Preventing Students From Falling in the Cracks: Flexibility Needed to Reach Diverse Learners

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The Problem

❖ Higher education cannot ignore the mental health of students

"Individuals are now more likely to report symptoms of common mental disorders than they have in past decades"(Baxter). Colleges in the U.S. have reported more students with mental health disabilities. University students may experience higher rates of depression compared to the general population.

❖ Stigma and trivialization matter

People with mental disorders can face trivialization of their experiences, as well as negative judgment and discrimination.

❖ Students may not ask for help

Many students experience disabilities and mental health problems and do not report these. Disclosure can be uncomfortable and they worry about stigma. Some students do not feel faculty will care about their needs.

❖ Students may experience problems below the threshold for diagnosis

Students can face difficulties in functioning but not reach a threshold where they would receive a recognizable diagnosis and formal disability accommodations on campus.

❖ Students with disabilities face difficulties

These difficulties include losing study time (for example due to depression) and having trouble concentrating. They may spend more time on assignments and have to work harder than other students to manage. They report greater dissatisfaction and graduate at lower rates than peers without disabilities.

A Common Approach

Higher education commonly assumes a framework where having a disability or mental impairment is outside of the norm. When students experience such, they can request help in the form of accommodations.

However, many students do not self-disclose. Further, how should we define "normal"?

A Different Approach

"Everyone is normal, and everyone has a disability" (Almog, quoting a student who is legally blind).

❖ Many people face a mental illness at some point in their life, and many more experience problems that impact their lives but would not reach the level of a diagnosis.

❖ Studies have found that continuum beliefs, or the perspective that what people with mental disorders are going through is similar to what others face, except for how pronounced it is, may increase social acceptance and foster more positive emotional reactions.

❖ Pushes for "universal" and "inclusive" design in environments have been made, as well as cultures of care.

❖ Applied to learning, classrooms are designed to reach learners, whether they self-identify as having a problem or not.

How Does This Work in Practice

❖ Online

"The online environment provided a shield to defy stigmatization and stereotypes, manage disability needs, and gain greater control over the learning process" (Verdinelli).

Online environments help some diverse learners access higher education and manage their time and abilities in a way that may reduce stigma. Online environments can provide added flexibility such as allowing learners to review course materials at a slower pace or multiple times. However, we must beware of digital divides, as well as creating environments that are too structured, and potential student isolation.

❖ Flexibility in instructional delivery and assessment (a few examples)

➢ Incorporating drop grades allows students to have a mentally challenging day and miss an assignment without notifying anyone.

➢ Traditional instructional lectures can challenge students with varying abilities to focus; therefore, provide instruction in diverse formats, for instance incorporating activities. Perhaps allow students to design their own papers or projects.

➢ Providing instruction in diverse formats, as well as assessing students through multiple formats can hone their skills and minimize alienation, for instance allowing students to record presentations in advance, offering essay exams for those who do not do well on multiple choice exams, or developing shorter modules so penalties are reduced for students who have a flare-up.

➢ Allowing students to rework assignments at home has been shown to minimize their anxiety.

❖ Community

"We need to rediscover community as the very best medicine for many of our ills, including the sadness of depression" (Karp).

Learners can become isolated. Help students connect and discover common experiences, for instance through low-stakes assignments, optional synchronous learning sessions, or small group activities. Include examples and pictures exemplifying concepts that represent diverse learners (e.g. in terms of race, sex, age, physical ability). Have students discuss tips and strategies for learning with each other. Provide regular feedback to all students and encourage office visits. Familiarize yourself with institutional resources (such as mental health counseling on campus) and communicate these to students.
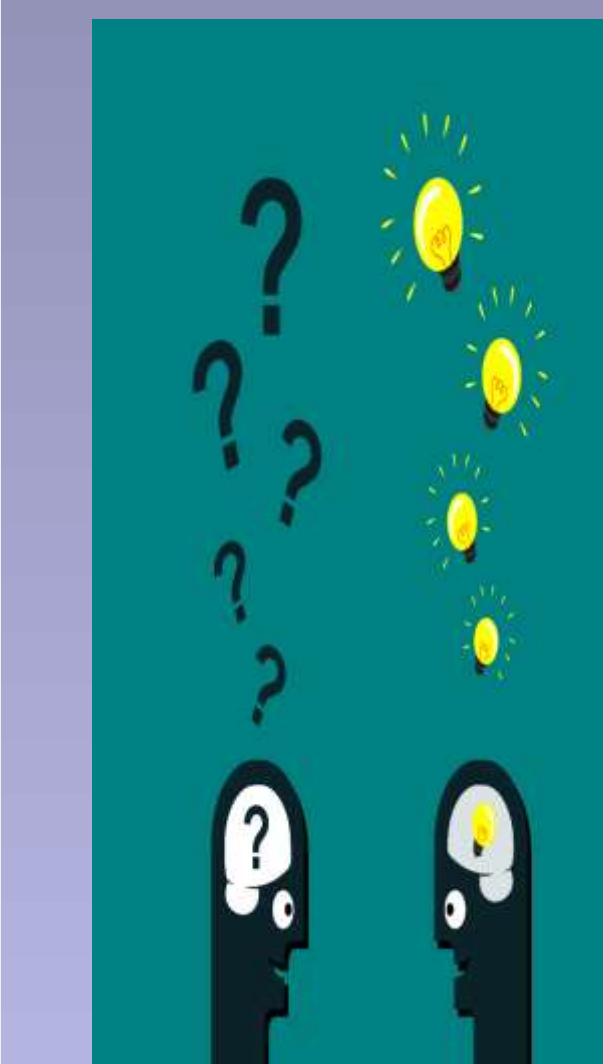
❖ Larger Changes

With institutional support, larger initiatives can be developed, such as those that integrate care and counseling resources within curriculum. Further, institutions with online programs should provide resources and support just as they do for face-to-face students (e.g. counseling services, writing centers, career services).