

**“Ambiguous at best, discriminatory at worst”: College involuntary  
leave policies strip disabled students of agency and opportunity**

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## **“I felt powerless”: Involuntary leave policies endanger student autonomy, life, education**

For Cole, a college student using a pseudonym for privacy, adjusting to life at Washington and Lee University brought on a “new depression.”

“It was being defined by this new environment I was in, and the new stressors that were introduced,” Cole said. Washington and Lee is a small, private university in rural Virginia. It has a 19 percent acceptance rate, is nationally ranked as a liberal arts college, and costs around 80 thousand dollars per year for tuition and room and board, before financial aid<sup>1</sup>. Controversy at the university revolves around its name<sup>2</sup>, ties to the Confederacy<sup>3</sup>, and conservatism<sup>4</sup>. “So much of school in general, but specifically at W&L, rides on the academics,” Cole said. “I convinced myself that I could handle that, on top of W&L drinking and smoking culture.”

This proved more difficult than anticipated, Cole said. He began seeking medication and other support from the university counseling center and the health center. And for a while, Cole said, he tried to “guinea pig through” by testing numerous medications.

“I had basically gone through the gamut of your base level antidepressants, and even tried some other kinds of medications and it just wasn't really helping me,” Cole said. “I started off with Zoloft and felt like a zombie. The next medication I was on, I was sleeping for the majority of the day. I was more unconscious than I was conscious.”

But Cole returned for the winter semester in 2020 optimistic he could turn things around. And then January took an even darker turn, with the death of his grandfather and a “fracturing relationship” only adding to his depression.

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<sup>1</sup>“Washington and Lee University...”

<sup>2</sup> Hatch

<sup>3</sup>Hatch & Muckle

<sup>4</sup>Muckle

“Basically, suicidal ideation turned to suicidal action, to me trying to kill myself on multiple occasions,” he said. When he told an on-campus therapist about this, Cole said he was presented with two options: leave campus to attend an inpatient treatment center, or leave campus to go home.

“I felt powerless to what the university wanted for me,” Cole said. “I was in a very vulnerable space. I was more easily guided to different convictions and being convinced of certain things.”

Cole took a medical leave and went home in late February 2020. And while he admits that it was ultimately the right action, he still believes the decision wasn’t entirely his to make.

“It feels like a lot of top-down pressure. Especially when you're so low and when you're new on campus and a first-year,” Cole said. “It walks a very fine line between coercion and being threatened. Like being told you really need to go to treatment versus we will have to send you to treatment. It's a couple of words. But obviously, it makes a big difference. It definitely felt like the threat was there.”

For college students with mental health conditions that manifest in self-harm or suicidal ideation, like Cole, the fear of being forced to withdraw from courses and leave campus is everpresent. Many colleges employ policies that can place struggling students on medical leave involuntarily. But the language used and criteria followed varies greatly, limiting transparency and clarity. Students therefore lack the ability to make informed decisions — and fear seeking help altogether because of the threat of forced removal. And when students try to re-enroll after mandatory leaves, they face harsh and demanding return policies filled with contingencies and requirements. These policies ultimately limit the educational attainment opportunities of students with disabilities, while violating their autonomy and potentially endangering them further by not

considering individualized circumstances. As one study put it, college policies about involuntary leave are “ambiguous at best and discriminatory at worst”<sup>5</sup>.

Of the top 100 colleges in the country, fifty-four have involuntary leave policies<sup>6</sup>. Seventy percent of these colleges specifically cite self-harm or risk to self as justification for involuntary removal. Thirty-seven percent take away entitlement to financial aid when students are on forced leave. Thirty percent bar removed students from even setting foot on campus. One study led by The Ruderman Foundation, a group focused on suicide prevention, graded the involuntary leave policies at the Ivy League schools — and none of them earned higher than a D+<sup>7</sup>. Some policies contain language that describes suicidal thoughts or self-harm as “immature or a potential cause for punishment by the university,” which further stigmatizes students with mental health conditions and deters them from reaching out for help<sup>8</sup>.

Washington and Lee’s policies are more focused on voluntary leaves — at least on their face. But according to the student handbook, students can be forced to take a leave if they pose “a significant risk of substantial harm to others that cannot be eliminated or reduced by reasonable accommodation”<sup>9</sup>. And, most notably, a student can be removed if a dean or designee deems their removal necessary “to protect the health and safety of the campus community or the integrity of the learning environment.” Examples of this criteria are broad, including ongoing substance abuse or “bizarre or destructive behavior causing trauma to others and disruption to the campus community.” Molly, another anonymous W&L student, was involuntarily hospitalized while experiencing a manic episode in October 2020 during her stay in COVID-19 quarantine

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<sup>5</sup> Heyman

<sup>6</sup> Janowski

<sup>7</sup> Heyman

<sup>8</sup> Janowski

<sup>9</sup> “Student Handbook”

housing. For days leading up to her commitment, friends and family members were calling the health center and campus safety about her condition. Molly was waiting, anxiously, for someone to show up at her door and take her away. “I felt like it was not in my control at all,” she said. “I had no power.” Molly was both a threat to herself and others during her manic episode. But there is no clarifying mention of whether involuntary leave can be employed for students who are strictly a harm or risk to themselves in W&L policy. Cole said he was not a threat to anybody but himself. “I didn't fit the policy,” Cole said. “But it felt like I was still asked to leave, like I was put into that category. I think the reason they're so vague is because it's a liability thing. It's a way for them to just say like, look, at the end of the day, this kid was acting bizarre. It could be a harm to people. It could traumatize the campus.”

While inconsistencies and ambiguities in policy language are easy to track, data about the number of students removed on involuntary leave is nearly impossible to collect. Students' medical, counseling, and disciplinary measures are usually unavailable to the public<sup>10</sup>. But self-harming and suicidal behaviors are disproportionately exhibited by certain demographics of college students, raising risk of adversely affecting these already-marginalized groups through involuntary leave policies. According to the American College Health Association survey from Fall 2019-Spring 2022, 33.3% of trans/gender non-conforming college student respondents reported they had intentionally harmed themselves in the past year — compared to 7.1% of cis men and 12% of cis women<sup>11</sup>. In a similar vein, 64.6% of trans/gender non-conforming participants screened positively for suicidal ideation, compared to 23.7% of cis men and 28.2%

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<sup>10</sup> Martin

<sup>11</sup> American College Health

of cis women. In both self-harm and suicidal ideation, multiracial college respondents reported the highest rates in 2021 — at 29 percent and 17.5 percent respectively<sup>12</sup>.

College officials say that removing students who are harming themselves is sometimes necessary so students can focus on healing without school stressors<sup>13</sup>. In 2011, the National Association of College and University Attorneys sent an email to the federal government seeking advice on policies, citing the “realities that institutions of higher education are not residential in-patient treatment facilities and that some students cannot safely stay on campus” as motivation for mandatory removal policies<sup>14</sup>. Victor Schwartz, who spent eight years as the director of the Jed Foundation, a suicide prevention organization, and is a former college dean, said there “aren’t obvious good guys and bad guys in most of these stories”<sup>15</sup>. Most colleges exhaust all other resources to keep a student on campus before opting for involuntary removal. And under these policies, universities say, students with or without diagnosed mental illnesses would be treated the same. So, for example, both a student with depression and a student without would be removed if they attempt suicide. But “this ignores the elephant in the room,” one researcher writes, which is that self-harming behaviors disproportionately affect students with mental illnesses<sup>16</sup>. In this way, involuntary leave policies that indirectly or directly use self-harm as a criteria for removal serve as a proxy for unequal treatment, and adverse consequences, for college students with disabilities.

Overall, involuntary leave policies limit the ability of disabled students to do or be, a phenomenon Martha Nussbaum coins as capabilities. Looking at capabilities allows us to more

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<sup>12</sup> Lipton

<sup>13</sup> Janowski

<sup>14</sup> Lannon et. al

<sup>15</sup> Janowski

<sup>16</sup> Martin

holistically evaluate the harms faced by individuals in a given situation, under the assumption that all people have a right to “basic capabilities” like the ability to live a full life, experience emotions, and form connections. Any infringement of one’s capabilities potentially violates their dignity and humanity, representing not only the disparities in actual achievements people can accomplish — but also in their choice about what they want to accomplish. For disabled college students, mandatory leave policies strip away multiple capabilities. For example, the ability to achieve a quality and timely education is disrupted by removing students and enacting barriers to their return. The ability to feel emotions without fear is violated because unclear and threatening policies prevent students from seeking help and openly struggling. Disabled students disproportionately lose the ability to form relationships with their peers when they are prevented from even stepping foot on campus — a practice which also limits their freedom to move from place to place at their will. Ryan, a W&L student using a pseudonym, took two leaves of absence for mental health and substance use issues: one in Winter 2021, and another in Winter 2023. He said the social ramifications of being removed from campus were the most challenging part of his experience. “You come back and it’s like you’ve missed a step,” Ryan said. “Inside jokes have changed. Everything’s a little different. People who you used to see all the time don’t say hi anymore.”

And, in extreme cases, these policies also prevent students from the ability to live a full life — because sometimes, students’ insurances that going home would worsen their mental health are ignored. Elizabeth Reimer was sent home by Dartmouth College in spring 2021 after relapsing into suicidal behavior when released from treatment<sup>17</sup>. She wrote on an anonymous campus forum that she told college officials “being sent home would be the worst thing for my

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<sup>17</sup> Janowski

mental health.” On May 19, 2021, Reimer was 200 miles away from campus and alone at home when she received an email from a dean. The email said that Reimer could not drop her freshman seminar while on leave — or she would not be allowed to enroll as a sophomore in the fall.

Around an hour later, Reimer died by suicide. In 2014, a Yale student wrote her personal narrative about being involuntarily committed to a psychiatric hospital and sent home for self-harm in the student newspaper<sup>18</sup>. She recalls one of her evaluation meetings with a school health professional, who told her when she brought up the concern that home might not be the best space for her healing that “We don’t necessarily think you’ll be safer at home. But we just can’t have you here.”

Ryan stayed with his parents during his leave. “That was easiest. But it also added a lot of stress, in a tense environment,” he said. “It was good to have a support theme there. But you feel kind of guilty, you beat yourself up a little bit.” Patrick, another Q&L student, was suspended in 2017 for engaging in a physical altercation with a peer. “It was all sort of tied up into some anger issues, and some family trauma that had all happened right as I was entering college,” he said. “I entered college alone. I was kicked out of my dad’s house, my mother passed away, and then my grandfather passed away, my uncle passed away. And I just sort of sunk into this deep hole of isolation and substance use and all these things.” Because he had no place to call home, Patrick spent the summer on leave hopping between friends’ houses. “I had bitten the hand that was feeding me, because all of a sudden I didn’t have all that stuff that you get when you go to W&L,” he said. “You get a place to stay. You get the internet. You get meals. You get safety. So I didn’t know what I was going to do, and I was sort of panicking.” As a low-income student,

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<sup>18</sup> Williams



Patrick faced a disproportionate burden of involuntary removal in comparison to his peers with homes to return to and resources to draw on.

Advocates for student disability rights recognize that there are cases where involuntary policies are necessary, such as when a student poses a risk to the campus community at large or cannot receive adequate treatment on campus. But even in cases when involuntary leaves are necessary, financial and academic barriers to re-entry should not be roadblocks, advocates say. Schwartz, the longtime director of the Jed Foundation, said rigid standards discourage students from seeking help, make them hesitant to leave, and can deter them from receiving a collegiate education. “When students believe it’ll be costly and hinder their academic progress to leave school, or if there will be hurdles to coming back, they might not leave when they ought to,” he said in an interview with *The Chronicle of Higher Education*<sup>19</sup>. “For many students, the loss of tuition dollars can end their higher-education opportunities.”

College readmission policies vary greatly, and often require students to prove “readiness,” by differing definitions, to return. At W&L, Cole said he faced significant academic re-entry barriers after his second leave from November 2022 until August 2023. This time around, Cole made the decision himself to leave as he recovered from drug and alcohol abuse. W&L students applying for re-entry have to submit lengthy essays detailing their recovery, and complete extensive application forms. “I have written what feels like part of what will be my memoir,” Cole said. “Thousands of words of essays of me like digging through the reason I got to where I was at W&L, talking through that pain, talking through that period of time, painting a picture for them. And then painting the picture of retribution and rehab and getting better, getting

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<sup>19</sup> Kuimelis

recommendations from a job I worked or from a service I did or providing credits I took at another university.”

But when Cole came back for fall semester the next year, students had already registered for classes. And despite weeks of work on the re-entry application, the university was no help in securing the credits he needed, Cole said. “They're more of a huge help in getting you to leave than getting you to return,” Cole said. He was originally set to graduate in 2023. His first leave knocked his academic status back a year. The second leave stripped away another semester, leaving Cole a first-semester junior halfway through this academic year. Washington and Lee is not alone in its implementation of strict re-entry requirements. At Yale, readmission is not guaranteed — and it is contingent on students being “constructively occupied” during their time on leave. In 2015, one undergraduate student died by suicide, and left a note on Facebook that pointed to readmission as a contributing factor to stress<sup>20</sup>. “Dear Yale: I loved being here,” the note said. “I only wish I could’ve had some time. I needed time to work things out and to wait for new medication to kick in, but I couldn’t do it in school, and I couldn’t bear the thought of having to leave for a full year, or of leaving and never being readmitted.”

### **“Like kicking a dog while its down”: Social structures constrain student and college action**

Each year, more and more college students seem to be diagnosed with mental health conditions. While some argue this trend is a reflection of better access to services and less stigma, there are still many barriers embedded in campus culture and policies that limit disabled students’ success<sup>21</sup>. To truly examine the complex forces that cause these policies to exist and to adversely harm students with mental health disabilities, we turn to social structures. Social

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<sup>20</sup>Siegel & Wang

<sup>21</sup>Novotney

structures are long-lasting rules, relationship dynamics, and/or stereotypes that limit or expand available choices for people, based on their social status<sup>22</sup>. These structures allow us to dig deeper into analyzing causes of inequality or harm, identifying why individuals make certain decisions — even if those decisions seemingly lead to their harm — and finding sources of harm beyond individual actors, and instead in systems.

The most obvious structure dictating the inequalities here is the mandatory mental health leave policy itself — and, as an extension, the lack of certainty, transparency, and consistency within and among the policy at different colleges. Titles II and III of the Americans with Disabilities Act (ADA) mandate that both public and private colleges can not discriminate against disabled people. Regulations under different titles of the act say that actors do not have to accommodate disabled people who pose a “direct threat” to themselves — but Titles II and III do not use that language explicitly. Self-harming individuals are not mentioned. For years, colleges interpreted this as unspoken permission to remove and/or not accommodate self-harming students. That’s when mandatory leave policies began to pop up on campuses. But in 2011, the Department of Justice adopted new ADA regulations that did not include threat to self as an exception in any sector — only threat to “health or safety of others.” Now, colleges are in limbo about how to deal with suicidal and self-harming students — and the Office of Civil Rights (OCR), which usually offers centralized guidance on matters like these, has not released any formal guidelines. As a result, “without more concrete guidance from OCR, universities have been forced to guess how best to proceed”<sup>23</sup>.

The fact that these mandatory leave policies vary greatly, with no centralized form of guidance under the ADA, constrains the choices of students experiencing mental health issues —

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<sup>22</sup> Eastwood

<sup>23</sup> Lannon et. al

especially those who are a threat to themselves. Without full information, these students are afraid to report their struggles out of fear of being forcibly removed from campus. Less than 13 percent of disabled college students inform their colleges of their disability status<sup>24</sup> — a trend which is even more likely among mental illness conditions because of stigma<sup>25</sup>. This, of course, only causes mental health conditions to worsen as students go untreated — and perpetuates the shame and stigma surrounding self-harming behavior. A vicious cycle emerges because of this: students don't seek help out of fear and stigma, their symptoms grow worse because of lack of treatment and support, and they become enough of a threat to themselves (or others) that universities remove them — which only increases stigma and fear among students on campus more.

Mandatory leave policies, by definition, constrain the choices available to mentally-ill students — stripping them of the ability to advocate for their own best courses of healing or individual circumstances, denying them the ability to choose if taking a leave is best for them, and, importantly, if being home is the best for them. In contrast, students who are not self-harming or suicidal have the secure option of taking voluntary leaves, which is not always available for those who the college defines as threats to themselves. The choices of self-harming students are further restrained when policies for readmission are excessively burdensome, especially when they are “more restrictive or burdensome than it would be for a student on leave for a physical impairment”<sup>26</sup>. For example, in 2010 at Spring Arbor University, a student on involuntary medical leave was only allowed to return to campus on the condition that they “avoid stressful situations.” Unclear and unattainable readmissions requirements like these

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<sup>24</sup>Delarosa & Elias

<sup>25</sup>Corrigan & Watson

<sup>26</sup>Martin

become vehicles for discrimination, as students with mental disabilities are unable to fulfill the criteria required to re-enter college.

Students who have taken voluntary or involuntary leaves at Washington and Lee say the readmission policies are unfairly burdensome — and, often negatively impact their academic progression. The university requires that students who temporarily withdraw for any reason — mental, emotional, physical, academic — use the same reapplication form. Students are readmitted “only when there is a very good chance of the student's being successful here,” the university website reads<sup>27</sup>. For “ill” students, the university “looks for evidence that a student who was ill at the time of withdrawal is healthy,” and that their condition “does not affect the student's ability to succeed in academic and social programs at W&L.” But some students on mandatory mental health leave view the university’s definition of “success” and “healthy” as counterproductive to healing. The application lists five components: attendance at another college, serving in the armed forces, working a job/volunteering, a letter from a therapist/counselor, and “any other materials required to fulfill specific expectations established in the applicant’s withdrawal letter”<sup>28</sup>.

Ryan recognizes that some sort of check-in is a “necessary evil, so you’re not returning in the same place you were when you left.” But all the listed requirements “feels like kicking a dog while it’s down,” he added. And they’re not easy to fill. Ryan said it took him six weeks to find a job. And finding a counselor in his small, rural town was no small feat either. “We didn’t have many people who took insurance, they were all private,” he said. “It takes a while to find someone who fits. And before you know it, it’s May.” Ryan said the stress of the application “hindered” his healing. “It’s like, why did I even take a leave? I have to keep working 40 hours

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<sup>27</sup> “Reinstatement”

<sup>28</sup> “Application for Reinstatement”

and going to therapy once a week,” he said. “You’re already stressed out, you’re already not doing well. I just don’t like what they quantify as being productive.” Molly also felt that the re-entry requirements were unnecessarily stressful. “I was like, this is a medical leave of absence. I’m recovering. I’m in recovery. That’s why I’m home. That’s why I’m taking this time off. I can’t go out and work. But I had to. So I became a waitress at this restaurant. And that was really, really hard,” she said.

Cole said the re-entry application hung over him while he was on leave. He was getting sober and attending AA meetings, working as a personal trainer and an electrician, and taking classes at a local college. “Luckily, I have a great family support system,” he said. But the university gave seemingly no support, Cole said. There are two application deadlines for the fall semester re-entry: May 1st and August 1st. “Now, I don’t submit it in May, because I want as much time as I can get to have a good application,” Cole said. “It has to be good, or you won’t be reinstated.” This idea pushes most students to opt for the later date. But applicants find out about their reinstatement decision in late August — mere days before classes begin. “I gotta book my flight. I gotta get all my stuff on campus. All the stressors of like actually reentering a community. And on top of that, the institution was zero help getting me classes,” Cole said. By the time he registered for classes, all other students had taken up most of the slots he needed — further delaying his academic progress. “I’ve taken two leaves of absence and dropped 14 credits my first time, 14 credits the second time, and whatever not taking a spring term class adds up to. That’s about 37 credits. And that’s like a fourth of school,” Cole said. “I should be a junior. But being behind that extra bit of credit, it does feel like due to some inconveniences that were placed on me, like scheduling specific classes.” Patrick and Molly both turned in their

application late — which made registration difficult for Patrick, and caused Molly to “accidentally take a year off” instead of one semester, she said.

College offers less individualized attention and planning for students with disabilities than K-12 does, leaving those in need of accommodations in a completely new environment where they have to build an entirely new support system. So, most students turn to counseling centers for help. But colleges are struggling to recruit enough counselors, leaving many students without help — until a crisis occurs. Molly said she knew she was spiraling before her involuntary removal. But she could not get into counseling services at Washington and Lee — even as her mental health was deteriorating. “University counseling could only offer appointments like once every two and a half weeks or something,” Molly said. “If I didn’t have therapy back at home, it would have been awful.” Molly’s mother insisted she come home instead of going to treatment. So, she took a semester of leave — and discovered, thanks to her therapist at home, that she has bipolar disorder — a diagnosis that never surfaced in her few visits with university counselors.

Colleges are seeing dramatic increased demand for mental health services<sup>29</sup>. But they are competing against hospitals, private practices, and telehealth services to find professionals to hire<sup>30</sup>. Colleges also operate on a very strict and narrow definition of productivity and success. Restrictive and punitive absence policies, academic probation policies, and inflexible class schedules make navigating higher education more inaccessible for students with mental health struggles<sup>31</sup>. Ryan said the traditional structure of classes and homework and extracurriculars at Washington and Lee, for example, “was a never-ending onslaught.” Ultimately, “the academic

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<sup>29</sup>Gorman et. al

<sup>30</sup>Kreidler

<sup>31</sup>Samee Ali

environment just wasn't a good fit. I just didn't feel fulfilled at all," he said. Instead of returning to Washington and Lee, Ryan plans to transfer to Liberty University to take online classes with more flexibility. "It's just a completely different structure," he said. "Instead of going to classes every day, and every day doing my three hours in the classroom, and then doing homework afterwards — it's like 'here's what you need to get done by the end of the week.' You have from Monday until midnight on Sunday. So that has worked a lot for me."

Washington and Lee policy places students who earn a GPA under 2.0 on "academic probation" — meaning they have one term to raise their GPA above the baseline<sup>32</sup>. If they fail to do so, students are placed on suspension — and only allowed to return after a minimum of one year<sup>33</sup>. That's why some students, like Ryan, feel forced to take a medical leave instead, in hopes of not having to take a full year off. "I was going through like a really tough time mentally, and I was doing really really poorly in my classes. I was terrified that I was going to be getting a 2.0 GPA and I'd be on a year probation," Ryan said. He felt he had only two options: be suspended for a year, keep his poor grades, and save tuition. Or, he could take a mental health leave and lose his tuition, but only be gone for one semester and have a chance to redo his grades. "It was basically like fight or flight, being away from school for a whole year as opposed to a medical leave," Ryan said. Academic pressures, like probation policies, affect students with mental health conditions more harshly than their peers without. One study found that a quarter of mentally-ill students with grade-point averages below 3.0 dropped out, while only nine percent of students with low GPAs and no mental health conditions did the same<sup>34</sup>.

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<sup>32</sup>"*Academic Distress*"

<sup>33</sup>"Student Handbook"

<sup>34</sup>Ketchen Lipson et. al



When universities are left guessing how to proceed for mental health leave policies, stereotypes and representations that harm those with mental illnesses are more likely to color decisions and design. Many colleges have policies to suspend or expel students who are a danger or disruption to the larger student body. Washington and Lee, for example, allows students to be removed for “substantially disrupting the learning environment” or causing “a significant risk of substantial harm to others”<sup>35</sup>. On their face, these policies seem highly justifiable in order to protect other students at the university. But the tendency to stigmatize self-harm as an assumed precursor to harming others causes disabled students to be subjected to the same policies as those who are a threat to others explicitly (Martin). According to one study, 40% of news stories about mental illness from 1994-2014 connected mental illness to violent behavior towards other people — while only 4% of interpersonal violence in America can be attributed to mental illness<sup>36</sup>. And stories about mass shootings citing the shooter as mentally ill increased from 9% to 22% between the two decades studied.

This stereotype surfaces explicitly in some mandatory leave policies. At the University of Florida, the policy for involuntary withdrawal begins by stating, “Students are considered adults when attending the university, and students have a responsibility to not cause harm to themselves or others and to participate in university life safely”<sup>37</sup>. At the University of San Diego, suicidal attempts are considered “disruptive or dangerous behavior,” triggering a path of disciplinary action along with involuntary withdrawal. By equating behavior that endangers the campus community with self-harming behavior, these policies are not discriminatory against those with

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<sup>35</sup>“Student Handbook”

<sup>36</sup>Sifferlin

<sup>37</sup>Janowski

mental illnesses on their face — but, they are discriminatory when disproportionately applied to those who self-harm as a symptom of mental illness<sup>38</sup>.

When disabled students are disproportionately affected by involuntary removal policies, and subsequently face academic barriers that impact graduation prospects, their likelihood of attaining a college degree decreases. One 2012 survey of college students found that 64% of respondents who had dropped out of college did so because of a mental health related reasons<sup>39</sup>. Because college degrees are heavily associated with “job-readiness,” and screened as a necessary criteria for skilled jobs, not graduating heavily restricts employment and economic mobility opportunities. Opportunity@Work, a nonprofit organization advocating for the rewiring of the labor market to recognize alternative education routes, calls this the “paper ceiling”: “the invisible barrier that comes at every turn for workers without a bachelor’s degree”<sup>40</sup>. Seventy percent of new jobs require bachelor’s degrees, but less than 50% of the workforce has one, the organization found. But non-college graduates don’t just face barriers to hiring. Even when they do secure employment, they are often paid less. One 2017 study by the Harvard business school found that employers pay college graduates between 11% and 30% more than non-graduates, even though they also report that non-graduates with experience perform nearly or equally well<sup>41</sup>. Median yearly earnings for those with college degrees are 84% higher than those with high school diplomas as their highest mark of educational attainment<sup>42</sup>. The misperception that college degrees indicate job-readiness leads to lack of employment opportunities for those

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<sup>38</sup>Martin

<sup>39</sup>Gruttadaro & Crudo

<sup>40</sup>“Tear the Paper Ceiling”

<sup>41</sup> Fuller et. al

<sup>42</sup> “Quartiles and Selected Deciles...”

who never attend college, drop out, or are involuntarily removed and cannot meet the standards for reinstatement.

The evolving role of the college, and the relationship between the administration and student, impacts the cautionary — and fast-moving — aspect of these policies. Many have long argued that colleges are not mental hospitals or treatment centers, and as such, should not be held responsible for mitigating student health. But some also argue that colleges have a legal duty to prevent student suicide. In a 2018 case filed against MIT, the parent of a deceased student sued the university administrators and two professors, saying their “negligence caused the death of his son,” who died by suicide<sup>43</sup>. The highest court in Massachusetts ruled in favor of MIT, but stipulated that universities do have a legal duty to stop student suicide when they have “actual knowledge” of a prior attempt that occurred at the college, or of a student’s “stated plans or intentions” to commit suicide. But judges also said that “the modern university-student relationship is respectful of student autonomy and privacy” — meaning colleges cannot monitor every aspect of their students’ lives<sup>44</sup>.

Colleges still face lawsuits on behalf of, or by, suicidal and/or self-harming students. At Washington and Lee, two lawsuits were filed in 2019 — one from the father of a student who died by suicide in March 2018, and the second from a student who attempted suicide in October 2017. The first sued the university, two campus safety officers, and one associate dean for “failing to take reasonable measures to protect his son”<sup>45</sup>. The latter sued the university and a mental health counselor for “medical malpractice and negligence” after he informed the counselor of his detailed plan<sup>46</sup>. Colleges may be “increasingly fearful of being the site of

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<sup>43</sup>“Nguyen v. Massachusetts Institute of Technology”

<sup>44</sup> McDonough

<sup>45</sup> Martinson

<sup>46</sup> Lora

another tragedy,” and fear liability if they do or do not act — as demonstrated in the cases above<sup>47</sup>. This fear stems from a lack of clarity in case law about a university’s responsibility when a student dies by suicide on campus. Colleges feel ill-equipped to treat the student at high risk of suicide, and feel fearful of a lawsuit for not acting quick enough — resulting in hasty involuntary removals. Most colleges choose to settle in lawsuits like these to avoid spending even more funds on a trial process, and to avoid negative publicity<sup>48</sup>. It is unclear where colleges pull the funds from to pay these settlements, which often amount to millions of dollars. In a 2021 sexual assault settlement, University of Southern California paid \$852 million to hundreds of women accusing a former university gynecologist of abuse. USC stated that it would use “a combination of litigation reserves, insurance, deferred capital spending, the potential sale of nonessential assets and careful management of expenses” — notably saying that no philanthropy efforts, endowment funds, or tuition revenue would be used<sup>49</sup>. More research needs to be done about whether settlement funds affect availability of financial aid, or other student services.

### **Mutual Empowerment: Prioritizing student autonomy without stifling college choice**

Eliminating mandatory leave policies altogether would be a drastic overstep, likely endangering the lives of students experiencing crisis who are unable to seek help for themselves. But I believe the policies and structures as they stand unjustifiably violate the autonomy and capabilities described above for students with mental health conditions. In considering reform recommendations, I focused my proposals on practices that I believe universities can effectively accomplish — incurring a minimum burden to the institution and its other members, while

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<sup>47</sup> Martin

<sup>48</sup> Wadhvani

<sup>49</sup> Anderson

benefiting the worst-off individual. In this case, the most disadvantaged individual is a student with a mental disability undergoing an active crisis. Giving students in this situation full agency to reject help would be counterintuitive to promoting well-being and the right to a full life. Like colleges argue, taking time off from classes and school-related obligations is often essential to making room for recovery. And colleges are not equipped with the staff and resources to operate as treatment centers.

But to respect and honor the inherent worth and dignity of disabled students, reform to involuntary leave policies — and the structures that dictate and direct them, as described in the section above — should focus on promoting the agency and opportunities of students as much as possible. Broadly, involuntary leave policies lack nuance, attempting to fit every struggling student into a “one size fits all” solution<sup>50</sup>. Each student is unique, and therefore needs individualized recovery accommodations. I believe involuntary leave reform that reduces harm caused to disabled students, while shielding universities and larger communities from increased suffering, should take a trauma-informed care approach — on behalf of the disabled students experiencing crisis, and the larger campus community. This means reform efforts should focus on the key tenets of trauma-informed care: safety, choice, transparency, collaboration, and peer support<sup>51</sup>.

One important case study to turn to is Stanford University. In 2022, students filed a class-action lawsuit alleging the university “coerced” them into taking involuntary leaves when they sought help for anxiety, depression and/or suicidal ideation. Some said they were banned from campus without an opportunity to collect their belongings. Others said administrators accused them of “disrupting the lives of their friends,” and treated them “as if they had committed

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<sup>50</sup>McDonough

<sup>51</sup>“Infographic: 6 Guiding...”

behavioral infractions rather than simply asking for treatment.” In response to the legal pushback, Stanford adopted new policies in January 2023 that have been hailed as an ideal model by mental health rights activists. I believe Stanford’s policies offer many guidelines for changes universities can make to their existing practices, prioritizing the autonomy and voice of disabled students in crisis while also incurring minimal burden and protecting the campus community.

Under Stanford guidelines, involuntary leave is codified as the “last resort” measure, used only after discussions and implementations of accommodations such as reduced course loads and changed dorm rooms have occurred. This explicit practice better recognizes the harms a student faces when leaving campus — losing support systems, forfeiting aid and resources, and potentially stunting their college education. Stanford also allows students to petition to keep their campus housing while on leave — an adjustment the university made to better support students who “have housing insecurity or their family homes are unsafe or un-therapeutic for them to return to”. Notably, this option was already available for students being treated for cancer or other illnesses — and now will be extended to disabled students, to give them equal opportunity to retain friendships, seek help without fear of homelessness or further distress, and heal in an environment that is safest for them.

A university resource person who has knowledge of the mandatory leave policies will also be available for students to consult as a guide before, during, and after their leave, in order to facilitate easier transitions and make students feel heard. Cole, one W&L student who was placed on involuntary leave, said talking to someone before re-entering campus would have been much more beneficial than W&L’s current practice of only providing support after arriving. “That stuff should should have started before, as opposed to once you get back and you're stressed as f\*ck about moving back into this community and getting re-acclimated to college,

you have to meet with all the admin and your academic team and your class dean,” Cole said. Ryan also expressed the need for support beyond the two-week stretch of countless meetings immediately after stepping foot back on campus. “They have this two week window where you have all these meetings,” he said. “And then after that you’re just thrown into play. It’s one of those things where it’s like, once it was done it was done. And they didn’t really check in anymore.”

To lessen financial costs, universities can appoint this representative from within their counseling staff — much like Washington and Lee University designated Dr. Janet Boller, a clinical psychologist who has worked in university counseling since 2010, to be a “sexual misconduct advocate” in September 2022<sup>52</sup>. “The advocate is there to support and believe a complainant who comes forward, rather than having to be impartial,” Dr. Boller said in an interview with the W&L student newspaper. Stanford’s proposed representative will serve a similar support role for students who are a threat to themselves in the face of potential involuntary leave. All of these policy adaptations enhance student agency, allowing room for as much choice as possible and providing alternative resources to enable students to stay on campus with peer support, instead of immediately jumping to involuntary leave.

The designated support member also enhances transparency and collaboration in mandatory leave policies, combating unclear and contradicting details by providing students with direct answers and guidance. To further transparency, reformists advocate for including programs in orientation that discuss available mental health services — including the existence and nuances of mandatory leave policies<sup>53</sup>. Cole thinks hearing about experiences from students who have been through university processes directly is especially helpful. “Me telling my story,

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<sup>52</sup>Aggarwal

<sup>53</sup>MHA Board of Directors

for instance, to underclassmen who aren't on antidepressants yet, I think is probably the better form of awareness,” he said. “You don't want to just like strangle somebody with this information when they're already in distress. But I think telling stories is very valuable.” Cole recognizes that this could prevent some people from seeking help initially out of fear of crossing a line. “Those conversations made me feel uncomfortable and anxious. So if they were earlier on as a means to increase awareness of what the outcomes might be, that might have just set me off an even faster downward spiral,” he said. But students already face barriers to seeking help, like overbooked university counseling centers and stigma surrounding self-harm and suicidal ideation. Providing incoming students with as much information as possible about the involuntary leave process, while contextualizing its use as a last-resort, would likely give a greater sense of control to disabled students — instead of the pressure and anxiety students feel when policies are sprung on them during an active crisis.

To further collaboration, colleges should create student-led groups to identify and communicate barriers students face to preventative mental health treatment on an ongoing basis<sup>54</sup>. Campus administrators can lean on student clubs and organizations that already advocate for mental health or disability awareness, such as W&L's WLUnite club, dedicated to accessibility for those with disabilities; Active Minds, a student-led mental health support group; and Washingtonian Society, a student support group for those working towards sobriety. More than 450 colleges already have Active Minds chapters in operation on their campuses, providing readily-available and willing student voices to empower and inform administrative decisions<sup>55</sup>. And these existing clubs are actively advocating for better practices already. In 2020, the student organization called Duke Disability Alliance successfully convinced Duke University to

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<sup>54</sup>MHA Board of Directors

<sup>55</sup>O'Donnell



establish a Disability Cultural Center on campus after two years of campaigning — making it one of only ten in the nation<sup>56</sup>. Disability Cultural Centers serve as safe spaces on campus where disabled students, staff and faculty can connect — increasing access to the crucial peer support and collaboration elements of trauma-informed care. Drawing on existing and willing student voices to help administrators properly address student needs is essential to shaping policies and practices that benefit both students and the university at large.

And to ease both student anxieties and administrative stressors, I believe the burden of liability placed on colleges and universities for self-harming and suicidal student cases should be not only clarified — but also lessened. In the mid-1980s, universities began to be viewed as businesses, which led to the implication that colleges had certain obligations to their “customers” (ie: students) under “special relationship” circumstances<sup>57</sup>. The 2018 MIT case, discussed above, suggested that higher education institutions need to be more attentive to students who are potentially suicidal — because they can be held liable if harm is “foreseeable” — and be more assertive about intervening before harm actually occurs. This liability standard has adverse consequences, often pressuring colleges into acting quicker and more harshly to remove students who report suicidal ideation from campus. This, in turn, deters students who need the most help from seeking college mental health services, or being open about their symptoms.

Instead, colleges should strictly be held liable for harm caused to a self-harming student when they are 1) informed of the student’s mental health concerns, and 2) takes *no* steps to help or provide support<sup>58</sup>. This clearly established distinction and standard is “necessary in order to encourage these institutions to provide the broadest possible array of mental health services,”

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<sup>56</sup> Herder

<sup>57</sup> Appelbaum

<sup>58</sup> MHA Board of Directors

without fear of providing the “wrong” one that lands them in a lawsuit. This stipulation would also allow colleges to face less time pressure, and therefore be able to consult with students more directly on their needs.

Another facet in need of individualized attention is re-entry requirements for students who take mental health leaves, or are forced to take an involuntary one. In 2022, Yale faced a similar class-action lawsuit to Stanford’s — except Yale students focused specifically on the “systemic discrimination against students with mental health disabilities” through “unreasonable burdens on students who, after a withdrawal, seek reinstatement”<sup>59</sup>. This led the university to adopt a series of reforms in January 2023. Under these new policies, medical withdrawal is now classified as “medical leave of absence,” allowing students to retain access to Yale health insurance, opportunities to work student jobs, and the library and career center<sup>60</sup>. Students on leave are now also able to visit campus and take summer classes. In 2022, Yale relaxed their re-entry requirements to no longer include “the equivalent of two term courses at an accredited four-year university or Yale-sanctioned community college,” or an interview with the head of medical services<sup>61</sup>. Instead, they need a personal statement, application, and letters of support — as well as clearance from a therapist or mental health professional. These changes answered calls to eliminate “costly, non-medical roadblocks to reinstatement” that existed only for medical withdrawal, effectively preventing especially low-income and disabled students from meeting criteria to return to Yale. The 2023 reforms further relaxed re-entry requirements, eliminating the requirement for students to demonstrate they were “constructively occupied” while on leave, and no longer mandating that returning students needed to pass every course in their first semester

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<sup>59</sup>Connecticut District Court

<sup>60</sup>Cook

<sup>61</sup>Hodgman

back<sup>62</sup>. At Brown University, readmission standards were revised to require “individualized assessments” after a Department of Justice investigation in 2021 — specifically, allowing students to be evaluated for return earlier than the two-semester mental health leave requirement<sup>63</sup>.

These changes directly speak to barriers Washington and Lee students highlighted in their readmission processes. According to Ryan, one student who was pressured to take a mental health leave, his experience could have been less restricting if the university “took some burden of proof off” in re-entry applications. “A lot of stuff that was a really big issue for me was getting the official information, like having all my pay stubs and checks to show that you worked X amount of hours and getting official transcripts from the university,” he said. Cole said that the university should offer course registration support for those returning from leave. “People coming back from leave should get to register before everyone else, because the likelihood that their academic plan got messed up from taking a leave is pretty much certain,” he said. “There needs to be some kind of re-entry help program or a dean that is more committed to this.”

Given that many of these policy changes have already been adopted or piloted by universities, I believe implementation of the reforms discussed above is highly practical for most colleges. None of these changes eliminate the burden of re-entry entirely, or eliminate the use of involuntary leave altogether, in ways that would leave colleges feeling helpless to assist students in crisis. Instead, these changes maximize disabled students’ agency and autonomy, recognizing their need to be heard in the process of gaining support — and allow for attainable re-entry to continue and achieve their college education. Colleges face a slightly larger time and resource burden through some of these changes, like providing a designated advocate and focusing on

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<sup>62</sup>Cook

<sup>63</sup>Walker and Pender

individual circumstances. But I believe this burden pales in comparison to the worst-off individual: a student with a mental health condition, who is also more likely to be a student holding other marginalized identities, that is denied the opportunity of full autonomy, educational attainment, and peer support — in some cases, further endangering their life and health. No college aims to harm students, and no self-harming student aims to traumatize their peers and community members. By upholding the most support and dignity possible for disabled students, while not overly-constraining college administrators pushing for all students' well-being, both parties wind up more empowered and heard.

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