

## Summaries of 2015 ACPA Mental Health Related Presentations

### **Attempted Suicide and ADA Changes: Helping Students Stay Alive**

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#### **Abstract**

We discussed the change in the direct threat standard of ADA/Title II and the impact on public and private institutions, as students file claims alleging disability discrimination. It is likely if a student attempts suicide, he/she/ze will be treated like someone with a mental health disability. We used a case study to involve participants concerning students who attempt suicide and the complaints and lawsuits they subsequently filed. Legal and policy issues and implications for practice were discussed.

#### **Program Description**

The purpose of this program was to delve into the 2011 final rules for ADA and how that changed Title II by adding a direct threat standard. The direct threat standard indicates public institutions can only remove a student who “poses a direct threat to the health or safety of others,” leaving out a direct threat to self (ADA, 2015). Because the Department of Education’s Office for Civil Rights handles cases involving disability discrimination from the ADA in the same way as it does for alleged violations of Section 504 of the Rehabilitation Act of 1973, private colleges are also impacted by this change (Lewis, Schuster, & Sokolow, 2012). The rationale was that it is important in student affairs practice to keep pace with the legal landscape and update policies and protocols accordingly. Even if a student was not recognized as a person with a disability, if he/she/ze attempts suicide, the student will likely be treated like someone with a mental health disability. Practitioners need to know how to handle students who attempt suicide and simultaneously comply with the regulation change. College student suicide is a “tragedy and a burden” (Benjamin, 2012, p. 4) for student affairs staff and we need to continue the conversation about prevention.

This program involved the professional competencies of equity, diversity, and inclusion (EDI) and law, policy, and governance. After the mass shootings starting with Virginia Tech in 2007

(Hauser & O'Connor, 2007), many students with mental health disabilities were tossed into the category of dangerous, when most often their behavior didn't support this characterization. This program addressed disability discrimination directed at students who attempt suicide (Lapp, 2010). Therefore, students with disabilities are the primary reason for including EDI as one of the professional competencies. *Jain v. State of Iowa* (2000) and *Mahoney v. Allegheny College* (2005) were discussed in terms of their legal precedents. The legal duty of care was examined, as well as the policy implications (Lannon & Sanghavi, 2011). For many institutions, a double-edged sword puts students in a difficult spot. If a student tells a staff member about suicidal thoughts, the student could be evicted from housing and/or placed on interim suspension immediately on one hand; on the other hand, student affairs professionals encourage students to seek help if they have thoughts about self-harm. Having policies and practices on our campuses that balance student rights and compliance issues seem to be the appropriate direction (Kalchthaler, 2010).

The theoretical framework was that of emerging adulthood. Emerging adulthood is the time between adolescence and young adulthood. This is a developmental phase when the brain is still maturing and planning and reasoning have not fully come to fruition (Arnett, 2011). Many traditional-age college students are in the emerging adulthood phase of development and can be described as immature and self-absorbed. Stuart (2012) stated, "Worse yet, this period of developmental immaturity is most pronounced in and most difficult for those students who enter it with pre-existing emotional disturbances. But it is equally problematic and distressful for college and university students in general. It creates the perfect storm for developing mental disorders while on campus . . . emerging adulthood seems to be a primordial pool of mental illness" (p. 354).

## References

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