An investigation of the experiences of students with ADHD from university entrance to graduation: An evidence base for effective support systems.

A case study from Ireland

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Glossary of Terms

ADHD	Attention Deficit Hyperactivity Disorder
ADHDI	ADHD Ireland
AMHT	Adult Mental Health Team
APA	American Psychiatric Association
AHEAD	Association for Higher Education Access and Disability
CHC	College Health Centre
DS	Disability Service
DSM-5	Diagnostic and Statistical Manual of Mental Disorders – 5th edition
EF	Executive Function
EFQ-R	Executive Function Questionnaire - Revised
FE	Further Education
FSD	Fund for Students with Disabilities
GP	General Practitioner
HE	Higher Education
HEA	Higher Education Authority
HSE	Health Service Executive
LC	Leaving Certificate
PG	Postgraduate
RACE	Reasonable Accommodations in Certificate Examinations
SCS	Student Counselling Service
UG	Undergraduate
WHO	World Health Organisation

What does an ADHD-friendly college experience look like? Overall awareness of what comes along with having ADHD and that it is not simply "not being able to concentrate".

EXECUTIVE SUMMARY

Background

The Strategic Plan 2020 – 2025 of Trinity College Dublin adopted nine inter-linked goals including: to foster an ever more diverse and inclusive student community, to support a transformative student experience, to practice next-generation teaching and learning, and to be one Trinity community. The Disability Service (DS) of Trinity College Dublin takes an evidence-based approach to service provision with a strategic plan that seeks to empower students with disabilities to develop to their full potential and inspire them to meet the challenges of the future. With respect to education, the DS aims to promote the need for an accessible curriculum for undergraduates and postgraduates and foster a system of engagement so that disabled students feel heard, recognised, and supported from their first, to last, engagement with the DS.

The prevalence of ADHD in adult population is thought to be between 2% and 4% (Conner & Brown, 2022); across the academic years 2021/22 and 2022/23, the number of undergraduate and postgraduate students seeking an assessment for Attention Deficit Hyperactivity Disorder (ADHD) from the Student Counselling Service (SCS), College Health Centre (CHC), and Disability Service (DS), increased dramatically. The number of ADHD students registered with DS increased from 229 to 322, a 41% increase on the previous academic year (DS Annual Report 2021/2022; DS Student Retention and Progression data, 2022/2023) accounting for 19% of the total number of students registered with the DS. Statistics for UG registrations (n=2,036) in 2022/23 indicate that ADHD accounted for the third highest disability category (n=276), and PG registrations (n=258) in 2022/23 indicate that ADHD accounted for the second highest disability category (n=46) surpassed by Mental Health Condition and Specific Learning Difficulties, although this is based on indication of primary disability only. Simultaneously during this period, public awareness of ADHD was gathering momentum through a myriad of social media channels, but principally through TikTok, a social media channel with more than 1 billion active monthly viewers (Yeung et al, 2022); in their exploration of connections between ADHD awareness, disinformation, and TikTok use, Yeung et al also note that of the 100 videos analysed by clinicians, 52% were misleading.

Importantly, studies indicate that ADHD is associated with significant under-achievement in college populations (Du Paul et al, 2021; Stevens, Abu-Ramadan & Hartung, 2022). A reluctance to access reasonable accommodations via disability services as a result of stigma, a mismatch in expectations of students, their families and HEIs in terms of the requirements of third-level education, and preconceptions about adult ADHD that colour perspectives and attitudes towards students are also factors in attainment and progression (D'Alessio & Banerjee, 2016) together with the fluid and more autonomous nature of the college environment which requires high levels of self-awareness and self-regulation (Fleming & McMahon, 2012). Despite these and other significant challenges (social, sensory) associated with managing ADHD in a college setting, there is a dearth of research in this area (Dipeolu, 2011; Fleming & McMahon, 2012), and particularly in Ireland.

Research aims

The upward trend in college students either registering with DS for ADHD support, or seeking assessment and diagnosis, indicates an urgent need to review the reality of the student journey for this cohort. To investigate how the experiences of students with ADHD can inform evidence-based practice for effective support systems at all stages in the student journey from university entrance to graduation.

1. To determine the challenges, barriers, and facilitators to successful progression through college for students with ADHD.
2. To examine the progression pathways and outcomes for students with ADHD.
3. To investigate current opportunities for referral, assessment, and diagnosis of ADHD for college students and establish any gaps in service.
4. To explore the role of Executive Function in academic and adaptive functioning performance for college students with ADHD.
5. To identify current and potential supports and services in college which will enhance the experience of students with ADHD. As an evidence-based practice.

Method

This mixed method study investigated three sample populations: Group 1) the undergraduate and postgraduate student body of Trinity College Dublin (n=18,900 survey, n=11 individual interviews), Group 2) historical progression and retention data for students with a diagnosis of ADHD and registered with the Disability Service in Trinity College Dublin since its inception (n=685, statistical

data), and Group 3) a focus group of staff from the CHC, SCS and DS (n=6). Survey data was captured in a licensed Qualtrics account, and a hybrid approach of deductive and inductive reasoning to coding and thematic analysis (Swain, 2018) of interview transcripts and open-ended test responses form the survey, was undertaken using data analysis software (NVivo).

Findings were extrapolated from merged quantitative (statistical) data from: i) student records maintained by the Disability Service for ADHD students formally registered as requiring reasonable accommodations and supports and survey responses from n=687 students, ii) merged qualitative data from open-ended text responses from the survey (n=227) and coded and thematically analysed individual interview transcripts (text corpus) from students (n=11), both sets having been semi-quantified, and iii) coded and thematically analysed focus group interview transcripts (text corpus) from college staff in student services (n=6). Data from the superordinate and subordinate themes collated from 1,241 coded statements is presented for narrative purposes into the following sections: Navigating college with ADHD, including progression and retention data on students registered with the Disability Service (section 4.1), What does an ADHD-friendly college look like? (section 4.2), Advice for prospective students (section 4.3), and My ADHD (section 4.4). Quotations that are extracted from interviews are identified by participant number.

Key Findings

Longitudinal progression data

Data was extracted from DS records for students with ADHD registered with DS between 2000 – 2023. Demographic data indicates that the majority of students with ADHD registering with DS are female; this is counter to the perception that there are greater numbers of males presenting with ADHD. Given that the ADHD symptomology and profile in girls and women is significantly different, it would suggest that there may potentially be larger numbers of under-diagnosed female students attending college. Furthermore, research draws attention to the significant impact of hormonal fluctuations in female cohorts, suggesting that targeted health and mental health supports would be of benefit to these students.

In terms of entry route, 30% of students were admitted to college via an alternative access pathway (Mature, Trinity Access Programme transfer, HEAR, DARE, QQI) with 22% of these entering via the DARE scheme and this is a trend that is likely to increase, although this is dependent upon important changes connected to diagnostic procedures that may impact on required documentation, in the future.

Available annual results for this period indicate that 60% of students were successful in annual examinations and progressed to either the following year or graduated; of the remaining students, 36% were re-assessed during the supplemental examination period and more than half of these students were required to repeat the year. Of note, 74% students are registered to Multi-school courses. This is important as studying across two Schools and - potentially – contrasting disciplines (e.g., Mathematics and a Language) may create challenges arising from differing assessment practices, timetabling, and administrative processes; this challenge might be reflected in 48% of students sitting supplemental examinations were registered to Multi-school courses.

The co-occurrence of a secondary disability cannot be underestimated as an important factor in managing the student role, academic expectations, and progression through college; it is noted that 79% of students have an additional disability, 44% of these students had a Mental Health Condition, 24% Specific Learning Difficulty, and 20% have an additional diagnosis of Autism Spectrum Disorder.

One quarter of students registered with DS require individualised supports in the form of Occupational Therapy, Specialist Academic Support and Assistive Technology. This is directly related to impact factors identified by students with respect to Management of Course Demands Completing Assignments, Attending Lectures, and Getting a Good Work / Life Balance for UG students, and Time Management of Research Demands, Meeting Research Deadlines, and Organising Research Inputs and Outputs, suggesting that access to Occupational Therapy from the and Specialist Academic Support is a crucial intervention to support progression through the academic journey.

DS registration data shows that 16% of students are R registered, meaning that they do not have full documentation of disability as required by the HEA. This is a current concern and issue of debate within disability services in third level education; recent changes in assessment and diagnosis of disability via the HSE and within schools, suggests that students will increasingly present with documentation that focuses on cognitive and academic attainment scores, confirmation of access to and provision of support in school, and State examination arrangements, as opposed to clinical data.

Navigating college with ADHD: Survey results

Survey responses were submitted by n=388 students, with n=227 indicating that they had received a formal diagnosis of ADHD and proceeding to complete the survey. It is notable that 40% (n=161) of students accessing the online survey did not have a formal diagnosis of ADHD although they

may have self-identified with the intention of participating and these respondents were exited from the survey without further submission.

- The average age of participants was reported as being between 18 and 25 years; of those who identified a gender, the majority were female; respondent standing was spread evenly across undergraduate years JF – SS, with 33% registered as postgraduates.
- N=125 (57%) of respondents received an ADHD diagnosis whilst attending FE/HE, n=183 (86%) sourced this from a private psychiatrist;
- More than half of respondents (66%) reported an additional diagnosis: Autism Spectrum Disorder (n=35), Specific Learning Difficulty (n=20), and a significant number with an accompanying Mental Health Condition (n=92);
- Of note, 47% of students had never contacted or registered with the Disability Service;
- Of those who did, most had contacted and registered with the Disability Service in their first year of college, and all respondents indicated that the reason for doing so was for support with time management, organisation, support with a specific module, procrastination, and focus and attention; other reasons for seeking support included access to reasonable accommodations, specific supports such as Occupational Therapy, and understanding and managing a new diagnosis;
- Delays in contacting the Disability Service were principally connected to late diagnosis;
- To understand their diagnosis, 39% of students consulted online sources e.g., websites 16%, social media 13%, YouTube 7.5%;
- The majority of students describe sensory sensitivity to visual and auditory stimuli of a combined type, with 31% sensitive to auditory interference in the environment.
- Almost 60% of students felt that there was some or very little awareness and understanding of ADHD within the college community, which could be improved, with an additional number (n=40) stating that they were unaware of any support;
- In their transition from post-primary school to higher education, more than 85% of students stated that they were under-prepared, 79% significantly so, mostly as a function of late diagnosis; 77% believe that they made a reasonable or good course choice;
- Transition advice is provided principally by family and peer group or trying to navigate the learning environment and college offices independently, but not noticeably with support from the college itself;

- For UG students, activities that are impacted most significantly by ADHD (ranked in the top three impact indicators) are Management of Course Demands (87.2%) Completing Assignments (64%), Attending Lectures (44.8%), and Getting a Good Work / Life Balance (32.8%).
- For PG students, activities that are impacted most significantly by ADHD (ranked in the top three impact indicators) are Time Management of Research Demands (89.85%), Meeting Research Deadlines (57.97%), and Organising Research Inputs and Outputs (33.34%).
- Importantly, 40% (n=161) of students accessing the online survey did not have a formal diagnosis of ADHD although they may have self-identified with the intention of participating in the study.

Navigating college with ADHD: Personal perspectives

Superordinate and subordinate themes collated from 1,241 coded survey and interview statements were merged into four final narratives:

1) Navigating the college environment

- With respect to Navigating college with ADHD, significant concerns are expressed in relation to deadlines and in particular, competing deadlines, for course assessment; additionally, applying late penalties punishes inherent difficulties associated with executive function, rather than intentional non-submission.
- Systems and processes are disparate in their application from course to course and at Department/School level, including provision of and access to curriculum materials;
- Challenges in managing college are broadly associated with a lack of awareness and understanding within the college community – including misconceptions of peers.
- Regular monitoring of student progress by Tutors could ensure that timely support is activated.

2) What does an ADHD-friendly college look like?

- All student participants drew attention to teaching, learning and assessment practices and systemic processes that create major barriers to academic achievement and successful progression, and that fall short of Universal Design for Learning principles.
- Adaptations to the physical environment are an important feature for improving focus and engaging with teaching / learning / study related tasks e.g., lighting, workspaces, silent areas.

3) My ADHD

- Of the n=733 aggregated coding references, physical and sensory issues are most frequently referenced (n=226 aggregated) with auditory preferences and triggers in the college environment being the main loci of distraction or overload for students.
- Students identify medication and human supports as essential to coping with daily life and academic tasks;
- Mental health is the single most significant factor exacerbated by anxiety, stress and burnout connected to the student role and responsibilities.
- Executive Function: n=53 participants indicated a high level of executive functioning deficit overall with all five factors endorsed at the highest average score across the sample; Organisation was the highest endorsed factor for participants, followed by Time Management, and Plan Management.

4) Advice for prospective students

- Acquiring self-awareness, self-determination, and self-advocacy together with basic self-management and accountability tools;
- Learning to accept your neurodiversity and in doing so seek help and support that is offered in college, particularly with respect to understanding ADHD.

Recommendations

Findings from this research suggest the following recommendations for establishment of an ADHD-friendly university environment:

- Provision of a student-parent transition workshop providing information in advance of key CAO / DARE timelines, Your First Year sessions from current undergraduate students, an introduction to Student Services, the Tutorial service, academic systems, organization and structures e.g., Blackboard, MyTCD, My Module, and teaching, learning and assessment at third level.
- Student-led introductory video to each Student Service, including the Tutorial Service, on their website landing page.
- Signposting towards support with ADHD based on needs rather than services and departments, for example, https://studentlife.utoronto.ca/wp-content/uploads/Easy-Access-to-Mental-Health-Support-Diagram.pdf

- Review of academic practices as part of PATH 4 development and implementation of universal design policies and practices, resources and curriculum development.
    - Staff awareness training for current and incoming staff in all areas of the college community; in particular, recognition that co-occurring disabilities increase the possibility of significant challenges in the student role.
    - Mainstreaming supports to facilitate sustainable reasonable accommodations e.g., full activation of all Office 365 apps to support time management, organisation, and planning, together with "Getting to know AT" sessions embedded within first year orientation for all courses.
    - Targeted health and mental health support for female students.
    - Specific monitoring of course management and academic progression for students attending Multi-School courses.

Section 1: INTRODUCTION

1.1. Context and relevance of the research

The UN Convention on the Rights of Persons with Disabilities (UNCPRD) stipulates the right of persons with disabilities to education without discrimination and an inclusive education system at all levels (United Nations, 2006). Additionally, in 2015, the United Nations agreed a plan to secure the future of the human population through 17 Sustainable Development Goals (SDGs) to drive global activities towards ending poverty and targeting inequalities and climate change. The SDGs are premised on three aspects of sustainable development: Economic Growth, Social Inclusion, and Environmental Protection. Five of the SDGs identify disabled people as key agents including Goal 4 which speaks to inclusive and equitable quality education and promotion of life-long learning opportunities for all including persons with disabilities.

The Disability Service (DS) of Trinity College Dublin takes an evidence-based approach to service provision with a strategic plan that seeks to empower students with disabilities to develop to their full potential and inspire them to meet the challenges of the future. With respect to education, the DS aims to promote the need for an accessible curriculum for undergraduates and postgraduates and foster a system of engagement so that disabled students feel heard, recognised, and supported from their first, to last, engagement with the DS.

The TCD Sense project initiated in 2019 is an ongoing initiative to create environments in Trinity that allow all students and staff with different sensory preferences to flourish, and to empower individuals to understand themselves as sensory beings (Nolan, Doyle, Lewis & Treanor, 2022). Its purpose is to develop a variety of sensory environments, supports, and resources to meet the needs of all students and staff within Trinity through collaboration and co-production. Higher Education environments can be overwhelming for students with sensory sensitivities (Johnson & Irving, 2018). Students living with ADHD may experience such challenges which impact on academic and social aspects of college life (Clince, Connolly & Nolan, 2016). Although accessibility in HE has progressed significantly, there has been relatively and comparatively little investigation into the effect of the sensory environment (noise, light, smell, touch, temperature) upon the student population.

The prevalence of ADHD in adult populations is thought to be between 2.5 and 4% (Conner & Brown, 2022). The Association for Higher Education Access & Disability (AHEAD) publishes annual returns for students with disabilities attending HEIs across Ireland. Data from the college

year 2019 / 20 collated from 23 HEIs indicated that 15,846 undergraduate (UG) and postgraduate (PG) students registered with Disability Services, with 5% of these being students with ADHD (n=747 UG; n=57 PG), representing 5.8% of all new entrants to college and a 5.4% increase on the previous year. However, this data only captures students who choose to disclose and register with college services, for example, 12.3% of new entrant undergraduates reported having one or more disabilities in the HEA Equal Access Survey, but only 7.5% of the new entrant population registered with the disability support services in HEIs. Students with ADD/ADHD are significantly more likely to study Arts, Humanities and Social Sciences compared to the general student population.

Across the academic years 2021/22 and 2022/23, the number of undergraduate and postgraduate students in Trinity College seeking an assessment for Attention Deficit Hyperactivity Disorder (ADHD) from the Student Counselling Service (SCS), College Health Centre (CHC), and Disability Service (DS), increased dramatically. In this period, the number of students with ADHD registered with DS increased from 229 to 322, a 41% increase on the previous academic year (DS Annual Report 2021/2022; DS Student Retention and Progression data, 2022/2023) accounting for 19% of the total number of students registered with the DS. Statistics for UG registrations (n=2,036) in 2022/23 indicate that ADHD accounted for the third highest disability category (n=276), and PG registrations (n=258) in 2022/23 indicate that ADHD accounted for the second highest disability category (n=46) surpassed by Mental Health Condition and Specific Learning Difficulties, although this is based on indication of primary disability only.

For these reasons, the DS initiated an ADHD Supports Project in 2021 with the intention of piloting several support initiatives including i) the addition of an ADHD section to the ASKDS Disability Service Blackboard module, available to any Trinity student through self-enrolment, ii) registration with the DS for restricted, baseline supports (exam accommodations) for students awaiting a diagnosis, and iii) identify synergies between CHC, SCS and DS to facilitate an "in-house" ADHD referral and clinical support pathway. One outcome from this collaboration between services was the recognition that the experience of ADHD in Higher Education (HE) needed to be explored particularly within the context of the HSE clinical pathway and their most recent Model of Care (HSE, 2021) which stipulates that:

> The larger third-level colleges include a psychiatrist as part of their health service provision for students. Given the age group the psychiatrists are providing for, the ability to screen

> and treat ADHD is necessary. Equally, each institution must ensure it funds sufficient sessions of psychiatry time in order to ensure that this service is available for both students known to have symptomatic ADHD and those requiring assessment (p. 69).

Over the last 20 years, research has inspected post-school trajectories for young people with ADHD demonstrating that this condition is associated with significant under-achievement in college populations (Advokat, Lane & Luo, 2011; Shifrin, Proctor & Prevatt, 2010; Stevens, Abu-Ramadan & Hartung, 2022). Du Paul et al (2021) find that they achieve lower grade averages, use fewer academic strategies, and demonstrate poorer progression rates, with performance affected by parental education, mental health, Executive Function, and provision of reasonable accommodations and academic support in college.

1.2. Research aims and objectives

The upward trend in college students either registering with DS for ADHD support, or seeking assessment and diagnosis, indicates an urgent need to review the reality of the student journey for this cohort. The purpose of this mixed method study was to explore the experiences of students with ADHD with the intention of informing future evidence-based practice for effective support systems at all stages in the student journey from university entrance to graduation. Specifically, the study intended to:

1. Determine the challenges, barriers, and facilitators to successful progression through college for students with ADHD.
2. Examine the progression pathways and outcomes for students with ADHD.
3. Investigate current opportunities for referral, assessment, and diagnosis of ADHD for college students and establish any gaps in service.
4. Explore the role of Executive Function in academic and adaptive functioning performance for college students with ADHD.
5. Identify current and potential supports and services in college which will enhance the experience of students with ADHD. As an evidence-based practice.

1.3 Research Questions

The ADHD Supports Project aims to consider the following questions:

1. What challenges/barriers/facilitators do ADHD students identify/express in their experience of progression through college?
2. How are these impacted by specific Executive Function profiles? Would exploration of EF profile and self-awareness benefit students with ADHD?
3. Do students take longer to complete their course? What variables are at play: age, nationality, gender, type and length of course, recency of diagnosis?
4. If students have a current diagnosis from CAMHS, what happens when students transition into adult services?
5. How many students receive a new diagnosis as adults and is this within HE (via the College Health Centre) or externally?
6. Is there a connection between disability service supports and other services/resources within or external to HSE?
7. How can and should stakeholders respond to these findings?

The following section presents a review of the literature pertaining to ADHD assessment and diagnosis, medication, mental health, intervention and supports, as they relate to HE.

Section 2: LITERATURE REVIEW

In total, 81 articles from databases such as PubMed and EBSCO were selected for inclusion based on sample population (adult ADHD students attending Higher Education), timeframe (published between 2000 and 2022), and geodata (English language, reporting findings from USA, Australia, Europe, Ireland; college /university students) including relevance to new, recent, or long-term diagnosis. Items of grey literature were also accepted. Articles discussing school-age participants and non-specific learning disabilities, not written in English, and pre-2000, were excluded.

2.1 Defining ADHD

ADHD is a lifelong developmental disorder of self-regulation and Executive Function (EF) (Barkley, 2013) which is qualitatively different in its presentation in adulthood (American Psychiatric Association, 2013), and is a condition that is associated with academic, psychological, and social impairments (Dipeolu, 2011; Fleming & McMahon, 2012). These impairments are present as a function of the impact of dopamine and norepinephrine pathways (Brown, 2013) which affect motivation and management of emotions (Barkley, 2013), sustained effort (Brown, 2013), sleep and alertness (Van Veen et al., 2010) and mind wandering (O'Callaghan, Walpola, & Shine, 2021). Alexander & Farrelly (2018) note that there is no single anatomical area of the brain that accounts for the neuropathology of ADHD, but rather multiple parallel and intersecting connections which affect EF, risk and reward processing, and attention.

Childhood ADHD can persist into adulthood for a fifth of individuals (Alexander & Farrelly, 2018) albeit with reduced hyperactivity but maintenance of inattention, procrastination, time management and disorganization, and increased mental health problems such as anxiety and depression. Changes in symptoms in adulthood are associated with brain maturation in prefrontal cortex and evidence also for a de novo presentation of ADHD in adulthood (Alexander & Farrelly, 2018). EF dysfunction is a robust predictor of adult ADHD diagnosis (Kessler et al., 2010) although the functional limitations of ADHD for the individual may not be evident from standardized assessment measures of ability and performance (Banerjee, & Brinckerhoff, 2015).

Barkley (2013) discusses ADHD as a disorder of EF affecting self-restraint, time management, self-organization and problem solving, self-motivation, and emotional self-regulation, within daily life activities. Deficits in self-regulation impact across time as ***time blindness*** or a ***temporal neglect syndrome*** (myopia to the future). This inability to anticipate future needs and actions impacts on

identification and pursuit of long-term life goals, and by association, positive mental health. Barkley describes this as a ***disorder of performance*** rather than lack of a skill base or knowledge bank, and thus suggests that constructing a prosthetic environment in tandem with pharmacology can compensate for EF/SR deficits. Maiese (2012) also argues that such temporal neglect can result in "diminished hindsight, forethought, and anticipatory responses and … Because their capacity to organize stimuli within the framework of bodily feelings is compromised, those with ADHD are likely to be influenced more heavily by their immediate context" (p. 905).

Most recently, Zanini et al (2021) explored the ***unity and diversity model*** (Miyake et al. 2000) which proposes three independent but connected executive functions: i) the ability to inhibit automatic behaviours, ii) the ability to switch between tasks; and iii) the process of updating working memory to retain relevant information pertaining to a specific task. These functions operate both as separate entities but are also highly interconnected and are valuable as predictors of 'real world' behaviours (Friedman and Miyake, 2017). The Free Research Executive Evaluation (FREE) was developed by Zanini et al (2021) to determine if these three latent factors can be distinguished in adolescents and this measure can be used with diverse populations.

2.2 Assessment and diagnosis

Adamis, Tatlow-Golden, Gavin, & McNicholas (2019) observe that ADHD is the most frequent reason for attendance at Child and Adolescent Mental Health Services (CAMHS) in Ireland where it is the most commonly diagnosed disorder. General Practitioners (GPs) play a key role in discussing possible symptoms, and referral for assessment and diagnosis., however, acceptance and understanding of ADHD varied across the study sample of n=140 GPs, with more positive attitudes expressed by those GPs aged between 36 and 55 years old, who saw fewer children for ADHD referral, and who worked in primary care. Adamis et al conclude that attitudes towards and understanding of ADHD impact on referral and assessment.

Barriers to diagnosis in Ireland are also noted by Carr-Fanning & Mc Guckin (2018) identifying delay in the diagnostic process caused by associated stigma, misdiagnosis, and gatekeeping practices connected to the assessment process, and which children, young people, and their families describe negatively, creating feelings of disempowerment connected to the lack of child- and family-centred practice. This is replicated in adult experiences where the lack of access to assessment and diagnosis has reached critical levels, and which additionally is not comprehensively assessed by clinicians (Alexander & Farrelly, 2018). In Ireland, assessment and

acquisition of diagnostic documentation can be expensive, with accompanying lengthy waiting lists of more than 12 months, that delay registration with college disability services. The new HSE Adult ADHD Model of Care established in 2021 requires referral for assessment of ADHD via local Adult Mental Health Teams (AMHT) for full assessment for co-morbid mental health illness using the Adult Self Report Scale (Kessler 2006) and Wender Utah Rating Scale (Ward 1993) and following positive results will be referred to an ADHD Adult Clinic for further assessment using the DIVA (Kooij 2019). Interventions include psychoeducation, medication, group ADHD specific Cognitive Behaviour Therapy (CBT), and OT input on symptom management, as well as advice on support available in third level education, coaching, and support groups e.g., ADHD Ireland. Currently, the Department of Health (DOH) three Adult ADHD programmes in CHO1 (Sligo / Leitrim / Donegal), CHO3 (Limerick / Clare / North Tipperary) and CHO6 (Dun Laoghaire, Dublin Southeast and Wicklow); the remaining eight locations are due in 2023.

Over the past two years, public awareness of ADHD has gathered momentum through a myriad of social media channels, but principally through TikTok, a social media channel with more than 1 billion active monthly viewers (Yeung et al, 2022); in their exploration of connections between ADHD awareness, disinformation, and TikTok use, Yeung et al also note that of the 100 videos analysed by clinicians, 52% were misleading. For this current study, it is notable that 40% of students accessing the online survey did not have a formal diagnosis of ADHD although they may have self-identified with the intention of participating. A recent Panorama programme (BBC, 15 May 2023) found that with NHS waiting lists of over three years, many people are paying in excess of £800 to private clinics for an assessment of ADHD, some of whom conduct limited mental health assessment or discovery of historical symptomology within a consultation spanning 30 to 60 minutes, often via telehealth portals; medication is subsequently prescribed with little if any advice on side effects and long-term use. The average monthly prescription through such clinics is approximately £90.

2.3 Challenges in HE

D'Alessio & Banerjee (2016) identify a reluctance to use reasonable accommodations and disability services which is connected to stigma, a mismatch in expectations of students, their families and HEIs in terms of the requirements of third level education and lay misconceptions about adult ADHD that colour perspectives and attitudes towards students. The fluid nature of the college environment places demands on self-regulation that can be difficult to manage (Fleming &

McMahon, 2012), but despite the unique and significant challenges associated with managing ADHD in a college setting, there is a dearth of research on this population (Dipeolu, 2011; Fleming & McMahon, 2012), and particularly in Ireland.

Bannerjee & Brinckerhoff (2015) note prevalence in HE as between 2-8 % of college students (Green & Rabiner, 2012); Thomas et al. (2015) estimate this to be 7.2%. and more recently 11% (Berger & Embrick, 2020). Diagnostic issues affecting college performance are described as sub-type symptomology i.e., Inattentive-Hyperactive-Impulsive-Combined Inattentive and Hyperactive-Impulsive. Presentation can change over the life span, however, first time diagnosis for teenagers and adults means that compensatory strategies may not have been acquired. Qualifying diagnosis as Mild, Moderate, or Severe may not be helpful as "Learning and attention problems are on a continuum, are interrelated and usually coexist" (Mayes, Calhoun & Crowell, 2000, p.417). The presence of co-occurring disorders results in highly complex presentations that may constitute an additional barrier. Students would benefit from exploration and self-awareness in terms of their own ADHD profile which can be supported and addressed by intervention that targets their unique profile.

Since October 2020, the Trinity Inclusive Curriculum (Trinity-INC) Project has been working to entrench the principles of universal design for learning within teaching and learning practices across all courses, modules, and programmes, creating an accessible curriculum that supports the attainment and progression of all students. In theory then, providing flexible methods of teaching, assessment and service provision, learning environments, and learning spaces to accommodate individual learning differences, would benefit students with ADHD immeasurably.

2.4 Medication

Medication is prescribed as a treatment for children, adolescents, and adults to support management of ADHD and improve daily functioning. Follow-up studies of children with ADHD indicate that 15% continue to meet diagnostic criteria at age 25 years, and 50% present with some ADHD symptoms (Asherson & Agnew-Blaise, 2019). Two types of medication are used to treat ADHD symptoms, stimulant medicines which are effective treatments in regulating brain chemicals Dopamine and Noradrenaline, and non-stimulant medication which is prescribed where stimulants create unpleasant side effects or where other conditions are present. Common side effects of stimulant medications include loss of appetite, poor sleep hygiene, headaches, abdominal pain, and anxiety.

A comparative review by Bachmann et al (2017) examined prevalence in medication use in US and European cohorts (0-19 years) noting a steady increase between 2005 and 2012 and substantially so in the US youth population. ADHD pharmacology is complex. There are known risks associated with substance abuse and misuse in addition to physiological side effects that must be considered alongside reported benefits in behaviour and functioning. Longitudinally, there is evidence to demonstrate that (Taylor, 2019). Boland et al (2020) find that early diagnosis and pharmacological intervention for ADHD can have positive functional outcomes, particularly in the area of mental health disorders, however, in their analysis of 40 articles, whilst medication use was found to have largely good outcomes for academic attainment, progression and engagement, some studies identified negative effects. The authors draw attention to the possibility of other factors impacting on academic performance such as cognitive abilities, executive dysfunction, and learning disabilities. Indeed, in their systematic review, Ecclestone et al (2019) find that prescription of medication in 13 – 18-year-olds was more likely to be a presumed outcomes rather than a solution of choice.

In 2019 the Health Service Executive (HSE) began developing a new National Clinical Programme Model of care for adults with ADHD providing assessment and treatment within public mental health services after referral by a GP. Access to ADHD clinics within Community Healthcare Organisations (CHO) are gradually being facilitated although there remain lengthy waiting lists, equally with respect to private clinicians, a pathway that can be prohibitively expensive. Incoming international students are advised that the commonly used medication Adderall is not available for prescription in Ireland, and that transfer to an ADHD medication that is available in Ireland must be established with their home consultant prior to arriving in Ireland.

2.5 Mental health

Brown et al (2022) evaluated the prevalence of suicidal ideation (SI) plans and attempts, and non-suicidal self-injury (NSSI) and the mediating effects of depression, anxiety, alcohol and substance use on the association between ADHD and suicidal behaviours and NSSI. First-year undergraduate students (n = 1,829) completed validated clinical measures online. The prevalence of suicide behaviours and NSSI were significantly higher among students with ADHD, and ADHD directly and indirectly increases suicidal behaviours and NSSI as a function of depression, whilst age and gender also had indirect effects on suicidal behaviours via substance use. Although interventions tend to focus on improving organisation, planning, and time-management in college, Brown et al suggest

that the high prevalence of suicidal behaviours and NSSI and the mediating effects of depression and substance use may be addressed through the addition of evidence-based mental health interventions together with other supports. They draw attention to preliminary findings for group Cognitive Behavioural Therapy programs in reduction of impulsivity and inattention and depression and substance use in students (Anastopoulos et al., 2021). Brown et al (2022) also state that many pupils leave secondary education presenting with ADHD symptomology and a high risk for suicidality, therefore, it may be beneficial to consider the development of similar evidence-based transition support programmes aimed at students wishing to attend college.

Academic burnout occurs when there is a discrepancy between fulfilment of academic expectations and the coping strategies and resources at the disposal of the individual (Salmela-Aro, Kiuru, Leskinen & Nurmi, 2009). ADHD is not only exemplified in impaired Executive Function (e.g., focus, attention, procrastination, organisation, planning) but also encompasses a strong response to incentive and reward associated with hyperfocus on preferred activities or topics of interest, potentially leading to ADHD burnout. Contexts or scenarios where individuals are required to persevere at boring or challenging activities, including routine tasks, or maintaining levels of effort and work rate needed to meet goals or achieve success in work or study, can also result in overload and burnout (Fleischman & Fleischman, 2012).

Historically, ADHD was more frequently diagnosed in boys and only relatively recently has there been acknowledgment that symptomology and degree of impairment, executive dysfunction, and co-morbidity with mental health disorders in girls and women, share a similar incidence to those of males (Littman et al., 2021). However, a core difference is the extent to which difficulties are 'masked' through internalization, heightened sensory overload, increased likelihood of eating disorders, and academic underachievement. Increasingly, research draws attention to the outcomes of hormone fluctuations during menstruation, resulting in significant impact on neurotransmitters and affecting cognition (memory, attention, executive functioning, mental health) and ADHD traits such as impulsivity, risk and reward, and self-medication (Littman et al 2021).

2.6 Prognosis for college success

Ahmann (2018) ADHD reviewing coaching initiatives in college find that, relative to typically developing peers, college students with ADHD often have poorer adjustment to college, higher rates of withdrawal or off books situations, and lower rates of retention. Stamp, Banerjee & Brown (2014) conducted extensive semi structured interviews finding that the primary challenges to

college success: were feelings of shame and guilt, avoidance behaviour as a coping mechanism, lack of understanding of impact of ADHD, and poor awareness/use of available college resources. They conclude that the complexities of college students with ADHD are poorly understood. Berger & Embrick (2020) observes that it can result in negative outcomes such as lower grade achievement, decreased graduation rates, self-reported difficulties in social functioning and a lower quality of life (Advokat et al., 2011; Cherkasova et al., 2013; Fleming & McMahon, 2012) and thus support in colleges and universities is increasingly important to assist and facilitate development (Cherkasova et al., 2013; Dipeolu, 2011; Fleming & McMahon, 2012; National Center for Education Statistics [NCES], 2020).

2.7 Intervention and support

Support for ADHD in HE can encompass human and pharmacological intervention. Student supports services typically include disability and reasonable accommodations, residential accommodation, assistive technology, academic and tutorial services, and psychological approaches such as counselling, CBT and coaching. Bannerjee & Brinckerhoff (2015) propose a ***coaching model***, a partnership approach where both student and coach jointly agree goals (D'Alessio & Banerjee, 2021) which facilitate development of self-determination, executive function, self-regulation which incorporates non-directive, open-ended questioning, empathetic listening, and accountability. This is premised on a tutor-tutee / mentor model which is a normal part of academic engagement for all students and is a transformative process which supports retention, progression through college and graduation (MacArthur, 2005). This is highly relevant as students consider mentoring to be an essential part of third-level education.

Bannerjee & Brinckerhoff (2015) note that academic advising can be ***prescriptive***, a top-down approach led by the academic advisor who directs the student towards steps, activities, tasks, information and resources, or ***developmental,*** a collaboration between the student and the advisor who responds to specific student requests or contact and directs then towards supports with the purpose of developing independence, or ***integrated*** which is a combination of both approaches where the student is scaffolded towards independence (Heisserer & Parette, 2002). ***Academic advising*** tends to focus on the academic aspects of managing course requirements and workload and meeting learning outcomes, whilst coaching addresses executive function and self-regulation to support management of college work-life balance, although both are student-centred and developmentally oriented. Ahmann (2018) notes that coaching is increasingly recognized as an

important component of combined approaches to intervention for individuals with ADHD and may be a particularly relevant support for college students. Their comprehensive descriptive literature review identified 19 studies which indicate that coaching supports improved ADHD symptoms and executive functioning.

Barkley (2013) suggests r***everse-engineering*** the EF system by i) externalizing important information at key points of performance i.e. transferring internal working memory demands to external artefacts, ii) externalizing time-bound tasks , plans and deadlines, iii) breaking complex or longitudinal tasks into smaller units, iv) using external rather than intrinsic sources of motivation, v) switching mental problem-solving to concrete solution-seeking, and vi) replenishing self-regulation through exercise, positive self-talk and encouragement, visualising positive outcomes, chunked work time and relaxation intervals, and identification of motivation and rewards. These approaches represent the design and delivery of a 'prosthetic environment': an external scaffolding to support the EF/SR system replicating the function of the prefrontal cortex using i) concrete, real-world materials e.g., planners, signs, lists, cards, cues, diagrams, and ii) tangible consequences inserted between naturally occurring consequences to increase accountability and motivation e.g., tokens, food, drink, activity.

However, the AHEAD report 2019/2020 draws attention to the availability of staff in college Disability Services in 23 third level institutions noting at 45% increase in the student/staff ration since 2011, from 131:1 rising to 190:1 and for learning support specifically, an 85% increase from 319:1 in the same period to 591:1. This has significant implications for developing and extending supports to students with ADHD. Therefore, more creative, flexible, and easily accessible support approaches are required, such as ***body-doubling***.

Body doubling is a strategy that can be used by anyone who experiences significant difficulty with beginning tasks and maintaining focus and attention. The body double is another person whose physical or online presence can potentially reduce distractions and procrastination; having another person working close by can initiate and maintain motivation and focus during the period that the body double is present, by providing a calm, focused, and positive working atmosphere.

2.8 Awareness, understanding, and social acceptance in the broader community

The phrase 'broader community' is borrowed from a systematic review of international literature pertaining to public understanding and awareness from Bisset et al (2022) whose findings emphasise that:

broader community samples displayed varying degrees of ADHD-related knowledge, negative attitudes (that ADHD is over-diagnosed; that pharmacological treatment is not acceptable; that those with ADHD are more likely to exhibit poor behavior), and a desire for maintaining social distance from individuals with ADHD.

Studies indicate widespread stigma and negative perceptions about the nature of ADHD that are expressed by individuals with ADHD themselves, families, and frontline practitioners such as GPs (Bisset et al, 2022; Eccleston et al, 2019). In their systematic review, Bisset et al acknowledge the dearth of research in this area, and focus on the perceptions of teachers, practitioners, and the broader public with findings indicating generally negative attitude towards understandings of ADHD, use of medication, and avoidance of social engagement impacting on the mental health of people with ADHD and the likelihood of engagement with medical and support services.

In a systematic review of studies with ADHD participants aged 13 – 18 years, Ecclestone et al (2019) established that not only do young people experience pressure to 'fit in' with norms and expectations of the community and wider society, but also a failure to recognise and value neurodiversity and exceptionality. Children and young people in this study reported that the expectations associated with - not only acceptable behaviour but valued attributes - were closely connected to academic performance and attainment in school. Of significance, are the negative consequences of internalisation of these expectancies resulting in feelings of failure and inadequacy in girls and protective, confrontational behaviour in boys. They also find overt stigmatisation and rejection by both peers and adults in positions of power and responsibility. Understandably, the long-term effects of such adverse social interaction may lead many young people to avoid disclosing ADHD and perhaps make assumptions that understanding and acceptance in third level education, is unlikely to be very different.

2.9 Provision of support and reasonable accommodations in higher education

Section 4 of the Disability Act 2005 (Government of Ireland) focuses on provision of reasonable accommodations to people with disabilities availing of goods and services whereby the provider must do all that is reasonable to accommodate the needs of a person with a disability by providing special treatment or facilities, if without such special treatment or facilities, it would be impossible or unduly difficult for that person to access the service. It is, therefore, incumbent on the

institution to ensure that students with ADHD are supported in all aspects of assessment and examination in a way that permits them to demonstrate their knowledge and understanding of the course. This requires an awareness of the particular barriers and obstacles associated with ADHD traits, together with identification of individual need in this aspect.

The growing participation of students with disabilities means that individual reasonable accommodations are not sustainable (Doyle, 2016) and must be supplanted by 'sustainable reasonable accommodations.' These accommodations are designed to promote self-sufficiency and independence among disabled persons and involves their empowerment to take an active role in identifying needs and self-advocacy, rather than relying solely on external support. This can be achieved by providing resources and tools to develop skills such as disclosure, requesting reasonable accommodations, and developing plans for personal and professional growth. By promoting self-sufficiency and independence, sustainable reasonable accommodations support disabled students to build the confidence and skills necessary to succeed in all areas of their lives. This approach not only benefits students and staff with disabilities but also creates a more inclusive and supportive environment for everyone. A crucial aspect of this strategy from an institutional perspective, is to implement Universal Design for Learning by mainstreaming supports that are accessible to all students, at all times.

Having set out the pertinent literature relating to ADHD in third level settings, the following sections sets out the quantitative and qualitative methodology for this study.

Section 3: METHODOLOGY

3.1 Research design

The study collates primary data sources from students and student services staff in a single HEI in Ireland. This is a mixed method, participatory research study situated within a transformative paradigm, and is a co-produced, collaborative project between the DS, the School of Psychology, the Ability Co-op, and current students with ADHD in Trinity College. Participatory research permits the differential involvement of stakeholder groups (Mertens, 2007) from consultation to co-production of the research. For this study, collaboration with students with ADHD (SWA) was achieved through consultation and compliance – the research team dictated the research design and procedures, and SWA piloted measures; and co-learning – SWA shared knowledge and contributed viewpoints as members of the Steering Committee, whilst the research team determined the methods of data analysis and interpretation (Cornwall, 2008). Additionally, a student-faculty-services partnership was established through co-production with three postgraduate SWA acting as Research Assistants (Hill, Thomas & Brown, 2019) for the process of data manipulation and analysis.

3.2 Ethics

An application was made to the School of Psychology Research Ethics Committee and to the Data Protection Officer in Trinity College and approval was received on the 8 November 2022. Permissions were granted from the Senior Lecturer and the Dean of Graduate Studies to circulate an email invitation to participate in the study via the Secretary's Office, containing a web link to a participant information leaflet hosted in the research protocol section of the Disability Service website, and a web link and QR code to access the survey.

Survey: The first section of the online survey repeated the study information and included a requirement to indicate understanding and consent to participate. A final question provided participants with the opportunity to access an online form to indicate an expression of interest in an individual interview. The survey concluded with a debrief statement with links to college and community support pathways.

Interviews: student participants were randomly selected for invitation to interview via email. The body text reiterated the confidential nature of the interview, outlined the time commitment, and also reassured the recipients that if they had subsequently changed their mind, they should

ignore the email, that they would not be contacted again, and their contact details would be removed from the list. The email also included a copy of the interview questions.
Focus groups: an invitation for participation in a focus group was emailed to staff from student services using the generic service email address. All research artefacts (forms, data etc) were stored in the password-protected Trinity OneDrive account of the Principal Investigator.

3.3 Sample

The study examined three sample populations: Group 1) the undergraduate and postgraduate student body of Trinity College Dublin (n=18,900 survey, n=11 interview), Group 2) historical progression and retention data for students with a diagnosis of ADHD and registered with the Disability Service in Trinity College Dublin since its inception (n=685), and Group 3) a focus group of staff from the College Counselling Service and Health Centre (n=6). To ensure complete anonymity, student interview participants were assigned a numerical identifier but data on course, School, or Faculty of study was not recorded.

3.4 Measures

Quantitative data was gathered from: 1) an online survey to all Trinity students (n=18,900) hosted in a college licensed Qualtrics XM account to capture i) potential prevalence of ADHD in the general student population, ii) facilitators and barriers to academic progression, iii) the social and academic impact of ADHD on the college experience, iv) Executive Function profiles from embedded survey questions using the Executive Function Questionnaire - Revised (ESQ (R) (Strait et al, 2020); 2) a statistical analysis of demographic and progression and retention data for n=685 students with ADHD registered with the DS since 2001.

The Executive Skills Questionnaire-Revised (ESQ-R) (Strait et al., 2019) consists of 25 items to measure executive dysfunction on a 4-point scale from never or rarely (0), sometimes (1), often (2), to very often (3). The measure consists of five factors: 1) "plan management" includes 11 items referring to individuals' ability to bring tasks to completion; 2) "time management" includes 4 items referring to skills of estimating and allocating time, and working within a time allocation; 3) "organisation" includes 3 items referring to tidiness and losing items; 4) "emotional regulation" includes 3 items referring to emotional control and, 5) "behavioural regulation" includes 4 items referring to impulsivity and self-control. Interpretation of the scale involves examination of factor score and total score. Executive deficiency in behavioural domains is indicated by the mean score

for each factor (0-3). The total scores of the five factors (0-75) can be used to indicate general executive dysfunction with a higher score indicating a higher level of executive functioning impairment.

Qualitative data was gathered from: i) open-ended survey questions, ii) in-depth interviews with current students with ADHD registered with the Disability Service focusing on diagnosis and access to services, transition and progression through college, barriers and facilitators (n=11), and iii) in-depth focus groups with student services (Student Counselling Service, Disability Service, College Health Centre) to determine engagement with students with ADHD and to provide a triangulation of the data (Appendix 1 & 2).

3.5 Procedure

Survey: Students are engaged in registering in college and to new modules in September and managing the beginning of the academic year. Students are engaged in final year projects, assignments, revision, and examinations between April and June and are generally not available after annual examinations. Data collection took these timeframes into account and invitations to participate were issued at two time points: after semester one examinations had completed in December 2022, and prior to the beginning of the second semester in January 2023. The survey was closed on the 1st March 2023 and this data analysed by a postgraduate research assistant employed for the duration of the study.

Interviews: The online form collecting expression of interest in an individual interview was checked each week, with email addresses selected at random. Prospective interviewees (n=15) were given numerical identifiers (P1 – 15) and received an email from the Principal Investigator with a copy of the interview questions and links to an online consent form and a calendar booking. Interviews took place online via Microsoft Teams and the completion of Consent Form and interview were recorded and transcribed using the Word online transcribe function. Subsequently, participants were emailed a copy of their Consent Form and transcript and advised that should they wish to withdraw from the study, these documents and any recording would be destroyed on request. Focus groups took place in person on campus; participants were requested to complete an online Consent Form prior to a recording using the Voice Recorder app in Windows and the recording subsequently transcribed using the Word online transcribe function.

3.6 Data analysis

From previous studies consulted in the Literature Review, the prevalence of college students with ADHD is between 7% (Thomas et al. 2015) and 11% (Berger & Embrick, 2020) representing a potential survey population of between 1,323 and 2,079 students within the current student body of Trinity College.

Quantitative data for n=223 survey respondents was extracted from the Qualtrics survey and analysed using R version 4.0.3; statistical analysis was also conducted for progression and retention data for n=685 students with ADHD registered with DS between 2001 and 2022. Qualitative analysis of survey and interview data adopted a hybrid approach of inductive and deductive reasoning to coding and thematic analysis proposed by Swain (2018) in that "analysis is viewed as ongoing, organic, and iterative" (p. 3) where the distillation of data across waves, stages or passes, involves collapsing, merging, transforming, and representing themes - for example through diagramming or charting – to enable reflection and evaluation. This is a robust method for giving validity and credibility to the findings (Frechtling & Sharp, 1997; Miles & Huberman, 1994). Qualitative data extracted from text responses submitted by n=226 survey respondents, n=11 in-depth individual interviews with student participants, and two in-depth focus groups with n=3 staff participants was thematically analysed using licensed NVivo software. For the student cohort, initially codes were created for six a priori superordinate themes and 33 subordinate themes premised on the survey sections and interview questions (Appendix 3). Three subsequent coding sessions collapsed and merged these themes into a working codebook identifying five superordinate themes: *Social impact of ADHD, Academic impact of ADHD, Support for ADHD in college, Advice for prospective students, ADHD-friendly college*, with 28 subordinate themes, and one additional emerging superordinate theme *My ADHD* containing seven subordinate themes (Figure 1).

1. Social impact of ADHD	2. Academic impact of ADHD	3. Support for ADHD in college
Advantages	Academic skills and study habits	Academic support
Awareness and understanding	Achievement and attainment	College offices and services
Disclosure	Deadlines and stress	Peer support
Interaction with peers	Orientation and information	Reasonable Accommodations
	Progression through college	
4. Advice for prospective students	**5. ADHD-friendly college**	**6. My ADHD**
Coping mechanisms	Medical and therapeutic supports	Cognitive and behavioural factors
Human supports	Physical environment	Executive function
Managing academic tasks	Removing systemic barriers	Coping mechanisms
Medication	Signposting ADHD supports	Medication
Peers	Staff awareness and understandin	Mental health
Practical strategies	Universal Design for Learning	Physical and sensory preferences
Self-advocacy		Sensory triggers

Figure 1. Superordinate and subordinate themes identified from the text corpus.

Close re-reading of the corpus to map interconnections using this thematic structure resulted in a final refining and merging of codes and themes to provide an illustrated narrative that responds to the aim and objectives of the study (Figure 2), and which provides a framework for presentation of the Findings.

Navigating college with ADHD	What does an ADHD-friendly college look like?	Advice for prospective students	My ADHD
Awareness and understanding	Universal Design for Learning	Coping mechanisms	Executive function
Disclosure	Medical and therapeutic supports	Human supports	Cognitive and behavioural factors
Social interaction	Staff awareness and understanding	Managing academic tasks	Coping mechanisms
Academic skills and activities	Physical environment	Medication	Medication
Achievement and attainment	Removing systemic barriers	Peers	Mental health
Deadlines and stress	Signposting ADHD supports	Practical strategies	Physical and sensory preferences
Orientation and information		Self-advocacy	Sensory triggers
Reasonable Accommodations			

Figure 2 Final thematic framework

A similar process was conducted for identification of themes with services staff focus groups.

At the conclusion of the coding process, the frequency of codes and references to codes was quantified using NVivo software to highlight thematic areas of stress that can usefully inform the finding, and recommendations.

3.7 Practical Implications

Preliminary findings from a data extraction of N=324 students currently registered with DS indicates that there are significantly more adolescent / young adult diagnoses of ADHD than diagnosis in childhood. This would suggest that the majority of students with ADHD registering in

college may not have acquired i) levels of self-awareness relating to their unique ADHD profile and the potential impact as it relates to their course of study (i.e., activities, teaching and learning practices), and ii) a lack of guidance (e.g., coaching, academic advising) to support acquisition of compensatory strategies. Secondly, the current demand for ADHD assessment requested from student services and the College Health Centre suggests that there is an urgent need for more rigorous and productive pathways (from a student perspective) to provide appropriate and timely support. Finally, almost 50% of participants who accessed the survey did not have a formal diagnosis of ADHD and were subsequently directed out of the survey after Question 1, however, this suggests large numbers of student self-identifying with ADHD but who may be unable to access an assessment.

The following section presents the quantitative and qualitative findings for this study extracted from a survey to all undergraduate and postgraduate students in Trinity College Dublin, interviews with self-selecting students with a diagnosis of ADHD, and a focus group of student services staff from the College Health Centre, the Student Counselling Service, and the Disability Service.

Section 4: FINDINGS

This section presents the findings from merged quantitative (statistical) data from: i) student records maintained by the Disability Service for ADHD students formally registered as requiring reasonable accommodations and supports (n=687), and survey responses from n=227 students, ii) merged qualitative data from open-ended text responses from the survey (n=227) and coded and thematically analysed individual interview transcripts (text corpus) from students (n=11), both sets having been semi-quantified, and iii) coded and thematically analysed focus group interview transcripts (text corpus) from college staff in student services (n=6). Data from the superordinate and subordinate themes collated from 1,241 coded statements is merged for narrative purposes into the following sections: Navigating college with ADHD, including progression and retention data on students registered with the Disability Service (section 4.1), What does an ADHD-friendly college look like? (section 4.2), and My ADHD (section 4.3). For the purposes of reporting, survey comments on Advice for prospective students, is merged to sections 4.2 and 4.3, where appropriate. Quotations that are extracted from interviews are identified by participant number.

Figure 3 presents a diagrammatic hierarchy for the frequency of principal themes emerging from survey and interview data that can also be mined within the analytical software for detailed coding information.

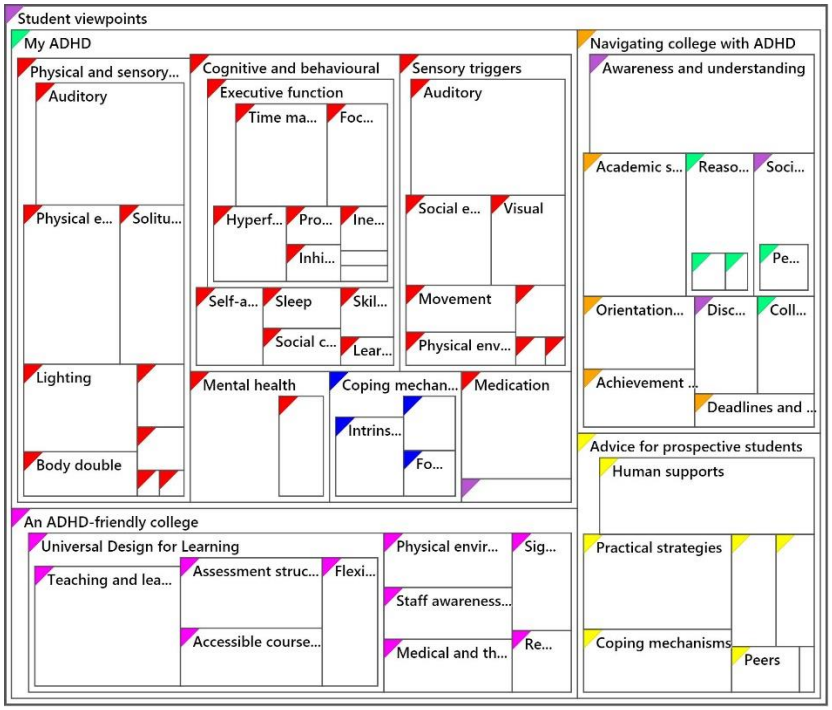


Figure 3 Hierarchy chart for frequency of coding references: Student viewpoints

For example, focusing in on My ADHD (n=733 aggregated coding references) physical and sensory issues are most frequently referenced (n=226 aggregated) with auditory preferences and triggers the main focus of distraction or overload for students (Figure 4).

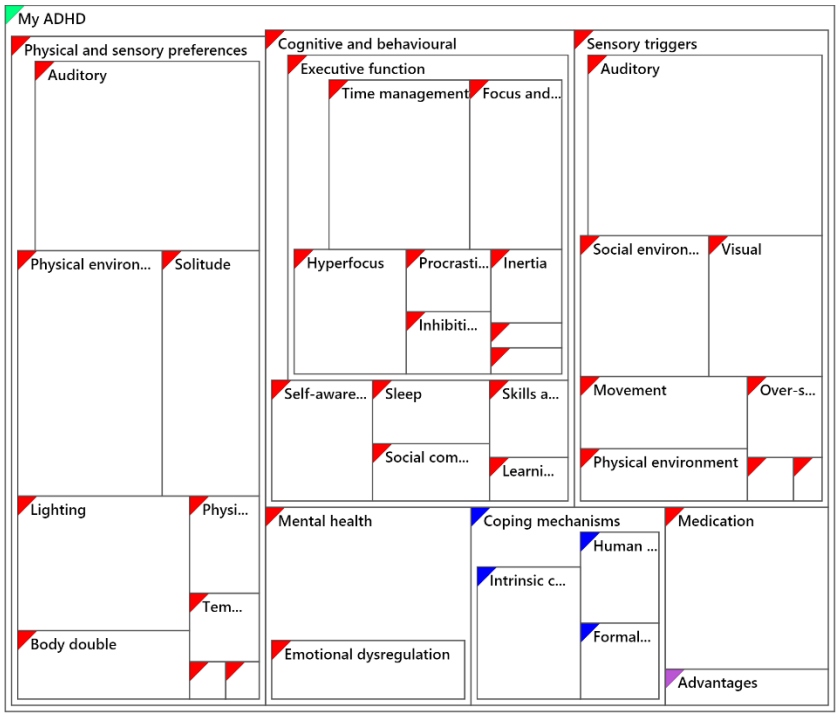


Figure 4 Hierarchy chart for frequency of coding references: My ADHD.

This hierarchy of frequencies informs the presentation of results in the following sections. Additionally, the quantification of coding references by theme focuses attention on areas of importance and issues of concern expressed by students (Appendix 5) discovered in Files (number of transcript documents / survey responses) and References (items of coded text).

4. Demographic survey data

The average age of participants was reported as being between 18 and 25 years, and of those who identified a gender, the majority were female; respondent standing was spread evenly across undergraduate years JF – SS, with 33% registered as postgraduates. N=125 (57%) of respondents received an ADHD diagnosis whilst attending FE/HE, n=183 (86%) sourced this from a private psychiatrist. More than half of respondents (66%) reported an additional diagnosis: Autism Spectrum Disorder (n=35), Specific Learning Difficulty (n=20), and a significant number with an accompanying Mental Health Condition (n=92). Most students had contacted and registered with the Disability Service in their first year of college, and all respondents indicated that the reason for

doing so was for support with time management, organisation, support with a specific module, procrastination, and focus and attention; other reasons for seeking support included access to reasonable accommodations, specific supports such as Occupational Therapy, and understanding and managing a new diagnosis. To inform their understanding of ADHD, 39% of students consulted online sources e.g., websites 16%, social media 13%, YouTube 7.5%.

Almost 60% of students felt that there was some or very little awareness and understanding of ADHD within the college community and that this needed to be improved, with an additional number (n=40) stating that they were unaware of any support. This is a crucial factor given that i) almost all respondents described sensory sensitivity to visual and auditory stimuli of a combined type, with 31% sensitive to auditory interference in the environment, ii) 66% of students have a co-occurring disability, and iii) undergraduate students ranked a difficulty with managing course demands (60%) and completing assignments (53%) as the most significant impacts on their experience of college, and 76% of postgraduate students ranked management of research demands (e.g. academic work, practical tasks, meetings) as having a significant impact.

In their transition from post-primary school to higher education, more than 85% of students stated that they were under-prepared, 79% significantly so, mostly as a function of late diagnosis. Transition was mainly managed with advice from family and peer group or trying to navigate the learning environment and college offices independently, but not noticeably with support from the college itself. Whilst this is a significant change for all students, given that the main characteristics of ADHD are connected to Executive Function tasks) e.g., planning, organisation, time management, focus, attention, task switching, working memory) a more structured transition is essential: "That it wasn't like school. That there were more individual responsibilities to attend to, associated with a greater level of freedom. That it was "up to you" in a new way" and "There's the general view on what your support channels are however when it comes to specialised needs, this requires review and understanding, and this can take a while for someone who has just started." Despite these difficulties, 77% of students who responded to a question on course choice reported satisfaction.

A separate section of the survey invited students to complete an embedded version of the Executive Function Questionnaire – Revised (Strait et al, 2020) and findings are presented in section 4.4 My ADHD.

Finally, for this current study, it is notable that 40% (n=161) of students accessing the online survey did not have a formal diagnosis of ADHD although they may have self-identified with the

intention of participating. Delays in contacting the Disability Service were principally connected to late diagnosis, and 47% of students who went on to complete the survey had never contacted or registered with the Disability Service. Detailed dissection of survey and interview commentary that adds depth to this data is provided in the following sections.

4.1 Navigating college with ADHD

Commentary within this theme encompasses occupations linked to academic and non-academic aspects of the student role, interaction with college systems and offices, and management of course demands. It also illustrates concerns and experiences connected to awareness and understanding of ADHD within the college community, disclosure, and social interaction.

This section begins with a review of statistical data that illustrates the journey through college for students with ADHD.

4.1.1 Progression through college

> *What really frustrates me, it's like a vicious circle for me in college, is that I enjoy my subject a lot, and when I am able to focus on getting the assignments done, I usually do them to a high standard and they get pretty good feedback (P9).*

Longitudinal progression data.

An analysis of historical progression and retention data was undertaken for students with a diagnosis of ADHD, registered with the Disability Service in Trinity College Dublin since its inception in 2001 to 2023. Statistical data for n=685 students registered during this period are available in Appendix 6 and are summarized as follows.

Registration data indicates that 76% of students are EU registrants with 88% of these being students from Ireland; declared gender profile indicates that 59% of students registering with DS are female. Registrations have increased year on year with the most significant increase taking place from 2015 onwards. In terms of entry route, 30% of students were admitted to college via an alternative access pathway (Mature, Trinity Access Programme transfer, HEAR, DARE, QQI) with 22% of these entering via the DARE scheme. Unsurprisingly, 74% of students are registered to UG

degrees including Foundation programmes, however, of note 44% of students are registered to Multi-school courses.

ADHD as a primary disability is indicated by 79% of students; of the n=338 students indicating an additional disability, 44% of these students had a Mental Health Condition, 24% Specific Learning Difficulty, and 20% have an additional diagnosis of Autism Spectrum Disorder. One quarter (25%) of students access individualised supports in the form of Occupational Therapy, Specialist Academic Support and Assistive Technology, and a further 16% (n=113) are R registered, meaning that they do not have full documentation of disability as required by the HEA.

Data relating to academic performance (it should be noted here that this is not recorded for 25% of the cohort) indicates that n=12 students with withdrew from their course, n=28 became Off Books or Off Books taking Assessment, and n=47 transferred to another course. Available annual results for this 20-year period indicate that n=306 students (60%) were successful in annual examinations and progressed to either the following year or graduated; of the remaining students, 36% were re-assessed during the supplemental examination period. Results from the supplemental period (it should be noted here that data is not available for 65% of these students) show that n=70 progressed to the following year, and n=55 were required to repeat the year. Importantly, 44% of students resitting examinations were registered to Multi-school courses.

Impact factors identified in the survey

It is useful to inspect engagement academic tasks and activities that are associated with successful progression through college that may be affected by ADHD traits. As noted in the previous section, survey participants were invited to rank the impact of ADHD on management of college as either undergraduate (UG) (Table 1) or postgraduate (PG) students (Table 2). For UG students, activities that are impacted most significantly by ADHD (ranked in the top three impact indicators) are Management of Course Demands (87.2%) Completing Assignments (64%), Attending Lectures (44.8%), and Getting a Good Work / Life Balance (32.8%). For PG students, activities that are impacted most significantly by ADHD (ranked in the top three impact indicators) are Time Management of Research Demands (89.85%), Meeting Research Deadlines (57.97%), and Organising Research Inputs and Outputs (33.34%). This would suggest that the provision of access to Occupational Therapy from the DS is a crucial intervention to support progression through the academic journey.

Table 1.

Impact of ADHD impact on academic activities – undergraduates

Academic activity	Impact ranking															
	1st		2nd		3rd		4th		5th		6th		7th		8th	
Managing course demands	30.40%	38	20.00%	25	16.80%	21	10.40%	13	10.40%	13	10.40%	13	0.80%	1	0.80%	0
Completing assignments	16.80%	21	26.40%	33	20.80%	26	10.40%	13	12.80%	16	6.40%	8	4.80%	6	1.60%	0
Attending lectures	14.40%	18	8.80%	11	21.60%	27	17.60%	22	16.80%	21	12.00%	15	7.20%	9	0.80%	1
Attending college	5.60%	7	8.00%	10	6.40%	8	15.20%	19	16.80%	21	18.40%	23	15.20%	19	13.60%	1
Managing the physical and sensory environment	3.20%	4	8.80%	11	8.80%	11	12.80%	16	16.00%	20	15.20%	19	13.60%	17	19.20%	3
Getting a good work / life balance	12.00%	15	12.00%	15	8.80%	11	17.60%	22	11.20%	14	16.80%	21	12.80%	16	8.80%	0
Progressing to the next year	7.20%	9	3.20%	4	6.40%	8	7.20%	9	6.40%	8	9.60%	12	29.60%	37	28.80%	2
Passing exams	8.00%	10	12.00%	15	8.80%	11	8.80%	11	9.60%	12	11.20%	14	16.00%	20	25.60%	0

Table 2.

Impact of ADHD on academic activities – postgraduates

Academic activity	Impact ranking															
	1st		2nd		3rd		4th		5th		6th		7th		8th	
Time management of research demands (e.g., academic work, practical tasks, meetings).	59.42%	41	15.94%	11	14.49%	10	4.35%	3	1.45%	1	1.45%	1	2.90%	2	0.00%	0
Engaging with your supervisor	2.90%	2	14.49%	10	14.49%	10	14.49%	10	8.70%	6	10.14%	7	21.74%	15	11.59%	1
Meeting research deadlines	11.59%	8	21.74%	15	24.64%	17	11.59%	8	15.94%	11	11.59%	8	1.45%	1	1.45%	0
Attending college	0.00%	0	4.35%	3	8.70%	6	26.09%	18	8.70%	6	7.25%	5	24.64%	17	18.84%	1
Managing the physical and sensory environment.	4.35%	3	5.80%	4	5.80%	4	4.35%	3	27.54%	19	13.04%	9	13.04%	9	24.64%	1
Getting a good work / social life balance	5.80%	4	8.70%	6	14.49%	10	13.04%	9	11.59%	8	23.19%	16	8.70%	6	8.70%	4
Organising research inputs and outputs (e.g., literature, notes, writing, experimental data)	7.25%	5	18.84%	13	7.25%	5	14.49%	10	14.49%	10	11.59%	8	21.74%	15	4.35%	0
Collating and integrating work into a cohesive whole	5.80%	4	10.14%	7	10.14%	7	10.14%	7	8.70%	6	20.29%	14	5.80%	4	28.99%	0

4.1.2 Awareness and understanding in the community

> *A lot of people kind of project symptoms that may be a part of ADHD diagnosis upon themselves … someone might say, Oh my God, my ADD brain or such and what comes with that is sort of like a misunderstanding, if you were to divulge you have a diagnosis, then people already have kind of their own preconceptions regarding what might be wrong with you so … in the sense that they might be of the opinion that it's not really anything …(P13)*

"Everyone with ADHD understands how it feels. The most anybody else can do is understand and validate them." This is important in two dimensions: firstly, students with ADHD may not themselves be receiving accurate and comprehensive advice and guidance from professional agents or agencies, on the nature of ADHD, prognosis, and support channels including strategies for managing aspects of daily life; and secondly, in the absence of ADHD specific information from reputable sources, such guidance was most readily accessed from online sources by 39% of students (e.g. YouTube, social media, television, websites). With this, comes a level of both familiarity and misconception or misrepresentation in terms of the traits and challenges of ADHD, a source of frustration expressed by many student participants:

> It's really hard to see sometimes ... I just know some of these people will ... have no idea what they're actually talking about. I saw one a few days ago, my friend sent it to me, and it said, "Oh yeah, uh reasons you might have ADHD" when you look at these things and they might just be "you focus intently on tasks you need to complete". That's called focusing. That's not ADHD, that's called focusing. (P12)

Importantly, this suggest a view of ADHD which is one dimensional (e.g., hyperactivity) as opposed to multi-dimensional "… the few things I have read kind of come from the right sources and certainly not from the Internet. Well, if they do, they're not from social media, but I also do understand from a lot of the stuff I've read that one of the things that makes pinpointing a diagnosis of ADHD so difficult is that there are so many factors involved" (P10). This failure to acknowledge the many traits and facets of ADHD which are experienced in a highly individual way, creates negative connotations sometimes associated with the use of medication: "in some ways it's almost frowned upon because it's always like you know, 'Oh, it's medication.' There's, you know, it's just like 'you're just doing it for the meds' " (P13), and often by attributing a singular characteristic: "I

feel like people have a set picture of what ADHD is in their head, and it is a young boy … that is sitting in the classroom and he's running around the chair a little bit like probably getting up and then they get on the medication and they're fine. And then they're a normal person again, and I really dislike that stereotype" (P2).

The impression of a good awareness and understanding of ADHD in the college environment was expressed by only 15% of participants with 46% observing little or no understanding in the college community and:

> … whether they actually know what's the difference between, what's the thin line between ADHD, bipolar or Asperger's, or which is now autism, right? I don't know if they know and I think movies and the whole sort of society is kind of prone to understand that ... these people are, you know, like in the movies that you rock and you see all the numbers falling and you understand and you can crack the code and all that, therefore you're fantastic in numbers, and I don't think that's true with everybody (P1).

Survey responses illustrate how individual ADHD traits "impacts social life as much as it impacts academic efficiency, and people often ignore this crucial aspect" for example the "… need to be reminded of details of conversations, struggle keeping in touch with friends, managing work/social/college life balance." They also referred to the dichotomy of advantage and disadvantage wherein "it is not always negative, when harnessed well, the energy can help you change many workplaces and have positive results, CEOs, etc. people in power, but it always has a negative connotation … it can make life much harder, and we have to put in 3x the effort to do anything which can be exhausting" (P1). This can feed into a heightened self-awareness of being a student in an institution that requires a very high points threshold for admission, with many students in both the survey and interviews referring to a resultant 'impostor syndrome'. This is partially connected to an impression or belief that managing college is effortless for other students, or that coming in via an access route signifies a lesser academic achievement. Projects and programmes from student services such as first year peer mentoring and peer-to-peer teaching of academic skills, provide opportunities for students to identify and express their needs to people who have recent knowledge and understanding of the first-year college experience.

4.1.3 Disclosure

> *This might be a generalisation, but most people with ADHD want to inform those around them that they have ADHD because of the idiosyncrasies that follow ADHD. If there are students who feel like they can't openly discuss their disability for whatever reason, the college environment is not ADHD friendly (Survey comment).*

Although responses gathered from n=227 survey participants confirmed a formal diagnosis of ADHD, 47% had not disclosed or availed of support from the DS. The reasons for doing so were wide ranging and illustrated either unease "I think the most important aspect of an ADHD friendly college is when students with disabilities feel safe enough to come out", "I try to keep my condition secret and deal with it using my own methods", "I didn't want to feel like I was somehow taking advantage" or a process that is complex and ultimately defeating: "The systems in Trinity are slow and hard to sign up for. I don't have the exact proof for my diagnosis except that my psychiatrist says she thinks I have it and I was diagnosed as a kid. I didn't want to put in all the work to sign up and register and I figured I would just manage." The requirement to provide 'evidence' is closely related to the medicalisation of disability: "I'm not gonna even come into some where it's labelled the disability service. And again, that is just completely about perception of what it is … I don't really think I fell under that category you know … people need to feel that it's normalised as much as possible" (P10).

Student interviews also point to a reluctance to disclose to peers "I have decided not to disclose the ADHD. For now, I just I just didn't feel comfortable to do it in front of 55 people" (P1). To a large extent this is connected to late diagnosis in higher education and the challenge of processing what it means to 'have a label'. This would suggest a greater need for counselling and support in this area "I'm not going to shout from the rooftops yet to everybody. I don't know how I feel about the label" (P10). Other factors that determined disclosure were an increase in 'mainstreamed understanding' through social media that in reality manifests as misunderstanding: "… you would go into that whole conversation about what their idea of ADHD is, and they would just kind of project that onto you, and so I'd rather just avoid that" (P13), "I would say that you know, people don't know whether you're actually being serious or whether you're saying that you're just disorganized and it's sort of a different word for it" (P9).

Disclosure in general is particularly difficult where students receive a late diagnosis, and survey results indicate that the majority do not do so until they enter third level education, meaning that there is no history of understanding their own executive function and acquiring coping strategies "I didn't know how I felt about having a label when I discovered that, and I think a lot of other people will feel the same way, especially other people that are now discovering this later in life, they haven't grown up going up kind of going well, that's just me. That's who I am, you know" (P10).

4.1.4 Social interaction

> *I think building social networks … is the hardest thing for them, because they can build social networks within that environment, they're meeting like-minded people through the disability service and in groups and things like that. But I think building social networks in the general college community is very difficult for them (Services focus group).*

Perceptions of how individuals with ADHD present in social contexts tend to over-estimate attributes of hyperactivity, impulsivity, engagement in risky behaviour (Bisset et al, 2022; Godfrey et al, 2021) which can "sometimes results in people reacting with increased emotional severity." Often, this is entwined with understanding, awareness, and disclosure "I get very overstimulated easily it's like there's bees in my brain a lot of the time. I find it hard to explain things in a way that neurotypical people understand it's like there's a language barrier." Students described uncertainty in interacting with peers and managing social situations "I think with ADHD you get a lot of judgement on yourself, but also. You know, sometimes you're not sure whether this is the right thing to do in a social situation, so you judge even normal things, even neutral things" (P1). This is exacerbated by the impact of sensory sensitivity "I cannot focus on conversations with friends because I'm so overwhelmed by all the different noise outputs and find myself asking them to repeat themselves multiple times" which can become an irritant for other people.

Staff note that many ADHD students interact successfully within specific groups or clubs and societies that are perhaps "more geared up for neurodiverse diversity" but that peer groups may also become frustrated if "they don't do what they say, they don't turn up on time … so they feel disrespected and unwanted, and so they drop them." However, it takes time and compassion to understand a different way of being and many students have: "very long-term friendships into

college, often with people that they've been in school with. But if they do make these friendships, they're very loyal group of people … and they are good at maintaining them. But I suppose they make friendships with people who can navigate around the issues that might arise."

Additionally, peers play a significant role in providing personal support especially in crisis situations: "I had that [ADHD burnout] before Christmas around the exam period and essay deadlines, and there were two or three sort of friends, girls from the class. They didn't know it was that, but they did check on me which was nice. So, I think, ultimately, I will share so, so it's nice to have somebody … that knows" (P1). ADHD burnout was mentioned in survey responses and interviews "the burnout one I'm still working on it. Luckily my friends are nice enough to take me out to the beach and stuff like that and that seems to help" (P12). However, the greatest support is engaging with other students with a diagnosis of ADHD, whether that be through support groups in college or within the community:

> … the main support system is just talking to other people who are struggling with the same things that you are, because that's the one place that you're not going to run into that issue we were talking about earlier, with people not really I guess you know believing that you're struggling with, uh, a kind of a severe learning disorder … you can get a bit of imposter syndrome, I suppose, so it's good to be reminded that you are actually struggling with issues that are not completely beyond your control, but you know they are not, they're not stemming from laziness … it's good to talk to other people who have the same issue (P9).

> when I am in a group work with students, I see a difference in interacting and socialising ... I can see on people, they're just ... It's almost like easier for them to make decisions. I think that's the biggest one and for me it's not. And that makes me from a social perspective almost like pushed a little bit backwards, not by people just I guess me myself (P1).

Services staff also noted difficulties some students have in connecting socially in the college environment "… they're meeting like-minded people through the disability service and in groups and things like that. But I think building social networks in the general college community is very difficult for them" acknowledging that the structure of teaching and learning feeds into this difficulty "… a lot of the Schools that many of these students are in do a lot of online work … FEMS or Maths have some very big classes a lot of the time, whereas in in other Schools you might have smaller groups working together. I think especially in first year there's, you know these huge classes and everybody in together" and online or remote classes "for some students in this [ADHD] cohort, they're going to really think that that's going to brilliant. But it's actually very deleterious for the social interaction part of being a college student."

4.1.5 Academic skills and activities

> *[I could] just do it for hours and hours .... I prefer that because now it's uni and now it's mainly one subject and I enjoy all of it. It's just built for me basically. (P12)*

Management of academic tasks in college is noted throughout the literature and specifically the impact on engagement in academic activities: "The biggest issue that arises in my life from ADHD is the completion of academic tasks" (P9). Peer support is often an important factor in management of academic activities, with body doubling frequently mentioned in the survey in terms of sensory preferences to support college work "body doubling with a friend so I am forced to sit my head down and work, facing a wall without any view to block me into my screen or a window with a view so even if I look up from my screen it doesn't distract me too much, closed spaces to mimic hyperfocus tunnel." Many students expressed a desire for more "on campus spaces to go to get away from the overload of stimulation to relax and study". including "… a silent section where other people are working, and I can kind of just absorb their energy. That kind of "social pressure" to work helps me not procrastinate (as I would at home), and I find it weirdly supportive."

Management of academic tasks and activities is also significantly impacted by the rolling impact of inconsistent food intake, sleep, and computer / internet use:

> I particularly remember the last week before the exam I just practically didn't sleep essentially so I was up and unusually early most of the time maybe 6 even and I would be early on my computer just going through the slides, everything that I sort of prepared? And now I guess time just goes by really quickly because when you're trying to just rewrite things and or understand things, so the whole day will just go by and kind of as I said before how I'd be skipping meals as well (P13).

By far the most problematic and stressful activity is completion of timebound assignments and deadlines noted universally in survey responses and interviews:

> getting into tasks or assignments without pressure is very difficult for me, but when there is pressure it also stresses me out and so if I'm doing an essay or if I'm assigned an essay then I have a bad habit of leaving it till the last week or so to get it done. Because I think I can just do it later … And so that procrastination cycle of you know it's coming soon, that

> stresses me out, so I should work on myself instead of doing that. And then that sort of repeats it as the ball keeps on rolling towards the cliff (P6).

The time management and planning aspects of Executive Function are inextricably associated with academic work and are unquestionably the greatest need for support for students with ADHD. Targeted and individualised coaching to discover strategies, coping mechanisms, skills and tools to help meet academic responsibilities, are essential for successful progression. This aspect is discussed later in section 4.4.1.

Student services staff drew attention to the significant differences in skills and expectations between post-primary and third level settings: "a spoon-fed kind of rote learning in secondary and a much different level of reflection and analysis required in third level" but more importantly, the need for considerably greater autonomy in the transition to college:

> one of the big issues is that they leave secondary education where they've had lots of kind of people standing over them … parents, teachers, and then they arrive here and they have to organise themselves without any of the inner capacity to do that, and then they start to, you know get behind and everything. And it's hugely different.

4.1.6 Achievement and attainment

> *It's two years at this point because I had a medical repeat, yeah, it's quite funny when you're looking through, you know, Instagram, when you see people in their graduation caps. And you know … there's not really anything I can do about it at this point. So, I just kind of have to deal with that. (P13).*

Survey data indicates that most students are happy with their course choice and interviewees generally expressed enjoyment of their course content. Indeed, the combination of an ability to hyperfocus and self-awareness can be a very powerful tool:

> I am an exceptionally fast test taker, I can take an exam, doesn't matter how long it is, I could take it in half hour and do very well … I never check my work. I always turn in first drafts of things … I'm a very succinct, succinct writer. And I'm very good at looking at a question and being like this is what they want, and I give them exactly what they want and nothing more … I only pay attention to certain parts of the lecture … it's more that I can

> play the game of school rather than I'm a great student, like I know what they're asking from me, and I could just write that down and get an A, I don't need to like do the buffer, I don't need the filler (P7).

Ironically, the system, the way in which achievement is measured, does not always reflect student attainment or indeed is in arguably not always in the best interests of the student: "I'm sure you probably know that I'm off books this year taking reassessment, but I'm quite unusual in the sense that I'm off books for reassessment, but my grade average is like 70%" (P13). The truth is, when the complexity of co-occurring conditions, access to coping mechanisms, and academic commitments at key times of the year collide, there can be serious repercussions:

> In fact, I could not even access my anti-depressants and as a result had a major depressive episode, complete with SI [suicide ideation] toward the end of last term but we were all firmly told that NO extensions would be given for any reason. As a result, I failed one of my exams. My papers were late, and I lost points. (Survey comment).

Notably and importantly, the (well documented) academic underachievement of students with ADHD has to be disconnected from perceptions of the level of care, attention, and 'effort' that they bring to academic activities: "It doesn't depend on work ethic that's one thing I can say. Some people say, oh, it depends on how hard you challenge yourself. No, it doesn't … I hold myself to a very high standard" (P12). A fundamental difficulty with Executive Function is dysfunction in planning, organisation, and time management, areas where coaching and guidance can make a significant difference:

> … what really frustrates me, it's like a vicious circle for me in college, is that I enjoy my subject a lot, and when I am able to focus on getting the assignments done, I usually do them to a high standard and they get pretty good feedback. But invariably these days I'm getting late penalties. I'm getting missed assignments, and I'm getting, uh, you know if I do get it in, I'm not able to get it in with enough time because ... I've not managed to get started in the right time (P9).

4.1.7 Deadlines and stress

> *I do remember in my last maybe second to last week, I went through one of, you know, a very severe burnout. I don't think I went to many lectures. I rarely left my bed. But it's just that that's the thing, I think there's two sides of the coin. There's either not making deadlines and stressing and panicking, but in the end maybe getting the work done. And then there's working yourself to a burnout and feeling exhausted and depressed ... (P9).*

Students express contrasting viewpoints on the need for and management of deadlines, where a flexible and accommodating approach from academic staff was acknowledged and appreciated a particularly where essays and assignments coincide with the exam period:

> There are some staff members that I feel indirectly supported by, they're not giving me accommodations because of ADHD, or I haven't actually told them that I have ADHD, but there are ones that don't have this kind of ... strict, incorporation of late penalties … they're a little bit more forgiving of that kind of thing where they seem more interested in the quality of your work rather than the punctuality (P2).

> the double penalty of being deducted points for late submission when you're already struggling with time management … that's what I mean by systemic issue. There's very little that can be done about that that other than making academic staff aware that this is not deliberate (Student Services).

Attitudes towards deadlines and extensions, however, is somewhat of a lottery: "I think that there's a general difficulty or feeling that it's too difficult to ask for an extension. Because some people will say my professors are brilliant, they understand, and others will say I couldn't even go there" (Student Services). Other students prefer more stringent and definitive parameters for submission of work:

> Meeting deadlines is a huge issue … I usually find a way around it by getting an extension or accepting a late penalty. While it is great that I have managed not to fail anything because of this, knowing the option is there often works to my detriment, whereas if the lecturer specifies that late submissions won't be accepted or that extension requests must go through tutors, I can generally force myself to work harder earlier in the term. It sounds absurd but I would actually find it more helpful for there to be less leniency with this sort of thing … (Survey comment).

However, ADHD burnout as a function of meeting deadlines – and specifically, multiple competing deadlines, is a reality expressed by many students in both survey responses and interviews and is an aspect of ADHD that requires more focused support avenues in college: "I've developed coping mechanisms for the whole struggling with deadlines and everything but the burnout one I'm still working on it" (P12). The struggle with deadlines affects social and life work balance and inevitably this will result in stress: "I don't have social or leisure activities. I have to work full time (remotely) and the rest is me trying to fit my schoolwork in and juggle my work schedule with my ever-changing class schedule" (Survey comment). See also section 4.4.5.

4.1.8 Orientation and information

> *An ideal experience would be receiving guidance that is both structured and progressive: we advance on getting to know the policies and services on a need-to-know basis to avoid the information overload of Fresher's week. I could not bring myself to explore the different libraries for the first month, because I was so overwhelmed by the initial orientation. (Survey comment).*

This sub-theme captures perspectives on the dissemination of information prior to enrolment, and at the point of orientation to college, and includes commentary on systemic issues and programme materials. The principal area of difficulty is the receipt of large volumes of information within a narrow timeframe, and the necessity to engage with multiple offices or services, at a time when students lack any familiarity with their function or physical location: "… for me it had impact on simply contacting different people like lectures or support, IT support, library support. It was at the beginning, very confusing. There's too much information I couldn't process where to go …" If it is the case that "most of the useful information comes from other students" (Survey comment). With respect to ADHD specific information "it should be really clear and easy to sign up for support. I know for myself that I avoid administration at all costs, and generally put off anything that isn't mandatory/highly necessary, which is why I've never looked into the ADHD support at Trinity" (Survey comment).

Difficulties with navigating information was identified principally by postgraduate students in connection with scheduling: "… the communication is generally not great. I somehow did not

know that a training that we had last week started at 9, even though on the schedule which is supposed to be updated it said it started at 10 and the hours were completely different" (P11). The frustration of wading through out of date, conflicting, or buried information was noted in many survey comments, for example: "… spend hours and hours refreshing pages, scouring over group chats and looking at multiple confusing timetables to get a clear idea of what deadlines they have (this can take hours) and repeat it weekly. And to get over the occasional feelings of hopelessness when you eventually still miss something even though you are trying so hard :)."

Specific information about the structure of college and programme content is particularly important for visiting students: "they [international office] kept sending me things about like this is how you buy a Leap card, but I think - which is obviously very important - but learning the actual differences between school here and school in the States I think would have really benefited me" (P7). However, international students also appreciated personal contact at the point of expression of interest "And Trinity College was like the only college which actually you know, set up a meeting and hand wrote the emails and everything. And so I thought that showed like dedication" (P6).

Commentary also referred to engagement with Department / School offices, Student Services, and Trinity systems such as "… academic something registry. They're not quite friendly. No, they're not all happy 'Oh, how can I help you?' No, they're very much OK, what do you want? You know type of thing come back at three you know we're going away for now" (P6). However, this is balanced with an appreciation of the help that is available: "I quite like what Trinity is putting out for people like me. It again, it doesn't highlight, it doesn't make it the whole problem, or even make it seem like an issue at all. They just make it friendly; they make it accessible … they put out little help lines" (P12).

On the whole, staff acknowledge that "navigation is difficult for all students in the institution, I mean, there's no doubt all the reviews around orientation say this" although "a lot of the bad press seems comes directly from Schools around orientation and I think that's because it's very hit and miss a, we've got over twenty Schools and they all do it a little bit differently and some of them are really good at it, and some of them aren't". As with many aspects of college, there is a feeling that those students who attend orientation events "are probably the people who don't really need to be at it" as they can confidently navigate their way academically and socially through college, but for students who would undoubtedly benefit "maybe they feel apprehensive about it, or maybe it isn't geared towards them." One suggestion is for "neurodiversity proofing" through a student

walk through of the orientation process for each School to "check whether, how it works" and perhaps a "description of the journey from the point of view of the student would be helpful".

4.1.9 Reasonable Accommodations

> *The ADHD traits you tend to offer support with are the ones specifically outlined by DSM criteria, the DSM criteria outlines symptoms not as what ADHD people struggle with most but by what neurotypical people find most annoying about us (Survey comment).*

Registration with the Disability Service for supports and reasonable accommodations was one of the most frequently occurring themes in survey comments, and the necessity for doing so on arrival in college to ensure that supports are put in place before the course begins, but also because it represents another opportunity to ask questions and learn more about the campus, college systems and processes, and college services. Negative commentary was linked to the documentary evidence required to register with the Disability Service, a criterion for receiving supports from the Fund for Students with Disabilities administered by the HEA "… they require a diagnosis from an Irish practitioner, which I don't have - I was diagnosed in my country, and it would be a hassle to try to contact the psychiatrist, arrange translations of documents etc" (Survey comment).

Almost 40% of students accessed exam accommodations such as extra time (38%), and a low distraction venue (34%). Other supports that students avail of through registration with the DS are Academic Support (16%) and Occupational Therapy (20%) and often this support extends to issues that are not ADHD related: "General warm vibes support from disability service. As PhD not aware of much more they can do except maybe help when I'm in trouble with academic registry (who are pretty unyielding except when intervention performed by supervisors or disability team)" (Survey comment).

Reasonable accommodations are communicated to academic staff through a Learning Educational Needs Summary or LENS, a collaborative document based on the needs of the student as they relate to their course demands. Identifying appropriate supports or reasonable accommodations is formulated from staff knowledge and expertise but this process also requires discovery, discussion, self-awareness, and self-reflection on the part of the student:

> I've read through the ADHD accommodations offered, none of them would affect my experience one way or the other. None of them seem to have been designed with people with ADHD in mind, instead they seem to be regular accommodations made for people with disabilities. And to an extent I get it - I tried to think about accommodations that would help me, I couldn't come up with anything (Survey comment).

Having established the challenges surrounding navigation of the college environment for students with ADHD, the following section presents viewpoints from student and services staff on creating a neurodiversity affirmative campus.

4.2 What does an ADHD-friendly college look like?

This might be a generalisation, but most people with ADHD want to inform those around them that they have ADHD because of the idiosyncrasies that follow ADHD. If there are students who feel like they can't openly discuss their disability for whatever reason, the college environment is not ADHD friendly.

Commentary within this theme points to adaptations that could be made to aspects of college life that can embrace and support diversity, such as Universal Design for Learning, medical and therapeutic supports, staff awareness training, removing systemic barriers, signposting for ADHD supports, and improvements to the physical environment.

4.2.1 Universal Design for Learning

We have the technology and infrastructure from COVID times to make recordings available. At this point it's literally a choice not to do it and I don't think professors' egos and class attendance are more important here than for people with neurological conditions and disabilities to have the same ease of access to education as everyone else. (Survey comment).

Survey comments acknowledged the advantages of greater curriculum flexibility during the period of COVID-19 and urged a return to / continuation of teaching and assessment methods that

benefited ADHD learners including recorded lectures as standard, more accommodating deadlines and dispensing with the practice of end loading multiple assignments into a narrow submission window, more imaginative assessment options such poster creation and freeform creative projects, and replacing large in-person lectures with small group teaching.

Access to curriculum materials in the form of recorded lectures and notes in advance is appreciated by all students, but the way in which they are provided is important too: "… the organization of course materials and deadlines, specifically on Blackboard, is very confusing and unintuitive. Having to wade through layers of poorly labelled folders to even figure out that I have an assignment due at all really doesn't help my organization." Students identified the utility of access to previous lecture recordings as a foundation for reading / learning ahead to build familiarity with lecture / module content "I really appreciate profs who put everything on the slides, and if they share the recordings of the lecture, they deserve to be made saints."

Opinions were divided as to the preference for online examination versus continuous assessment, but a general dislike of in-person examination was still prevalent, particularly as "speed and efficiency shouldn't be a factor that impacts grades at all" and:

> Examining in a strict timescale in an exam hall without access to resources isn't a representative examination of understanding, skill or propensity as a researcher in the subject. I am a STEM student in Physics; last time I checked, my professors don't conduct research off the top of their heads; they consult resources and solve problems dynamically. A wide variety of assessments rather than 1-2 essays or exams making up your entire grade.

> Now I'm doing my postgrad here and we have assignments every week. I haven't seen sunlight in the month of October but that's just because the [course] has an impossibly high workload. Still, I'm happier than ever, I actually manage to keep up, I can actually engage with what's being taught, and I find myself going above and beyond putting in bonus work in my assignment even when I know I won't be getting extra points for it, just because the pacing fits the way my brain works. So, I guess an ADHD friendly experience would be all assignments, evenly spread throughout the year, and no exams. And if there must be exams, they should also be evenly spread.

However, an imbalance lies particularly within "the assessment, principles of assessment that are applied and differentially depending on what School you're in and what course you're in (College staff).

A general preference for interactive lecture formats was expressed: "where students with ADHD can be engaged without distraction – participation-heavy oriented lectures, help

significantly", particularly during long lectures of two hours as almost participants expressed significant difficulty with maintaining focus and attention without at least a movement break or some task engagement: "More casual lecture formats which encourage discussion and engagement rather than lecturing." Similar benefits were noted in other teaching and learning approaches: "Although group work has its flaws, I find being held accountable by others is the best way to avoid procrastination (e.g., group projects, peer reviewing, smaller tutorial groups where it is more obvious if you haven't done the work)." The rationale for adopting universal design approaches is hard to argue against:

> Offering students the option to sit exams in a quiet isolated room with or without an ADHD diagnosis as I know many people that can't afford a diagnosis but suffer greatly.
>
> A longer introduction to college time and also a sit-down meeting at the start of each semester with a tutor to talk about what needs to be done for each module each week. Large, long-term assignments broken into several short-term assignments - the pressure of immediate deadlines personally makes me more productive. On the other hand, something that's not due immediately might as well not exist. More continuous assessment than exams …
>
> Staggered assessment submission dates (not all on the one day).
>
> It would be ideal to have previous lecture recordings / lecture notes for the entire semester made available at the start of the semester, so that I can take notes on top of lecture notes in lectures or catch up and progress ahead of lectures at my own pace. I feel out of step with lectures and as a result end up falling behind, leading to a mad scramble at the end of semester trying to catch up on lectures as much as possible once all material is available.

Moreover, it is essential for students who have co-occurring disabilities that impact on communication:

> ADHD + Deaf = highly observant - reading body language, lip reading - a very difficult task - a very eccentric lecturer who speaks fast...while this is their passion it is helpful to have some sort of back up to capture what is important while struggling ... Lip-reading and note-taking and concentrating on what is being said plus comprehending - this is a lot to process (Survey comment).

Sustainable reasonable accommodations work by creating confidence in students that self-advocacy will result in their being heard, and mainstreaming supports that would traditionally be provided on

a case-by-case basis to students with disabilities. For example, support for reading and writing has progressed significantly through Office 365 so providing online access to all students addresses difficulties associated with organising and planning written work but also requires full activation of all 365 apps (which is not the case); a college site license for Texthelp Read&Write and Adobe Acrobat Professional; "Getting to know AT" sessions could be mainstreamed into first year orientation for all courses, removing the stigma of "I'm not gonna even come into somewhere it's labelled the disability service" (P10).

4.2.2 Medical and therapeutic supports

> *Overall, a better and more comprehensive understanding of ADHD by college services would be immeasurably helpful, especially as college is the time when we are trying to figure out who we are as people and actually being able to understand ourselves and have support with this, in my opinion, would help with college course retention for ADHD students. (Survey comment).*

Increased availability of human supports was a strong theme expressed by all student participants in terms of restricted access to medication particularly in the case of international students: "Have a direct line to or employ doctors who can actually prescribe both ADHD and MH medications to students instead of dropping them in the deep end and hoping they don't drown" (Survey comment) but also in recognition of the time bound nature of some courses: "Support groups and counselling need to be offered beyond the 9-5 schedule, especially for those of us who do professional courses with placements and are unable to access sessions in our 10-5/9-5 day to day workloads" (Survey comment).

The principal reason for high levels of stress that surround medical intervention for college students is the current inaccessibility of ADHD care for adults in Ireland in terms of assessment and diagnosis. Although the recently upgraded HSE Model of Care has established new pathways, Additionally, even where diagnosis has been established, re-assessment is required for prescription of medication for individuals who transition out of CAMHS, and for international students who do not have a supply of current medication from their home healthcare provider, as change of medication or reinstatement of lapsed treatment is not permitted. This seems to be understood by some international students "… essentially in Australia I went to my psychiatrist, so I told him

I'd be spending a semester abroad and he wrote a letter I can show the chemist and the chemist saw it and said yeah, he's going for a semester we'll need this much medication" (P2) but perhaps needs to be signposted in materials provided by the Global Office.

Occupational Therapy (OT) support provided through the Disability Service was noted by 20% (n=36) of survey respondents and two interviewees. In AY 2021-2022 the OT team met with 576 students with an average 3 meetings per student. Academic support within the DS enables OTs to focus upon areas such as managing physical or mental health, developing a healthy routine, communication with students and staff, managing the sensory environment and balancing college and other demands. OTs use the Trinity Student Profile to establish student experiences and concerns as they relate to academic and social structures in college (Person), managing the demands of the university system and the social life of being a student (Environment), and the activities associated with being a student (Occupation). Annual service user feedback indicates that this results in positive outcomes for engaging in student role and developing life skills "definitely I see the ones who are getting one to one help … we would be referring lots of students to the OTs and you know the difference it makes, but also they end up phoning in the morning at 8 o'clock? Have you had your breakfast?" (Student services). Regular meetings take place between Student Services to coordinate the management of complex student cases, a recent example being the formation of a coordinated support model for ADHD in 2022.

Student Services continue to provide support to students who are Off Books and acknowledge the importance of "keeping that link because often they're our patients, we're prescribing for them and because they've left the CAMHS system usually at home" particularly where access to other college services – sports centre, library - has been removed. Generally, there is a feeling that academic departments should also maintain both a link and a check-in with students who may be absent for a year; the 2020/2021 Academic Registry Annual Report indicates that 334 students were Off Books so maintaining a link with Departments or Schools would seem reasonable although for Student Services "it's a really tough issue for us because if you add all those students who are high needs to our list…. We just would need so much resources to meet it."

A significant development over the past academic year has been the introduction of the ADHD Clinic, a College Health initiative in collaboration with the Counselling and Disability Services. This clinical care pathway for students who have already been diagnosed with ADHD complements the recently launched National Clinical Programme Model of Care for Adults with

ADHD, by the Health Service Executive. Limited services are available regionally via the HSE with long wait lists and there is very limited availability of private clinicians who offer ADHD assessment. Students are assessed for treatment by the College Psychiatrist together with ongoing pharmacotherapy, medication efficacy and tolerability as well as vital sign monitoring reviewed once in each semester. Students can also apply to the Disability Service for needs assessment, reasonable accommodation, and one to one occupational therapy supports, and may also engage with the Counselling Service.

4.2.3 Staff awareness and understanding

> *A better awareness of what ADHD looks like in women and AFAB students. This is where most of my difficulty in college has come from. Most academics think that ADHD is a hyperactive male student who gets really bad grades and does poorly in the Leaving Certificate (Survey comment).*

Services staff acknowledge that knowledge and understanding of neurodiversity has developed considerably over the years "there are hundreds of cases I would have had where students come in and they need an extension … that these students might have had ADHD, never crossed our mind. They were just students who always seemed to be a bit chaotic … I think we're much more tuned into it now, way more tuned into it." However, the need for an improved understanding of the nature of ADHD and how this can impact on management of academic activities by academic staff, was referenced by many students in the survey:

> Offering more education/awareness to instructors on ADHD so it is less stigmatized. More acceptance from lecturers and more communication between student and lecturer, I feel ignored by my lecturers a lot when I ask for information in advance of lectures and it's like they don't believe me. I feel like I don't get a lot of help and a lot of the work is put on me which is very hard to deal with on top of dealing with everything else in my brain.

> More understanding regarding deadlines from professors - some were astoundingly rude and ignorant.

> Overall awareness of what comes along with having ADHD and that it is not simply "not being able to concentrate."

Interaction with college staff is particularly important if things go wrong as noted in the previous section, and any fallout might be dissipated if: "Maybe like from the very start of the year just like to kind of keep in touch sort of thing, I guess I'm just…. Just to like you know, maybe just acknowledge 'Hey, we see on the record you're Off Books and would you like to come in and, you know, talk?' … being off books, it's straight to the tutor, tutor says off books, it kind of feels a bit on your own" (P13). Human interaction was also noted as being critical when managing administrative tasks as: "… you can basically get right to the task directly … going through this big process you know this bureaucratic form is very much unappealing to ADHD people" (P6).

The main areas of challenge noted by students that would benefit from improved understanding are better guidance for academic staff on support for ADHD (and, incidentally, autism) to reduce stigma, problems with concentration and procrastination, the emphasis on perfect attendance, the possibility that information may need to be explained more than once, recognition that inattentiveness does not mean that students do not care, and that self-advocacy may be difficult for some.

4.2.4 Physical environment

> *I cannot pay attention during lectures, there's too many people, it always smells really bad in lecture halls, too many distractions etc. I used to study in the compsci lab in Phoenix house on Leinster, but I can't go there anymore because lately it's always full of people loitering around and chatting out loud or yelling across the lab. There should be stricter rules about not being loud and disruptive in study areas. (Survey comment).*

Open-ended survey responses and interview data produced 733 aggregated coding references to physical and sensory issues, which were the most frequently referenced theme; auditory preferences and triggers in the college environment were the main reasons for distraction or overload for students. The TCD Sense Project, initiated in 2021, aims to make Trinity more inclusive by auditing new and existing spaces, increasing sensory awareness, and delivering specialist supports to students who experience barriers to managing and adapting to the sensory environments of college. Major work has been undertaken to provide a range of spaces around the Trinity campus to support both study and leisure, provision of sensory friendly furniture, and

respite spaces to alleviate sensory overload. The uptake in the use of these student supports across the entire student population, has been visible, confirming that there is a widespread need for "on campus spaces to go to get away from the overload of stimulation to relax and study". They also suggest easy fixes such as:

> more study spaces that aren't just in the library with appropriate power (for laptops), comfortable variable seating so we can shift positions and move around in our chairs/ergonomic seating options for people to stand, library spaces that have little noise, no noise, or noise/socialization permitted that students can choose depending on their needs, study spaces with ample amounts of natural lighting, more 24/7 study spaces that aren't so strict/austere (like the Reading Room - it is way too cold and uncomfortable in there)

The auditory interference experienced within lecture halls is a significant problem "Get those door hinges oiled, distracting when people come in late. Should be some sort of policy or other if a lecturer hears people talking, she can chuck them out. My sociology lecturer had to tell people to be quiet about 3x every class bless her" (Survey comment). Services staff not only recognise that "… going into a big lecture with 200 people like that everyone fidgeting around and moving stuff … it must be very difficult of course, very challenging" but also have direct experience of this extreme sensitivity in their work with students: "I had to talk a client out of … coming out of our room yesterday and going into the hallway and yelling at the people in the hallway who were talking, not particularly loudly", and:

> she had the student and she'd seen them four or five times, and the student was getting angrier and angrier each time … and in the middle [of the consultation] the student just stood up and pulled the clock off the wall and threw it on the ground and screamed at her and said, 'can you not hear how noisy this is?' She never even knew the clock had a tick on it, it was so quiet. When she'd come into the room this thing was like going boom for this girl.

Students referenced the frequently used practice of 'body doubling' in one form or another, and consequent opportunities to access "… a silent section where other people are working, and I can kind of just absorb their energy. That kind of 'social pressure' to work helps me not procrastinate (as I would at home), and I find it weirdly supportive" (Survey comment). In response to this commentary, the DS initiated a one month assisted body doubling trial via Zoom, and also a series of exam practice / mock up sessions that received positive feedback.

4.2.5 Removing systemic barriers

> *idk if its due to the age of the college but Trinity's online services need a MAJOR overhaul, like honestly even registering for college is a nightmare as the Trinity website is filled with unintuitive webpages and dead links that lead nowhere (Survey comment).*

Staff acknowledge that there are aspects of managing academic processes that can cause difficulties and add another layer of complexity for students with ADHD: "The constant debate between you know, what can we do as service providers and what are the systemic, the institutional factors which you know we struggle to change" that is also observed by students "On first entry to university, the current rigid modular system of courses is punishing. It forces students to already know the pathway they wish to pursue. Combine this with poor executive and impulse control, leads students to make poor decisions about the course they take" (Survey comment). Further down the line, the lack of a modular-type system interrupts the student journey whereby "the students want to go off books and want to come back and there are loads of times where it would be really helpful for the student to come back in January, or to you know start in January or whatever, and it's very difficult" (Student services).

Much of the critical student commentary was focused on dissemination of or signposting fundamental information, for example: "I want a locker … up until now I couldn't work out who is responsible because I'm being sent from one e-mail to the other. And maybe that's normal, OK, but for me I just get. It's just frustrating and I just don't need frustration" (P1) and places an additional burden on the student:

> I still can't print because I don't know how and you know each time I go to IT support, it's not their fault, each time I go to whatever or they send me, they always send me somewhere else. It's no one, nobody there and maybe I go in the wrong time, it doesn't matter, but I can't print, so I print in Tesco for $0.30 a page (P1).

The Tutorial Service is a unique mechanism; Tutors are important advocates and allies in helping students to navigate the system where "the nature of [ADHD] is you have trouble focusing in the first place, so you have trouble advocating for yourself. You're anxious. And then avoidance and then isolated and I think how flexibility and outreach are the two big things" (Student services).

It is essential, therefore, that students step in to connecting with their Tutor when the first connection or invitation is made in first year, as Tutors are now notified when a student in their chamber fails an end of year exam enabling them to reach out to the student "if you involve the Tutor early on with the consent of the student, the Tutor knows that student then for the next four years, and they're not shocked when it comes to the end of the year and then the student is in trouble. They build up a relationship with them. So you're kind of future proofing it a little bit" (Student services).

School managers are the interface between the School and the student "the funnel for everything going into schools" and may be the "first point of contact for a lot of your diverse students, with the academics in the school and … they are a very important group of people for this cohort I would say" (Student services). Therefore, ensuring an awareness of Executive Function dysfunction in terms of planning, organisation, and time management, would be an important factor in understanding "how is that everyone else is able to be here at 10:00 o'clock and you're not."

4.2.6 Signposting ADHD supports

> *Proactive outreach to students with ADHD through email or over the phone if unresponsive. For me, I had to be constantly reminded to make first contact with the disability service before I finally got around to it. I wish I'd got in touch much sooner. (Survey comment).*

Survey comments suggested promoting awareness of ADHD supports via the DS to students who may not yet be diagnosed, and "proactive outreach to students with ADHD through email or over the phone if unresponsive. For me, I had to be constantly reminded to make first contact with the disability service before I finally got around to it. I wish I'd got in touch much sooner." Also noted was signposting of availability of support groups in college – these weekly groups are currently student-led, and reminders are communicated by DS each week (Figure 5).

Please see a list of this week's DS events and activities below:

Date/Time	Location	Event	Links
Weekdays 11am – 3pm	Trinity disAbility Hub @ Printing House Square	DS Solutions Drop-in	Drop-in Booking Calendar
Tuesday 12 - 2pm	An Mheitheal, Printing House Square	TCD Neurodiverse Society Coffee Hours	
Tuesday 4:30 - 5:30pm	An Mheitheal, Printing House Square	ADHD Group	Registration Link – ADHD group
Wednesday 12-1pm	An Mheitheal, Printing House Sqare	Co-op Coffee Hours	
Wednesday 4 - 5pm	An Mheitheal, Printing House Square	Autism Group	Autism Group Information webpage
Friday 11 - 1pm	Trinity disAbility Hub @ Printing House Square	Assistive Technology Drop-in	
Friday 1 - 2pm	An Mheitheal, Printing House Square	Erasmus Information Event	

For all the latest DS events, check out Trinity Disability Service | Linktree.

Figure 5. DS weekly email communication to registered students.

Additionally, more accessible information was requested on diagnostic pathways and ADHD characteristics and management ("life hacks"). The DS provides this information in their Blackboard module ASKDS Disability Service supports; any Trinity student may self-enrol in this module and full instructions are provided on the DS web pages at https://www.tcd.ie/disability/services/academic-support.php However, ADHD specific web pages are due to be added to the website in summer 2023.

Student opinions on providing more obvious and readily available supports were not limited to standardised offerings, but were creative, comprehensive, and practical.

> A more liberal and curiosity driven education experience should enable the student to take advantage of some of the positive aspects of their particular executive control systems. Major emphasis should be placed on the advantages of exercise and nutrition for a person with ADHD. Allowing students with ADHD greater access to sports training facilities, in groups where accountability effects can be leveraged would be useful. Access to high quality nutrition at a discount or for free (like Schols students) could make major improvements to students' lives by promoting the conditions for dopamine production in the brain. This could also be done with discounted or cheaper access to supplements with known positive cognitive enhancing abilities, such as Omega 3 fatty acids, L-Tyrosine, foods high in protein, balanced electrolyte intake etc. (Survey comment).

Other suggestions around academic and exam support, stress management, are also provided through the Academic Support and Occupational Therapy services offered by DS. How to communicate or signpost this availability is, and has always been, a challenge recognised by students: "… trying to figure out how do we let people know about this without spamming everyone's e-mail box? Because no one likes that, especially for people with executive functioning issues. The last thing you want to do is read an e-mail" (P12. Perhaps the signposting of ADHD information and support, to also capture those students who are undiagnosed, needs to be mainstreamed and student led.

4.3 My ADHD

> *Every option here is wholly applicable, so I tried to select just those that affect my life the strongest. They all feed into one another and become one big, contorted obstacle which also feeds into inevitable bouts of self-loathing and a sense of low intelligence in academic settings. (Survey comment).*

"Anxiety is a major distraction for ADHD especially when you are under pressure to write assignments and complete research. My time frame estimate was out, I require much more time to approach my written assignments, but the 1st semester is over and now I know to begin ASAP to help myself avoid the chaos. Initially I thought I would be fine to work 8 weeks in advance for 3 assignments - this means I will need more time."

"Emotional dysregulation, Rejection sensitivity, executive dysfunction, mental health, auditory processing speed, sensory processing difficulties, social relationships and making friends, adjusting to college life and new environments."

4.3.1 Executive function

> *Impulsivity and risk taking can extend into the long term (+1 year). More likely to make poor long-term decisions, even if short term executive function can be improved through interventions. These are not necessarily negative traits de facto but become negative when in a specific context which punishes executive function patterns in the tails of a distribution (+-2 sigma from the mean). (Survey comment).*

Survey responses indicate an even distribution of impact factors across main features of EF dysfunction reported by students (Table 3).

Table 3.

ADHD and EF impact factors

Impact of ADHD	%	Count
Procrastination	13.06%	180
Disorganisation	10.30%	142
Poor time management	12.26%	169
Staying on task	11.39%	157
Mind-wandering	11.97%	165
Shifting attention	11.54%	159
Organising self and belonging	9.36%	129
Self-control and impulsivity	9.65%	133
Other	1.45%	20
Poor sleep quality	9.00%	124
Total	100%	1378

To explore this in more detail, the Executive Function Questionnaire (Revised) was embedded within the survey. Results of the ESQ-R for a subset of participants (n=104) showed a total mean score of 49 (SD 9.8). Some 53 participants scored over 50 on total score indicating high level of executive functioning deficits overall. Two participants scored above 70 (total score 70 and 75). The lowest reported total score was 25 indicating that all participants showed levels of executive dysfunction (see Table 4). Organisation was the highest endorsed factor for participants indicating a mean score of 2.6 (SD 0.4) followed by Time Management (M 2.4, SD 0.6). Plan Management indicated a mean score of 2 (SD 0.5). Emotional Regulation and Behavioural Regulation each indicated a mean of 1.7 (SD 0.7, 0.6 respectively). All five factors were endorsed at the highest

average score of 3 across the sample. Emotional Regulation was the only factor not to be endorsed across the sample (see Table 4).

Table 4.

Score Ranges on the ESQ-R (n=104)

Factor	Mean (SD)	Maximum score	Minimum score	Range (0-3)
Plan Management	2 (0.5)	3	0.7	2.3
Time Management	2.4 (0.6)	3	1	2
Organisation	2.6 (0.4)	3	1.3	1.7
Emotional Regulation	1.7 (0.7)	3	0	3
Behavioural Regulation	1.7 (0.6)	3	0.25	2.75
Total Score	49 (9.8)	75	25	50

Survey commentary and interviews allude to aspects of Executive Function that are commonly reported and recognised as either challenges or (less frequently) advantages for individuals with ADHD affecting attention, time management, procrastination, impulsivity, and task switching. Students referred to "impaired executive function", "executive dysfunction" and specifically mentioned difficulties with switching – stopping, starting, changing - tasks and activities. Memory problems were also widely acknowledged in particular "brain fog, issues with working memory", "remembering new people's names … recent events, for example who was there, missing events because you forgot they were on" and impaired attention or mind-wandering. Importantly, this is not solely relating to academic activity but also impacting on socialising "My head drifts off when socialising most of the time", "hard to stay on track with a story, or get to the conclusion", and "sometimes I wander off and do things in the middle of a conversation, which I'm still having with her".

Hyperfocus, was described as a tendency to focus on either things of great interest, or the mundane and unimportant "obsessing over low-priority tasks", but with both positive attributes of passionate and tenacious engagement "when you do get properly immersed in something, it can

help you get it done you know, in one sitting or quite quickly", but there are negative consequences for some people:

> the adrenaline of an approaching deadline or an exam gives me the ability to focus without pause for up to 12 hours at a time every day until the deadline passes and I get sick (as in literally ill from not pausing to rest or eat for days). That's not sustainable but there's no other way to get myself to work without the adrenaline.

Also referred to by some students as 'hyperfixation' without it, things can fall apart quite easily: "when I'm not hyper focused and it's just chaos and when I write essays it's … I have a million thoughts … I cannot even finish one paragraph. Then I postpone. I stop all these kind of things" (P1). Additionally, this advantage is not always reliable and may be accompanied by a physical 'inertia' or a kind of negative 'task-switching':

> I will get super into like a work project, and I love it and everything about it and I'm making charts and graphs and schedules and everything and everything's great. And then one day I'm just like: No, I don't care about this and then I actually can't do it because I'm … this is stupid. I don't care about this. I don't wanna do it. (P7).

Students described this as being "paralysed, incapable of starting", "unable to bring myself to it", "impossible to do self-directed unsupervised work and self-directed study" whereby "the worst thing I could ever do is sit down … once I sit down it is over for me and the medicine allows me to stand up basically and get things moving." This is closely tied to procrastination, familiar to many people, but more pervasive for individuals with ADHD, for example: "I can happily procrastinate on anything that takes 5 minutes to do, and it's been taking sometimes two years" or even "I'm really struggling, my lit review is due in two weeks and I haven't started it and I keep telling myself every day I'm going to ….and I don't". One comment illustrated how this can almost be observed as a cumulative process "first I'll go through a phase of I have no motivation to do either thing. And then I do nothing for like a couple days and that's awful. And then I'm like, OK, I need to shift gears, like there is a transition period" or seemingly a more deliberately avoidant action "I don't know I'll seek out any … like my brain will just find any excuse not to do what it needs to do, so I suppose it must be a sensory thing really."

Time management in terms of planning and organisation is a significant factor in Executive Function impacting on completion and submission of assignments "I could spend 4 hours on one footnote and researching every aspect of it, and not leaving enough time to do any other research" meaning that for some it can be "deeply distressing, knowing you have to get things done, knowing you have the ability but time runs away from you. It feels overwhelming" despite the best of proactive intentions "time just disappears, I study the same amount as my peers, going with them to the library but I only get half the work done." Well-meaning suggestions or solutions offered from neurotypical sources often include the use of alarms and alerts but for many ADHD individuals they are only effective up to a point unless in tandem with other strategies: "… it doesn't really seem to matter how early you set the alarm because you've somehow managed to fritter away the time anyway … truth be told, I haven't found this a particularly great method of managing my time other than having people around me sort of nudge me in the right direction" (P9). Perhaps the most critical point in poor time management is the mismatch in understanding between the student with ADHD and peers or staff:

> So like you have lab sessions and there's definitely if you arrive late to those, or if you've done some sort of, you know you've mismanaged your time in some way … There's certainly sometimes an unspoken atmosphere that you're almost deliberately spiting people by doing this, even though it's … not something that you want to be in the position of doing, obviously … you understand that it does have adverse effect on other people which is why you're apologizing in the 1st place, but you know it can feel a little bit like there's no compromise on the other end of that. (Survey comment)

This may well be connected to individual differences in the concept of time. More than one student interviewee described a faulty perspective on building time allowance into travelling to and from locations, for example:

> If I need to be somewhere at 2:00 o'clock and it takes me 10 minutes to get there, I'll leave at ten to two. I won't be leaving at quarter 2 or twenty to in case of any issue, because even if I've failed at getting there before at that time, I don't see the point. I know how long it takes me to get there, and common sense maybe doesn't make it … (P10).

> I don't have perception of time it I don't know if that makes sense to you, right? So example is if I need to go for a meeting or a coffee place somewhere with a friend and it's at what time is it now 1440? It's at it's at 3:00 o'clock, and now it's 1440 in my mind I still have time, even if I leave home at 1459, I still have time, right? So the perception is it's not 1500 yet? (P1).

One interesting point made by the same student described how government movement restrictions during COVID had regulating effect on time management: "… and do you know what's funny? What fixed it better? COVID because there were many deadlines like you can go to pharmacy only between and this you can go to test so only between and this you can do this, and I had no choice. I had to be somewhere between this and this" (P1). Additionally, time is also connected to work preferences and many students referred to atypical work patterns and working hours as a function of ADHD for example "I work a lot better at night because at night it's a lot more peaceful. It's a lot darker. There's less to see, less sensory data" (P6), "… just you know when it's dark and everyone's asleep, that's where I do my work" (P9). However often the consequences of working overnight are disrupted eating and sleeping patterns resulting in ADHD burnout.

4.3.2 Coping mechanisms

> *Then there is other school of thought and that is that [they] don't view it as disability it's viewed as gift or uniqueness, right? And then, that's where I decided that it's better for my health to be there (P1).*

Coping mechanisms included human supports (therapists or coaching), substance intake (typically caffeine or medication), exercise, and acquired strategies either through the use of apps or programmes, masking, or compensation: "It can be from something as simple as you know, take a breath between each sentence or when you're flustered, caught off guard, just either try and keep it light. Try and stay calm the whole time" (P12).

4.3.3 Medication

> *… medication is often not a cure all … but I think often generally when it comes to mental health diagnosis, people overlook the fact that it's usually not one cause and one symptom like, so then trying to have take one medication is not going to fix all the problems. It helps me sustain my focus for long periods of time. It helps me write essays when I need to do that, but there's a cost … (P2).*

Medication was noted as being essential as "… the self-management that college entails is inevitably challenging if you have ADHD - something that can be hard to accept/ recognise". Ensuring access to medication was strongly recommended and that this should be organised well in advance of beginning college. This is a crucial factor for first year students who may have aged out of CAMHS and need to transfer to adult services. It is a very real concern for international or visiting students who need to bring sufficient medication for the length of their studies as not all ADHD medicines are prescribed in Ireland. This information is signposted on the College Health website at https://www.tcd.ie/collegehealth/service/specialised.php also noting that the ADHD Clinic provides support to "… patients who have an established diagnosis of ADHD and in whom a stable established care plan is in situ. We are unable to offer a specialist ADHD assessment service and do not offer initiation of medication for ADHD for new patients." Other advice around medication was connected to healthy management including monitoring food and water intake and remembering to take medication in a timely fashion.

Much of the commentary on medication was focused on accessing prescriptions "I probably get at least three requests a week from students who self-identify, and they want help with assessment, diagnosis and access to medication" (P2), a significant difficulty for international students creating disruption to their health and academic progress. Medication provides hyperfocus and drive but can also interfere with biorhythms: "… poor sleep quality … scenically with taking Ritalin as it keeps me up" (Survey comment) and health management: "I'm really bad at remembering to drink water when I'm on it and they say they say it kills appetite, but so long as you've got to get up at lunchtime and remind yourself to eat … sometimes I forget to eat a bit and you can get a terrible headache at the end of the day, if you do that" (P10). For these and similar reasons it is especially important that medication and health is monitored on a regular basis, but

the dearth of clinicians and appointments in general can result in practices that carry risks if not adequately supervised:

> I've never met him. But we've talked on zoom on multiple times, and we've tried various medications. … I also went through various different doses from some of the smallest to some of the largest and whereas the largest does make the best effects, sometimes it can … I'll end up with too much of a headache … he said when you go back onto actually, these are the 70 milligrammes but take them, and you know literally physically cut them, you know and that's what I do most of the time though, actually just take half … but say actually they prescribe me something that's a bit higher than what I'm cutting in half, but not as high as the full capsule, because it's very hard for me to work out, you know, to cut it in half is one thing (P10).

The decision not to take medication was referenced infrequently however those students were clear that this was premised on a preference for developing self-management strategies "I generally have insane respect for people that do medication, but I think I prefer me on my own dealing with it myself, which is, you know, hard to put into words" (P12) mainly connected to avoidance of dependence: "I've always thought, but when I when I'm 60, 70, when I'm having these thoughts and these feelings and these things happening in my head, I don't want my reaction to be to go towards medication …" (P12). Sometimes cessation of medication has inadvertent but positive outcomes: "I decided to take a break from my medication and I've seen a massive change in my anxiety levels that I had never linked to my medication. Like I would find it very hard even to go grocery shopping because it was … always I felt like my body was in fight or flight at all times …" (P2).

4.3.4 Mental health

> *Emotional dysregulation is a major symptom for me, and all of my symptoms are more severe around the PMS/period stage of my menstrual cycle. This means that the impact of ADHD on my life is very much dependent on my hormones, and this is a trend which is supported by a large amount of anecdotal evidence but very little actual scientific research (Survey comment).*

Mental health is a critical consideration when "… university is difficult all around since the system is not built for people with ADHD" and that students should avail of any support that is available including connecting with Tutors. An important feature of advice was the connection between

general health and wellbeing: “Exercise very regularly, eat well, drop use of alcohol or other depressants” and in particular:

> … guard yourself around the drinking culture - so much of the clubs and services extracurricular activities are oriented around going to the pub, because they are often the only things open in Dublin past 7 pm, so it is hard to socialize outside of drinking and when you have ADHD it is very easy to fall into binge drinking and problematic drinking because of how our brains work.

Understanding the characteristics of ADHD and how it affects the individual and seeking advice and guidance on this is “Extremely important because most symptoms can be either managed or alleviated to some extent, but if you don’t recognise that something is a symptom in the first place, it results in internalised shame which is both unpleasant and unproductive.” Emotional dysregulation was frequently cited as a major difficulty affecting “mood and interpersonal relationships” meaning that “getting in the headspace required to perform any academic work significantly difficult if something has caused me to experience a strong emotion, positive or negative earlier in the day” (Survey comment). Many students referred to “inability to exert/command conscious control”, “paralysing anxiety”, “overthinking and hyperfocusing”, “dread”, “periods of depression followed by periods of mania”, and “impostor syndrome” in addition to highly specific issues such as “rejection sensitive dysphoria” (Survey comments). ADHD burnout was discussed by two interview participants as having significant impact on health closely associated with assessment and deadlines:

> I don't know if possessment is the right word, but I was not me, I almost felt it was deep. I could feel it in my organs, in my bones. I had to literally rock myself nonstop, I was crying a lot and all the deadlines, and not deadlines actually, were created in my head and I couldn't even make, I didn't even know which comes first. I didn't even know if I should eat, I didn't eat … I didn't sleep, I was shaking. Everything was wrong, everything was bad. I thought I will never get out of it, it was just the, it's everything. It's a mental state and emotional state … I don't think it was the Trinity deadline and whatever the exam period, I think it was maybe a little trigger like a cherry on the top … (P1).

> I know that one girl from the class, so I had to defer my exams because I just was not at all in my state of mind to do it, and as I said, I didn't tell her, but I think she well, she's very smart she kind of knows something is different going on and she checked on me as I told you, maybe three times a day for a couple of days. And I … that's when I realised, actually it's nice to have somebody and she didn't really say much, she was just listening, you know, just how you're doing, and she was just really thoughtful … (P1).

In their advice to prospective students, survey participants strongly advocated that students step away from seeing themselves as "impaired or a failed version of normal" and that navigating a neurotypical environment and learning to thrive meant reaching out to support networks, such as the College Health Centre:

> she has a walk in for everybody doing exams: 7 o'clock, 10 past 7, 20 past seven. Be here. Be up. Be dressed. And that's what it takes, you know, now nobody knows that she does that. No academics know that the students that are going into the RDS at 9:00 o'clock have been in college health at 20 to 8 to meet the college psychiatrist, to ground them for those 15 minutes before they go out, before they get on the bus … But that is what it takes for some students.

The important role of the nervous system in responding to threat is emphasised here:

> what it takes to keep up, the do or die nature of you know, year on year, exams pass or don't pass. I think you come into a place like this and you're almost immediately under an awful lot of threat. And if you've already got a nervous system that's quite sensitive, or, you know, neurodivergent in this way you just become highly anxious … college becomes its own threat. Social relations become their own threat. Shame, is a threat you know …

There is also an important misconception related to ADHD and poor time management, specifically the perception that strategies, efforts, or tools are not used avoid the consequent penalties of missed deadlines. Planning, organisation, and time management are a fundamental aspect of Executive Function and are a source of permanent torment for students: "Deeply distressing, knowing you have to get things done, knowing you have the ability, but time runs away from you. It feels overwhelming" (Survey comment). The optimal work time for many students with ADHD is a reversal of the typical time zone, for example working better in the evening or at night when cognitive processes have "woken up". Being forced to work against this results in poor sleep hygiene, with students working until the early hours of the morning, or sometimes not sleeping at all, creating a cumulative deprivation. As noted in an earlier section on Universal Design for Learning, flexible access to the curriculum delivery and content can compensate for sleep issues:

> A clear timeline of what will be covered in each week of a module. Some modules already provide a handout at the beginning of the year showing exactly what will be covered in each lecture, and what the homework will be. I find this invaluable because if I miss a

> tutorial or lecture due to poor sleep, I do not panic about figuring out what I have missed. In some module there is little information available on Blackboard about what is to be covered each week … I know I could contact the lecturer in question, but anxiety often holds me back and it would be nice to have that barrier removed.

These and similar issues can easily be addressed through UDL practices.

4.3.5 Physical and sensory preferences and triggers

> *Lights, sounds, music, physical sensations like clothes itching, thoughts racing, etc. When it is too quiet I cannot focus as I become anxious about making noise - I often fidget and 'stim' (bounce my leg, etc) to concentrate and in extremely quiet environments I become hyperconscious of not disturbing others. (Survey comment)*

Sensory overload was the most frequently referenced challenge by all student participants, accounting for 32% of coded references (n=400). Students are distracted by environmental noise and movement across the campus; interference from auditory stimuli in the environment was the overriding difficulty followed by visual factors (principally lighting), but a combination of environmental triggers was also reported. In the main, these were connected to the presence of other people – people moving, talking, humming, whistling, laughing, and typing – resulting in high levels of diverted attention, consequently, many students sought out solitude in order to study and engage in academic tasks. The use of noise cancelling headphones or ear defenders was advised for prospective students, although this does not address auditory interference experienced inside lecture halls or indeed ambient noise form students in corridors or in spaces outside classrooms. Recent campus improvements implemented by TCDE Sense in the form of furniture and alternative study spaces in the libraries recognise this need, although students also note difficulties with the general ambience "Sometimes the Ussher and Kinsella give me prison vibes. The concrete isn't very home-y" (Survey comment).

4.3.6 Self-awareness and self-determination

> *You can do this. For years people have told you that you can't, and I know your confidence is low, but you are smart. Find a few supportive friends and staff. Seeing an ADHD coach is really helpful. Sign up to disability services. Ask for help if you need it. Know when to rest. Try and enjoy it. (Survey comment).*

Self-awareness, self-determination, and self-advocacy are skills that every student needs as they transition from post-primary contexts to the autonomy of third level education. Students note that an important part of the college experience is "learning how you learn" and although there is a wealth of advice and support for this from academic staff and entities such as Student Learning Development "you ultimately need to figure out how your own brain works yourself. This will take some time, and will no doubt be a bumpy, ugly process, but once you break through and crack this code, everything becomes...not exactly easier, but a lot more straightforward and manageable" (Survey comment). Highly recommended was development of study methods based on self-knowledge "… try and see what you've been doing, what has helped, and then develop these methods for you, work on ways that you can help yourself" and exploring spaces on campus that can facilitate study. Many survey comments urged prospective students not to set the engagement and performance of their peer group as a benchmark, but to acknowledge, understand, and accept approaches and ways of working that are unique to themselves. Students also pointed to the importance of taking charge of learning, knowing and understanding the syllabus and learning outcomes for each module, retrieving mandatory readings, and engaging with the academic workload as "showing up to lectures isn't enough." The value that developing self-awareness and adopting individualised techniques can have on performance, is significant: "I have … four different modules that set assignments. Three of them release them on the Saturday before the week starts. I've done most of them by Sunday 1:00 AM. I just sit there, and I do all of them and I love it, because I just know 'Ohh good now there's next week I can just go to lectures and focus and not panic about this'" (P12). Beginning assignment work in advance by setting deadlines was advised but also understanding that writing essays is a more complex and longer process than Leaving Certificate work.

Perhaps one of the most common misconceptions is that students who request extensions or miss deadlines, who procrastinate or prevaricate are doing so by choice, and learning how to self-advocate effectively might include "… educating service providers on how ADHD impacts you, and your unique needs, so do what you need to do to be confident in asking for what you need and explaining this" (Survey comment). The 'go to' for many students is to seek out successful strategies from others with ADHD: "I think YouTube is my medium to go to see how everybody is dealing with it … apart from the fact that we are all different there is also a different level of self-awareness (P1)." In fact, students are very attuned to and aware of the cognitive factors that impact on completion of academic tasks such as perfectionism, inertia, task-switching, hyperfocus or fixation – but are frustrated in their inability to control them: "I can become quite a bit perfectionistic when it comes to my work and so I think I have to take all the notes in this one lecture rather than be half assed and not focus that much" (P6). This awareness extends to the recognition that practical strategies need to be habituated prior to transition to college: "I suppose the reason it's harder in college is because A the material is harder, it's more intense and then B, I'm also trying to undo years of allowing myself to get comfortable in those bad habits" (P9).

Advice to prospective students included connecting with graduate students or students in higher years ed to gain an insight into teaching and learning methods, college services and supports, preferably prior to beginning their college career as "information about everything you need to know is difficult to find in one place and often takes years to find out about" and in particular advice to "link in with other neurodivergent students, because you can share tips and tricks and maybe establish study groups/social groups to help fit in more with the campus." Also noted is the importance of "a strong support network whether that's family or friends, or anyone you can unmask around and be unapologetically yourself with", seeking support from health professionals such as therapists or ADHD coaches, student clubs and societies "sign up to DUNeS; the proposed Dublin University Neurodiversity Society!" and peers "Find a good influence and friend in your course and copy them", "Reach out to a friend who gets it, don't isolate yourself" to encourage motivation and to avoid isolation.

Section 5: CONCLUSION

5.1 Summary of Findings

Longitudinal progression data

Demographic data indicates that the majority of students with ADHD registering with DS are female; this is counter to the perception that there are greater numbers of males presenting with ADHD. Given that the ADHD symptomology and profile in girls and women is significantly different, it would suggest that there may potentially be larger numbers of under-diagnosed female students attending college. Furthermore, research draws attention to the significant impact of hormonal fluctuations in female cohorts, suggesting that targeted health and mental health supports would be of benefit to these students.

In terms of entry route, 30% of students were admitted to college via an alternative access pathway (Mature, Trinity Access Programme transfer, HEAR, DARE, QQI) with 22% of these entering via the DARE scheme and this is a trend that is likely to increase, although this is dependent upon important changes connected to diagnostic procedures that may impact on required documentation, in the future.

Available annual results indicate that 60% of students were successful in annual examinations and progressed to either the following year or graduated; of the remaining students, 36% were re-assessed during the supplemental examination period and more than half of these students were required to repeat the year. Of note, 74% students are registered to Multi-school courses. This is important as studying across two Schools and - potentially – contrasting disciplines (e.g., Mathematics and a Language) may create challenges arising from differing assessment practices, timetabling, and administrative processes; this challenge might be reflected in 48% of students sitting supplemental examinations were registered to Multi-school courses.

The co-occurrence of a secondary disability cannot be underestimated as an important factor in managing the student role, academic expectations, and progression through college; it is noted that 79% of students have an additional disability, 44% of these students had a Mental Health Condition, 24% Specific Learning Difficulty, and 20% have an additional diagnosis of Autism Spectrum Disorder.

One quarter of students registered with DS require individualised supports in the form of Occupational Therapy, Specialist Academic Support and Assistive Technology. This is directly related to impact factors identified by students with respect to Management of Course Demands

Completing Assignments, Attending Lectures, and Getting a Good Work / Life Balance for UG students, and Time Management of Research Demands, Meeting Research Deadlines, and Organising Research Inputs and Outputs, suggesting that access to Occupational Therapy from the and Specialist Academic Support is a crucial intervention to support progression through the academic journey.

DS registration data shows that 16% of students are R registered, meaning that they do not have full documentation of disability as required by the HEA. This is a current concern and issue of debate within disability services in third level education; recent changes in assessment and diagnosis of disability via the HSE and within schools, suggests that students will increasingly present with documentation that focuses on cognitive and academic attainment scores, confirmation of access to and provision of support in school, and State examination arrangements, as opposed to clinical data.

Navigating college with ADHD: Survey results

Survey responses were submitted by n=388 students, with n=227 indicating that they had received a formal diagnosis of ADHD and proceeding to complete the survey. It is notable that 40% (n=161) of students accessing the online survey did not have a formal diagnosis of ADHD although they may have self-identified with the intention of participating and these respondents were exited from the survey without further submission.

- The average age of participants was reported as being between 18 and 25 years; of those who identified a gender, the majority were female; respondent standing was spread evenly across undergraduate years JF – SS, with 33% registered as postgraduates.
- N=125 (57%) of respondents received an ADHD diagnosis whilst attending FE/HE, n=183 (86%) sourced this from a private psychiatrist;
- More than half of respondents (66%) reported an additional diagnosis: Autism Spectrum Disorder (n=35), Specific Learning Difficulty (n=20), and a significant number with an accompanying Mental Health Condition (n=92);
- Of note, 47% of students had never contacted or registered with the Disability Service;
- Of those who did, most had contacted and registered with the Disability Service in their first year of college, and all respondents indicated that the reason for doing so was for support with time management, organisation, support with a specific module,

procrastination, and focus and attention; other reasons for seeking support included access to reasonable accommodations, specific supports such as Occupational Therapy, and understanding and managing a new diagnosis;

- Delays in contacting the Disability Service were principally connected to late diagnosis;
- To understand their diagnosis, 39% of students consulted online sources e.g., websites 16%, social media 13%, YouTube 7.5%;
- The majority of students describe sensory sensitivity to visual and auditory stimuli of a combined type, with 31% sensitive to auditory interference in the environment.
- Almost 60% of students felt that there was some or very little awareness and understanding of ADHD within the college community, which could be improved, with an additional number (n=40) stating that they were unaware of any support;
- In their transition from post-primary school to higher education, more than 85% of students stated that they were under-prepared, 79% significantly so, mostly as a function of late diagnosis; 77% believe that they made a reasonable or good course choice;
- Transition advice is provided principally by family and peer group or trying to navigate the learning environment and college offices independently, but not noticeably with support from the college itself;
- For UG students, activities that are impacted most significantly by ADHD (ranked in the top three impact indicators) are Management of Course Demands (87.2%) Completing Assignments (64%), Attending Lectures (44.8%), and Getting a Good Work / Life Balance (32.8%).
- For PG students, activities that are impacted most significantly by ADHD (ranked in the top three impact indicators) are Time Management of Research Demands (89.85%), Meeting Research Deadlines (57.97%), and Organising Research Inputs and Outputs (33.34%).
- Importantly, 40% (n=161) of students accessing the online survey did not have a formal diagnosis of ADHD although they may have self-identified with the intention of participating in the study.

Navigating college with ADHD: Personal perspectives

Superordinate and subordinate themes collated from 1,241 coded survey and interview statements were merged into four final narratives:

1) Navigating the college environment

- With respect to Navigating college with ADHD, significant concerns are expressed in relation to deadlines and in particular, competing deadlines, for course assessment; additionally, applying late penalties punishes inherent difficulties associated with executive function, rather than intentional non-submission.
- Systems and processes are disparate in their application from course to course and at Department/School level, including provision of and access to curriculum materials;
- Challenges in managing college are broadly associated with a lack of awareness and understanding within the college community – including misconceptions of peers.
- Regular monitoring of student progress by Tutors could ensure that timely support is activated.

2) What does an ADHD-friendly college look like?

- All student participants drew attention to teaching, learning and assessment practices and systemic processes that create major barriers to academic achievement and successful progression, and that fall short of Universal Design for Learning principles.
- Adaptations to the physical environment are an important feature for improving focus and engaging with teaching / learning / study related tasks e.g., lighting, workspaces, silent areas.

3) My ADHD

- Of the n=733 aggregated coding references, physical and sensory issues are most frequently referenced (n=226 aggregated) with auditory preferences and triggers in the college environment being the main loci of distraction or overload for students.
- Students identify medication and human supports as essential to coping with daily life and academic tasks;
- Mental health is the single most significant factor exacerbated by anxiety, stress and burnout connected to the student role and responsibilities.
- Executive Function: n=53 participants indicated a high level of executive functioning deficit overall with all five factors endorsed at the highest average score across the sample; Organisation was the highest endorsed factor for participants, followed by Time Management, and Plan Management.

4) Advice for prospective students

- Acquiring self-awareness, self-determination, and self-advocacy together with basic self-management and accountability tools;

- Learning to accept your neurodiversity and in doing so seek help and support that is offered in college, particularly with respect to understanding ADHD.

5.2 Recommendations

Findings from this research suggest the following recommendations for establishment of an ADHD-friendly university environment:

- Provision of a student-parent transition workshop providing information in advance of key CAO / DARE timelines, Your First Year sessions from current undergraduate students, an introduction to Student Services, the Tutorial service, academic systems, organization and structures e.g., Blackboard, MyTCD, My Module, and teaching, learning and assessment at third level.
- Student-led introductory video to each Student Service, including the Tutorial Service, on their website landing page.
- Signposting towards support with ADHD based on needs as opposed to services and departments, for example, https://studentlife.utoronto.ca/wp-content/uploads/Easy-Access-to-Mental-Health-Support-Diagram.pdf.
- Review of academic practices as part of PATH 4 development and implementation of universal design policies and practices, resources and curriculum development.
- Promotion of student-led ADHD support groups internal and external to college.
- Staff awareness training for current and incoming staff in all areas of the college community; in particular, recognition that co-occurring disabilities increase the possibility of significant challenges in the student role.
- Mainstreaming supports to facilitate sustainable reasonable accommodations e.g., full activation of all Office 365 apps to support time management, organisation, and planning, together with "Getting to know AT" sessions embedded within first year orientation for all courses.
- Targeted health and mental health support for female students.
- Specific monitoring of course management and academic progression for students attending Multi-School courses.

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APPENDICES

Appendix I Semi-structured Interview Questions for Students with ADHD

	Semi-structured Interview Questions
Topic 1: Social impact of ADHD Public perception Awareness and understanding Disclosure Stigma	How would you describe the impact that ADHD has on the way you interact with others in social, educational, and/or work settings? What is your perception about how people in society think and feel about ADHD? To what extent do you feel that society perceives ADHD in a different light from other learning difficulties (like dyslexia or autism)? How do you decide whether or not to disclose that you have a diagnosis of ADHD? When you do decide to disclose, how do you explain ADHD to others?
Topic 2: Academic impact Achievement and attainment Study habits Progression	How does your ADHD impact on your management of academic tasks and course requirements, and general progression in college? Would you say the impact is qualitatively different from the impact you may have experienced in post-primary school?

Topic 3: Support for ADHD in College? Reasonable accommodations Occupational Therapy Academic Support Assistive technology	Can you describe specific things people (parents, teachers, students, college staff) have said or done to support you in college? Can you describe situations in which you have asked for help with issues related to ADHD? What supports that have helped you in the past would be useful for you to access in college? What do you think is the most important thing for people to know and do to prepare students with ADHD to communicate their needs in college?
Topic 4: Coping mechanisms	How have you coped with having an ADHD diagnosis? Can you describe specific interactions with others in educational, work, or social situations that have had an impact on the way in which you cope with ADHD? What medication or human interventions have helped you address or manage some of the symptoms associated with ADHD?

Appendix 2 Semi-structured focus group questions for Health Centre and Counselling Service Focus Group

	Focus Group Questions

Topic 1: Managing ADHD in college Prevalence Awareness and understanding Disclosure Stigma Progression	What are the principal issues associated with managing ADHD in Higher Education?
Topic 2: Service provision Diagnosis Counselling Disability	What should support for ADHD in college look like?
Topic 3: Coping strategies Resilience Self-awareness Interventions Medication	What do you think are the critical factors (intrinsic and extrinsic) of college success for students with ADHD?
Topic 4:	

Neurodiversity Awareness Understanding Universal Design for Learning	How can HEIs support neurodiversity in Higher Education?

Appendix 3 Initial Superordinate and subordinate themes (n=references)

Name	Files	References
Student viewpoints	15	1047
1. Social impact of ADHD	9	87
Advantages	3	6
Awareness and understanding	7	29
Disclosure	5	13
Emerging themes	4	9
Aloneness and isolation	1	1
Personal impact on engagement	4	8
Public perception	5	17
Stigma	5	10
2. Academic impacts	9	59
Academic skills and study habits	8	37
Achievement and attainment	3	5
Deadlines and stress	5	8
Emerging themes	2	6
Managing non-academic tasks	2	6
Progression through college	2	2
3. Support for ADHD in college	11	54
Academic support	1	3
ADHD burnout	2	6
Assistive Technology	0	0
College offices	5	9
Emerging themes	3	13
Orientation and information	3	13
Occupational therapy	0	0
Peer support	4	8
Reasonable Accommodations	9	14
Tutorial service	0	0
4. Coping mechanisms	5	37
Formal therapies or treatments	1	8
Human supports	2	11
Intrinsic coping mechanisms	2	14

5. Advice for prospective students	8	167
Emerging themes	8	163
Coping mechanisms	3	29
Human supports	2	50
Managing academic tasks	3	13
Medication	5	16
Peers	2	10
Practical strategies	5	42
Second level	0	0
Third level	1	2
6. ADHD-friendly college	9	271
Accessible course content	2	32
Accessible student services	2	21
Assessment structure	5	40
UDL	2	7
Clear signposting of ADHD supports	3	15
Emerging themes	0	0
Academic support	1	2
Therapeutic supports	1	3
Tutoring	1	4
Flexible assessment	4	29
Physical environment	2	22
Staff awareness and understanding	3	21
Systemic challenges connected to course management	2	12
Teaching and learning approaches	7	71
Transition	2	2
7. Emerging themes	12	372
My ADHD	10	219
Autonomy	2	2
Choices and decisions	4	6
Emotional dysregulation	2	14
Executive function	2	5
Focus and attention	7	22
Hyperfocus	6	19
Inertia	5	9

Inhibition-impulsivity	4	8
Medication	7	27
Memory	2	3
Mental health	6	18
Mood	1	2
Over-stimulation	5	5
Procrastination	4	8
Self-awareness	4	13
Skills and strengths	3	8
Sleep	5	7
Social communication	3	7
Task switching	1	1
Time management	6	28
Physical and sensory preferences	2	5
Auditory	4	62
Body double	3	13
Clothing	1	2
Kinaesthetic	1	2
Lighting	3	34
Physical environment	4	51
Physical supports	2	10
Solitude	3	35
Temperature	2	7
Sensory triggers	8	148
Auditory	4	60
Movement	2	17
Olfactory	1	2
Physical environment	3	13
Social environment	5	27
Tactile	1	3
Visual	2	24

Appendix 4 Final NVivo Codebook for nodes

Student viewpoints	**Coded text from individual in-depth interviews with students diagnosed with ADHD self-selecting for participation.**	**18**	**1241**
Advice for prospective students	**A priori themes which relate to post-primary and third level contexts.**	**10**	**174**
Coping mechanisms	Suggestions for personal coping strategies and self-care.	4	30
Human supports	Reference to contacting / taking advantage of human supports and being proactive in doing so.	3	53
Managing academic tasks	Reference to overtly managing tasks and activities associated with learning e.g., assessments, lectures, studying etc.	4	14
Medication	Reference to sourcing / use of medication.	5	16
Peers	Reference to interacting with peers as a human support.	2	10
Practical strategies	Concrete strategies for managing the college environment and workload.	6	45
Self-advocacy	Themes relating to advice and guidance not related to second and third level contexts.	1	2
An ADHD-friendly college	**What would an ADHD friendly college look like? Recommendations from students in open ended survey comments and interviews.**	**12**	**290**
Medical and therapeutic supports		2	22
Physical environment	Reference to environmental issues (auditory, visual, physical)	2	23
Removing systemic barriers	Reference to managing systems, modules, registration etc.	2	12

Signposting ADHD supports	Reference to the need for easier access to advice, help and support to students irrespective of formal diagnosis.	4	19
Staff awareness and understanding	Reference to understanding and awareness for disability, ADHD and neurodiversity including the need for training.	4	22
Universal Design for Learning	Reference to accessible course content, teaching and learning, and assessment	10	186
Accessible course content	Reference to course materials including lectures, notes and other resources or artefacts in terms of existence, presentation, accessibility etc. and accessibility with remote study as an option.	4	35
Assessment structure	Reference to the timing and organisation of assessment processes.	6	42
Flexible assessment	Reference to advantages / disadvantages or the way in which continuous assessment is used, or preferences for CA over exams.	4	30
Teaching and learning approaches	Reference to methods of teaching and learning including physical environment, teaching materials, teaching approach and style.	8	74
My ADHD	**Testimony from open-ended survey responses and interviews merged. Descriptions of aspects of individual and unique ADHD profiles which are coded into cognitive and behavioural factors, and sensory processing factors.**	**16**	**512**
Advantages	Viewpoints on social advantages or positives of ADHD, including how these might be of benefit in personal life, social life, college and the workplace.	5	8

Cognitive and behavioural	Open-ended comments from the survey and interviews that reference individual challenges of ADHD.	14	196
Executive function	Specific references to Executive Function and associated features: focus and attention, time management, task switching, inhibition, memory, procrastination, inertia.	12	135
Focus and attention	References to difficulties with focus and attention both academically and socially.	8	27
Hyperfocus	Reference to instances of intense hyperfocus and how this is managed.	8	24
Inertia	Reference to academic inertia i.e., difficulty in starting, stopping or switching tasks connected to academic work.	5	9
Inhibition-impulsivity	References to difficulty with managing impulsivity or inhibition in both an academic and social environment.	5	9
Memory	References to impact of ADHD on memory,	2	3
Procrastination	Reference to procrastination exhibited in both personal and academic contexts.	4	9
Task switching	Reference to challenges in task switching particularly in an academic context.	2	3
Time management	References to difficulties with managing time including academic tasks (timetables, deadlines. lectures) and in personal and leisure activities.	9	41
Learning style		2	5
Self-awareness	Reference to self-awareness of strengths and challenges and the need to utilise or investigate coping mechanisms.	7	18
Skills and strengths	References to the positive side of ADHD, its gifts and creativity.	3	9

Sleep	Reference to poor sleep hygiene.	6	11
Social communication	Reference to challenges with social communication, or conversational style, or social engagement.	4	10
Coping mechanisms	A priori codes that capture statements about intrinsic and extrinsic strategies and mechanisms for managing ADHD.	8	51
Formal therapies or treatments	Medical or therapeutic approaches that have been or are provided by professionals of benefit or that have been accessed but not observed to have been useful.	2	10
Human supports	Agents or agencies external to college that have been instrumental in coping with ADHD including peers, family, or other individuals e.g., support groups.	3	12
Intrinsic coping mechanisms	Strategies or techniques that the student has been taught or acquired through research that have been of benefit or that have been accessed but not observed to have been useful.	6	23
Medication	References to the use of or absence of access to medication.	10	35
Mental health	Aspects of personal ADHD that lead to mental health difficulties or reference to existing mental health conditions.	7	54
Emotional dysregulation	References to emotional dysregulation or any emotional fallout perceived to be triggered by ADHD.	3	19
Physical and sensory preferences	Data extracted from open ended survey data describing sensory preferences for study and leisure activities.	2	5

Auditory	Reference to preferred auditory stimuli to support focus and attention.	4	62
Body double	Reference to body doubling as a strategy that can alleviate or address procrastination, task switching and inertia.	4	17
Clothing	Reference to tactile sensory information as a comfort to support learning.	1	2
Kinaesthetic	Multisensory activities that are calming	1	2
Lighting	Reference to preferred visual stimuli to support focus and attention including natural and electric lighting options.	3	34
Physical environment	Reference to aspects of the physical environment including specific locations in and around college that support focus and attention.	5	52
Physical supports	Reference to physical supports or artefacts e.g., headphones that can ameliorate difficulties.	2	10
Solitude	References to preference for physical and social isolation to support management of ADHD.	3	35
Temperature	Reference to preference for ambient temperatures to support focus and concentration.	2	7
Sensory triggers	All references to sensory disruptors creating overload or distraction.	11	161
Auditory	Reference to auditory distractions including people talking, physiological sounds e.g., sniffing or chewing, external noise e.g., traffic, electronic noises e.g., beeping or buzzing.	5	63
Movement	References to distractions caused by movement in peripheral vision either people moving around or objects.	2	18

Olfactory	References to smells in the environment that can trigger distraction or avoidance.	1	2
Over-stimulation	References to sensory over-stimulation and its effects.	6	9
Physical environment	References to aspects of the physical environment that are distractors e.g., temperature, humidity, look and feel.	3	13
Social environment	References to being in large groups of people causing feelings of sensory overload or oppression.	5	27
Tactile	References to distractions and triggers caused by tactile disruptors e.g., scratching of clothing or other irritations.	1	3
Visual	References to visual distractions either in peripheral vision or direct interference e.g., lighting.	2	24
Navigating college with ADHD	**A priori and emerging codes that describe links between management of ADHD and academic role and occupations of being a student.**	**15**	**265**
Academic skills and activities	Approaches to managing workload, meeting deadlines, strategies for study and examination, group work, completing readings, taking notes, attending lectures, extracting information from lectures and texts.	12	45
Achievement and attainment	Perceived impact of ADHD on achievement (grades) including examples of under- or over-achievement. Viewpoints of historical impacts on attainment across educational history.	8	20
Awareness and understanding	Public understanding of what ADHD means and how it differs to other learning difficulties or disabilities.	12	68

College offices and services	Include administrators, student services, academic staff including observations on ability to access or understanding of providers.	8	17
Deadlines and stress	Reference to management of meeting coursework deadlines and resulting or associated stress or burnout.	7	12
Disclosure	Factors affecting the decision to disclose either to peers or to formal mechanisms in college. Include personal, social, and academic barriers i.e., perceived consequences of disclosure on social and peer relationships, and / or progression, standing, performance, achievement, and / or privacy, data protection, career prospects.	8	19
Orientation and information	Themes in addition to a priori codes that emerged from coding interview transcripts.	7	25
Reasonable Accommodations	Viewpoints on formal adjustments to academic requirements that have been of benefit or that have not made any discernible impact e.g., exam accommodations, additional time. Registering with the DS for supports.	13	30
Academic support	Viewpoints on the value and impact of support with academic tasks and activities provided by DS or SLD including observations on ability to access or understanding of providers.	3	6
Occupational therapy	Viewpoints on the value and impact of support with the student role and functional daily activities provided by DS including observations on ability to access or understanding of providers.	1	4
Social interaction	Themes in addition to a priori codes that emerge from coding interview transcripts.	8	27

Peer support	Include support from course peers, societies, student union, or other support outside of the college environment e.g., previous friendships.	7	11

Appendix 5 Sample quantification of references to final coded themes.

Theme and sub-themes	Files	References
ADHD friendly college	12	187
ADHD friendly college awareness and understanding	4	22
ADHD friendly college medical and therapeutic	2	22
ADHD friendly college physical environment	2	23
ADHD friendly college removing systemic barriers	2	12
ADHD friendly college signposting ADHD supports	4	19
ADHD friendly colleagued	10	142
Advice to prospective students	10	135
My ADHD	16	365
My ADHD advantages	5	8
My ADHD_auditory preferences	4	62
My ADHD_body doubling	4	17
My ADHD_coping mechanisms	8	49
My ADHD_Executive Function	12	118
My ADHD_formal treatments and therapies	2	10
My ADHD_human supports	3	12
My ADHD_intrinsic coping mechnanisms	6	23
My ADHD_learning style	2	5
My ADHD_lighting	3	34
My ADHD_medication	10	35
My ADHD_mental health	3	19
My ADHD_physical and sensory preferences	2	5
My ADHD_physical supports	2	10
My ADHD_self-awareness	7	18
My ADHD_sensory triggers auditory	5	63
My ADHD_sensory triggers lighting	2	24
My ADHD_sensory triggers movement	2	18
My ADHD_sensory triggers over-stimulation	6	9
My ADHD_sensory triggers physical environment	3	13
My ADHD_sensory triggers social environment	5	27
My ADHD_sleep	3	9

My ADHD_social communication	4	10
My ADHD_solitude	3	35
My ADHD_visual stimuli	3	34
Navigating college _awareness and understanding	12	68
Navigating college with ADHD	15	232
Navigating college_achievement and attainment	8	20
Navigating college offices and services	8	17
Navigating college deadlines and stress	7	12
Navigating college disclosure	8	19
Navigating college orientation and information	7	25
Navigating college reasonable accommodations	13	30
Navigating college social interaction	7	11

Appendix 6 Progression data for students with ADHD registered to DS.

Demographics

Gender 2000 - 2023	
Male	281
Female	404
	685

Nationality 2000 - 2023	
International	160
EU	525
(of these Ireland)	-463
	685

Disability declared 2000 - 2023	
Primary disability ADHD	544
Secondary disability ADHD	141
	685
Co-occurring disability	
ASD	69
B/VI	0
D/HI	2
DCD	15
MHC	147
NC	10
PD	5
SOI	7
SLC	3
SPLD	80
	338/685

Support category 2000-2023	
A (Standard)	374
B (Additional Support)	169
R (Restricted - baseline)	113
Not identified	29
	685

Admissions

Year of admission 2000-2023	
2000	1
2001	1
2005	1
2008	1
2011	1
2012	6
2013	3
2014	8
2015	12
2016	22
2017	49
2018	85
2019	110
2020	103
2021	150
2022	131
Pre 2000	1
	685

Admission 2000-2023	
DARE Merit	3
DARE (Merit Offer)	40
DARE Reduced Points	151
DARE (Reduced Points Offer)	3
TAP Transfer	6
QQI FETAC	4
HEAR Merit	4
HEAR Reduced Points	20
Mature	15
NI Feasibility Study	5
Standard entry	434
	685

Registration 2000 - 2023	
Foundation Mature	4
Foundation Young Adults	1
Undergraduate	508
Undergraduate Visiting	37
Postgraduate Taught	104
Postgraduate Research	2
Postgraduate Doctorate	29
	685

School 2000 - 2023	
Multi-school	303
AHSS	192
FEMS	99
FHS	83
Not recorded	8
	685

Progression

Status 2000 - 2023		Year
Withdrawn	12	2013-2022
Off Books	9	2020-2022
OBA	19	2016-2022
Registered	598	2009-2023
Course transfer	47	2015-2022
	685	

Annual assessment result 2000-2023	
Absent	1
Absent without permissi	4
Allowed BA	2
Award Masters	41
Award Profe/Clin Doctor	1
Award Diploma	2
Award Certificate	2
Pass (UG Visiting)	26
Repeat year	8
Defer to supplemental (ı	42
Fail re-assess at supp	144
Exclude	2
Fail Withdrawn	4
Pass by comp	3
Pass	31
1	41
2.1	118
2.2	36
3	3
Not recorded	174
	685

Supplemental result 2000-2023		Multi-school
Absent without permissi	13	7
Fail + Award	1	
Award 1	8	6
Award 2.1	11	6
Award 2.2	1	1
Award 3	1	
Pass	1	
Pass by comp	9	3
Defer repeat year	2	
Defer to NAS	2	2
Exclude	2	2
EXITAWD+II-1	1	
EXITAWD+II-2	1	
Fail repeat OBA	9	6
F1 repeat year	3	1
F2 exclude	2	1
F2 repeat year	1	1
FAIL + SUPP	1	
FAIL exclude	7	2
FAIL repeat year	11	4
FIN YR DEFNX	1	
FINYR FAILRY	4	
L21	1	1
Pass 1	2	
Pass 2.1	20	9
Pass 2.2	7	2
Pass progress	7	3
Pass at supplementals	82	40
QF RPT YR	20	11
Repeat year	8	6
VS CONF RSLT	1	1
Withdrawn	2	1
Not recorded	443	186
	685	302

Supplemental result 2000-2023		Multi-school
Absent without permissi	13	7
Fail + Award	1	
Award 1	8	6
Award 2.1	11	6
Award 2.2	1	1
Award 3	1	
Pass	1	
Pass by comp	9	3
Defer repeat year	2	
Defer to NAS	2	2
Exclude	2	2
EXITAWD+II-1	1	
EXITAWD+II-2	1	
Fail repeat OBA	9	6
F1 repeat year	3	1
F2 exclude	2	1
F2 repeat year	1	1
FAIL + SUPP	1	
FAIL exclude	7	2
FAIL repeat year	11	4
FIN YR DEFNX	1	
FINYR FAILRY	4	
L21	1	1
Pass 1	2	
Pass 2.1	20	9
Pass 2.2	7	2
Pass progress	7	3
Pass at supplementals	82	40
QF RPT YR	20	11
Repeat year	8	6
VS CONF RSLT	1	1
Withdrawn	2	1
Not recorded	443	186
	685	302