As noted by participants, low motivation and social anxiety negatively impact students’ ability to be active participants in their relationship with their campus. McGregor’s (1960) Theory Y establishes that, when desiring the best outcomes from subordinates, or in this case, students, it is the job of leadership to create the best conditions for success. In applying Theory Y, it is clear that it falls on the institution to make services available and accessible and to eliminate any and all barriers to information in order to promote student success. Potential changes include expanding support services’ available hours and increased use of social media or texting as communication tools in order to increase availability for students with mental health diagnoses (McGregor, 1960; Bolman & Deal, 2017).

Study Limitations
There were several limitations with regards to the scope of and generalizability of this study. The first limitation was the small sample size. University A, a medium-sized institution, had roughly 11% of its student population registered with the campus disability services office at the time of participant recruitment, representing only a few hundred students, and while existing literature and the findings in this study suggest that many more students have mental health diagnoses than are registered with campus services, the total students who might have met selection criteria for the study still make up only a portion of the overall study body. Future research should consider distributing survey materials to multiple campuses to pull from a larger population of students. In addition, due to stigma, these students are unlikely to self-identify as students with mental health diagnoses in order to participate in a voluntary study with no incentives. Future research might find it useful to offer some form of incentive to reward participation to attract more participants from this population.

Furthermore, the available participants’ characteristics and experiences offered limited data on the topic. To begin with, students with mental health diagnoses more likely to self-select for participation would be those with enough ‘bandwidth’ to manage school and participation at the same time, or those who felt strongly enough about their experiences to respond. These students may be those best managing their diagnoses and may not be representative of the entire population of students with mental health diagnoses. Secondarily, a fully representative sample of students with mental health diagnoses who studied virtually during the COVID-19 Pandemic would include those students who disenrolled during or after the period of virtual-only instruction; this segment of the population was unavailable for recruitment, which occurred entirely through University A and would not reach former students no longer connected to the campus. This limitation is especially restraining, as percentages of disenrollment among students...
with mental health diagnoses would be invaluable in examining the impact on academic
persistence and success in this population.

Finally, due to the scope of the master’s thesis, this study was not able to make use of an
independent coder for inter-coder reliability (O’Neill et al., 2011). Future research would
presumably not be limited in scope or timeframe and would make use of independent coding.

**Future Research**

In order to verify and expand on the findings in this study, future research should
incorporate multiple campuses and expand the participant pool via advertising, longer
recruitment windows, and incentives. In addition, this author recommends future research in the
following areas.

**Demographic Variation**

Due to the small study sample, the current analysis was not able to consider demographic
variables such as ethnicity and gender with regards to how postsecondary students with mental
health diagnoses view their conditions and identity with regards to disability. This is of particular
interest considering the status of University A as a Hispanic-Serving Institution (HSI), with a
student population that is more than 50% Latinx. Future research should examine whether
students at an institution with a different ethnic makeup would more strongly identify as
individuals with psychiatric disabilities. In addition, in order to best understand the
circumstances leading to academic disenrollment, future research must find ways to follow up
with students with mental health diagnoses who have withdrawn from their education.

**The Long-Term Impact of the Pandemic on Campus Services**

In addition, as most campuses in the United States have returned to primarily face-to-face
instruction, the opportunity to examine the changes in campus services and student experiences
in a post-COVID-19 world would add vital insight into the long-term impact that virtual learning and the decreased mental well-being experienced during the Pandemic had on both postsecondary students and on campus procedures. Future research can compare current student experiences with experiences before and during the COVID-19 Pandemic period of virtual learning. Furthermore, campuses should engage in ongoing applied research on the extent to which services meet the needs of the student clientele. The long-term impacts of the Pandemic are only beginning to emerge, and chances are postsecondary students’ needs will continue to evolve as new groups of students who experienced the Pandemic at younger ages begin to enroll. Future research needs to empower campuses to develop applied research mechanisms that enable them to establish ongoing applied needs assessments that will also benefit the literature more broadly.

Comparison of Disability Versus Counseling Services

Like many campuses, University A operates two separate campus support service structures: a disability support services office and a counseling center. Future research should examine students as units of analysis with regards to the efficacy of this split service model and compare to alternative models of support for this vulnerable population. Another venue for research could focus on organizational levels and examine differentiation and lateral and vertical coordination (Bolman & Deal, 2017) on how to best design inclusive, effective, and all-encompassing systems of support.

Conclusion

Postsecondary students with mental health diagnoses are a population with a noticeable achievement gap in comparison with the general population of students in higher education. In addition, continued stigma around mental health diagnoses negatively impacts students’ ability to
connect with their peers and develop community around their diagnoses. With lower rates of academic persistence than students with disabilities more broadly, and growing percentages within higher education at large, it is vital for postsecondary institutions to develop targeted and campus-wide support structures to ensure success across all variables for students with mental health diagnoses.

Despite the growing need for new frameworks, postsecondary institutions, and students themselves, continue to operate under the compliance model of disability, focusing only on what is legally mandated to accommodate academic success without creating community or opportunity for political organization. In addition, mental health diagnoses in particular are isolated from the broader population of students with disabilities, and support for them is limited to a medical model, with services oriented around short-term counseling and access to medication, viewing mental health diagnoses primarily as acute conditions rather than disabilities.

The results of this study indicate that postsecondary students with mental health diagnoses do not feel supported by campus services or connected to the broader campus community, and that these experiences were exacerbated by the abrupt transition to virtual learning and virtual-only services brought on by the COVID-19 Pandemic. Students described extremely negative experiences, isolation, decreased mental well-being, and poorer academic performance during virtual learning than in previous face-to-face semesters, and expressed dissatisfaction with the communication from and availability of campus services during virtual-only operations. Considering the achievement gap experienced by this population and the high risk of poor performance or academic discontinuation, it is vital that postsecondary institutions do more to support students with mental health diagnoses in the post-COVID-19 world.
Providing opportunities for students with mental health diagnoses to form community and political identity around disability is integral to addressing the increasing numbers of students with chronic conditions studying at the postsecondary level. Ensuring that campus services acknowledge and support students from a disability as minority group lens is the first step to best ensuring academic persistence and success. Recommendations based on this study’s findings include enhancing targeted campus communications and services for students with mental health diagnoses, and explicitly naming their conditions and framing support as part of the disability services support umbrella, as well as providing spaces for students with disabilities more broadly to organize and build networks for themselves for support and political advocacy. Future research should expand on these findings by including multiple campuses, increasing participant pools, and examining the impact of ethnicity and gender on how postsecondary students in this population experience political identity around disability.
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Appendices

Appendix A

Survey Instrument

Note: The text below has had terminology referencing specific departments or services at University A changed from the original instrument distributed to participants to maintain the anonymity of the setting institution. Replaced text is denoted with [brackets].

This first set of questions will ask you about your mental health concerns, any disabilities, and your eligibility for [disability services].

Q1.1 Do you have a mental health or psychiatric diagnosis?

- Yes
- I don’t have a diagnosis, but I feel like I would qualify for one
- No

Q1.2 Which of the following diagnoses apply to you (check all that apply):

- Depression
- Dysthymia
- Bipolar Disorder
- Anxiety Disorder
- Panic Disorder
- PTSD
- Other Mood Disorders
• Obsessive-Compulsive Disorder
• Schizophrenia
• Other ________

Q1.3 Do you qualify for services from [Disability Services Office]

• Yes
• I'm not sure if I qualify
• No

Q1.4 If yes, is it for the diagnosis (or diagnoses) indicated above, or for another condition or disability?

• Yes, I qualify for [disability] services for my above noted diagnosis (or diagnoses)
• No, I qualify for [disability] services for a different condition / disability
• I qualify for [disability] services for both my above noted diagnosis (or diagnoses) and an additional condition / disability
• Not Applicable

The next questions ask you to think about your academic level and progress and the campus services you may have used before AND during virtual learning.

Q2.1 Please indicate what level of schooling you were completing before AND during virtual learning (if more than one, check all that apply):

• undergraduate degree
• post-baccalaureate study / certificate
• graduate degree / certificate

Q2.2 When attending school on campus before virtual learning, did you experience any of the following (check all that apply):
• Withdrew from one (1) or more class(es) after Week 3 of the semester and received a W for a grade in the class(es)
• Withdrew from school completely (term withdrawal) for a semester with intent to return next semester
• Withdrew from school completely (term withdrawal) without intent to return
• Failed a class (received a D or F grade)
• Received an incomplete (I) grade
• Was placed on academic probation
• None of the Above

Q2.3 During virtual learning, did you experience any of the following (check all that apply):
• Withdrew from one (1) or more class(es) after Week 3 of the semester and received a W for a grade in the class(es)
• Withdrew from school completely (term withdrawal) for a semester with intent to return next semester
• Withdrew from school completely (term withdrawal) without intent to return
• Failed a class (received a D or F grade)
• Received an incomplete (I) grade
• Was placed on academic probation
• None of the Above

Q2.4 How did your GPA during virtual learning compare to on campus learning (before the
Pandemic)?

• It went up a lot
• It went up a little
• It stayed the same
• It went down a little
• It went down a lot

Q2.5 What campus resources did you make use of before virtual learning? (check all that apply)?

• [Disability Services Office]
• [Counseling Services]
• [Basic Needs Services]
• [Writing Center]
• [Tutoring Services]
• STEM Center
• Academic Advising
• Veterans Affairs
• Student Health Center
• [Student Success Program]
• [Affinity Group Center]
• Other (please specify) __________
• None of the Above

Q2.6 How helpful were these services to you?
• Very Helpful
• Somewhat Helpful
• No Impact
• Somewhat Unhelpful
• Very Unhelpful
• Not Applicable (didn't use)

Q2.7 What campus resources did you make use of during virtual learning (check all that apply)?
• [Disability Services Office]
• [Counseling Services]
• [Basic Needs Services]
• [Writing Center]
• [Tutoring Services]
• STEM Center
• Academic Advising
• Veterans Affairs
• Student Health Center
• [Student Success Program]
• [Affinity Group Center]
Q2.8 How helpful were these services to you?

- Very Helpful
- Somewhat Helpful
- No Impact
- Somewhat Unhelpful
- Very Unhelpful
- Not Applicable (didn't use)

I would next like to learn more about your experiences in your own words. Please describe in as much detail as you recall.

Q3.1 How would you describe the overall experience of virtual learning during the COVID-19 Pandemic?

Q3.2 What was stressful to you during virtual learning and the COVID-19 Pandemic compared to previous years? Think of everything - school, work, family, your social network - anything that you feel relevant.

Q3.3 Did you feel like these sources of stress made it harder for you to succeed in school than before the Pandemic? If so, describe your experience:
Q3.4 How would you describe the support you received from campus services during virtual learning? Please also think about how you would compare this experience to support you received during previous semesters when receiving services on campus.

Q3.5 If you were not satisfied with the support from campus services, what could the university have done better to support you?

Q3.6 How would you describe the support you received from your professors during virtual learning? Please also think about how you would compare this experience to support you received during previous semesters when attending classes on campus.

Q3.7 If you were not satisfied with the support from your professors, what could they have done better to support you?

Q3.8 Is there something this survey has not asked that is important for me to understand about your experience during the Pandemic and virtual learning at [University A]?