

# Registering for Accommodations Among College Students with Psychological Disorders

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## Abstract

The results of the current study present a nationally-representative examination of which college students with psychological disorders register for accommodations at their institutions of higher education. Results indicate that students with psychological disorders already receiving treatment via medication and/or therapy were more likely to register for accommodations at their institution. Results also indicated that students with ADHD, bipolar, eating disorder, personality disorder, and other psychological disorders were all significantly less likely to register for accommodations as compared to students without these disorders. Students with neurodevelopmental disorders such as Autism Spectrum Disorder (ASD) were significantly more likely to register for accommodations as compared to students without ASD, which may be the result of less perceived stigma or less concern of individuals with ASD with perceived stigma.

*Keywords: psychological disorders, college students, higher education*

In postsecondary education across the United States, students must register with offices of disability services at their institutions in order to receive accommodations for their disability (Bell & Zamani-Gallaher, 2017; Smith et al., 2019; Yssel et al., 2016). This process of self-identification is the first part of the process in seeking accommodations for one's disability, which is in contrast to secondary school where accommodations are provided to students automatically (Toutain, 2019). In secondary settings, students are provided with accommodations via the mandate of the Individuals with Disabilities Education (and Improvements) Act (IDEA; IDEIA, 2004) of 1997, which ensures a free, appropriate public education. In postsecondary education settings, this process requires the disclosure of disability via appropriate documentation that is evaluated by their institution of higher education. As a result, the door to accommodations first must be opened by a disclosure of disability by the student registering with their on campus office of disability services (Yssel et al., 2016).

Students with disabilities are entitled to receive reasonable academic accommodations as provided by the Americans with Disabilities Act (ADA) of 1990 and subsequent amendments. These accommodations are specific to individual student's needs in order to

provide meaningful equal opportunities to learn by removing barriers related to the student's functional limitations. Examples of accommodations and modifications include but are not limited to: providing digital materials; allowing service animals on campus; providing written lists of instructions; providing a quiet room for testing; allowing for extended time on tasks; and preferential seating.

However, many students with disabilities do not register for accommodations and thus cannot request accommodations when entering higher education. Newman and Madaus (2015) found that as few as 35% of students with disabilities registered for accommodations, and even fewer requested accommodations after registering (23%). Fichten et al. (2018) found only a slightly higher percentage of students with disabilities registering for accommodations (44%) within the Canadian higher education context. This discrepancy in the number of students registering for and receiving accommodations versus those students eligible to do so has been attributed to a variety of barriers experienced by students with disabilities (Barnard-Brak, et al., 2010; Lightner et al., 2012; Mamboleo, et al., 2020; Toutain, 2019).

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## Literature Review

In a systematic review of the literature of barriers and challenges experienced by students with disabilities as a whole, Toutain (2019) found the most commonly reported barriers to be a lack of student knowledge or awareness of disability services, a lack of appropriate disability documentation for institutions of higher education, and potential negative reactions of peers and faculty for seeking accommodations. Barnard-Brak et al. (2009) found that attitudes toward requesting accommodations were associated with students requesting accommodations. These attitudes toward requesting included academic integrity, disability disclosure, disability acceptance, and accommodations process. Barnard-Brak et al. (2009) found that students with disabilities who considered accommodations as lacking in academic integrity or the same level of rigor were more likely not to request accommodations. Additionally, students who did not feel comfortable disclosing their disability or did not accept their disability were more likely not to request accommodations (Barnard-Brak et al., 2009). Finally, students who considered the accommodations process to be overly complicated or difficult to traverse were also more likely not to request accommodations (Barnard-Brak et al., 2009). The results of Lightner et al. (2012) echoed many of the sentiments found in past literature indicating that a proactive approach of disclosing one's disability and seeking help were associated with a higher likelihood of requesting accommodations.

Registering for accommodations has been associated with more positive outcomes for students with disabilities when entering higher education (Chiu et al., 2019; Pingry O'Neill et al., 2012; Schechter, 2018). In studies of college students with disabilities, Chiu and colleagues (2019) found that registering for accommodations was positively associated with a higher end-of-semester grade point average. Pingry O'Neill and colleagues (2018) found that registering for and receiving accommodations was associated with an increased likelihood of graduating. Additionally, Schechter (2018) found that registering for accommodations within the first year was most associated with an increased likelihood of graduating.

Students with psychological disorders experience their own unique issues associated with registering for and requesting accommodations (Belch, 2011; O'Shea & Kaplan, 2018; Stein, 2014; Stein, 2013). However, there is little literature that has disaggregated students with disabilities overall in relation to the accommodations process, and the literature generally has not disaggregated students with psycho-

logical disorders. Notably, the population of students with psychological disabilities has grown considerably within institutions of higher education relative to other populations of students with disabilities (Koch et al., 2017). One of the issues facing students with psychological disorders in registering for and requesting accommodations is that of the perceived stigma associated with psychological disorders. The stigma or perceived negative perception of psychological disorders can prevent these students from registering for accommodations (Deckoff-Jones & Duell, 2018). Even though information regarding one's specific disability diagnosis is kept confidential from faculty and other students, students may not want to disclose this information even to institutional staff due to the perceived stigma (Erevelles, 2011). Other students with psychological disorders may simply want to establish a new identity in higher education without it being defined by disability (Marshak et al., 2010; Squires et al., 2018). As a result, students with psychological disabilities have been found to have particular difficulty in self-advocating for accommodations (McEwan & Downie, 2019).

Psychological disorders, however, are common. According to the National Alliance on Mental Illness, one in five adults in the United States experiences mental illness each year (National Alliance on Mental Illness, 2019). Even though there is a broad range of supports, including the availability of mental health counselors, some college students with psychological disorders still face unique educational and social challenges (Erevelles, 2011). Unfortunately, the perceived stigma or negative perception surrounding psychological disorders prevent some students from disclosing their psychological disability during the admission process, which subsequently makes them unable to seek accommodations. These students may infer that having a psychological disorder will be judged as a sign of unfitness for admission or matriculation into their specific program of their choice. They also may fear more tangible forms of discrimination resulting from stigma or negative perception of students with psychological disorders, such as bullying, harassment, and even physical violence (Hamraie, 2016).

To reiterate, there has been little literature that examines how students with psychological disorders experience the accommodations process, and the literature that does exist has not deconstructed how such students experience stigma in the accommodations process. We were able to find two studies in the last ten years that examined the accommodations process with respect to students with psychological disorders (Stein, 2013, 2014). Stein (2013) discussed the stigma

perceived by students with psychological disorders who were already registered for disability accommodations on campus. The second Stein (2014) study similarly focused on students with psychological disorders who had already made the decision to register for accommodations on campus. Neither study examined the context of students with psychological disorders who had not registered for accommodations versus those who did register for accommodations. From both studies, it is clear that stigma played a role in the accommodations process in terms of their disclosure to faculty and peers, but the role of stigma in relation to the disability services staff in registering for accommodations to begin with was not discussed. Stein (2013) and Stein (2014) begin from the starting point of students with psychological disorders who are already registered for accommodations having already presumably overcome some degree of stigma to register.

The purpose of the current study was to examine what factors predicted whether students with psychological disorders registered for accommodations at their institution of higher education. This first step of registering for accommodations must be performed by students in order to subsequently request and receive accommodations (Yssel et al., 2016). For the purposes of the current study, psychological disorders were operationally defined as those non-physical (i.e., orthopedic or mobility impairments) and non-sensory (i.e., visual or hearing impairment) disorders and that were not explicitly or predominantly related to academic skills such as speech impairments or learning disabilities (i.e., dyscalculia or dyslexia). To achieve the purpose of the current study, we utilized data from the Healthy Minds Study (Healthy Minds Network, 2020), which provides a nationally-representative, weighted, sample of thousands of college students across the United States. The overarching research question was: What factors are associated with a student with a psychological disorder registering for accommodations on campus? There was particular interest in disaggregating those disorders to provide as complete a picture as possible.

## Method

### Sample

The sample consisted of 8,860 college students with self-identified psychological disorders determined via anonymous survey across the United States as part of the wider Healthy Minds Study for 2019-2020 school year of 89,181 students (HMS; Healthy Minds Network (HMN) 2020). The Healthy Minds Study is part of the Healthy Minds Network, which

consists of a network of four-year colleges and universities created to study the mental health of young people (HMN, 2020). The Healthy Mind Study is a survey delivered online that seeks to generate knowledge via the perspectives of public health, education, medicine, psychology, and information sciences (HMN, 2020). The data are publicly available via request from the HMN website. Students who participated in the Healthy Minds Study self-reported whether they were registered with their on-campus office of disability accommodations. Data from the Healthy Minds Study has been utilized in a variety of ways from examining how resident advisers may be gatekeepers to mental health services on campus (Lipson & Eisenberg, 2016), the welfare of student veterans (Fortney et al., 2017), and the symptoms of eating disorders among college students (Lipson & Sonnevile, 2017).

With regard to gender, approximately 53.9% ( $n = 4,776$ ) were female, 43.8% ( $n = 3,881$ ) were male; 0.3% ( $n = 27$ ) selected trans male, 0.2% ( $n = 18$ ) selected trans female, 1.1% ( $n = 97$ ) were gender non-conforming, and the remaining 0.6% ( $n = 53$ ) were self-identified outside of these categorizations. For ethnicity, approximately 12.9% ( $n = 1,143$ ) identified as Hispanic or Latinx. For race, approximately 11.5% ( $n = 1,019$ ) were African American, 12.3% ( $n = 1,098$ ) were Asian, 0.8% ( $n = 71$ ) were Native Hawaiian or Pacific Islander, 1.6% ( $n = 142$ ) were Native American, American Indian, or Alaska Native, 66.8% ( $n = 5,918$ ) were White, 2.0% ( $n = 177$ ) were Middle Eastern, and 1.8% ( $n = 159$ ) self-identified as another category not provided. The average age of survey respondents was 21.12 ( $SD = 6.97$ ). Approximately 31% ( $n = 2,746$ ) were first-year students, 28% ( $n = 2,480$ ) were second-year students, 21% ( $n = 1,860$ ) were third-year students, 17% ( $n = 1,507$ ) were fourth-year students, and 3% ( $n = 267$ ) were fifth-year or longer students. These demographic variables were not significantly or substantively associated with registering for accommodations, and thus were not included as covariates in the model.

### Measures

All measures were obtained from the Healthy Minds Study (HMS, 2020). Approximately 41% ( $n = 3,593$ ) of the sample of students with psychological disorders were registered for accommodations. Psychological disorders for the purposes of the current study included: Anxiety Disorders; Attention Deficit Hyperactivity Disorder; Bipolar and related Disorders; Depression; Eating Disorders; Obsessive Compulsive Disorder; Neurodevelopmental Disorders (including Autism Spectrum Disorder); Trauma

and Stressor Related Disorders; Substance Abuse Disorders; Personality Disorders; and other Psychological Disorders. Other psychological disorders would include dissociative disorders (e.g., dissociative identity disorder, formerly known as multiple personality disorder), paraphilic disorders (e.g., pedophilia, necrophilia), and neurocognitive disorders (e.g., dementia) (APA, 2013). These other psychological disorders comprised less than two percent of the sample (see Table 1). We excluded students with learning disabilities as these disorders have been indicated as having a differential impact to that of psychological disorders with an academic impairment being the focus in those disorders (Jorgensen et al., 2018). Table 1 provides the frequencies and percentages for the psychological disorders.

### Analyses

Logistic regression techniques were employed via *Mplus* (v. 8.0; Muthén & Muthén, 2018). Logistic regression analyses were appropriate given that the dependent variable of interest was whether a student registered for accommodations, which was dichotomously coded as “yes” or “no.” Dichotomously coded covariates included: currently taking medication, currently receiving therapy, taking medication for academic performance, ADHD, depressive disorder, anxiety disorder, bipolar and related disorder, obsessive compulsive disorder, trauma and stressor disorder, neurodevelopmental disorder, eating disorder, other psychological disorder, personality disorder, and substance abuse disorder. Continuously coded covariates included: self-reported GPA and current financial situation. Weights were applied and design effects adjusted via *Mplus* to more accurately estimate standard errors as the HMS contains a complex survey design (Hahs-Vaughn, 2005, 2006). A pseudo-*R*-squared value was reported as a measure of model fit. We utilized values of the Nagelkerke’s *R*-square, which is scaled from 0 to 1 akin to a typical *R*-squared value. For logistic regression, a pseudo *R*-square is reported (Hosmer et al., 2013). Differences in Bayesian Information Criterion (BIC) and Akaike Information Criterion (AIC) values between the unconditional (without covariates) and conditional models were also indicative of model fit. In addition to standardized regression coefficients and *p*-values reported, odds ratio values (i.e.,  $e^B$ ) were reported for each covariate. Odds ratio values with more deviation from 1 (less or more) indicate the greater effect.

### Results

The difference between the unconditional and conditional (with covariates) was statistically significant ( $\chi^2(16) = 379.17, p < 0.001$ ). The conditional model (AIC = 18,554.56 and BIC = 18,712.84) fit the data significantly better than the unconditional model (AIC = 67,003.05 and BIC = 67,021.85). The pseudo *R*-squared value for this model is 0.15. Overall, the model appears to fit the data well. As such, individual estimates for covariates were next examined. Table 2 provides the standardized regression coefficients, *p*-values, and odds ratio values.

From Table 2, taking medication ( $\beta = 1.13, p < 0.001, e^B = 3.09$ ) or receiving therapy ( $\beta = 0.34, p = 0.02, e^B = 1.40$ ) was significantly associated with an increased likelihood of registering for accommodations. Additionally, taking medication for academic performance was significantly associated with an increased likelihood of registering for accommodations ( $\beta = 0.65, p = 0.003, e^B = 1.92$ ). The correlation between taking medication and taking medication for academic performance was statistically significant and moderate ( $r = 0.50, p < 0.05$ ). We did not consider this correlation high enough to exclude either variable from analysis due to collinearity. Higher self-reported grade point average (GPA) was negatively associated with registering for accommodations ( $\beta = -0.04, p = 0.003, e^B = 0.81$ ). Students with ADHD ( $\beta = -1.72, p < 0.001, e^B = 0.18$ ) and bipolar and related disorders ( $\beta = -0.68, p = 0.04, e^B = 0.51$ ) had a decreased likelihood of registering for accommodations as compared to students without these disorders. Students with neurodevelopmental disorders such as Autism Spectrum Disorder (ASD) ( $\beta = 2.67, p < 0.001, e^B = 14.43$ ) had an increased likelihood of registering for accommodations as compared to students without ASD. Students with an eating disorder ( $\beta = -0.48, p = 0.04, e^B = 0.62$ ), other psychological disorder ( $\beta = -2.23, p = 0.007, e^B = 0.11$ ), or personality disorder ( $\beta = -1.36, p = 0.002, e^B = 0.26$ ) all had a decreased likelihood of registering for accommodations as compared to students without these disorders.

### Discussion

The results of the current study indicate that students with psychological disorders already receiving treatment via medication and/or therapy were subsequently more likely to register for accommodations at their institution. This result was not surprising given that these students already appeared to be engaged in help-seeking behaviors by pursuing appropriate treatment. These students currently receiving treatment

**Table 1***Frequencies and Percentages of Students with Psychological Disorders Registered*

<b>Disorder</b>	<b>% Registered†</b>	<b>% Sample</b>
Attention Deficit Hyperactivity Disorder	16.2%	3.8%
Depressive Disorder	52.4%	25.0%
Anxiety Disorder	59.6%	23.8%
Bipolar and Related Disorder	7.5%	2.3%
Obsessive Compulsive Disorder	12.1%	3.6%
Trauma and Stressor Disorders	18.7%	5.2%
Neurodevelopmental Disorder (Autism)	22.9%	0.8%
Eating Disorder	7.5%	3.2%
Other Psychological Disorder	1.8%	0.5%
Personality Disorder	3.8%	1.0%
Substance Abuse	2.9%	1.4%

Note. †% refers to percentage.

**Table 2***Logistic Regression Results Related to Accommodation Registration for Postsecondary Students with Psychological Disorders*

Variable	$\beta$ †	SE	<i>p</i>	Odds Ratio
<b>Currently taking Medication</b>	<b>1.13</b>	<b>0.22</b>	<b>&lt;0.001</b>	<b>3.09</b>
<b>Currently receiving therapy</b>	<b>0.34</b>	<b>0.14</b>	<b>0.02</b>	<b>1.40</b>
Self-reported GPA	-0.14	0.09	0.12	0.87
<b>Taking medication for academic performance</b>	<b>0.65</b>	<b>0.22</b>	<b>0.003</b>	<b>1.92</b>
Current Financial Situation	0.24	0.17	0.17	1.27
<b>ADHD</b>	<b>-1.72</b>	<b>0.36</b>	<b>&lt;0.001</b>	<b>0.18</b>
Depressive Disorder	-0.30	0.17	0.08	0.74
Anxiety Disorder	-0.13	0.20	0.53	0.88
<b>Bipolar and Related Disorder</b>	<b>-0.68</b>	<b>0.33</b>	<b>0.04</b>	<b>0.51</b>
Obsessive Compulsive Disorder	0.08	0.18	0.68	1.08
Trauma and Stressor Disorders	-0.17	0.18	0.34	0.85
<b>Neurodevelopmental Disorder (Autism)</b>	<b>2.67</b>	<b>0.30</b>	<b>&lt;0.001</b>	<b>14.43</b>
<b>Eating Disorder</b>	<b>-0.48</b>	<b>0.24</b>	<b>0.04</b>	<b>0.62</b>
<b>Other Psychological Disorder</b>	<b>-2.23</b>	<b>0.82</b>	<b>0.007</b>	<b>0.11</b>
<b>Personality Disorder</b>	<b>-1.36</b>	<b>0.44</b>	<b>0.002</b>	<b>0.26</b>
Substance Abuse Disorder	-0.02	0.305	0.95	0.98
	BIC	AIC	$\chi^2$ (df)	Pseudo $r^2$
Unconditional	67,021.85	67,003.05	(16)	0.15
Conditional	18,712.84	18,554.56	379.17	

Note. † $\beta$  = regression coefficient, SE = standard error, *p* = probability, BIC = Bayesian Information Criterion, AIC = Akaike Information Criterion,  $\chi^2$  = chi-square, df = degrees of freedom, and  $r^2$  = *r*-squared

would most likely have access to the appropriate documentation for their psychological disorder as well. To encourage students not currently taking medication or receiving therapy, disability service providers could emphasize in their documentation that they do not comment on the medication or therapy status of students as that is between the student and their health care provider. We could speculate that a student who is not currently taking medication or receiving therapy might feel that they are not eligible for services for their disability.

Interestingly, self-reported GPA was not significantly associated with being more likely to register for accommodations. Given the variability of severity of disorders and the selection bias of those students who register for accommodations, this finding was not surprising either. We could speculate that students with more severe psychological disorders may simply be more likely to register and request accommodations because they have a more pressing need for accommodations versus students with less severe psychological disorders. We speculate that students with more severe psychological disorders may struggle more academically given that the severity of their disorder can interrupt the routine and structure of their day. So, the severity of their disorder may be related to being more likely to register, but may not translate to an improved GPA, thus a non-significant relationship.

Conversely, students with less severe psychological disorders may have less need for accommodations and because of this reduced severity also do better in terms of GPA. The issue of selection bias in who registers for accommodations and subsequent relationship with GPA appears to be particularly confounded among students with psychological disorders. For instance, students with visual impairments may have to register and request accommodations or else experience a negative impact on their GPA since they will not be able to access typical print materials. A student with a psychological disorder can decide to take the risk of not registering for accommodations and still be able to access the materials. In particular, results of the current study indicated that students with ADHD, bipolar, eating disorder, personality disorder, and other psychological disorder (e.g., dissociative disorders, paraphilic disorders, and neurocognitive disorders) were all significantly less likely to register for accommodations than all other psychological disorders. Students with neurodevelopmental disorders such as ASD were significantly more likely to register for accommodations, which may be the result of less perceived stigma or less concern on the part of individuals with ASD with perceived stigma. In-

deed, Soffer and Argaman-Danos (2021) found that self-identified ASD was not significantly associated with more perceived stigma or lower self-esteem.

Future research should consider examining attitudes toward requesting accommodations (that included attitudes towards disclosure) among students with psychological disorders. It should be noted that this unwillingness to disclose one's disability in order to register for accommodations has been associated with decreased help-seeking behaviors (Fleming et al., 2018). These attitudes have been found to be predictive of students subsequently requesting accommodations (Barnard-Brak et al., 2009). The current study does not examine these attitudes as the data set was archival in nature, but future research should consider an examination of attitudes toward requesting accommodations (Barnard-Brak et al., 2010) in relation to perceived stigma or negative perception in particular. Additionally, this relationship should be examined with respect to online versus face-to-face courses given the differences found in the experience of the accommodations process between online versus face-to-face courses by students with disabilities (Barnard-Brak & Sulak, 2010).

From the point of view of practice, Biebel et al. (2018) identified several approaches to help students with psychological disorders in particular at postsecondary institutions. For instance, institutional staff can facilitate the implementation of classroom accommodations for students who may have a particular difficulty in self-disclosure (Biebel et al., 2018). Additionally, access to other peers with psychological disorders who are students at the institution can build authentic supportive, mentoring relationships (Biebel et al., 2018). Finally, institutions of higher education can better incorporate the voices of these students to improve a sense of belonging, thus increasing the likelihood of accessing services and retaining students (Biebel et al., 2018). One way to incorporate the representation of students with disabilities may be their inclusion in campus committees in either having a voting or *ex officio* status. Students with disabilities may or may not be willing to participate in various campus committees, but could discuss mental health awareness anonymously via surveys of student satisfaction with disability services and the campus climate as a whole. Ultimately, the incorporation of the voices of students with disabilities should be intentional on the part of institutions of higher education to promote inclusivity.

Several limitations were revealed in the current study. The current study consisted of students who self-identified as having a psychological disability in participating in the Healthy Minds Study. This sam-

ple may not be representative of students with psychological disabilities as a whole as an unknown number of students with psychological disabilities may choose not to self-identify on even an anonymous, online survey such as the Healthy Minds Study. Another limitation is that we are speculating that students with more severe psychological disorders will have less need for accommodations than students with less severe or more mild psychological disorders. We could find no study in the extant literature that examines whether severity of a psychological disorder was related to registering for accommodations. Finally, another limitation is that we assume that stigma is present in this sample of students with psychological disorders, but perceived stigma was not measured in relation to the sample. We can infer from previous literature that individuals with psychological disorders do experience stigma but not the degree of stigma or with respect to which disorders.

In conclusion, the results of the current study found that approximately 41% of students with psychological disorders was registered for accommodations at their institution of higher education, which was consistent to the overall rate of registration among college students with disabilities (~ 35%; Newman & Madaus, 2015). However, in examining specific psychological disorders (see Table 1 for percentages), students with ADHD, bipolar, eating disorder, personality disorder, and other psychological disorders were all significantly less likely to register for accommodations. So, while the rate of registration among students with psychological disorders was consistent with the overall rate of registration, certain specific psychological disorders were revealed to have discrepancies in registration for accommodations. For instance, only 8% of students with bipolar and related disorders reported as registering for accommodations at the institution of higher education. Future research should focus on these specific populations of students according to psychological disorder.

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