Promoting Supportive Academic Environments for Faculty with Mental Illnesses

Resource Guide and Suggestions for Practice

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January 2017

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The authors are available for consultation and trainings, on a limited basis. Please feel free to contact us for further information.

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Introduction and background

Purpose of document

This guide focuses on ways to make college and university campuses more accessible for faculty with mental disabilities.[1] It offers concrete suggestions for creating a "culture of access"—that is, a culture that considers disability a source of knowledge and diversity, and that encourages collective accountability and cooperative action (Brewer, Selfe, and Yergeau, 2014). Many of the recommendations in this guide are informed by a survey, completed by the lead authors, that investigated the experiences of faculty with mental disabilities. The survey (hereafter referenced as "Survey") was completed by 323 self-identified faculty with mental-health histories; its findings led directly to the recommendations proposed here.

We, the authors, do not view disability as a problem that needs to be "fixed"; rather, efforts to improve campus climate should be directed primarily toward *environments* and *attitudes* rather than toward individual people. Most importantly, we advocate going beyond the notion of passively "supporting" mental health through compartmentalized campus counseling and wellness services. Instead, we encourage all members of the campus community, especially those in leadership positions, to foster access actively in all sectors of faculty life. "Access" means clear and effective policies *for* inclusivity, and *against* stigma and harassment; supportive structures for hiring, performance review, and promotion; a proactive, centrally located infrastructure for accommodation; and more that you will find in this guide.

Three primary concerns about lack of mental-health access

1. The pressures of academic work that affect the mental health of many faculty workers create a tense environment in which many are unable to live up to their potential, lowering overall campus productivity.

2. A campus culture that stigmatizes or simply ignores mental disability tends to encourage silence and non-disclosure, which further exacerbates other problems surrounding these disabilities.

3. Students may interpret silence around the issue of mental disability among faculty and other students as a reason not to seek help for their own mental distress. This creates a loop of stigma, distress, and less effective work for all members of the university community.

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[1] The general term used in this document is "mental disabilities," which denotes conditions including depression, anxiety, mood disorders, personality disorders, autism, and other illnesses or disabilities affecting mental function. For the purpose of everyday workplace practices, it is not usually necessary to draw a sharp line between specific diagnoses (see Price, 2010, 2011). Moreover, not everyone with a mental-health condition identifies as disabled. This document will be equally useful whether or not faculty members adhere to the specific terminology used here. The issue of language is addressed in more detail in section 2, "Promoting inclusive language."

The ideas and practices we propose align with the Temple University Collaborative on Community Inclusion's larger focus on competitive employment as a core component of participation in community life. We hold that competitive employment in any setting, including academic settings, is best achieved when it is considered the responsibility not of a few individuals—specialists and people with mental disabilities themselves—but of the community as a whole.

Why this issue must be addressed proactively

The level of distress experienced by faculty with mental disabilities is significant, and by their own reports, it affects their abilities to perform their jobs well. For example, in 2015, Dr. Peter Railton gave a celebrated lecture to the American Philosophical Association in which he revealed he has depression and, before his speech, had hidden it for decades: "I couldn't say it. I couldn't say, 'Look, I'm dying inside. I need help.'" Dr. Railton went on to detail the internal questions that accompanied his fears about disclosing mental disability: "*Would people think less of me? Would I seem to be tainted, reduced in their eyes, someone with an inner failing whom no one would want to hire or with whom no one would want to marry or have children? Would even friends start tip-toeing around my psyche? Would colleagues trust me with responsibility? I'm now established in my career, so some of these questions have lost some of their bite for me. But not all of them*" (Weinberg, 2015).

> In keeping with principles of universal design, we encourage campus leaders to avoid thinking about disabled faculty as "special cases," and instead to think of disability as a means to creating a campus that is more accessible for all its members.

Respondents to our survey of faculty with mental-health histories described various reasons for choosing not to disclose their disabilities, many of which reflect the culture of fear and stigma surrounding mental disability that tends to prevail in higher education:

- "FEAR of losing [a]ll credibility. When my child was younger, fear of losing custody."
- "I have seen a colleague with a serious mental-health issue subjected to constant gossip, originating with administrators, and I believe such would seriously damage my ability to work."
- "Because academic work requires a very sharp, functioning mind, I've been terrified that revealing my mental health problems would cause others to respect me even less than they already do."
- "I am exhausted and overworked which doubles the difficulty in hiding symptoms. If I exhibit any sign of weakness, other "arts professionals" in my community say that I'm "unprofessional". Exhibiting signs of mental illness is generally considered unprofessional and is dangerous to my career, I think.
- "I'm very worried I won't be seen as capable of doing the job if I disclose that I've suffered from major depressive episodes in the PAST." ("Survey")

Distress resulting from unwelcoming work environments has serious consequences. While attrition and unemployment among faculty with mental disabilities have not been measured on a wide scale, the following facts and statistics suggest that these rates are likely to be high. This means that colleges/universities have fewer skilled employees available to recruit. In short, in addition to being unjust, lack of access gets in the way of campus productivity.

- According to the National Science Foundation, scientists and engineers are more likely to be unemployed if they are disabled. The 2013 employment rate for non-disabled scientists and engineers (both full- and part-time) was a little over 83%, as opposed to 63% for disabled scientists and engineers.
- Non-disabled scientists and engineers are more likely to be employed at 4-year colleges/universities and medical schools than are their disabled counterparts.
- The overall unemployment rate among people with mental illness in the U.S. is well above average. Among those who receive public mental-health benefits, the figure is about 80 percent (NAMI). Among the general population, it is 4-5% over 2016.
- All faculty members are under significant psychological stress at work and at risk of developing mental-health issues (Kinman, 2001; Catano et al., 2010; Lackritz, 2004).

How to use this document

In the sections that follow, we make recommendations in five categories:

1. Developing a culture of access
2. Promoting inclusive language
3. Managing accommodations
4. Recruitment, hiring and sustaining employment
5. Reconnecting after a leave

These recommendations are not meant to be followed sequentially, nor are they presented as a checklist that will allow campus leaders to "complete" the project of access and move on. Rather, they are presented for the reader's consideration and ongoing engagement. We encourage readers to browse among the suggestions provided here, consider what recommendations make the most sense for your particular campus environment, and in general to consider access an ongoing practice rather than a single task to be accomplished.

We encourage readers to note that the suggested practices, which center upon general principles such as transparency and responsiveness, are likely to be beneficial for all faculty, not just those with mental disabilities. In keeping with principles of universal design, we encourage campus leaders to avoid thinking about disabled faculty as "special cases," and instead to think of disability as a means to creating a campus that is more accessible for all its members.

Training for campus leaders is an effective way to mobilize and reinforce the information in this document. We invite readers to read the information on page 10 about the Temple University Collaborative and to request on-campus trainings as appropriate. Trainings on specific topics

(e.g. accommodation; language; interviewing/hiring), as well as general trainings on mental health and inclusivity, are available.

Developing a culture of access

Discussion

Although some employers admit to discriminatory attitudes toward those with mental disabilities—for example, the assumption that such employees are "dangerous, lazy and cannot pull their weight" (Shankar et al., 2014, p. 7)—a more common barrier is simply lack of knowledge. Tanya Titchkosky (2011) argues that disabled faculty are "unexpected types" in university culture: that is, the culture is not set up to expect them, and so they must individually figure out how to negotiate their access needs. This feeling of being "unexpected" may be exacerbated for faculty with mental disabilities, who may observe other kinds of disabilities being acknowledged or accommodated, but who may feel that their own disabilities and needs remain "invisible." Correspondingly, those responsible for shaping the environment may feel somewhat stymied by the question of how to improve access for those with mental disability.

While individual accommodations are helpful, and will be addressed in a later section, they are not the only thing needed. Institutions must develop a "culture of access," that is, an environment that thinks collaboratively rather than prescriptively; that does not oversimplify variations across contexts; and that explicitly values "a culture of participation and redesign" (Brewer, Selfe & Yergeau, p. 153). The steps outlined below—for example, the formation of action committees and development of flexible campus-wide policies are critical steps in the creation of such a culture.

> A powerful move in creating a welcoming climate for faculty with mental disabilities is simply to indicate, through policy and everyday practice, that they are *expected*.

A useful distinction to bear in mind is the difference between *accommodation* and *access*.

- An *accommodation* is a change made to an inaccessible environment for the benefit of one individual. Accommodations are important because many faculty members have needs that are specific to their situation and which may not require large-scale environmental or cultural change. However, arranging accommodations on a case-by-case basis may also mean that the "problem" is seen as an individual one, so that the inaccessible environment does not change, or at best, is only "retrofitted." (On retrofit, see Dolmage, 2008, 2009; Yergeau et al., 2013.)
- *Access* focuses on environments rather than individuals (Michalko); this is the driving impulse behind Universal Design, which emphasizes changing environments rather than individuals (see Dolmage, 2008; Glass, Meyer & Rose, 2013; Hamraie 2013). Thinking in terms of broader-based access rather than individual accommodations can help

decrease the amount of time that must be spent discussing specific disabilities, impairments, barriers, and attempts to "fix" those issues. For example, if all employees are offered the opportunity to give input into their schedules, fewer individual accommodations for scheduling will need to be negotiated.

Recommendations

A powerful move in creating a welcoming climate for faculty with mental disabilities is simply to indicate, through policy and everyday practice, that they are *expected*. We recommend the following ways to build this sense of expectation:

1. Form a Campus Advisory Committee on Mental Health charged with creating a set of locally specific guidelines for making the campus more welcoming and effective in its supports. This committee should include faculty, staff, and students; representatives from the Office of Disability Services; key administrators; and community members with expertise in mental health (for example, from a local community mental-health association). Ideally, as many members of the board as possible will have direct experience with mental health issues (either their own, or through friends, family, or colleagues). Among the activities this committee should undertake are the following:
   a. Developing a campus mission statement that articulates a commitment to faculty with mental disabilities. The Bazelon Center offers an example (on behalf of students) that states, "Our college/university will:
      i. "Acknowledge but not stigmatize mental health issues;
      ii. "Ensure that personal information is kept confidential, and that the means of record-keeping is transparent;
      iii. "Ensure faculty can perform their jobs as needed by making reasonable accommodations in close consultation with the faculty member;
      iv. "Encourage faculty to seek help or treatment that they may need;
      v. "Refrain from discrimination against faculty with mental-health disabilities, including punitive actions toward those in crisis."
   b. Developing a campus-wide policy that articulates how issues surrounding mental health will be addressed, for all employees. Typically, schools already have such policies for students, but if not, such a policy is needed for students as well. This policy should include guarantors and procedures for maintaining confidentiality in any situation where an individual's mental health is addressed.
   c. Reviewing existing campus policies to ensure the following:
      i. That mental health is named as a priority in all policies that address health and/or disability. A model can be found in the Conference on College Composition and Communication's policy on disability, which states, "CCCC recognizes that students, staff and faculty on college campuses include people with a wide range of visible and invisible disabilities—cognitive, learning, emotional, psychological, and physical."

     ii. That the following important areas are taken into account:
1. Accommodations (see section 3).
2. Recruitment and hiring (see section 4).
3. Leave, return, and dismissal (see section 5).

2. When planning and managing activities that relate to faculty welfare, indicate that mental disabilities are an expected and important area for faculty support. Examples of events at which this could take place include the following:
   a. Orientation
   b. Informational meetings for new faculty
   c. Trainings for current faculty
   d. Health-care information sessions

3. Ensure that your school's health-care plan provides strong support for mental-health care. Mental-health care should not be more limited, more expensive, or harder to establish than physical health care. Human Resources offices and/or other campus units in charge of monitoring health care should regularly solicit feedback on how well the system is working for its users. Because of the stigma attached to mental disabilities, users of the system should have an easy way to submit anonymous feedback.

4. Regularly open spaces for dialogue, and solicit feedback about, policies and practices that affect faculty members' mental health. For example, when soliciting faculty feedback about issues such as health care, shared governance, workloads, or student needs, include considerations of mental health in those dialogues. Always ensure that this information can remain confidential, or that feedback is collected anonymously.

5. Include measures of mental health, and access to mental-health support, in assessments of campus effectiveness. Campus leaders should collaborate with the Office of Disability Services, and/or work with local mental-health state, county, or city departments for assistance in finding, using, and analyzing such measures. The Temple University Collaborative on Community Inclusion is available to consult on this process if needed (visit their website, www.tucollaborative.org, or email tucollab@temple.edu for more information).

General assertions of being "welcoming" or "inclusive" only go so far. At times, they may even paradoxically work against more specific and potentially complicated forms of inclusion; as Sara Ahmed points out, "To be welcomed is to be positioned as the one who is not at home" (2012, p. 43; see also Titchkosky, 2011). In order to be sustainable, access and allyship must be practiced on an everyday basis, through the kinds of moves described here, and through deliberately fostered dialogues (Del Hierro, Levy & Price, 2016; Dolmage, 2008; Long, 2016).

Promoting inclusive language

Discussion

Context is an important aspect of the language that disabled people use and prefer. For example, diagnostic labels may be needed in order to set up legal accommodations. However, a faculty member who uses diagnostic labels when speaking with her university's ADA Coordinator may prefer a different term in her everyday life. Professors may be curious about students' diagnoses, and supervisors may be curious about employees' diagnoses. However, knowing a person's diagnosis does not lead to enhanced knowledge about their access and accommodation needs (see Lewiecki-Wilson, Dolmage, Heilker & Jurecic, 2008).

People with mental-health diagnoses do not all use the same language to refer to themselves or their mental-health conditions. For example, some people will identify *with* a disability or diagnosis (as in, "I have bipolar disorder") whereas others will identify *as* something (as in, "I am bipolar"). In some cases, the same person will use these two kinds of constructions interchangeably, or in different contexts. (On "person-first" and "identity-first" language, see Liebowitz, 2015.)

> Ableism is not a list of bad words. Language is *one* tool of an oppressive system.
>
> — Lydia Brown

Derogatory language such as *psycho* or *nuts* is never acceptable, whether or not it's applied to a specific person. It is also problematic to use language that uses mental disability to refer negatively to a situation or thing—for example, saying "That paper was so schizophrenic" or "My workload is insane." While some people use terms such as "crazy" as an act of resistance and reclamation (analogous in some ways to the reclaiming of terms such as "dyke" or "queer"), that does not mean such terms are appropriate for everyone to use.

No "one size fits all" solution can be offered for language use around mental disabilities. With that said, however, we can offer some general guidelines to consider, and resources for further consideration.

Recommendations

When possible, ask about individual preferences. If you don't know someone's preferred language, asking respectfully may be helpful. Ways to phrase such requests might be:

1. "I've heard you talk about your depression before, but I'm not sure what you'd prefer I call it. What language should I use?"

2. "I noticed in your article that you said you are autistic. Is it all right if I refer to you as autistic if we're talking about a related issue? What about if we're talking with someone else?"

3. As the above examples imply, questions about an employee's or colleague's diagnosis are usually not relevant unless they are embedded in some context. Asking about another person's preferred language should generally arise out of a situation in which you have already been discussing their disability with them, or reading something they wrote that discusses it.

   For example, if you wish to be supportive of a colleague who has stated they can't tolerate fluorescent lights, you might say something like, "Oh, I remember you can't work under fluorescent light. Do you want to see if we can move to another room? Would it work if we turned the lights off? How do you want to proceed?"

Remember that diagnoses are not determinative.

1. Although it is common to assume to that there are prevailing personality traits and learning preferences among people who share particular diagnoses, that commonality is mostly mythical, often promulgated by popular media images. Sharing a diagnostic label does not mean two different people will have similar strengths and weaknesses. The best way to learn someone's work style and possible access needs is to discuss these things with them directly in the context of a specific work situation.

2. Never assume that a particular diagnosis—for example, depression, PTSD, or autism— carries the likelihood that a person will perform well or poorly at work. Work styles and productivity among mentally disabled faculty vary tremendously, just as they do among nondisabled faculty.

Monitor and address use of derogatory language.

1. Include mental disability in any campus policies on language. Include examples of derogatory language (such as *psycho* or *nuts*), as well as encouragement to ask directly about what language is preferred. State explicitly that language derogating mental disability is as unacceptable as racist, misogynist, or any other discriminatory language.

2. Include mental disabilities as specific concerns in campus trainings and materials focused on issues of harassment or bullying.
   a. The Active Minds pledge, which includes "Pledge to speak out against stigma and discrimination towards mental illness" may be a useful tool for trainings that include attention to language.

3. Team with other campus units that may have policies on language use, including centers for minority studies, the LGBTQA resource office, and the disability-services office. Consider creating a unified campus policy on language.

4. Support professors in finding appropriate language for their syllabi.

5. For example, in ["Suggested Practices for Syllabus Accessibility Statements,"](#) Tara Wood and Shannon Madden (2013) suggest that professors frame their syllabus disability statements in terms of supporting student success as a collaborative endeavor. The inclusive language suggested by Wood and Madden avoids identifying specific kinds of disabilities, emphasizing instead all students' needs for learning and success.

    a. One syllabus statement quoted by Wood and Madden (2013) is Cynthia Lewiecki-Wilson's, which states in part: "In the spirit of Universal Design for Learning, I will strive to provide an environment that is equitable and conducive to achievement and learning for all students. I ask that we all be respectful of diverse opinions and of all class members, regardless of personal attribute" (n.p.).

    b. Avoid perpetuating myths or stereotypes about mental disability.

        i. A common myth is that people with mental disability are more likely to be violent. In fact, rates of violence between people with and without more common mental illnesses (such as anxiety disorders) are about the same, and people with serious mental illnesses are more likely to be the victims of violence than the general population (Choe, Teplin & Abram, 2008; Brekke et al., 2001). It is crucial to be aware of this myth, because its presence affects how employees with mental disabilities are treated in the workplace, and even how legal decisions about them are made (Laden & Schwartz, 2003).

        ii. A common myth about autistic people is that they lack empathy and hence, cannot form strong social relationships. These stereotypes have been challenged in many writings by autistics; see for example Yergeau, 2013.

    c. Offer further resources on language.

        i. Rachel Cohen-Rottenberg's (2016) [article on ableist language](#) explains why derogatory language is not simply a matter of "offending" an individual, but has a larger effect: "For me, it is not a question of personal offense, but of political and social impact. If you routinely use disability slurs, you are adding to a narrative that says that disabled people are wrong, broken, dangerous, pitiful, and tragic. That does not serve us."

        ii. Lydia Brown's (2016) [blog "Autistic Hoya"](#) states, "Ableism is not a list of bad words. Language is *one* tool of an oppressive system." With this caveat, Brown offers a "List of Words and Terms to Avoid."

Managing accommodations

Discussion

Because mental disabilities are not generally well-understood, it can be challenging to imagine the ways that faculty members' needs might be accommodated within the workplace. There is no set recipe for determining accommodations, because the ways that mental disability affects faculty members' work experiences varies widely depending on a number of factors, including

physical environments, the predictability or unpredictability of mental health experiences, and access to various supports. The most important step in determining appropriate accommodations is to engage in dialogue with faculty members themselves.

According to the survey conducted by this guide's lead authors, the most important accommodations identified by faculty with mental disabilities involve their *time* and the *spaces* in which they work. The survey provided a list of twelve possible accommodations (drawing on Salzer, 2012) and asked respondents which ones they received. It also asked, of those faculty who did not receive particular accommodations, how helpful they imagined those accommodations would be. The table below shows these results, along with the total number of participants responding to each question.

> Administrators, faculty and staff at all levels should consider ways that policies and practices can be shaped to *expect*, rather than only *react to*, emergent situations

As the table shows, respondents identified a wide range of possible accommodations as potentially very useful. Most of these accommodations are not particularly complex to put in place. For example, for the accommodation "Extended time to complete work," of the 25 respondents who received the accommodation, 18 (or 72%) found it "very" or "extremely" helpful. For the accommodation "Availability of quiet space," of the 20 respondents who received this accommodation, 14 (or 70%) found it "very" or "extremely" helpful. Other accommodations—such as receiving a modified but not reduced teaching schedule, or having the proportion but not total load of responsibilities adjusted—were similarly highly rated.

Use and Perceived Helpfulness of Modifications

Variable	Received modification			Modification was very or extremely helpful			Modification would be very or extremely helpful		
	Total answers	Yes answer	Percent (yes)	Total answers	Yes answer	Percent (yes)	Total answers	Yes answer	Percent (yes)
Extended time to complete work	200	25	12.5	25	18	72	175	45	25.7
Extended advance notice of work assignments	196	9	4.6	9	6	66.7	187	46	24.6
Adjusted proportion of responsibilities	201	11	5.5	11	7	63.6	190	59	31.1

Variable	Received modification			Modification was very or extremely helpful			Modification would be very or extremely helpful		
	Total answers	Yes answer	Percent (yes)	Total answers	Yes answer	Percent (yes)	Total answers	Yes answer	Percent (yes)
Extended time to complete work	200	25	12.5	25	18	72	175	45	25.7
Modified but not reduced teaching schedule	198	11	5.6	11	7	63.6	187	47	25.1
Change of modality for work-related events	194	6	3.1	6	1	16.7	188	40	21.3
Alternative or additional modes of processing information	196	7	3.6	7	4	57.1	189	7	3.7
Alternative or additional work equipment	195	12	6.2	12	7	58.3	183	8	4.4
Memory cues	195	8	4.1	8	3	37.5	187	28	15
Availability of quiet space	199	20	10.1	20	14	70	179	74	41.3
Natural or incandescent lighting	198	12	6	12	6	50	186	65	34.9
Virtual attendance	195	12	6.2	12	4	33.3	183	47	25.7
Additional mentoring or feedback sessions	198	12	6	12	7	58.3	186	51	27.4

An accessible environment does more than simply make accommodations available. Those accommodations must be *easily found* as well. Analysis of the survey indicated that almost half

of respondents (44.9%, N = 120) reported that they were "not familiar at all" with accommodations that might be available to them, with almost a quarter (24.3%, N = 65) reporting that they were "slightly familiar." Only 7.1% (N = 19) reported being "extremely familiar" with accommodations they were entitled to ("Survey"). In other words, accommodations for mental disabilities are both *hard to imagine* and *hard to locate*. With this in mind, we offer the following recommendations.

Recommendations

1. Chairs and directors should identify mental-health accommodations as a priority for their departments or units.
   a. Acknowledge that faculty jobs are highly stressful; do not reward those who are best at "sucking it up," but rather, indicate that you have thought about proactive forms of support, such as the "crisis sheets" described below.
   b. Regularly note ways that faculty could support their own mental health—for example, by following up on university initiatives or opportunities.
   c. Do not trivialize accommodations for mental disabilities. Sometimes mentally disabled faculty members' accommodation needs are dismissed as mere preferences, or as desirable but not necessary. Remember that accommodations are necessary elements of the workplace that make it possible for a faculty member to work.

2. Neither upper-level administrators nor chairs/directors should require faculty members to arrange accommodations with the same person who makes salary, scheduling, evaluation, or promotion decisions about their work.
   a. Ensure there is a central office or system to arrange faculty accommodations, so that faculty do not have to negotiate disability issues with their chair, dean, or provost.
   b. Ensure that accommodations are funded centrally, so that a faculty member's accommodation needs are not charged to their department or program. Access is an institutional responsibility, not a departmental or programmatic responsibility. Involving departments or programs in paying for faculty members' accommodations leads to discriminatory outcomes such as avoiding hiring disabled personnel, and/or resentment from colleagues or supervisors.
   c. Ensure that all accommodation requests and negotiations can be carried out confidentially. Contact information for the central office/person who handles faculty accommodation should be easily findable via every department's or program's web page, so that faculty seeking accommodations do not have to "ask around," which may involve making unwanted disclosures. In addition, this information should be included in all orientations and relevant faculty trainings (see section 1, "Developing a culture of access").

3. Administrators, faculty and staff at all levels should use universal-design approaches (that is, adjustments aimed at everyone, not just a few individuals).

a. Unless time is of the essence for a particular work task, consider making the deadline more flexible. Ask: "What does this deadline mean, or what is it making possible?" Sometimes deadlines will be firm for important reasons; at other times, they could be adjusted without harm to the project in question. Reflect on the meaning and function of deadlines set by your department or division.

b. Provide documents and materials in multiple modes. For example, offer faculty the choice to express preferences for teaching schedules by filling out a form *or* holding a conversation with the scheduler.

c. Ask about others' preferences in terms of communication and meeting style. Do not assume others' preferred communication modes (e.g. face-to-face; telephone; email) are the same as yours. When possible, offer multiple modes.

   i. Some participants may have difficulty processing information during conference calls unless there is also a visual component.

   ii. Some participants may be completely unable to meet at certain times for reasons of cognitive processing, side effects of medication, mental exhaustion that increases as the day goes on, and so forth. When scheduling, offer a range of times of day, or (if the group is relatively small) poll participants about times of day that typically work best for them.

   iii. Consider using multi-modal platforms for online meetings, which enable participants to speak aloud or type in a "chat" mode.

   iv. Consider offering CART (computer-aided real-time transcription) at important meetings so that there is a written flow of information to accompany the spoken information. Transcripts can then be preserved for meeting participants who experience memory loss, are unable to listen and take notes at the same time, or who miss meetings unexpectedly due to illness.

d. When leading a meeting or workshop, invite all participants to take a short break every hour or so.

e. If possible, offer a choice of spaces in which to work. Assume that different faculty members will have different ideas of what constitutes a "good" office, classroom, or work space.

f. Ensure there is a departmental or program-wide quiet space available. This is particularly important in workplaces with open-plan seating, or where faculty share offices.

   i. Some academic conferences have begun including this accommodation for all attendees as a regular feature. Among the organizations that have implemented a quiet room at their conferences are the American Anthropological Association; the American Historical Association; the American Chemical Society; the American Educational Research Association; the Conference on College Composition and Communication; the Cultural Rhetorics Conference; the National Women's Studies Association; and the Society for Disability Studies.

      ii. Clarify the guidelines for the quiet space: Is it a space where no talking is allowed, or only quiet talking? Who will be responsible for monitoring the quiet room if a problem arises?

4. Administrators, faculty and staff at all levels should consider ways that policies and practices can be shaped to *expect*, rather than only *react to*, emergent situations that may cause faculty with mental disabilities to miss work or need additional assistance at work. For example, faculty could be encouraged to form interdependent small groups to substitute for each other when necessary. Establishing such groups ahead of time may alleviate the stress felt by a new or vulnerable faculty member who must ask colleagues for help without a supportive infrastructure.

5. Administrators, faculty and staff at all levels should expect some trial and error when putting accommodations in place. Aim for sustainable solutions rather than a one-time fix.
   a. Accommodation needs might shift depending upon context. Do not expect a faculty member to be able to say "Here's what will work all the time"; instead, take the faculty member's lead in terms of how they wish to address contextual factors such as how many people are present, what the configuration of a room is, how time frames are determined, and so forth.
   b. Do not assume that a faculty member who needs accommodation will already have a good idea of how that accommodation might work.
      i. Some faculty will be very well-versed in what accommodations they need; others might feel more stymied, because the very structure of university life is sometimes inimical to the rhythms of mental disability.
      ii. Draw upon the ideas from Table 2, and brainstorm with faculty members, to arrive at context-specific solutions for problems. Regularly revisit provisional solutions to test their effectiveness and make adjustments as needed.

6. Those in charge of overseeing accommodations should create a transparent process for denying accommodations when necessary. Although academic settings ought to strive to provide all reasonable accommodations, some requested accommodations may prove to be "unreasonable" under the ADA definition: either the financial cost or inconvenience associated will be judged, on an individual basis, to be beyond the campus's capacity. In such cases, there should be a clearly delineated (and transparently communicated) procedure for making the determination that a requested accommodation is unreasonable, for conveying the denial of the accommodation requested, and for seeking alternative solutions. The process of arriving at the decision to deny an accommodation, and to seek alternative solutions, should be clearly established ahead of time; transparently communicated; and applied equally for all faculty members.

Recruitment, hiring and sustaining employment

Discussion

The hiring process, including high-stakes "moments" such as interviews and campus visits, is filled with opportunities to support mental-health access. These are also moments at which access can fail, or an unwelcoming atmosphere may be created—and leave a lasting impression. Such problems make it difficult for candidates to present their professional achievements successfully, and adversely affect recruitment and retention.

It is never legal to inquire whether a job candidate has a disability. It also wouldn't be useful even if allowed, since the presence or absence of disability is not predictive of any particular work style, level of productivity, or on-the-job issue. The hiring committee, and institution, can optimize their process by setting the goal of enabling each candidate to present themselves at their best.

Recommendations for the job search

1. Specify your non-discriminatory and accessible stance in the job ad and in all documents involved in the recruitment process. For example, an ad from Miami University states that the university "does not permit and takes action to prevent harassment, discrimination and retaliation on the basis of" a number of minoritized positions, including disability.[2] This language is both specific and accountable: rather than simply saying that they "welcome" minoritized applicants, this ad makes a public commitment to action. Similarly, San José State University makes a non-discrimination statement, then describes how the job-search process itself will be made accessible: "Reasonable accommodations are made for applicants with disabilities who self-disclose."[3]

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[2] The full text of this section of the ad reads: "Miami University, an equal opportunity/affirmative action employer, is firmly committed to a multicultural environment and strongly encourages applications from minorities, women, protected veterans and individuals with disabilities. Miami University does not permit and takes action to prevent harassment, discrimination and retaliation on the basis of sex (including sexual harassment, sexual violence, sexual misconduct, domestic violence, dating violence, or stalking), race, color, religion, national origin, disability, age, sexual orientation, gender identity, pregnancy, military status, or veteran status in its application and admission processes, educational programs and activities, facilities, and employment practices. Miami University immediately investigates and takes disciplinary and/or remedial action when appropriate. Requests for reasonable accommodations for disabilities should be directed to Ms. Mary Jane Leveline at (513) 529-2027. Miami University's Annual Security and Fire Safety Report with information on campus crime, fires, and safety may be found at: http://www.MiamiOH.edu/campus-safety/annual-report/index.html. Hard copy available upon request. A criminal background check is required. All campuses are smoke- and tobacco-free campuses."

[3] The full text of this section of the ad reads: "San José State University is an Affirmative Action/Equal Opportunity Employer. We consider qualified applicants for employment without regard to race, color, religion, national origin, age, gender, gender identity/expression, sexual orientation, genetic information, medical condition, marital status, veteran status, or disability. This policy applies to all San José State University students, faculty, and staff as well as University programs and activities. Reasonable accommodations are made for applicants with disabilities who self-disclose. Note that all San José State University employees are considered mandated reporters under the California Child Abuse and Neglect Reporting Act and are required to comply with the requirements set forth in CSU Executive Order 1083 as a condition of employment."

2. When candidates are invited for interviews, emphasize clarity of expectations and flexibility of communication.
   a. Ask all candidates what they will need before an interview or campus visit. This question should be posed well ahead of time, and followed up again closer to the time of the interview. As Price (2011) notes, "Posing this question does not guarantee that the candidate will feel free to express their needs, but it does set up the expectation that adjustments and accommodations are welcome" (p. 134).
   b. When announcing the medium of the interview (face-to-face, telephone, or videoconference), ask what adjustments might be helpful. For example, ask whether the candidate would like to be "cued" about people's names by having committee members identify themselves before they speak. ("This is Rick. I'd like to ask …")

3. Before and during the interview, adhere to principles of universal design. That is, invite thoughts about access from all candidates, and respond as needed while the interview is in progress.
   a. For in-person interviews, ensure candidates know how to reach the interview site. Consider meeting candidates at the door or elevator, if feasible, to help them find the room. If the room is not clearly marked or is difficult to find, consider adding additional temporary signage. Ensure the location is free of fluorescent lights and strong fragrances.
   b. For in-person interviews, ensure the candidate is able to sit in a space that is both comfortable and accessible. Set aside time at the beginning of each interview for readjusting positions as needed.
   c. Introduce all participants in the interview space, including any assistants or interpreters who may be present.

4. At the campus-visit stage, use the above interview guidelines for each different interview situation. In addition, consider issues of fatigue or overstimulation.
   a. Ensure the candidate has a clear agenda ahead of time, with periods built in for rest or recovery. (Ideally, rest takes place in a quiet, private space.) Request feedback on the agenda.
   b. Remember that "casual" events, such as a breakfast with students, may be especially draining for candidates with mental disabilities, who may be working especially hard to process information or manage communication.
   c. Assume that some candidates may need additional time to respond to questions, or may need to take notes; this is common for people with processing or memory issues.
      i. If the candidate appears to be hesitating or thinking, it is good practice simply to wait quietly. It is usually not necessary to re-phrase the question or add additional information unless asked.
      ii. If a candidate is taking notes, do not add new information while they are writing. Wait for them to finish, then move to the next question or statement.

Recommendations for sustaining employment

Once on the job, a faculty member with mental disability will be faced with questions of how to negotiate their new workplace, including whether and how to disclose. Disclosure can be a means of building a positive network of allies, mentors, and peers experiencing similar issues. However, disclosing requires the ongoing effort of managing perceptions, while also arranging accommodations (or self-accommodating). Conversely, not disclosing requires a different set of efforts. This labor, including the emotional labor required, can be exhausting and frustrating (see Price, 2017).

In addition to the recommendations in section 1 ("Developing a culture of access") and 3 ("Managing accommodations"), the following actions may help alleviate some of the stress that new faculty with mental disabilities experience, and may help colleagues and supervisors work with them more effectively:

1. Assume that all new faculty members should be provided with abundant and ongoing information about campus supports for mental health, including information about the following:
   a. How to arrange disability accommodations
   b. How to obtain mental-health care
   c. The Employee Assistance Program
   d. The campus ADA Coordinator
   e. Any ombudsperson or faculty advocate
   f. If applicable, the faculty union, faculty senate, or other organization for governance and/or advocacy

2. Avoid handing new faculty members a packet of pamphlets which are never mentioned again. Maintain *ongoing* information about mental-health supports. Remember that generally supportive events or programs, such as assistance in learning new campus software, or the availability of exercise classes or support groups, will benefit all employees' mental health.

3. Ensure that information about how and where to obtain accommodations is readily available without faculty members' having to ask.
   a. When new faculty arrive on the job, provide in their materials a written explanation of whom to contact for accommodations. Again, specify multiple modes of contact: offer a telephone number, an email address, and an office location with hours of availability (to enable oral, written, or in-person forms of contact).
   b. Maintain the information about whom to contact for support or accommodations in an easily-located space on the school's and/or department's web site.

4. Ensure that a viable mentoring program is available to new faculty.

    a. This program should not force faculty to work with anyone they do not feel is a good fit. There should be a "tryout" period, with no penalty for wanting to switch mentors, and an easy mechanism in place for making the change. (See the Disability Rhetoric website for an example of a mentoring program that includes information about how to "try out" and switch mentors or mentees when needed.)

    b. The mentor should not be someone who has direct influence over the new faculty member's evaluation or advancement.

    c. In some cases, new faculty members could have two mentors (an in-department mentor for departmental issues, and an out-of-department mentor for more sensitive questions).

5. If applicable, provide information about peer-support networks. A growing part of the nation's mental health workforce consists of individuals with a history of mental-health conditions themselves who work within mental-health programs to support others facing similar problems. Local mental-health programs and providers are now likely to employ "peer support specialists," which may be able to extend services to faculty. More information about peer support is available on the Temple University Collaborative website.

6. Seek new faculty members' anonymous feedback about how well they are supported.

7. Establish clear guidelines for all expected work, including achievements toward tenure, number of office hours required, syllabus content, service, and so on. Whenever possible, provide examples or models of successful work.

According to the authors' survey, faculty with mental disabilities disclose more often to those who are equal or lower in the academic hierarchy (students, peer colleagues) rather than to those higher up or more distant in the hierarchy (supervisors, administrators, Human Resources personnel) ("Survey"). This finding points to the need for identifying and maintaining active channels of communication about disability at multiple levels. It also points to the need to ensure that new faculty members have a clear sense of whom to approach regarding disability or accommodation, as well as how confidentiality will be maintained, if desired.

Reconnecting after a leave

Discussion

A faculty member may experience a mental-health crisis and need to take a leave: either a brief one, such as going home for the day, or a longer one, such as several weeks or a semester. Policies for these events should be clearly stated in writing and non-punitive. Such policies should address specifics including length of leave time and compensation, and should apply equally to all employees regardless of position, rank, or whether the withdrawal was voluntary or involuntary.

Although the stereotype of mentally disabled faculty is that they are likely to have violent crises, this is actually an extremely unlikely scenario. It is more likely that a mentally disabled faculty member will experience a sudden barrier to their everyday functioning—for example, a panic attack or flashback due to an unexpected trigger. Mental-health crises are similar to other kinds of crises, such as the failure of electricity in a campus building; having a sick child at home; or experiencing a debilitating injury. They are important events and ones that should be addressed, but are not reason for fear or avoidance. In the most extreme circumstances, when a person is facing a genuine mental health emergency situation, professional help should be called immediately. However, in most instances the response of friends and colleagues on campus can provide the support and reassurance needed to manage the circumstances in a calm and non-stigmatizing fashion.

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Recommendations

1. Set clear boundaries for all employees regarding acceptable and unacceptable behavior. State consequences if boundaries are exceeded. This will help create a more collegial culture for all employees, including those with mental disabilities, who are often the targets of harassment or bullying.

2. If a faculty member experiences a sudden inability to cope—for example, because of a panic attack, or being overwhelmed by sensory input—maintain a matter-of-fact attitude and ask what would help in the moment. A useful way to phrase this question is, "What do you need right now?" Do not assume another person wants to be touched or spoken to; simply remain available unless asked to leave.

3. Involve all faculty in de-escalation training. This will offer skills that are helpful not only in crisis situations, but in other difficult scenarios such as meetings that devolve into antagonism.

4. Ask all faculty to provide an "emergency sheet" that includes emergency contact information; any teaching substitutes they may have arranged ahead of time; and any other information the faculty member might wish to include about how to help them in a time of crisis. Do not pinpoint "crises" as always being driven by mental illness; something as simple as needing to miss work suddenly due to a sick child may cause a minor crisis for a faculty member, one that could be usefully addressed by this sheet.

5. If a faculty member takes a leave due to health or family (anything covered under the Family Medical Leave Act or Americans with Disabilities Act), ask how they can be best supported when they return. For example, a meeting with a mentor, ombudsperson, or Employee Assistance Program staff member, to discuss ongoing supports, might be helpful. Regular check-ins with a mentor might also be helpful. Do not require such measures, but ensure they are available, and explicitly offered.

6. If a faculty member takes a leave, ask how they would like the communication around their return managed. For example, the faculty member may wish to be greeted simply and with little fanfare; or they may wish to address members of their department, either in person or via email, to share information before returning. The culture of individual campuses/units will have much to do with how the return can best be managed. The key action is to ask what the faculty member's preferences are for support, rather than assuming they would prefer to manage their return alone.

7. Use the occasion of a crisis (whether a small one, such as a confrontation in a meeting, or a major one, such as a faculty member having to take emergency leave) as an opportunity to revisit departmental and university policies and practices around faculty support. Did the established supports operate adequately in this instance? Could they be revised?

Conclusion (Things to keep in mind)

Most of what we've shared in this document applies to creating "a culture of access" (Brewer, Selfe, & Yergeau, 2014) for *all* faculty, not just faculty with mental disabilities. The key moves often boil down to the following:

1. Think about access in terms of a consistent engagement with the campus environment, rather than an isolated effort to "fix" an individual's problem. Jay Dolmage has spoken of access in terms of "ways to move" (2008, p. 24) and "places to start" (2016); these are helpful guiding principles to keep in mind.
2. Think proactively, not reactively, about mental health and access. Ensure that mentally disabled faculty members are not only welcomed, but expected; they should be assumed to be an already-present and valuable part of campus life.
3. When issues arise, ask what would be helpful; the faculty member involved may already have a clear sense of what is needed.
4. Ensure lines of communication are kept open (and are not left up to faculty members to maintain). Ensure that all policies and practices are clearly delineated, transparently communicated, and consistent across all faculty members.
5. Request and act upon feedback.
6. Avoid adhering to stereotypes.

7. Avoid supporting or valorizing behaviors that erode mental health (e.g. working extremely long hours; making the job more important than anything else).
8. Do not assume you need to be an expert in diagnosis, disability, or accommodation in order to practice access effectively. Mostly, you just need to pay attention, ask questions, and remain curious about what might be possible.

Faculty with mental disabilities are a vital, creative part of the academic workforce. Although there is still much stigma and misunderstanding attached to mental disability, colleges and universities are increasingly recognizing that campus mental health affects all members of the campus community, and that honoring all faculty members' needs, as well as their strengths, leads to a campus climate that is both healthier and more just.

We encourage all readers to understand that mental disability is a positive and productive source of diversity and difference in higher education—one that enriches the campus community, leading to greater understanding and greater access for all.

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