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## Academic Accommodations for Students with Mental Illnesses

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# Academic Accommodations For Students With Mental Illnesses

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## Research Question

What effective strategies can teachers implement to accommodate the learning needs of students diagnosed with mental illnesses?

- For the purpose of the research, *mental illness* is described as “A wide range of mental health conditions – disorders that affect your mood, thinking and behavior.” (Mayo Clinic Staff, 2015).
- I define *effective teaching strategies* as teaching practices that yield measurable results (either qualitative or quantitative) in student progress

## Literature Review

- Personal testimonies given by students and teachers provided raw data on the implementation and student response to accommodations suggested.
- “In the average classroom, there are two or three students with a psychiatric illness. Without an intervention, these two or three students per class would suffer in their academic, social, and psychological growth– sometimes quietly, sometimes greatly disrupting the entire class” (Rowe, 2010)
- Killu (2016) & Crundwell (2007) place an emphasis on involving parents and additional school personnel in the student’s struggles to create a collaborative effort in accommodating the student.
- Students who possess a mental illness do not always ask for help, making it more important for teachers to address the matter (Crundwell, 2007).
- Qualitative data, in the form of data tables, outline behaviors displayed by students with mental illnesses, as well as suggestions for how to approach each behavior.
- Stormont (2015) emphasizes the strategy of teachers modeling desired behaviors to teach students how to address their own needs.

## Methodology

- Analyzing literature focused on students K-12 with mental illnesses , particularly in the classroom setting.
- Select keywords including *students with mental illnesses, mental health, teacher strategies, and academic accommodation.*
  - Published between 2006-2017 for relevance
- Qualitative data was collected and coded for themes and findings that could adequately answer the research question posed.

## Results and Data Analysis

- Traditional preservice education on mental health are insufficient, particularly as the needs of students diagnosed with mental health conditions continue to grow (Koller, 2006).
- Mood-monitoring exercises, and modeling of “brave behaviors,” behavior monitoring and adaptive thinking skills allow students to better understand their own conditions and articulate their needs (Stormont, 2015).
- Effective strategies set the student up for success to improve their self-perception
  - Example: If the student is struggling with their ability to stay alert, the teacher may wish to provide that student with activities that require the most attention when they are more alert, and slower-paced assignments when they are least alert (Rowe, 2010).
  - “Teachers can help by matching social and academic tasks to children’s skill levels or just beyond so that they experience success repeatedly” (Stormont, 2015).
- The student voice/personal testimony is the most valuable source of data, as many of these students feel unheard, or as if their struggles are not cared about (Venville, 2014).

## Conclusion

- Mental illness causes a wide variety of effects that hinder students’ academic success.
- The teacher is often the first person to identify that there is a problem and, therefore, the first to be able to make referrals in response (Rowe, 2010).
- Implemented strategies are deemed effective when students show a noticeably improved mood, better coping strategies, improved academic performance.
- This study will serve both teachers and students with mental illnesses, as it will provide in-depth analysis of the needs of these students as well as how to effectively accommodate them in the academic setting.