



A Bad Idea: Forced Medical Withdrawals and Mental Illness in Higher Education

With special thanks to Dr. Brian Van Brunt, Dr. Chris Taylor, Dr. Amy Murphy, and Bethany Smith for their contributions.



The Problem

Forced medical withdrawals for students experiencing mental illness present significant legal and ethical challenges. Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, institutions must avoid discriminatory treatment based on disability, including psychiatric and mental health conditions. Policies that remove students solely due to mental health concerns risk violating these protections, especially when reasonable accommodations or supportive measures could allow continued enrollment.

A forced medical withdrawal policy risks conflating disability with misconduct and can easily slip into discriminatory practices under ADA/504. When institutions anchor their response in conduct policy, they preserve accountability while maintaining compliance with federal disability protections, reserving the option of forced medical withdrawal only for those rare situations where the direct threat test can be met legitimately.

Miller¹ argues that many colleges use mandatory psychiatric or medical leaves as a default response to mental health crises, often requiring withdrawal or mandated treatment for students deemed a “risk.” While institutions claim this protects safety, these policies can violate federal disability laws and stigmatize mental illness, treating it as misconduct rather than a medical condition. An actual risk to a student’s own safety may include situations in which the student is unable or unwilling to carry out substantial self-care obligations or has health needs requiring a level of care that exceeds what the university can provide appropriately.

Involuntary Medical Withdrawals (IMW) should not be the first option explored with a student who has mental health problems that are interfering with their ability to perform at college. IMWs require the student to meet a four-part direct threat test that involves assessing the student and determining whether they present an imminent risk to themselves or others.¹ Few students meet these criteria outside of the psychiatric unit, and recent changes at the Office of Civil Rights now prevent schools from IMW of a student who is a danger to self.

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Four-Part Direct Threat Test

The Department of Education and the Department of Justice have clarified that before imposing a forced withdrawal, schools must apply the four-part “direct threat” test, assessing whether a student poses:

1. A significant risk of substantial harm,
2. Based on objective medical evidence,
3. That cannot be mitigated through accommodations, and
4. Is individualized, not based on stereotypes or generalizations.

Meeting this standard is extremely difficult unless a student is currently under an involuntary psychiatric admission, demonstrating clear evidence of imminent harm. Otherwise, reliance on forced medical withdrawal risks both legal liability and reputational damage. This process should be a last resort, pursued only when progressive conduct responses have failed and reasonable accommodations cannot mitigate the risk. In those cases, an individualized “direct threat” assessment using medical/psychological expertise documents that the student’s continued presence would cause substantial harm.

¹ Miller, M. (2016) Before It’s Too Late: The Need for a Legally Compliant and Pragmatic Alternative to Mandatory Withdrawal Policies at Postsecondary Institutions.

Masinter² emphasizes that colleges may not discipline or exclude students solely for mental-health-related speech or behavior unless an individualized, evidence-based assessment determines that the person poses a direct threat to others. This standard, drawn from ADA regulations, OCR guidance, and *Bragdon v. Abbott*,³ requires objective medical judgment, using current clinical knowledge, rather than stereotypes or fear. Failure to follow this process may result in findings of disability discrimination. While universities must prioritize campus safety, disability rights law limits the use of punitive responses. Institutions have the authority to act only when credible evidence indicates an imminent or ongoing threat, and they must use non-punitive, time-limited medical leaves with transparent readmission pathways rather than indefinite exclusions.

Four-Part Threat Test	Question	Considerations
Nature of Risk What conduct is present rather than diagnosis or assumption?	What specifically is the behavior or condition that creates a potential danger?	Is the risk significant? Has objective medical evidence determined the risk?
Duration of the Risk How long/in what context has this occurred?	Is this a temporary flare-up (e.g., an acute episode that can be stabilized) or a sustained pattern of dangerous behavior?	Was the risk assessment individualized, specific, and objective?
Severity of the Risk Is there a lethality risk that could lead to physical harm or death?	If harm occurs, how serious would it be? Is the potential outcome minor disruption or significant injury/death?	Is there a risk of significant harm based on objective medical evidence?
Probability of Harm What is the likelihood that this will occur?	How likely is it that the feared harm will happen? The standard is not “any possibility,” but whether the risk is significant and imminent.	Are there interim measures that could mitigate the risk?

Colleges must ensure that any withdrawal decision for a student with a mental health condition does not discriminate based on a disability. The 2010 DOJ revisions removed the “direct threat to self” justification, limiting institutions to act only when a student poses a direct threat to others or where the inability to care for oneself creates a direct threat context.

Under this process, a college can only remove or withdraw a student if an individualized, objective assessment shows that the student poses a direct threat that cannot be reduced through reasonable accommodations. The test is deliberately hard to meet. It’s meant to prevent schools from acting on fear, stereotype, or stigma about mental illness. Unless a student is in active psychiatric hospitalization or has made imminent, credible threats, most cases should be addressed through progressive conduct processes, accommodations, and support, not forced medical withdrawal.

OCR rulings such as *Spring Arbor University* and *Western Michigan University* clarified that forced or conditioned withdrawals based solely on mental illness can violate disability rights. A central focus is on clarifying the legal constraints under Section 504 of the Rehabilitation Act of 1973 and relevant due

² Masinter, M. R. (2020). Apply involuntary withdrawal procedures for students who pose a direct threat. *Campus Legal Advisor*, 20(9), 1, 6. Hoboken, NJ: Wiley Periodicals.

³ *Bragdon v. Abbott* (524 U.S. 624, 1998)

process principles. Higher education legal expert, Gary Pavela, emphasizes what institutions can and cannot do when considering dismissal or withdrawal for students with mental disorders, especially in public institutions. For example, he notes that dismissal decisions must provide procedural protections, such as advance notice, an opportunity to respond, and a reasoned justification. Policies must avoid arbitrary or discriminatory treatment. Broad, vague, or pretextual policies may violate First and Fourteenth Amendment protections.

Use Your Conduct Process

Instead of using forced medical withdrawal policies, colleges and universities would benefit from adopting progressive conduct policies that focus on specific behaviors, rather than diagnoses. This approach allows institutions to hold students accountable for disruptive or dangerous conduct while still honoring disability protections. In cases where a student's actions are overusing college or university services, disruptive, threatening, or dangerous, the institution should respond through the student conduct process, rather than defaulting to an involuntary medical withdrawal. Conduct systems are designed to address specific behaviors and allow for a progressive, step-by-step approach (e.g., warnings, probation, or mandated evaluations), rather than simply compiling a list of multiple past infractions and then proceeding to removal. This progression clarifies expectations for the student, offers opportunities for corrective action, and provides a transparent record of fair treatment. Importantly, conduct procedures remain focused on observable behavior and campus impact, not assumptions about a student's psychiatric diagnosis or disability status.

Consider the following cases. In each of them, a conduct-focused, accommodation-oriented response is more appropriate and compliant with federal disability law than a forced withdrawal.

- ❖ A student with severe depression misses multiple classes and assignments; faculty push for withdrawal instead of offering academic supports or medical leave options.
- ❖ A student with bipolar disorder becomes disruptive during a manic episode in class; instead of using conduct to address the disruption, administrators seek a withdrawal.
- ❖ A student engages in repeated self-injurious behavior that alarms peers; rather than addressing the conduct with safety planning and treatment options, the institution considers withdrawal based on the mental health condition alone.

When institutions avoid using the student conduct process, particularly one grounded in due process, fairness, and equity, they risk undermining both accountability and student growth. A progressive discipline framework ensures students are given clear feedback, structured opportunities to reflect on their actions, and multiple chances to make different choices over time. Without this ongoing and transparent approach, colleges may default to ad hoc or overly punitive responses, leaving students feeling singled out or coerced rather than supported in making behavioral changes.

Applying conduct policies to cases involving depression, personality disorders, or bipolar disorder may appear harsh or create poor optics. However, fairness requires that the conduct process be applied to all students consistently, regardless of background or condition. The key is not to exempt or shield students from accountability out of sympathy but to ensure that the process is progressive, individualized, and paired with supportive resources so that conduct expectations are upheld while compassion and equity remain central. This includes providing reasonable accommodations within the conduct process itself, such as modified timelines, support persons, or alternative hearing formats, to ensure students with disabilities can meaningfully participate while still being held accountable for their behavior.

Five Reasons Colleges Underuse Their Conduct Process

1. **Fear of Legal Liability or ADA/504 Violations:** Administrators worry that applying conduct policies to students with mental health or disability-related concerns will appear discriminatory. Staff should be trained to distinguish between behavior and diagnosis, with an emphasis on applying conduct processes fairly when decisions are based on documented actions and individualized assessments.
2. **Overreliance on Crisis or Withdrawal Policies:** Schools default to medical withdrawals or emergency removals instead of working through progressive conduct steps. Colleges and universities should develop decision-making flowcharts that show conduct responses as the first line of intervention, with medical withdrawal reserved for rare situations that meet the “direct threat” standard.
3. **Lack of Staff Confidence or Training:** Residence life, faculty, and administrators often feel unequipped to confront behavior through conduct processes, particularly when mental health is involved. Schools should provide ongoing professional development in progressive discipline, motivational interviewing, and conflict management, reinforcing that early, fair intervention benefits both the student and the community.
4. **Cultural Hesitation to ‘Punish’ Struggling Students:** Staff may avoid applying conduct policies out of sympathy, believing students dealing with depression, trauma, or stress are “already going through enough.” Conduct should be viewed as a supportive accountability process, rather than a punitive one. Staff training should emphasize how it can provide students with structure, clarity, and opportunities for improvement.
5. **Inconsistent or Fragmented Application Across Campus:** Faculty, housing, and counseling staff may all respond differently to disruptive behavior, leading to uneven use of conduct systems. To address this fragmentation, consider centralized reporting, establish clear cross-campus protocols, and ensure that conduct officers provide consistent follow-up so students experience a coherent, equitable process.

Legal Examples

Courts are particularly critical of mandatory leave/withdrawal policies that are triggered by a diagnosis or behavior without an individualized evaluation, or that impose overly burdensome reinstatement requirements. Deference is afforded for academic or professionalism standards, but only when those standards are clearly articulated, essential to the program, applied in a fair process, and when accommodations have been considered. Similarly, requiring students seeking readmission after a medical leave to satisfy specific conditions (such as treatment completion) is permissible, but these requirements must not be excessive, discriminatory, or applied in a manner that denies meaningful access. They must also be consistently applied across all medical conditions (physical and mental illness).

In addition, policies that pressure students into taking a “voluntary” medical leave under the threat of an involuntary withdrawal are often viewed by courts and regulators as coercive and therefore legally problematic under ADA/504. A truly voluntary leave must be initiated by the student, supported by medical evidence, and chosen freely after exploring other accommodations. When institutions instead create an environment where students feel they must accept withdrawal or face the stigma and consequences of being “forced out,” the voluntary nature is undermined. This dynamic can appear discriminatory, since the decision is rooted more in the student’s disability status than in an individualized, objective assessment of risk or conduct. It also shifts the burden on the student to leave, rather than on

the institution to provide reasonable accommodations. It bypasses the direct threat test, which requires schools to prove a significant and imminent risk of harm that cannot be mitigated. Poor application of this process can send a chilling message to other students with disabilities, discouraging them from seeking help because of fear of removal.

Pavela⁴ outlines a set of recommended structural features that policies should include to reduce risk and

Do not pressure or coerce a student away from the conduct process with promises of a more lenient process through a voluntary medical withdrawal. Simply leaving campus through a voluntary medical leave should not negate a conduct process the student experiences for their inappropriate classroom behavior or threatening comments caused by their mental distress. Perhaps the conduct process is put on hold until the student returns to campus or is ready to participate in a meaningful way. The danger here is creating a dual process where students who can come up with a “mental health problem” are given a free pass for their behavior.

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increase fairness. He suggests that any policy should include a clear statement that defines its scope, purpose, and authority, along with adequate advance notice to the student of the concerns or conditions. Colleges must not rely solely on internal judgment, but rather on independent psychiatric evaluations that are then reviewed by campus administrators (not a single decision-maker). It must include a written explanation of the reasons for the decisions and an opportunity for the student to conduct an informal review. Students must also have access to legal counsel during the process.

Ultimately, policies should be neutral, apply equally to physical and mental health conditions, and include a collaborative assessment process with medical professionals, counseling staff, and administrators. Institutions should maintain confidentiality, document every decision, and provide a fair appeal process. When withdrawal is unavoidable, colleges must establish clear, individualized return procedures that avoid rigid timeframes and automatic reentry denials.

Bond & King⁵ argue that effective policies require balance, protecting safety without discriminating against students

with psychiatric disabilities. They recommend that schools focus on prevention, staff training, and interdepartmental coordination rather than reactive removals, emphasizing that involuntary withdrawals should be rare, individualized, and procedurally fair.

But Won't This Take Longer?

Colleges and universities that wait until behavior becomes extreme before applying their conduct process put both students and the institution at risk. When minor or moderate behavioral issues are overlooked or handled informally or subjectively, patterns can escalate unchecked, leaving staff with only severe options like suspension or involuntary withdrawal. Early intervention through the conduct process allows administrators to set clear expectations, document concerns, and provide students with structured opportunities to adjust their behavior before problems become crises. This not only protects the safety of the community but also gives students the best chance to remain engaged in their education.

⁴ Pavela, G. (1990). *The Dismissal of Students with Mental Disorders: Legal Issues, Policy Considerations, and Alternative Responses*. College Administration Publications.

⁵ Bond Schoeneck & King PLLC. (2022). *Dealing with the student mental health crisis on campus: Are involuntary withdrawal policies or mandatory medical leaves the answer?* JD Supra

Progressive discipline is not punitive at its core; it is educational. A warning for disruptive classroom behavior or a probationary contract for repeated conflicts signals to the student that their behavior has consequences, while also laying out a path forward. Students who are struggling, whether because of depression, bipolar disorder, or stressors unrelated to mental health, often benefit from transparent accountability paired with supportive resources. Without early application of conduct processes, the institution risks creating an environment where students feel blindsided by sudden, high-stakes outcomes like removal or withdrawal, eroding trust in the fairness of campus systems.

Early conduct intervention strengthens legal compliance and campus equity. Federal disability law requires individualized assessments and prohibits decisions based on stereotypes. By addressing behaviors as they occur, rather than conflating them with diagnoses, schools demonstrate that they are responding fairly and consistently to all students, whether the concern is related to mental illness, personality conflicts, or even a veteran adjusting to civilian life. Avoiding the conduct process may feel compassionate in the short term, but over time, it undermines due process, fosters perceptions of unequal treatment, and increases institutional liability. Early, consistent, and fair use of the conduct process is the most effective way to balance compassion with accountability.

While not a central focus of this paper, another approach is to work collaboratively with the student and their family to determine the usefulness of a voluntary medical withdrawal. Early mental health screening and intervention are useful as proactive, legally compliant alternatives. Schools should consider implementing routine, campus-wide screenings to allow for earlier identification and voluntary treatment. Additionally, this reduces institutional liability by demonstrating preventive care rather than reactive removal, encourages a culture of support, and normalizes mental health help-seeking.

[A voluntary medical withdrawal] would allow the student an opportunity to take a break from college and come back after they are more able to manage the ups and downs of university study. This may require the school to offer some assistance in waiving the failing grades from the semester, offering a tuition waiver or housing refund.

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Institutions retain the authority to implement brief, interim protective measures in response to genuine emergencies, such as temporary residence hall reassignment or interim suspension pending assessment. However, these actions must be clearly distinguished from withdrawal decisions. Interim measures should be time-limited, employ the least restrictive means necessary, include immediate due process protections (notice and opportunity to respond), and lead to an individualized assessment rather than automatic removal. The purpose of interim action is to ensure immediate safety while proper evaluation occurs, not to bypass the direct threat test or circumvent conduct processes.

Even well-framed claims regarding medical or psychiatric withdrawal must be timely brought; institutions often succeed on procedural defenses before a court reviews the substance. Policies should clearly define the importance of transparent processes and compliance windows, and affected students should be notified of their rights and timelines for challenge or appeal. Drawing from findings from the 2021 Ohio University case,⁶ claims based on past withdrawals may become stale; therefore, institutions should consider periodic policy reviews and look-back mitigation strategies when dealing with past student files.

⁶ Letchford v. Ohio University, No. 2:20-cv-06019, 2021 U.S. Dist. Ct. (S.D. Ohio Aug. 24, 2021).

Summary of Pavela Checklist⁷

Clear Policy Scope/Authority	Institutions should explicitly define when and under what circumstances a student might face dismissal or withdrawal due to mental health issues, and who is empowered to enact decisions.
Advance Notice to the Student	Before any action is taken, the student should receive notice of the behavioral or health concerns, the evidence or basis for concern, and what actions or decisions are being considered.
Independent Clinical Evaluation	Decisions should not rest solely on internal judgment; an objective and preferably external clinical assessment should inform whether the student poses a risk or needs intervention.
Multi-Level Review	Institutional decisions should be reviewed by multiple administrators (rather than being made unilaterally) to provide checks and balance and reduce bias.
Informal Student Review	Students should be afforded the chance to present information or arguments, explain mitigating factors, or propose supports or accommodations before a final decision is made.
Access to Counsel or Advocacy	The student should have access to legal counsel or an advocate during the process of review, especially for serious decisions like dismissal or forced leave.
Written Statement of Reasons	Any decision (e.g., withdrawal, dismissal, non-readmission) should be accompanied by a written statement outlining the factual and medical basis, how the decision was reached, and the findings supporting it.
Safeguards/Procedural Fairness	Procedural protections, including notice, hearing, opportunity to respond, appeal, should be built into the process so that decisions are not arbitrary or discriminatory.
Decision Criteria Defined in Policy	The checklist cautions that policies should clearly define criteria used to evaluate risk, the thresholds for intervention, and how judgments will be made (to avoid vagueness).
Alternative/Less Restrictive	Before resorting to dismissal, the checklist encourages exploring other responses (e.g., conditional enrollment, behavioral agreements, supports) when feasible.
Educative/Prevention	Institutions should incorporate early detection, training, or awareness to reduce reliance on withdrawal as the first response.
Legal/Disability Consistency	All actions should be consistent with Section 504, ADA, and due process, especially in how disability-related behavior is distinguished from misconduct.

⁷ Pavela, G. (1990). The Dismissal of Students with Mental Disorders: Legal Issues, Policy Considerations, and Alternative Responses. College Administration Publications.

When Do We Let Them Back In?

Institutions often struggle with determining readmission standards for students returning to campus after a voluntary medical leave for a mental health-related reason. Colleges and universities should always review policy decisions with their General Counsel and consult with the Office for Institutional Equity/Disability Services when developing a policy that has the potential to be discriminatory to students under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or Title VI.

It should not be an expectation that students provide documentation to demonstrate that they are ready to return to school after a voluntary medical leave. The leave itself is voluntary; by expecting students to complete a special set of conditions to return to school, you are treading a risky line, since there is no legal standard of what “well enough to be back” objectively means.

For instance, requesting documentation from a student coming back to campus after a suicide attempt may create the expectation that having suicidal thoughts should preclude that student from being able to return. And while many well-meaning administrators may believe that to be true, the Office for Civil Rights and the ADA have created protections to prevent this kind of discrimination based on mental health issues. When students are separated from campus for a conduct action, you have more leeway to request documentation that demonstrates their readiness to return to campus and their willingness to avoid the behaviors that led to their separation.

If you expect a student who took a voluntary leave to provide documentation from a mental health professional stating that the student is stable and able to function effectively and independently in the demands of an academic environment, you would then need to set this expectation for all students who take a voluntary medical leave. You can't pick one behavior (e.g., suicidality) and create a different standard for that. However, when students are separated from campus for a conduct action, you have more leeway to request documentation where conditions are tied to those violations instead of a diagnosis.

Rather than outlining what you require of students when they return from a medical leave, consider engaging them in a conversation to mutually agree on what they need to do or not do to be academically successful. That is different than having a list of requirements.

Pavela cautions against overreliance on psychiatric or psychological evaluations as determinative. This is because health assessments can vary, contain subjectivity, or fail to predict risk with certainty. Therefore, institutions must build decision frameworks that consider multiple sources of information, not just diagnoses. He also points out that policy must define decision criteria clearly to avoid vague or unfair application.

Making a final decision about an involuntary medical withdrawal, medical withdrawal, request for further assessment, or requirement of the student to seek ongoing therapy is secondary to the development of an engaged and interactive process with the student and family to find common ground for academic success. While following policy and procedure are essential for a fair and balanced process, most cases involving mental health are often resolved more efficiently and with less risk if all parties involved are talking and cooperative, rather than preparing their arguments and being adversarial.

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Avoiding the Minefield⁸

Mandatory Assessments/Treatment: Requiring students to undergo counseling or psychiatric evaluation as a condition of continued enrollment poses legal challenges for the institution. Such measures can be coercive if applied uniformly rather than through individualized assessment.

Conditions for Return: Some universities impose standardized requirements for reinstatement (proof of treatment, coursework). These policies may not reflect the student's personal recovery or medical context; they encounter problems when they are not grounded in the case's facts.

Behavioral Contracts: Agreements between students and institutions outlining conduct expectations may blur disciplinary and medical boundaries, creating confusion and stigma.

Disciplinary Leave: Some institutions handle self-harm behaviors as disciplinary infractions rather than health issues, a practice criticized for its punitive tone and legal vulnerability.

In Summary

Medical leave and return-to-campus policies must be individualized, transparent, and nonpunitive. Institutions should move away from one-size-fits-all withdrawal procedures that automatically separate students from the academic environment. Instead, colleges should engage in individualized assessments that consider the specific nature of the student's condition, the supports already in place, the level of functional impairment, and the student's own preferences regarding treatment and continuation of study. Policies should clearly outline the decision-making process, identify who participates in it, and provide written explanations of outcomes and appeal options to prevent perceptions of arbitrariness or bias.

Universities must also differentiate between true emergencies and manageable risks. Emergency removals should be reserved for circumstances where a student presents an imminent threat of serious harm to self or others and situations that cannot be mitigated through reasonable accommodation, crisis support, or safety planning. In contrast, students experiencing chronic or non-imminent mental health concerns should be offered collaborative interventions, such as voluntary leaves, temporary academic adjustments, or enhanced counseling access, before any involuntary measures are considered. This distinction not only complies with the post-2010 ADA and Section 504 framework, which limits "direct threat" actions to risks posed to others, but also reinforces the principle that not every episode of distress warrants removal from the educational community.

Ultimately, institutions must balance their duty of care with students' civil rights. Colleges have a legitimate interest in maintaining safety and community well-being, but that duty cannot supersede fundamental protections of due process, privacy, and equal access. Policies should therefore embed procedural fairness, notice, opportunity to respond, and appeal mechanisms alongside strict safeguards for confidentiality and disability disclosure. They should affirm that students with psychiatric disabilities are entitled to the same respect, autonomy, and participation as peers managing any other medical condition. By grounding decisions in individualized, evidence-based assessments and transparent procedures, universities can protect both community safety and student dignity, reducing stigma while remaining compliant with federal law and ethical best practice.

⁸ Miller, M. (2016) Before It's Too Late: The Need for a Legally Compliant and Pragmatic Alternative to Mandatory Withdrawal Policies at Postsecondary Institutions.

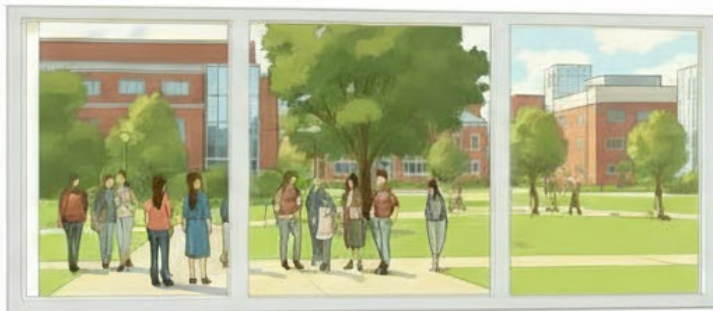
Scenarios

The following scenarios provide some practical examples of where a forced medical leave policy could open the institution to liability. Alternative suggested approaches are included.

Depression

A sophomore student reports to counseling with severe depression and academic struggles. Instead of offering accommodations, the dean tells the student, "You should consider a voluntary medical leave. If you don't, we may have to initiate an involuntary withdrawal for the safety of the community." The student agrees out of fear, but later challenges the process, arguing that no individualized assessment was made and that the decision was based on stereotypes about mental illness.

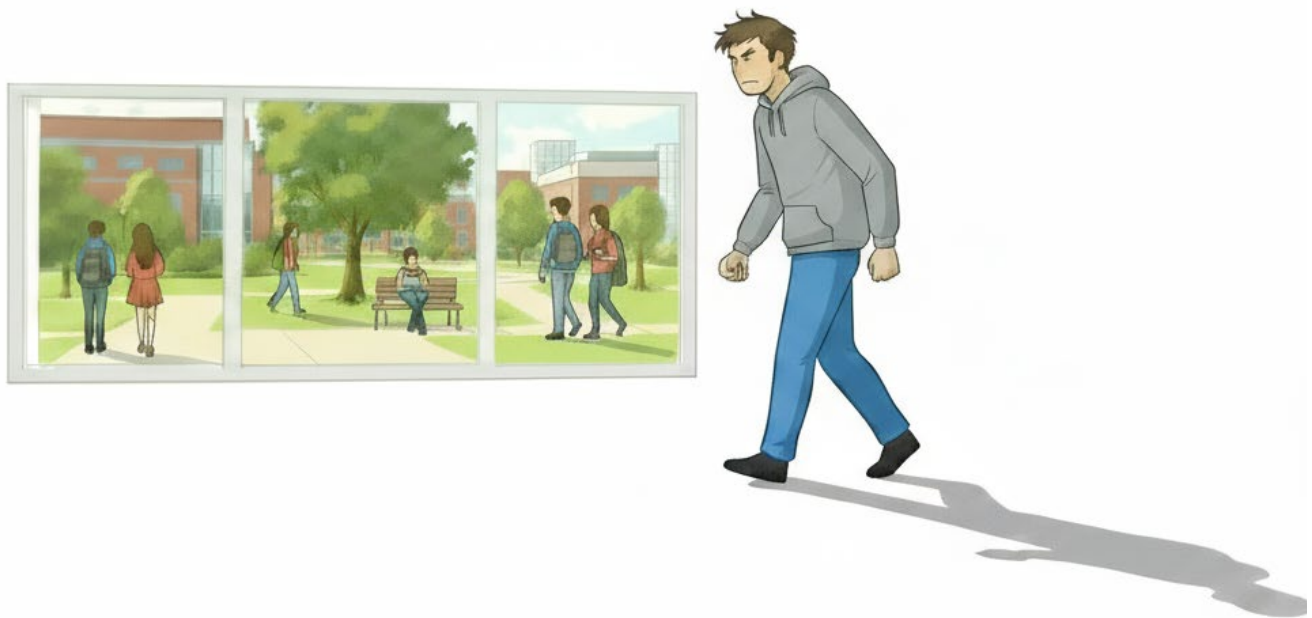
In a case like this, the college should avoid defaulting to medical withdrawal and instead begin with an individualized assessment of the student's needs and risks. Severe depression and academic struggles alone do not meet the direct threat standard required for involuntary withdrawal under ADA/504. The institution's responsibility is first to explore reasonable accommodations, such as reduced course load, exam flexibility, counseling support, or temporary adjustments, while applying existing academic and conduct policies if the behavior (not diagnosis) becomes disruptive. By documenting an interactive process with the student, considering medical input, and using progressive measures rather than relying on stereotypes, the college both supports the student's access to education and protects itself from claims of discrimination or coercion.



Bipolar Disorder with Manic Episodes

A student with bipolar disorder experiences a manic episode, during which they have several loud, argumentative interactions with residence hall staff and classroom instructors. While disruptive, none of the behaviors include threats or imminent harm. Instead of addressing the behavior through the conduct process, such as issuing a warning, setting behavioral expectations, or connecting the student with counseling support, the university pressures the student to take a “voluntary” medical leave, warning that an involuntary withdrawal will follow if they do not comply. Because no individualized threat analysis is conducted and no attempt is made to apply progressive conduct measures, this approach risks being seen as coercive and discriminatory, effectively penalizing the student for their disability rather than their conduct.

In this case, the college should respond by separating the student’s behavior from their diagnosis and addressing the conduct through established disciplinary channels. Loud or argumentative interactions can be disruptive, but without evidence of imminent harm, they do not satisfy the direct threat test required to justify an involuntary withdrawal. The appropriate approach is to apply progressive conduct measures. This might include documenting the incidents, issuing warnings, setting clear expectations for respectful communication, and offering referrals to counseling or support services. This ensures the student is held accountable for behavior that impacts the campus community while avoiding disability-based stereotyping. By following conduct and accommodation processes rather than coercive medical withdrawal, the institution protects both the student’s rights under ADA/504 and its own compliance obligations.



Self-Injury

A student is taken to the emergency room after a non-suicidal self-injury incident. The student is not judged to be suicidal or dangerous by hospital staff. Still, when they return, the college informs them they must take a “voluntary” leave unless they produce medical documentation of “fitness to return.” The implicit threat of forced withdrawal leaves the student with little choice but to leave. This practice is risky, as it treats self-injury categorically as grounds for withdrawal rather than evaluating the student’s behavior in context and exploring conduct or accommodation pathways.

Colleges should avoid treating all instances of self-injury as automatic grounds for removal, since doing so risks categorical discrimination under ADA/504. Because hospital staff determined the student was not suicidal or dangerous, the institution’s next step should be an individualized assessment of current functioning and campus impact, rather than imposing a blanket “fitness to return” requirement. Reasonable measures could include a safety plan, regular check-ins with counseling staff, or academic accommodations that reduce stressors, paired with progressive conduct responses if the student’s behavior disrupts others. By focusing on the specific circumstances and support available, rather than on assumptions about self-injury, the college demonstrates compliance with disability law. It preserves the student’s access to education while still addressing community safety.



Applicable Legal Cases

Elis for Rachael, Inc. v. Yale University (2022-2023)

Plaintiffs sued Yale under the ADA, Section 504, the Fair Housing Act, etc., alleging that Yale systematically discriminated against students with mental health disabilities by pressuring them to withdraw (voluntarily or involuntarily), imposing onerous reinstatement/readmission requirements, not offering flexible accommodations like part-time or remote study, and using leave/withdrawal policies in ways that penalize students. As part of the settlement, Yale agreed to revise its policies by simplifying reinstatement, allowing students with urgent medical needs to study part-time, reducing barriers to returning from leave, and making leaves based on clinical assessments, among other adjustments.

Letchford v. Ohio University (2021, S.D. Ohio)

A student alleged that the university violated the ADA and Section 504 of the Rehabilitation Act by placing her on an involuntary medical withdrawal following a mental health hospitalization and later refusing to reinstate her fully. She claimed that Ohio University imposed additional conditions for readmission and failed to provide reasonable accommodations for her psychiatric disability. The university sought dismissal, arguing the claims were filed beyond the two-year statute of limitations applied to disability discrimination cases in Ohio. The U.S. District Court for the Southern District of Ohio agreed, ruling that the alleged acts, withdrawal, denial of reentry, and lack of accommodation all occurred in 2017, more than two years before the 2020 filing. As a result, the court dismissed the case on procedural grounds without addressing the merits of the discrimination claims. The case illustrates the importance of timeliness and documentation in medical-leave disputes. It underscores the need for universities to maintain clear, individualized, and accessible reinstatement procedures that comply with disability law.

R.W. v. Columbia Basin College (E.D. Wash. 2019)

This case involved a nursing student who was removed from campus after disclosing homicidal thoughts about professors during therapy for depression and anger issues. The college treated the disclosure as a conduct violation, issuing a trespass order and barring him from classes. The student sued under the ADA and First Amendment, claiming discrimination for symptoms of his mental health disorder. The court held that his statements, made privately without intent to threaten, were protected speech, and found a factual dispute over whether he posed a direct threat. The case clarified that schools should address such situations through involuntary medical withdrawal procedures, not disciplinary action, and must base decisions on individualized, objective assessments rather than fear or assumption.

The Western Michigan University case (OCR, 2013)

This case involved a student with anxiety and depression who was involuntarily withdrawn after a brief psychiatric hospitalization, despite being medically cleared. The student alleged discrimination under Title II of the ADA and Section 504, arguing the university acted without an individualized assessment. The Office for Civil Rights (OCR) agreed, finding the university's policy treated mental health crises differently from other medical issues. The resolution required Western Michigan to revise its procedures so that involuntary removals occur only in genuine emergencies and are based on individualized, evidence-based evaluations, not automatic responses to perceived self-harm risk.

Northern Michigan University Settlement (2018)

Northern Michigan University entered an ADA Title II settlement with the Department of Justice. Among other things, the university agreed to revise its withdrawal policies and practices so as not to discriminate based on disability. Specifically, its “Voluntary Psychological Withdrawal Policy” was identified among policies to be reviewed and revised to ensure compliance with Title II.

Quinnipiac University/Department of Justice Settlement (2015)

The U.S. Department of Justice had alleged that Quinnipiac imposed mandatory medical leave on a student diagnosed with depression, violating the ADA. The settlement required Quinnipiac to revise its policies to ensure the medical leave policy complies with the ADA. Specifically, mandatory leave must be handled with care, not simply based on a diagnosis, but rather through individualized evaluation, safeguards, and procedural protections.

Halpern v. Wake Forest University Health Sciences, 669 F.3d 454 (4th Cir. 2012)

A medical student diagnosed with ADHD and an anxiety disorder was expelled due to repeated professionalism lapses. He sought accommodations, including probation, psychiatric treatment, and participation in remediation programs. The 4th Circuit upheld the dismissal; the student was found not “otherwise qualified” because he failed to meet essential requirements (professionalism). The Court gave deference to the school's judgments about what professionalism means in a medical school. The Court also found that the proposed accommodations were unreasonable, unlikely to succeed, or untimely. This demonstrates the value of basing dismissal on behaviors, not diagnoses.

Spring Arbor University (2010)

A student who disclosed anxiety and depression and was later diagnosed with bipolar disorder was required by Spring Arbor University to sign a behavioral contract mandating therapy and therapist communication as a condition for enrollment. After refusing and withdrawing, the student was denied readmission and filed a complaint with the Office for Civil Rights (OCR). OCR found the university discriminated based on disability by imposing unequal conditions without an individualized risk assessment. The case clarified that under the ADA and Section 504, schools may only restrict or deny enrollment if a student poses a direct threat to others, making it a key warning against coercive or preemptive mental health withdrawals.

Harvard University Students 4 Mental Health Justice (S4MHJ) v. Harvard (2025, pending at time of press)

Students sued, alleging Harvard’s practices systematically discriminate against students with mental health disabilities, preventing them from returning to campus following mental health-related hospitalizations by imposing onerous or coercive return-to-campus criteria, including requiring medical record disclosures, attending certain treatment, and contracts with the university under threat of sanctions or expulsion. They expressed concerns about differences in mental health leave policies compared to other types of leaves (medical, personal, etc.), which may create a disparate impact on students with disabilities. *The complaint is pending (filed in 2025) and has drawn attention as part of a growing trend of legal pressure on elite universities to make mental health leave/return policies fairer.*

Bragdon v. Abbott (1998)

This landmark Supreme Court case established how the Americans with Disabilities Act (ADA) protects individuals with infectious diseases such as HIV. The case involved an asymptomatic HIV-positive woman whose dentist refused to fill her cavity in his office due to fear of infection and offered to treat her only in a hospital at her own expense. The Court held that HIV infection qualifies as a disability under the ADA because it substantially limits the major life activity of reproduction. It further ruled that a healthcare provider or institution may only deny services if an individual poses a “direct threat,” a significant risk to others’ health or safety that cannot be eliminated by reasonable accommodation. Importantly, the Court clarified that this determination must be based on objective, current medical knowledge rather than subjective fear or bias. This decision set the foundation for later ADA guidance requiring individualized, evidence-based assessments in contexts such as university medical leaves and involuntary withdrawals.

Univ. of Michigan v. Ewing, 474 U.S. 214 (1985)

Although this is an academic dismissal rather than explicitly a forced medical leave, it is often cited in cases involving “fitness” or whether a student meets institutional standards. In Ewing, the Supreme Court held that courts should generally defer to the faculty’s academic judgments if they are made carefully and in accordance with institutional policy.

W.P. v. Princeton University (D.N.J. 2014, settled 2016) Civil Action No. 14-1893 (PGS) (United States District Court, D. New Jersey 2016)

After a student impulsively ingested prescription medication and sought medical care, Princeton required him to take a voluntary withdrawal. The Department of Justice settlement under Title III of the ADA required Princeton to implement individualized assessment procedures before withdrawal decisions, ensure leave policies allow reasonable modifications for students with disabilities, and base any treatment recommendations on individual evaluation rather than categorical requirements. The case clarified that private institutions must provide the same individualized, accommodation-focused approach as public institutions and that pressured “voluntary” withdrawals without proper assessment may constitute disability discrimination.

Mental Health & Wellness Coalition v. Board of Trustees of the Leland Stanford Junior University (Settlement Agreement, September 2019)

Five current and former Stanford students filed a class action alleging the university discriminated against students with mental health disabilities by systematically removing them from programs and housing after reports of self-harm or suicidal ideation, without individualized assessment or accommodation. Stanford’s leave policies contained no disability rights protections. The settlement required comprehensive policy revision, including: incorporating disability protections into involuntary leave policies; expanding accommodation options to include reduced course loads, deadline modifications, housing changes, and support animal accommodations; providing voluntary leave information in writing with revocation periods; creating dedicated staff positions; and implementing disability law training. The case emphasized that leave policies cannot serve as automatic responses to mental health crises and that institutions must offer individualized assessments and reasonable accommodations first.