# Mental Health and Resilience Among LGBTQ+ College Students with Disabilities

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More than half of queer- and trans-spectrum students reported having a psychological disorder before entering college (Greathouse et al., 2018). These students reported higher rates of self-injury, eating disorders, suicidal ideation, suicide attempts, tobacco use, drug use, and feeling anxious, depressed, isolated, lonely, homesick, and overwhelmed than their heterosexual and cisgender peers (Greathouse et al., 2018). Given this evidence, the mental health of LGBTQ+ college students should be a major concern for higher-education administrators, faculty, and student affairs professionals.

While greater attention to LGBTQ+ student mental health is necessary, scholars have devoted greater focus in recent years to intersectionality among LGBTQ students, including increased attention to intersections of LGBTQ+ identities with race (e.g., Duran, 2019), spirituality (e.g., Means, 2017), and disability. The limited research about queer students with disabilities[1] in higher education that has thus far emerged includes an interview-based study with one gay male college student with a physical disability (Henry et al., 2010). More recently, studies about LGBTQ+ students with disabilities have examined marginalization and microaggressions experienced in classrooms and on campus (Miller, 2015; Miller & Smith, 2020), how students explore their identities and build community online via social media platforms (Miller, 2017), and how students consider whether and how to disclose their identities to others (Miller, Wynn, & Webb, 2019).

Few scholars have examined the experiences of LGBTQ+ college students with disabilities, but the available evidence indicates poor

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1. Naming and labeling identities and communities is a personal and political practice. We use the plus sign (LGBTQ+) to acknowledge the expansiveness of gender and sexual identities as well as the terms beyond LGBTQ used by participants in this study. In referencing disability, tensions arise between identity-first language (disabled students) and person-first language (students with disabilities). In this study, we report the terminology that individual student participants disclosed and preferred. In citing other studies, we also use the terminology originally used by the authors. In naming groups and communities, we use a combination of identity-first language (such as in the title of the article) and person-first language. While person-first language has gained prominence in literature about disabled students, we also note that identity-first language can help move away from medicalized language and honor the agency of disabled students.

mental and physical health, underutilization of disability accommodations, and frequent marginalization. Across 24 publications in primary, secondary, and postsecondary education as well as community-based settings in the United States and internationally, Duke (2011) found that LGBT youth with disabilities, across gender and sexual identities and disability categories, frequently experienced discrimination (e.g., Blyth & Carson, 2007; Thompson, 2007) and were at higher risk for depression, anxiety, substance abuse, and suicidal ideations and attempts than their non-LGBTQ peers (e.g., Fergusson et al., 1999). Specific to the mental health of LGBTQ students with disabilities, one national survey sample found most LGBTQ students with disabilities reported some depressive symptoms, with 12% of students indicating they had attempted suicide within the past year (Miller, Dika, et al., 2021). A single-institution survey of 405 LGBTQIA+ students with psychological disabilities revealed most students (79%) did not seek disability accommodations on campus, and students perceived low levels of respect for students with disabilities on campus (Miller & Dika, 2018).

While a variety of studies have considered the mental health needs and experiences of LGBTQ+ students (e.g., Oswalt & Wyatt, 2011; Westefeld et al., 2001), existing research has not specifically addressed the mental health of LGBTQ+ college students with disabilities. To be sure, challenges exist in defining and operationalizing mental health, disability, and the relationship between the two, as mental health outcomes and diagnoses are not interchangeable, and even those with psychological/psychiatric diagnoses may not view themselves as disabled. Disability may be variously conceptualized based on diagnosis, identity, and/or experience (Friedensen & Kimball, 2017). Disability can also be seen as an umbrella term, as it was in the present study that included students with a wide variety of disability and impairment types—some of whom may identify with a particular impairment but not with a wider disability community or identity (Evans et al., 2017; Price, 2011). These complexities are worth exploring as practitioners and researchers seek to understand students' holistic experiences. We argue that with additional information about disabled LGBTQ+

college students' mental health, college and university leaders, educators, and service providers would be better positioned to holistically serve students across intersecting minoritized identities; namely, as related to this study, disability, mental health, gender, and sexuality.

## Research Purpose and Methods

The existing literature on LGBTQ+ students with disabilities paints a portrait of risk for poor mental and physical health outcomes, yet emerging research is also exploring well-being and how students manage their identities and find community. This research contributes to our understanding of mental health among LGBTQ+ college students with disabilities. The major aim of this project was to explore and document how LGBTQ+ college students with psychological and psychiatric disabilities described their intersecting identities and their use and navigation of resources related to mental health.

To accomplish this purpose, we utilized existing data collected from a larger study of LGBTQ+ students with disabilities. The constructivist grounded theory study (Charmaz, 2014) included semi-structured, intensive one-on-one interviews with 31 LGBTQ+ students with disabilities enrolled at two predominantly white universities in the southern United States. Participants who identified with or experienced any disability were eligible to participate, and medical diagnosis was not a criterion; in this way, the study welcomed students who might conceive of disability based on diagnosis, identity, and/or experience (Friedensen & Kimball, 2017). Among the 31 participants, we focus here on the 20 participants who named psychological/psychiatric disabilities such as depression, anxiety, post-traumatic stress disorder, and bipolar disorder. It is important to note that student participants in this study described various terminology around mental health such as mental health issues, struggles, challenges, or conditions, and some considered mental health or psychological diagnoses as disabilities while others did not. Because students identified simultaneously

with multiple disabilities, some may have seen themselves as disabled based not on mental health conditions or diagnoses but based on ADHD, autism, chronic illness, or sensory disorders, to name only a few examples. Several students also pointed out that they identified with one or more disabilities but are also able-bodied. While this notion of disability as an umbrella term helped many students see themselves as advocates for (other) disabled people, it may have also reinforced a hierarchy of disability (Thomas, 2000; Tringo, 1970), contributing to students creating real or perceived distance between themselves and those they viewed as more severely or visibly disabled.

Participants were asked to describe their identities (including how mental health intersected with their LGBTQ+ and/or disability identities) and how they used and navigated mental health resources. We identified excerpts from interview transcripts that dealt specifically with these topics, and then engaged in an inductive coding process using constant comparative analysis (Charmaz, 2014) to identify codes and, eventually, themes that we present in this manuscript. As a team, we also reflected on our own subjectivities and positionalities in relation to this research project. We are a team of five researchers with a range of roles in higher education (master's student, doctoral student, faculty members, administrator). We also hold various social identities of race/ethnicity, gender, sexual orientation, and disability, and some of us have experienced mental health challenges and diagnoses. We found these perspectives to be an asset as we worked on this project as a team and could leverage our varied social locations and viewpoints to enrich our analysis of the data.

## Findings

### *Negotiating Intersecting Identities*

Disabled LGBTQ+ students in this study described themselves and their identities using a multiplicity of contextual terms, with shifting

meanings across time and space. In this section, we address how students described their identities and negotiated intersecting identities and experiences. See Table 1 for a snapshot of how participants described their identities.

### *Utilizing Mental Health Resources*

Participants reported using counseling services both on and off campus, revealing a range of helpful and unhelpful experiences. Their descriptions of the helpful interactions are consistent with how the American Psychological Association defines helping relationships: "A relationship in which at least one of the parties intends to promote the growth, development, maturity, or improved functioning of the other" (APA, 2020, para. 1). They included receiving support, gaining insight, and building a sense of community with others who share similar experiences. The unhelpful interactions involved structural barriers to accessing counseling as well as cultural competency issues that impeded their engagement in the therapeutic process. Participants reported that both on and off campus counseling were helpful. They also described unhelpful experiences in campus-based counseling. No unhelpful experiences were reported in community counseling.

### *Helpful Counseling Experiences*

Participants described how their interactions with counseling center staff assisted them in their journey to developing a sense of *community* with others with whom they share beliefs, values, and purpose. Eva stated: "It was nice when I was part of a support group [at the counseling center]. It was just like people that I'd meet with every week were struggling with some of the things that I was struggling with, so it was really cool."

 While connecting with others who share common experiences can be helpful and can lead to increased understanding and improved functioning, it can be difficult for students to reflect on issues that have

*Table 1. Participants*

| Pseudonym | Pronouns | Self-identified disabilities and mental health conditions | Self-identified LGBTQ identities | Description of identities |
|---|---|---|---|---|
| Adrianna | She/her | Addiction, anxiety, depression, eating disorders, OCD, PTSD | Bisexual | "I've probably been bisexual identified since I was like 12 or so. Let's see, as far as disability and stuff goes, I've always had brittle bones, so I'm usually on crutches or in a cast at least one month out of a year. My second year of grad school, I broke my foot three times in a row. It really sucked, but then I get to skip class every time it rains, so that's kind of cool. I also—I have a whole panoply of disabilities that I'm registered with [disability services] for and that ranges from PTSD to OCD to depression, anxiety, anorexia, bulimia, addiction, alcoholism, I think that's it." |
| Aurora | They/them | Anxiety, depression, neurodivergent | Non-binary/trans, polyamorous, queer | "I am disabled. I suffer from well, sometimes suffer, sometimes delight in a lot of different neurodivergent kind of diagnosed and self-diagnosed conditions. I am also a veteran of mental hospitals and all the ableism that's going on in the world right now and always, forever. I am Jewish, but from a mixed religious background. I'm queer. I'm polyamorous, kinky and trans. Specifically nonbinary. I find myself usually at the intersection of a lot of different descriptions." |
| Brad | He/him/they/them | Asperger's, bipolar disorder, dyslexia, dysgraphia, processing disorder | Asexual, biromantic, transgender | "I am asexual, biromantic, transgender male. . . . A lot of the times, they'll understand the transgender part, but biromantic is a lot of where I have to explain. And they're like, 'so how is that different from being bisexual?', and I'm like well bisexual means I'm sexually attracted to both male and female genders and but I'm not, not sexually, I'm romantically attracted. Well I actually have Asperger's. I also have a bunch of other disabilities. So I actually am dyslexic and dysgraphic and I have a processing disorder, and I also have bipolar one." |

| Pseudonym | Pronouns | Self-identified disabilities and mental health conditions | Self-identified LGBTQ identities | Description of identities |
|---|---|---|---|---|
| Desi | He/him | ADHD, anxiety, Asperger's, depression | Demisexual, queer, trans | "I am a person of color. A mixed ethnicity person of color, which is absolutely different from ancestors who are both white and person of color because I am just a person of color. Within that, I identify as both Mexican and Chinese. I try not to use Asian Hispanic because I don't agree with the word Hispanic because I don't want to acknowledge the way that the Spaniards treated my ancestors. I identify as queer. Within that, I identify as transsexual and demi sexual. I identify as a person with Asperger's because of the diagnosis I had when I was a child." |
| Diego | He/him | Anxiety, depression, narcolepsy | Gay, queer | "I'm a Latino, gay male, or a gay Latino male. But when I think about it, those are the terms I chose because those are the most easily recognizable to other people. As opposed to saying queer, Mexican American, non-heteronormative man. . . . I know that I don't have a severe, limiting disability. The first diagnosis I received was generalized anxiety disorder. I saw my sleep doctor for about a year before they actually put me on a narcolepsy test." |
| Elijah | He/him | Bipolar disorder | Gay | "Bipolar disorder has been very predominant in my life since I was a teenager. . . . It is no longer a daily part of my life, I take a couple of pills every night. I try to sleep enough hours, and I'm OK. It's not a big deal . . . [it] provides me with space to consider the other identity. Whereas when the other identity, the bipolar identity was dominating 24/7 my life and the lives of everybody else that was within 15 feet of me, dealing with the other identity was impossible." |
| Ella | She/her | Anxiety, depression, hard of hearing | Queer, trans | "I do identify as white, Irish Chicana, queer, straight, trans woman, former Christian, and I'm someone who lives with cyclical depression; it's called generalized anxiety now. And slightly hard of hearing and I come from lower middle class working class upbringing. . . . Introverted pretty strongly." |

| Pseudonym | Pronouns | Self-identified disabilities and mental health conditions | Self-identified LGBTQ identities | Description of identities |
|---|---|---|---|---|
| Eva | She/her | Anxiety, depression, eating disorder, PTSD | Bisexual | "I identify as Mexican American. . . . Senior year of high school is when I began to understand my feelings and my identities. Coming from a mixed background and coming from a background with very little, to few to know LGBTQ people represented, meant that I didn't necessarily have a familial relative or a relation that could help guide me through that process." |
| Haley | She/her | Depression, pregnancy | Queer | "I identify myself as a young, queer, mother of color and I have never identified myself to others as a person of disabilities, but I have them. . . . That and I have come to realize that emotional illnesses I guess count. That there are such things as mental illness that can disable you, and I've had depression my whole life. I guess I got to the point, where I assumed that suicidal thoughts everyday is normal." |
| Jackie | She/her | Anxiety, autoimmune disease, brain malformation, depression | Asexual, quoiromantic | "I would self identify as disabled, and really vague for myself. I would just stay clear, because most people laugh at asexual. Even if I mentioned it, I probably wouldn't . . . because it's not a big part of my life, especially right now, because I don't have the will to try. . . . I guess it would just be art major, senior, hoping to get my master's. I'm 21, five-four, and disabled, looking for fun! . . . I'm the whitest kid!." |
| Jason | He/him | ADHD, bipolar disorder, generalized anxiety disorder, vision impairment | Gay, transgender | "I'm trans. . . . I have multiple disabilities besides my primary one which is my vision impairment, I'm legally blind and I use a cane to get around. And I have ADHD and generalized anxiety disorder and bipolar disorder and I have the bad one, bipolar one, which really sucks, but especially since I have bipolar disorder I can't do what's called informed consent to get on HRT [hormone replacement therapy]. . . . So I have to get a gender therapist or psychologist or whoever can write you a letter for homes. . . . I would identify as a gay man because I view myself as a man, I a man, but I still like men." |

| Pseudonym | Pronouns | Self-identified disabilities and mental health conditions | Self-identified LGBTQ identities | Description of identities |
|---|---|---|---|---|
| Kristen | She/her | Anxiety, depression | Bisexual, queer | "I identify as queer or bisexual, just kind of depending on who I'm talking to. . . . And most people are aware of my mental health issues I've been facing for about 12 or 13 years. . . . I identify as female and I am white, but I am a registered Native American." |
| Madison | She/her | Autism spectrum disorder, mental health | Queer | "I'd probably say scientist or engineer first, because that's the thing that really defines me, is the way that I look at the world is different from the typical person. . . . Sure, I'll identify myself as female, but I don't really see that as an important part of myself and yes, I'm disabled and that does color the way that I see and interact with the world, but right now that's not most salient part of my experience. . . . I identified as bisexual, but right now I'm more queer just because it's too nebulous in changing for me, it's easier for me to use that identity." |
| Maria | She/her/ they/ them | Anxiety, depression, PTSD | Genderqueer, queer | "I'm a queer Latina. Sometimes I identify as Chicana depending on which settings I am in. Very few times I would identify myself as genderqueer, publicly. . . . I don't like the word disabled. I struggle with mental health." |
| Marie | She/her | Anxiety, depression | Lesbian | "I'm pretty bubbly. I love politics. I'm a bit of a news junkie. . . . I do identify as a lesbian, leaning toward bisexual. I've been reevaluating my sexuality within the last couple of years, and that's been an interesting experience. A big part of my life, whether I like it or not, is that that I do have anxiety and depression, and it's something that most people don't realize, and it's not very visible, but really does affect the way I interact with people, I interact with my surroundings and all that." |

| Pseudonym | Pronouns | Self-identified disabilities and mental health conditions | Self-identified LGBTQ identities | Description of identities |
|---|---|---|---|---|
| Miranda | She/her | Anxiety, autism spectrum disorder, Lyme disease, neuromuscular condition, OCD | Asexual, panromantic, queer | "I always do identify myself as disabled. When I go more into detail with it, what I typically tell people is that I have a neuromuscular condition, because otherwise it's a 10 minute talk on Lyme disease. . . . I do also usually identify myself as autistic. A lot of people like aspie or Asperger's. I don't necessarily care for that because within the autistic community a lot of people feel like that's a hierarchical term, which I don't care for, especially because there's a lot of media representation about autistic people are either nonverbal and low cognitive ability or super genius type. . . . I never used to consider myself asexual, I just thought I was damaged." |
| Rodney | He/him | ADHD, depression, heart condition | Gay | "Cultural identity, I'd say I'm multiracial. My mom is white, my dad is black. That's how I'd identify. I'd definitely say I identify as gay because I'm comfortable with that, or queer if someone wants to call me that, I guess I've never self-identified as queer per se. I think of it as an umbrella term under which I identify in the same way that I think I'm human but don't refer to myself as that." |
| Sandy | She/her | Anxiety, depression, OCD, sensory processing disorder | Lesbian, queer | "The first identity I say about myself is really different depending on what language I'm speaking. . . . I'm that militantly out lesbian, you're going to pay attention to me, so I start with that a lot. I'm gay. . . . I have a disability. I am biracial. I am a dog owner. I'm a student, which I guess is really important, although it's become less important since I became engaged." |

| Pseudonym | Pronouns | Self-identified disabilities and mental health conditions | Self-identified LGBTQ identities | Description of identities |
|---|---|---|---|---|
| Shannon | She/her | Anxiety, depression, frequent injuries/ temporary disabilities | Bisexual | "I've had some ups and downs, and definitely along the way, I've had bouts of depression and anxiety. I've also had a lot of other things happen to me in my life where it seems like everything is going OK, and then something happens to me and it totally disrupts how things are going for me in school, some of those being physical ailments, like it seemed like always something is going on. . . . As far as how sexuality intersects with that, I probably have known since I was like five years old that I was bisexual, but I didn't have a word for it." |
| Taylor | They/ them | Anxiety, depression, PTSD | Non-binary/ trans, pansexual, polyamorous, queer | "If people ask me about my sexuality I'll say I'm queer and if they ask more about it and they are nice people, I'll clarify and say I identify as pansexual. I also identify as non-binary, as trans. . . . I do identify as mentally disabled in that I have depression and anxiety which can be very debilitating at times." |

challenged them for years and to identify long-standing patterns of thoughts and behaviors—helpful and unhelpful—that they have developed in response to these issues. Some shared how counseling helped them gain greater self-awareness.

*Insight* is "an awareness of underlying sources of emotional, cognitive, or behavioral responses and difficulties in oneself or another person" (APA, 2020, para. 1). Participants described their experiences in counseling both on and off campus that helped them gain insight into their mental health challenges. Eva stated: "I started going in. They essentially made me realize that it was more serious than I was taking it, which of course you're going to have certain kinds of dysmorphia. If you're thinking with a mental illness, you just don't always see things clearly." Taylor described gaining insight and receiving support:

> For several years, I'd been dealing with depression and didn't know what I was dealing with. I felt terrible all the time. I was like, "Well, something's just wrong with me. I don't know what." That, or "Everybody else feels like this, and I just can't handle it because I'm a terrible person." The usual thing. Then I had people around me, though, who were like, "I think you might be depressed. Maybe you should go to the [counseling center]." . . . I met some really great people who were very supportive of me.

Eva also shared similar outcomes in her experiences with counseling in the community.

> Then, I did worse this past fall, I guess. Getting more into thoughts of suicide and [ideation] and all that stuff. I got connected with a member of the counseling community in [the city]. She pretty much explained to me . . . that these things are very common with PTSD. That's kind of when I realized that maybe because of my culture, mental illness isn't as much of a thing. . . . Because of traumatic experiences in my childhood I have experienced problems my entire life. I don't feel like I would be stepping out of my place or that it would be unreasonable to say that I probably have PTSD.

Research shows that various forms of *support*—social, family, professional—are a protective factor in dealing with mental health concerns and in overall development and well-being (Budge etc., 2014; Roohafza, et. al., 2014; Vaccaro & Mena, 2011). Participants expressed appreciation for the support they received from counseling on campus. Shannon said:

> I liked that I was able to come back and meet with the same person three or four times to check up and see how I'm doing. I felt really cared about in those processes. I didn't find out about them until after my dad passed away. They sort of helped me transition between, "Okay, it's finals week and my dad just died, what the hell am I going to do?" to like, "Okay. It's going to be okay. We've talked to all your professors. All you have to do is just deal with what's going on in your life and they all understand and will be waiting for you next semester to come and talk to them." That was really helpful.

They also reflected on supportive spaces on campus that are therapeutic. Taylor spoke about using the relaxation room at the counseling center on campus:

> You can have a soft reading light if you want a book. The chairs there are laid back and have the leg support and everything so it's a space to go and relax for people who have a lot of anxiety or even if it's just a really stressful day. It's really nice, I don't know what it's called, I just call it the quiet room. It's nice, though, and it's really soft. I have migraines decently frequently so for me it's always a place if I'm on campus and I have the ability to go there, it's not too bad, I like to go there.

Several participants reflected on their supportive community counseling experiences. Sandy said, "I guess I've just spent some minimal time at [the counseling center] when it was necessary, but I really prefer to use an off-campus therapist." Similarly, Shannon said: "I was able to get help in that particular instance through outside sources." Rodney

remarked, "I am now seeing an outside person in the community for that stuff. That's going fine."

### Unhelpful Counseling Experiences

Participants described challenges they experienced in counseling that led to not receiving help with their presenting concerns and to overall dissatisfaction with the experience. Cultural competency and structural barriers were identified as primary issues that led to unsatisfactory and unhelpful counseling experiences. The following are reflections on campus-based counseling experiences. Participants did not disclose any unhelpful community-based counseling experiences.

*Cultural competency* is the knowledge, skills, and actions involved in understanding one's own and a clients' worldview, values, beliefs, social identities, and experiences with power, privilege, and oppression. Culturally competent counselors create safe, supportive, and caring relationships that foster self-acceptance and personal development and respect clients' beliefs and attitudes related to presenting concerns and treatment options (Bhui et al., 2007; Harper, et. al., 2013, Ratts, et. al., 2015). Overlooking or ignoring cultural dynamics results in ineffective or harmful counseling experiences and creates barriers to future engagement in counseling. Maria shared a story of feeling unheard and invisible in a counseling experience on campus:

> I had gone to a counselor because the anxiety was getting incredibly high . . . I requested somebody who is culturally confident, because at the moment, that's what I thought I needed. The way that the counselor responded. . . . She is sitting in the room where I'm trying to deal with this where she's not acknowledging where I'm coming from. She is making all these assumptions about my sexuality and how that's, I don't even know how it came in, but it was like that's not ok. . . . The last time, they gave me this rich, white counselor who just in the way she presented herself, I could tell she just came from a very different background. She might have all the degrees in the world on Mexican American culture and she

might speak Spanish better than me, but she was on a completely different page. It's hard to find somebody who I felt safe in all areas.

Shannon said,

> I have a lot of friends who see counselors that are queer or see only queer clients. I feel like if I was seeing one of those people maybe we would be talking about the intersectionality between depression and my sexuality. The person that I'm seeing now, we haven't had that conversation. I'm sure she'd be totally fine with it and accepting but, knowing that's not her specialty and she doesn't identify as queer. I'm very aware of that so I just don't typically bring that up.

*Structural barriers* refer to an organization's availability to provide care and can include proximity of facilities, excessive wait times, rigid policies and procedures, and session limits (Ketchum, 2018). Haley highlights her experience and frustration with these barriers to counseling at her campus counseling center:

> So, I set up an appointment and I couldn't find the building. And then I couldn't find parking. . . . I arrived 16 minutes late and was told, "No, you have to reschedule." I was, like, fuck it, and I left. I never rescheduled because that was my crisis moment and that was the day that I really needed to talk to somebody and it just seemed kind of silly because if you had already blocked that therapist for 30 minutes, what's the harm in letting me see them for 14?

Aurora discussed ongoing challenges she faced while trying to maintain mental health care:

> You only get to work with a psychiatrist from the center for two semesters. Finding a new psychiatrist, I don't know if you've ever done it, but it is a pain in the ass. Specially if you're young or if you're without insurance, or queer or trans and you want someone who will get that. I'm

feeling the pressure of ok, what am I going to do after this runs out? It's always looking forward to the next challenge.

## Recommendations

Based on the findings of our research, we offer several recommendations for higher education practitioners, with a focus on wellness, mental health, and counseling providers.

- Prioritize cultural competency in recruitment and retention of all staff in counseling organizations.
- Provide regular training opportunities that support cultural competency goals, including intersectional cultural competency on the unique identity intersections and experiences of disabled LGBTQ+ students. For instance, providers and staff should be trained in understanding the complexities of identity disclosure decisions and be able to validate a range of decisions students may make to disclose, or not disclose, their identities in various contexts (e.g., Miller, Wynn, & Webb, 2019) and to understand that students may or may not *identify* as disabled (Friedensen & Kimball, 2017) or with a wider disability community (Price, 2011).
- Revise policies and procedures to be more client centered. Include more flexibility in order to respond to unique client situations. Incorporate client feedback in ongoing review of policies, procedures, and therapeutic approaches.
- Advertise/promote counseling services and resources regularly and in mediums and spaces that reach student populations. For example, counseling providers should develop strong partnerships with disability service providers on campus, as disabled LGBTQ+ students may not engage all available resources on campus (Miller & Dika, 2018).
- Campus-based counselors should be engaged in outreach, including partnering with other campus organizations and affinity groups

such as faculty and academic affairs, as disabled LGBTQ+ students may experience marginalization and microaggressions within classrooms in particular (Miller, 2015; Miller & Smith, 2020).

- Promote holistic mental health services beyond one-on-one therapy sessions. Such approaches might include identity-based discussion and support groups.
- Normalize discussions of holistic mental health that enlist *all* campus community members—particularly faculty, staff, and administrators—as mental health advocates who are aware of the experiences of disabled LGBTQ+ students and who are able to provide practical, current referrals as needed. Leadership of such efforts may come from a senior university wellness officer (Fox, 2021).

## Biographies

**Ryan A. Miller's** research agenda addresses (1) the experiences of minoritized social groups in higher education, with emphasis on identities of sexuality, gender, and disability, as well as intersecting social identities, and (2) the institutionalization of diversity and equity initiatives within colleges and universities. Email: ryanmiller@uncc.edu.

**Richmond D. Wynn's** research focuses on the intersectionality of identity, traumatic stress, and health outcomes. He is specifically interested in the ways in which culturally diverse lesbian, gay, bisexual, and transgender (LGBT) people negotiate their identities and manage their health. Email: rwynn@unf.edu.

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**Lex Guo's** primary research interests are the intersections of queer and Deaf culture, the manifestations of queerness in Asian cultures, and the effects of native language on perceptions and manifestations of identity. Email: mnewma20@uncc.edu.

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