ADHD in Higher Education: Understanding the Student Journey

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Disability Service ADHD in College Supports Project 2022 – 2023:

• Strand 1: Research study
• Strand 2: ADHD clinic and referral pathway
• Strand 3: ADHD supports

Panel discussion:

• ADHD Ireland
• Trinity College Students Union
• Trinity Inclusive Curriculum (Trinity-INC)
• ADHD research team

Comments and questions
Students with ADD or ADHD 2012-13 to 2022-23
Introduction

• 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 ADHD accounted for 19% of the total number of students registered with the DS;

• UG registrations (n=2,036) in 2022/23 indicate that ADHD is the third highest disability category (n=276);

• PG registrations (n=258) in 2022/23 indicate that ADHD is the second highest disability category (n=46);

• In academic years 2021/22 and 2022/23, the number of undergraduate and postgraduate students seeking an assessment for ADHD increased dramatically;

• 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 one billion active monthly viewers (Yeung et al, 2022).
### ADHD Supports Project Strands

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<th>Strand 2: Registration Pathway and ADHD Clinic</th>
<th>Strand 3: ADHD Resources and Community Links</th>
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<td>● Mixed method, triangulated: students, services.</td>
<td>● ADHD consultation with signposting assessment and diagnosis pathways.</td>
<td>● Peer led ADHD support group in DS.</td>
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<td>● QUANT: Survey all TCD students, data analysis DS students, measure Executive Function traits.</td>
<td>● Evidence of arrangements for further referral.</td>
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<td>● QUAL: Open-ended survey questions, interview DS students, focus group Student Counselling, College Health Centre, Disability Service.</td>
<td>● Consultation and collaboration with Health Centre and Counselling Service for ADHD Clinic and referral pathway.</td>
<td>● ADHD Supports web pages.</td>
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<td>● Signposting ADHD Ireland resources and support groups.</td>
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An investigation of the experiences of students with ADHD from university entrance to graduation: An evidence base for effective support systems

(Doyle, A., Healy, O., Paterson, J., Lewis, K. & Treanor, D.)

Aim: 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.

Objectives:

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.
Method and Results

i) quantitative (statistical) data from progression records maintained by the Disability Service for ADHD students formally registered as requiring reasonable accommodations and supports \((n=687; \text{ AY } 2000 - 2023)\),

ii) quantitative (statistical) data survey responses from \(n=227\) students,

iii) merged qualitative data from open-ended text responses from the survey \((n=227)\) and coded and thematically analysed individual interview transcripts with students \((n=11)\), focus group interview with staff in student services \((n=3)\).

iv) data semi-quantified and coded and thematically to superordinate and subordinate themes collated from 1,241 coded statements.
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1. Demographics

- survey responses \textit{n=388 students, with n=227 indicating that they had received a formal diagnosis of ADHD, 40\% (n=161) did not have a formal diagnosis} although they may have self-identified with the intention of participating, these respondents were exited from the survey without further submission.

- age range \textit{18 and 25 years, majority female}; respondent standing spread evenly across undergraduate years JF – SS, with \textit{33\% registered as postgraduates}.

- \textit{57\%} received an ADHD diagnosis whilst attending \textit{FE/HE, n=183 (86\%)} sourced this from a \textit{private psychiatrist};

- \textit{66\%} reported an additional diagnosis: \textit{Autism Spectrum Disorder (n=35), Specific Learning Difficulty (n=20), and a significant number with an accompanying Mental Health Condition (n=92)};

- \textit{47\%} of students had never contacted or registered with the Disability Service;

- Delays in contacting the Disability Service were principally connected to \textit{late diagnosis};

- To understand their diagnosis, \textit{39\%} of students consulted online sources e.g., \textit{websites 16\%, social media 13\%, YouTube 7.5\%};

- The majority of students describe \textit{sensory sensitivity to visual and auditory stimuli of a combined type}, with \textit{31\% sensitive to auditory interference} in the environment.
2. Longitudinal Progression Data

- The majority of students with ADHD registered with the Disability Service in Trinity College are female, this suggests a potential need for targeted health and mental health supports based on current clinical evidence for a differentiated experience between female and male cohorts (hormonal fluctuations / internalisation of trauma).

- **30%** of students entered college through an alternative access pathway, with **22%** entering via the DARE scheme. This trend is expected to increase but is dependent upon documentation required by the scheme and access to diagnosis.

- **60%** of students successfully progressed to the next year of their course, **36%** required reassessment during supplemental examinations.
  - **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 the **48% of students sitting supplemental examinations** were registered to Multi-school courses.

- **79%** of students had an additional disability, with mental health conditions, specific learning difficulties, and autism spectrum disorder being the most common co-occurring disabilities.

- **25%** of students required individualized supports such as Occupational Therapy and Specialist Academic Support, which proved crucial for managing academic demands.
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: waiting lists for assessment and diagnosis of disability via the HSE, and assessment for RACE within post-primary education, 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 information.
3. Navigating College with ADHD: Survey Results

- 85% of students transitioning from post-primary stated that they were under-prepared due to late diagnosis - more than 79% significantly so.

- Majority of students registered with the Disability Service in their first year of college 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;

- UG students: activities impacted most significantly by ADHD are Management of Course Demands (87.2%) Completing Assignments (64%), Attending Lectures (44.8%), and Getting a Good Work / Life Balance (32.8%).

- PG students: activities impacted most significantly by ADHD Time Management of Research Demands (89.85%), Meeting Research Deadlines (57.97%), and Organising Research Inputs and Outputs (33.34%).

- 60% of students felt that there was some or very little awareness and understanding of ADHD within the college community.
Significant concerns expressed in relation to:

- challenges in managing college are broadly associated with a lack of awareness and understanding within the college community – including misconceptions of peers.

- deadlines and in particular, competing deadlines, for course assessment, end-loaded to a narrow window at the end of the semester prior to examinations;

- late penalties that punish inherent difficulties associated with executive function, rather than intentional non-submission.

- systems and processes that differ between courses and at Department/School level, including provision of and access to curriculum materials;

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 … in the sense that they might be of the opinion that it’s not really anything … (P13)
4. My ADHD: personal perspectives

• of the n=733 aggregated coding references, physical and sensory issues are most frequently referenced with auditory preferences and triggers in the college environment being the main loci of distraction or overload for students.

• sensory processing issues have a negative impact on managing academic tasks in all aspects of the physical environment (e.g. lecture spaces, libraries).

• mental health is the single most significant factor exacerbated by anxiety, stress and burnout connected to the student role and responsibilities.

• medication and human supports are essential to coping with daily life and academic tasks;

• Executive Function: 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.

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).
5. What does an ADHD friendly college look like?

- **a needs-based approach** to ADHD support, directing students to relevant resources based on individual needs rather than diagnosis.

- academic practices and resources for curriculum development based on [Universal Design for Learning](https://www.udlconnect.org/) to ensure inclusivity.

- monitoring and specific support for **students in multi-School courses**.

- **student-led ADHD support groups** both within and outside the college community.

- college community **awareness training / campaigns** to recognize challenges of EF and co-occurring disabilities.

- targeted health and mental health support for **female students** with ADHD.

- **student-parent transition workshops** to inform prospective students and their parents about the mechanics of higher education.

- student-led **introductory videos to student services** to improve accessibility and awareness of support options.

- **sustainable reasonable accommodations**, including provision of technologies to support time management and organization.

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.
Comments, Questions
**ADHD Clinic**

- Clinic that was established as a collaboration between the College Health Service and Disability Service during the academic year 2022-2023

- Provide on-going care for students who have an existing diagnosis of ADHD and who are currently stable on treatment but unable to access ongoing care due very limited treatment options that exist in Ireland. The clinic does not provide assessment.

- Often these are patients who are maturing out of the CAMHS services or International Students arriving in Ireland who have accessed treatment abroad.

- A [referral form](#) is completed by the referring psychiatrist

- Referrals are reviewed by the College Psychiatrist who determines whether or not students are appropriate for primary care (GP, Psychiatric Nurse and OT) with oversight from Psychiatrist.
ADHD Clinic

• Two clinics are run per year (one each semester), meetings with GP, Psychiatric Nurse and Occupational Therapist in one coordinated visit.

• Meetings include a review of treatment plan, concerns raised by student, physical monitoring, academic and non-academic engagement, supports with Disability Service & Student Counselling, introduction to Peer Supports, prior to a review of medication.

• 13 students engaged with Clinic in 22/23, increasing to 24 students in semester 1 of 23/24 (October / November 2023).

• For more information - https://www.tcd.ie/collegehealth/adhd-referral/
TCD Sense

- Diverse sensory environments for learning, socialising, and rest / relaxation
- Sensory Map of Campus - TCD Sense Map
- Individualised supports and reasonable accommodations
- Collaboration with students and staff in developments
ADHD R Registration

• In response to the number of students approaching college services to access ADHD assessment, and the long wait times within the public and private systems in Ireland, the DS established a pathway for signposting and non-medical supports.

• Students who present to the DS or are referred from other college services, are met for needs assessment process to establish supports & reasonable accommodations based upon identified need.

• Signposting to other supports both internal and external to Trinity, including peer support group within the DS.

• These supports remain in place for the student in college and are reviewed as required.
ADHD Peer Support Group 23/24

- Student-led ADHD peer groups were specifically highlighted as a feature of an ADHD-friendly college
- One student facilitator, one occupational therapist facilitator
- Co-facilitated, co-produced
- Based on need, not diagnosis
- Group collaboratively decided which topics to cover – interesting the extent to which they reflected the research findings!
Reflections and Future Direction

• Most attendees had no formal ADHD diagnosis

• Most were young women aged 18-25

• While feedback from group members is positive about strategies discussed and advice given, many conversations ended with “but that all goes out the window during exam week”

• Next semester, the group will retain the "Topic of the Week" format, but will not run as a closed group – attendance will be open to the entire college community
Meaning-making (beliefs) influences how inclusion is negotiated. Lay theories of ADHD (beliefs about what causes and how to respond) varied across stakeholder groups. This confusing mess of beliefs and interpretations represented the most fundamental barrier to inclusion. Findings suggest a need for collaboration and communication.

All stakeholders' knowledge and understanding of ADHD was limited and included inaccuracies. Teachers adopted more environmental explanations, scepticism, and viewed ADHD as an externalising disorder. Parents were the most positive viewing ADHD as a positive difference, but they also adopted rigid biological explanations. Students used ADHD to explain the difficulties they experienced.

Lay theories appeared linked with perceived control and the appropriate response. Teachers perceived the most control, were more likely to advocate punitive responses and scepticism about medication. Parents perceive the least control, and recommended acceptance and medication. Students believed they could control their overt behaviour, but not their attention, so they needed medication to study.
How can we build greater awareness of the challenges of ADHD across the college community?
Conclusion: Advancing Curriculum Inclusivity for All Students

1. Diverse Teaching and Learning Methods:
   • Action: Encourage faculty to diversify their teaching methods, moving away from traditional large, in-person lectures towards smaller, interactive sessions that foster engagement.
   • Impact: This approach benefits all students by creating a more engaging and participatory learning environment, catering to various learning preferences.

2. Streamlined Curriculum Management:
   • Action: Streamline requirements and practices across faculties and schools to simplify course management, including submission timelines.
   • Impact: Reducing administrative complexities ensures that all students have a clearer and more manageable academic journey.

3. Fair Assessment Practices:
   • Action: Promote flexible assessment options that include continuous assessment and alternative assessment formats, such as video essays. Implement staggered assignment deadlines and eradicate the practice of setting multiple submissions for the end of the semester, coinciding with the examination period.
   • Impact: These changes cater to diverse student abilities and preferences, encouraging a more holistic approach to evaluating knowledge and skills.

4. Enhanced Access to Resources:
   • Action: Ensure that recorded lectures and teaching materials are readily available to all students via Blackboard.
   • Impact: Improved accessibility to resources facilitates better learning outcomes for everyone, including those who may need additional support.

5. Clear Policies and Support:
   • Action: Develop clear and inclusive policies for requesting extensions and accommodations.
   • Impact: Transparent policies ensure that all students receive the support they need, fostering an equitable learning environment.
How can we streamline practices across Schools e.g. implement staggered assignment deadlines and eradicate multiple submissions for the end of the semester that coincide with the examination period?

How can we ensure that ALL teaching materials (recorded lectures, notes etc) are readily available for ALL modules to ALL students in an equitable way via Blackboard?

How can we diversify teaching methods, moving away from traditionally large group lectures towards smaller, interactive sessions that foster engagement?
Thank you

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