

**EXPERIENCES OF GRADUATE STUDENTS WITH MENTAL HEALTH
CONDITIONS: SEEKING SUPPORT AND SERVICES ON CAMPUS**

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ABSTRACT

Students with disabilities entering post-secondary education encounter unique challenges, such as deciding whether to disclose their disability in order to receive specific supports and services. Disclosing one's disability is an individual choice weighing heavily on the student with consideration given to the possibility of experiencing judgment and stigma. Much research focuses on the experiences of undergraduate students with learning disabilities and Attention Deficit/Hyperactivity Disorder (ADHD) and potential barriers to seeking support from designated disability support services in college. The purpose of this research was to bring awareness of the recent experiences of graduate students with mental health conditions and their experiences utilizing disability support services. A collection of graduate students from a large public university registered with the school's disability services office were interviewed and shared their perspectives on disclosing their disability in order to obtain services and support. Employing a narrative approach framed by self-determination theory (SDT), this qualitative study aimed to learn the experiences of graduate students with mental health conditions. The intention of the study is to demonstrate to others in similar situations that some of their fears and challenges are shared which may result in reduced feelings of isolation. In addition, college disability services personnel, faculty, and administrators may use this research to facilitate discussions on ways to further provide support and inclusion of graduate students with mental health conditions on college campuses.

DEDICATION

I dedicate this dissertation to my children. My 4-year-old son, Jackson, one of the most persistent individuals I have ever met. I am amazed by how much you continue to develop and in turn, how much you have assisted in my growth as an adult. You have been my sidekick through much of this endeavor – from late nights with bottle and research articles in hand to early morning proofreading of my drafted dissertation to you aloud. Thank you for your patience and interest in learning how Mommy accomplishes her goals. Your spectrum of emotions may be difficult to understand at times, but I am confident you will grow to be everything you wish and more.

To my 1-year-old daughter, Riley, you are the sun. Your happiness and cheerful demeanor light up every room. Even as a baby, I can tell you are resilient as well as stubborn. I believe these traits will work well for you in life and I see them often when your brother takes toys away from you. Never give your power away and fight for what is yours. Perfection is a myth – allow for mistakes and target excellence through challenging learning experiences. Get used to others orbiting around you, admiring your brilliance, strength, and kindness.

Looking at each of you when you were first born, I realized two things: 1) Yikes, I'm a grown-up, and 2) I will work as hard as I possibly can to provide for you and serve as a positive role model. It is important to learn as much as you can about the world and yourself. Seek as much education as possible and find new challenges to help you grow. Thank you both for being my biggest motivation to completing my doctoral program.

Continue to work hard in life while making time for play. And always protect the “littles” and protect each other.

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TABLE OF CONTENTS

	Page
ABSTRACT	ii
DEDICATION	iii
ACKNOWLEDGMENTS	v
LIST OF TABLES	ix
CHAPTER	
1. INTRODUCTION	1
Seeking Support	4
Purpose of Study	9
Research Questions	10
2. REVIEW OF LITERATURE	12
Utilization of Disability Support Services	13
Insight into Concerns with Disclosure	18
Stigma: Barrier to Seeking Support	20
Campus Experiences and Relationships	22
Limitations and Challenges of Research	22
Conclusion	24
3. RESEARCH METHODOLOGY	28
Participants and Selection Process	31
Data Collection and Analysis	33

Positionality Statement	42
4. RESULTS	43
Chronological Narratives	43
Tamara	43
Claire.....	44
Martina.....	45
Zoe	45
Sam	46
Ziya.....	47
Emerging Themes	47
Theme 1: Shaping of Disability Identity.....	48
Theme 2: Implications on Graduate School.....	54
Theme 3: Services and Support	59
5. DISCUSSION	63
Summary of Results.....	68
Limitations of the Study.....	73
Opportunities for Future Research	74
Implications for the Field.....	76
REFERENCES	79
APPENDICES	
A. IRB APPROVAL LETTER.....	87
B. RECRUITMENT EMAIL	89

C. PARTICIPANT SURVEY91
D. CONSENT FORM93
E. INTERVIEW PROTOCOL100

LIST OF TABLES

Table	Page
1. Key Terminology	11
2. Information on Participants	34

CHAPTER 1

INTRODUCTION

Graduate school offers the opportunity for personal and professional growth. There are numerous benefits to pursuing further education, including higher levels of income, increased rates of employment, and greater opportunity for financial stability, retirement, and health care (Trostel, 2015). Some have a positive experience, finding graduate school to be enriching and beneficial. Others have a difficult time due to circumstances beyond their control. Such circumstance for some is the impact of their disability on aspects of the graduate school experience. When mental health symptoms are severe, they may result in academic impairment or disability (Gotlib et al., 2019). Examples of mental health conditions include depression, bipolar disorder, schizophrenia, obsessive-compulsive disorder, and anxiety. There are many different types of mental health conditions and symptoms vary. Many mental health conditions are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behavior, and relationships to others (World Health Organization, 2019). There are effective ways to treat symptoms of mental health conditions; however, some symptoms may not disappear and still impact an individual on a regular basis.

Post-secondary campuses are required by law to provide accommodations to students with disabilities, including those with diagnosed mental health conditions, to ensure equal access. In fact, many campuses have a designated office that coordinates accommodations for students with disabilities. For colleges and universities, the Americans with Disabilities Act Amended Act (ADAAA) of 2008 and Section 504 of the

Rehabilitation Act of 1973 (applicable to entities receiving federal financial assistance) protect students with diagnosed disabilities from discrimination to help ensure all college sponsored activities and academics offer equal opportunity for participation. Academic accommodations offered may include extended time for exams, taking exams in a separate/quiet location, audio format testing material, and extended deadlines for assignments. Although post-secondary campuses provide support for all self-identified students with disabilities, limited information is known about the effectiveness of services provided for graduate students with mental health conditions. In addition, the dropout rate of students with disabilities in general remains prevalent (Dallas et al., 2015; Gelbar et al., 2014; Grogan, 2015). Before students with disabilities receive support, the first step is for each individual to make the decision whether or not to disclose their disability and take initiative for seeking assistance. This first step may be deeply personal and challenging for students with disabilities; therefore, they may continue to face barriers to seeking support on post-secondary campuses.

A fair amount of research focuses on the experiences of undergraduate students with disabilities, particularly those with learning disabilities and Attention Deficit/Hyperactivity Disorder (ADHD). However, the number of undergraduate students diagnosed with mental health conditions has steadily increased over the years (Belch, 2011). Hunt et al. (2010) found about 90% of college campus directors of counseling centers report an increase in psychological problems among their students. In 2009, the Government Accountability Office (GAO) estimated 11% of students enrolled in post-secondary education have a diagnosed disability. Of that group, approximately 24% have

a diagnosed mental health condition which constitutes one of the largest subgroups of disability (GAO, 2009). In general, colleges and universities are seeing an increase in the number of students reporting mental health conditions as well as increases in severity of mental health concerns on campus (Gruttadaro & Crudo, 2012). According to Eisenberg et al. (2007), depression and anxiety impact approximately 13% of graduate students. A 2006 study by Hyun et al. found of the 3100 graduate student participants, nearly half (44.7%) reported experiencing emotional or stress-related problems within the year. This may not necessarily mean these reported individuals meet the criteria for mental health disabilities; however, it reflects a high volume of occurrence of symptoms that potentially meet such criteria. Given these rates, graduate students are clearly in need of appropriate support and services.

The National Alliance on Mental Health (NAMI; 2014) defines mental illness as a condition that affects a person's thinking, feeling or mood which may interfere with one's ability to relate to others and function each day. The National Institute of Mental Health (NIMH, 2010) states that mental health conditions vary in degree of severity, ranging from mild to moderate to severe. The most commonly reported mental health disabilities among college populations include anxiety, depression, post-traumatic stress disorder, and eating disorders (NAMI, 2014). Stress tends to exacerbate underlying mental health symptoms and as students enter into graduate level coursework, stress levels often increase.

Many social, economic, and academic pressures of college may further exacerbate mental problems of those diagnosed with mental health conditions (Kadison, 2004).

Graduate school, in comparison to undergraduate education, is a time to focus on specific content area more narrowly. This is often associated with increased academic pressure, financial constraints, and career planning (Mazzola et al., 2011; Wyatt & Oswald, 2013). In addition, graduate students have often been found to lack healthy personal balance and primarily focus their time on academic coursework. Given the increase in stress graduate students experience and impact on mental health symptoms, it is important to understand the experiences of this specific population and ensure appropriate support is provided on campus. Students who do not seek support (e.g., campus resources, such as counseling and/or disability services office), are at risk for lower grade point averages, higher dropout rates, and negative health outcomes (Salzer et al., 2008). In more severe cases, with lack of support, students with mental health conditions may participate in self-destructive or self-harm behavior (Whitlock et al., 2006).

Seeking Support

Depending on the impact the disability has on a student's functioning, students may decide to advocate for themselves and register with the designated disability services office on campus. These offices are responsible for assisting students with disabilities with the implementation of accommodations in accordance with the Americans with Disabilities Act Amended Act (ADAAA) of 2008. The Americans with Disabilities Act is a civil rights law originally passed by Congress in 1990 to protect individuals with disabilities against discrimination in the workplace, schools, and other settings. In 2008, the act was amended and states the definition of disability should be interpreted in favor of broad coverage of individuals. Under the ADAAA, public and private colleges and

universities are required to provide equal access to education for all students with disabilities whom they enroll (ADA.gov, 2009).

The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. An impairment does not need to prevent or significantly restrict a major life activity to be considered “substantially limiting”, but not every impairment meets the definition of a disability (EEOC.gov, 2011). Examples of major life activities include, but are not limited to, caring for oneself, eating, sleeping, learning, reading, thinking, and concentrating. Certain mental health conditions may interfere with one’s short-term memory, ability to think critically, organize thoughts, and concentrate (Hartley, 2010). Sometimes the medications one needs to help manage their mental health symptoms causes side effects (e.g., impaired attention and/or stamina) impacting their daily functioning for which accommodations may be needed (Weiner & Weiner, 1996).

All programs of colleges and universities must be accessible to students with disabilities, including extracurricular activities, on campus buildings, and academic coursework. Disability services offices offer support and services for students with disabilities in order to ensure equal access and accessibility campus wide. In 1996, the Association of Higher Education and Disability (AHEAD) promoted five areas of standards of professional practice for disability services personnel: (a) administration, (b) direct service, (c) consultation/collaboration, (d) institutional awareness, and (e) professional development. These five areas of standards of professional practice directly

relate to the skills and knowledge necessary for accomplishing the day-to-day activities of the disability services office (Shaw, 1997).

Students needing academic accommodations must self-identify with disability services personnel on campus. Each institution develops policies for students to follow in order to be eligible for services. For instance, colleges may establish documentation criteria which students are expected to gather from their professional evaluator or health care provider. Services provided to students with disabilities may vary. According to a study completed by Francis et al. (2018), results showed the top five most accessed services to include: (1) extended time for exams, (2) alternate testing environment, (3) “other” (e.g., “extended time for homework,” “reduced credit load,” “flexible attendance policies”), (4) assistive technology, and (5) academic tutoring. Academic accommodations typically for students with mental health disabilities in college include extended test time, reduction in course load and assistance with notetaking, among others (Maxwell, 2014). Early use of disability support services has shown improvement in academic performance for students with disabilities (Lightner et al., 2012). Some students may also seek housing accommodations so that they are able to secure a specific room on campus to assist in the coping of their disability (e.g., single occupant room). Some elect to secure a single-occupant room on campus and/or a room close to on-campus resources, such as counseling/health services office and disability support services office.

For students with disabilities to access accommodations and services, they must first disclose that they have a disability to their college’s disability support services office which may be overwhelming. Uncertainty about whether the accommodations and

disability services personnel would be helpful, and how burdensome the accommodation implementation process may be can arise (Collins & Mowbray, 2005; Megivern et al., 2003). Most post-secondary institutions have established disability documentation guidelines. Providing appropriate disability documentation is typically a core element to the process of accessing accommodations and services at the postsecondary level (National Joint Committee on Learning Disabilities [NJCLD], 2007). Disability documentation may provide comprehensive qualitative and quantitative assessment data to help describe the impairment, confirm a diagnosis, and guide decision-making for accommodations or treatment plan. For disability documentation considered incomplete or out of date, students may need to obtain more complete, updated information from their professional evaluator or health care provider at their own expense (Banerjee et al., 2015). If academic accommodations are granted – for example, extended time on exams, in most cases the student is responsible for approaching their college professors as a method of notification. At some colleges, the student is given an accommodation letter which requires the professor's signature. Approximately 90% of students with mental health conditions decide not to use services due to the disclosure process (Megivern et al., 2003).

Students are not required to disclose the specific nature of their disability to faculty when they are approached for notification of accommodations. The specific nature of one's disability remains confidential and shared only with staff in the disability services office. Even though faculty may not know the specific nature of a student's disability, students often face challenges when notifying faculty of accommodations

(Cawthon & Cole, 2010). Faculty members may not have general awareness of individuals with disabilities and their needs in academic coursework. At times, students may be in the potentially uncomfortable position of educating the faculty member of their needs in the classroom. This process adds challenges to the student with disability which their peers without disabilities do not face (Troiano et al., 2010; Wiseman et al., 1988). Faculty may even perceive students with mental health conditions, due to the students' typically non-visible or apparent symptoms, needing accommodations as trying to manipulate the system (Kiuahara & Huefner, 2008). Any type of perceived adverse reaction from faculty when approached about accommodation needs may negatively impact the student.

Students with mental health disabilities may be apprehensive to disclose the nature of their disability to others due to fear of stigma (Martin, 2010). Stigma is a socially constructed mark of disapproval, shame, or disgrace. The stigma of mental illness may cause even more negative impact than the actual illness for some (Corrigan & Watson, 2002). Some may stigmatize those with disabilities due to lack of knowledge and understanding of such disabilities and their impact in various settings, including higher education. Those without disabilities may find it difficult to understand how someone with a disability feels or experiences challenges with daily activities since they do not have any personal knowledge of the circumstance. According to Megivern et al. (2003), mental health disabilities are the least understood (of all disability categories) and they are the least academically supported on college campuses. When a challenge cannot

be clearly seen, as in the case of some nonvisible disabilities, such as learning disabilities and mental health conditions, there can be a lack of understanding, patience, and fairness.

Some people believe mental health conditions are not legitimate in their debilitating nature. In fact, some state individuals with such conditions should be able to “shake it off” or “move on”. It is important to note that in order to be diagnosed with a legitimate mental health condition, one must seek professional help from a qualified health care provider and meet criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM 5 authored by the American Psychiatric Association. The DSM 5 is a handbook used by health care professionals as an authoritative guide to consistent and reliable diagnoses of mental disorders (American Psychiatric Association, 2013). Those who are not knowledgeable of the DSM 5 criteria and process of diagnosing a mental disorder may not understand the seriousness and validity of the condition and its impact on one’s functioning.

Purpose of Study

Limited research exists focusing on the experiences of graduate students with mental health conditions on campus. The graduate student population is especially at risk for negative consequences, such as high dropout rates, lower grades, and isolation as their academic coursework becomes more challenging and stress levels increase. Increased stress levels may exacerbate symptoms of mental health conditions. Examining mental health conditions is of interest in this research as this population of students with these types of diagnoses steadily increases and constitutes the largest subgroup of students with disabilities on U.S. college campuses (Maxwell, 2014).

Past research reviewed students with disabilities' use of disability support services, specifically outlining the advantages to receiving services and potential reasons students may not utilize services. Since the first step of securing disability support services is disclosing one's disability, the concept of disclosure is often highlighted. The aspect of stigma has been researched to be a strong indicator of whether students with disabilities decide to utilize disability support services.

This study was designed to collect the experiences of graduate students with mental health conditions on campus. It is important to review the prior experiences these students had in terms of their mental health conditions leading up to graduate school. Of interest was how students describe the onset of their mental health conditions, impact on daily life and educational settings, as well as challenges to disclosure and seeking support.

By having graduate students with mental health conditions share their experiences with seeking support and services on campus, one goal of this research was for other students with similar conditions to feel less isolated by knowing others may share similar experiences. Another goal of the research was for relevant campus resources and faculty to gain a better understanding of the challenges graduate students with mental health conditions face on the campus and advocate for ways to best assist these students.

Research Questions

The goal of the study is to understand the experiences of graduate students with mental health conditions on campus. This includes their experiences disclosing their

disability and seeking support and accommodations through the college’s designated office of disability support services.

1. What early experiences shaped graduate students with mental health conditions’ life trajectory?
2. What are the experiences of these students with mental health conditions in graduate school?

Table 1. Key Terminology

Term	Definition
Accommodation	An alteration that aims to address impairment(s) to help ameliorate the effect of the impairment
Alternate test format	Different presentation of testing format, e.g., braille, large-print, audio
Americans with Disabilities Act Amendments Act (ADAAA) of 2008	Federal civil rights law requiring individuals with disabilities receive reasonable accommodations to ensure equal access to postsecondary education
Disability (as defined by the federal government)	A substantial limitation (or impairment) in a major life activity
Major life activity	Including, but not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working
Postsecondary education	Post high school
Stigma	Mark of disgrace or shame; when someone views an individual in a negative way because they have a distinguishing characteristic or personal trait

CHAPTER 2

LITERATURE REVIEW

Chapter two provides discussion of past research on the topic of students with mental health conditions in post-secondary education. The research gathered information from students about their experiences coping with their mental health conditions on campus, including deciding whether to disclose their disability to campus support services. In addition, discussion of the benefits of disclosing and seeking support on campus was implemented in the research. Limitations of the past research are reviewed in this chapter as well as implications for the current research.

In 2008, Kiuvara and Huefner acknowledged the multiple challenges students with mental health conditions face on campus and examined such challenges further. The first challenge students with mental health conditions faced was their limited career focus. Lack of educational or occupational goals may prompt a pattern of educational underachievement and unemployment. However, it is important to note that Kiuvara and Huefner's research focused on undergraduate students. The current research explored graduate students' experiences in which previous research would predict their narrow focus of study will show a more specified career goal. A second challenge Kiuvara and Huefner identified was the ability to achieve postsecondary education goals and complete college. An estimate of 86% of college students with mental health conditions dropout (Collins & Mowbray, 2005).

Another challenge for students with mental health conditions found by Kiuvara and Huefner (2008) was the management of the condition itself. While medications may

help some with mental health conditions, there may be several side effects to medication use that make this option undesirable. Possible physical side effects of certain medication use may include tremors, blurred vision, drooling, restlessness, and loss of fine motor control (Rutman, 1994). A final challenge discussed may be the stigma of self-identifying one's disability to others. Having to discuss academic accommodation needs with faculty members poses a challenge and risk of stigmatization. Even when proceeding with the self-identification process in order to receive academic accommodations, students with mental health conditions withdraw from courses due to the impact of the disability on their academic performance (Weiner & Weiner, 1997).

Utilization of Disability Support Services

Given that college disability support services in accordance with the ADA (2008) are purposed with reviewing eligibility for services and implementing the use of academic accommodations for students with disabilities, it may not be surprising that research shows higher graduation rates of students with disabilities who use disability support services effectively (Troiano et al., 2010). In addition, Troiano et al. (2010) found that students who use disability support services are also more likely to obtain higher grade-point averages compared to their peers with disabilities who do not utilize disability support services.

Research suggests that students with disabilities benefit from the use of disability support services in college in various ways. Lightner et al. (2012) found that registering with the disability support services office early and making effective use of services can improve academic outcomes in students with disabilities. Using disability support

services has been found to assist students with disabilities in coping with some of the unique challenges they face in college in comparison to their peers without disabilities (Martin, 2010). For instance, students with disabilities may feel more isolated and singled out as a result of their disability; however, use of disability support services shows the advantage of gaining social support (Cawthon & Cole, 2010). Students utilizing disability support services increase their chance of meeting others with similar disabilities and some disability support services offices may even offer support groups meant to foster discussion of common concerns. Students with disabilities who discuss their concerns related to their disability are more likely to proceed with their academic studies than those who do not join a supportive network (Wiseman et al., 1998). Trammel and Hathaway (2007) found students' self-confidence increased with use of disability support services which may have been as a result of receiving improved academic outcomes and gaining a sense of a supportive network.

The increase in students with mental health conditions participating in post-secondary education demonstrates the need for proficient support services on campus. While support services and accommodations are essential, students with mental health conditions do not always seek support. Salzer et al. (2008) investigated whether students with mental health conditions were aware of and utilize support services on campus. An electronic survey was sent to current or former students at a postsecondary institution who completed at least one semester and reported a diagnosed mental health condition. Willing participants were asked to rate their level of familiarity with academic accommodations that they may have been entitled to under the ADA, frequency of

utilizing campus support services, and whether they requested or received academic accommodations at their college. Those who received support services were asked what challenges they may have encountered when requesting or receiving support services. And for those participants who did not request support services, they were asked why that was the case. Out of 508 completed surveys, 382 students reported receiving at least one academic support (i.e., either in the form of an accommodation granted by their college's disability support services office or informally by faculty). Overall, current students and those who left college most recently were more familiar with support services available on campus. The most common reason for former students not receiving support services was lack of awareness of such support services. Both current and former students received a large number of informal supports from faculty instead of receiving the supports through their college's disability support offices.

Much of the research reviewed surrounding the advantages of using college disability support services focused on students with learning disabilities and ADHD. This leaves concern regarding whether graduate students with mental health disabilities are also at risk for receiving lower grade-point average, higher drop-out rates, and feeling isolated on campus.

Francis et al. (2018) identified a need for greater training about disabilities both in high schools and on college campuses. Results of this study showed college students with disabilities are concerned about the stigma resulting from disclosing their disability, as well as from mental health issues that may arise. Furthermore, the findings indicated that

colleges need to provide more comprehensive mental health supports to students with disabilities.

Francis et al. (2018) recommended colleges to consider collaborating with students to establish face-to-face or online student organizations designed to provide support and reduce isolation among students with disabilities. Through an online survey to students registered with a public university's disability services office, respondents mentioned that these types of student groups should seek to connect students with similar disabilities and service needs. A total of 111 individuals responded to the online survey and 24 survey participants agreed to participate in an interview. The survey consisted of 33 questions, using guidelines established by Dillman et al. (2009). The study consisted of the following types of questions:

- a) basic demographic information
- b) the degree to which they felt prepared to enter college
- c) services received at the university
- d) perceptions of university services
- e) suggestions for improving services
- f) perceptions of family involvement in college

The survey incorporated closed-ended questions, multiple choice, rank order, Likert-type rating scales, and open-ended questions. Basic interpretive analysis was used (Merriam, 2002) to analyze open-ended survey question responses. For this qualitative research, Francis et al. discuss general themes that emerged (Creswell 2009). Codes were then defined and assigned to the emergent themes in order to group similar responses

together and determine if new themes emerged. As codes shifted in definition, data were recorded where necessary. Results showed 48% of participants reported being extremely satisfied with disability services received at the university; 43% - somewhat satisfied, 6% - neither satisfied nor dissatisfied, and 3% - somewhat or extremely dissatisfied. Of the services participants received, services found most effective are provided in rank order below:

- 1) 43% found extended time for exams most effective
- 2) 15% found alternate testing environments most effective
- 3) 7% found assistive technology most effective
- 4) 7% found mental health support most effective
- 5) 3% found interpreters/translators most effective

Some responses to open-ended interview questions about services related to mental health conditions included discussion of the services reducing stress, anxiety, and depression. Examples of responses include participants stating the services “prevent sound-related panic attacks,” “reduce panic attacks and chest pains,” and “get back on track and start working on things again” when they get “very overwhelmed.” Services not currently offered that would be of most interest to the participants included emotional or mental health support, time management support, budgeting and money management, and vocational preparation. Many participants recommended that post-secondary institutions should better address the needs of those with mental health or emotional issues on campus. For example, assistance with alleviating feelings of isolation, which

was a consistent finding in the literature on college students with disabilities (Taylor & Colvin 2013; Van Hees et al., 2014).

Insight into Concerns with Disclosure

Despite the benefits of disclosure as part of the steps taken to receive services from college disability support offices, many students with disabilities elect not to disclose (Martin, 2010). Martin studied university students with mental health conditions and found that most did not disclose their disability to relevant staff at the university. One student interviewed stated they felt very uncomfortable revealing their disability to staff because staff may think they were lying or that the condition was not severe enough to warrant certain services. Another student did not want to disclose their disability because they did not want to be viewed differently by others. Fear of judgment that the student is not an appropriate candidate for a program or course of study also was given as a rationale for not disclosing to university staff. Regardless of the specific reason for not disclosing, it was clear that the students interviewed ultimately worried about stigma and judgment they would receive by others upon disclosure of their disability in order to receive support services.

O'Shea and Meyer (2016) employed a qualitative investigation into the motivating factors for college students with nonvisible disabilities to utilize disability support services. The study focused on exploring the way students with nonvisible disabilities made meaning of being a college student with a disability and how these meanings related to their choice to use support services. Self-determination theory (SDT) was used as the theoretical framework to guide the study. Narrative interviews were

completed to create multiple case studies. Researchers identified six themes within which 11 students' experiences were analyzed as more or less supportive of their psychological competency (i.e., autonomy, competence, and relatedness). The study revealed students' motivation and decision to utilize support services was framed by the level of acceptance of their disability. In other words, students' integration of their disability to their authentic self was an important factor when deciding whether to utilize disability support services.

In 2010, Barnard-Brak et al. researched the meaning of disclosure for five students with disabilities in relation to the strategies they invoke when requesting classroom accommodations. Through qualitative methods, they further examined how participants disclosed private and confidential information about their disabilities to faculty and staff strategically in order to receive classroom accommodations while serving their own psychosocial needs. The purpose of understanding how participants manage disclosure and seek accommodations was needed to discern the meaning of disclosure for academically successful students with disabilities. This research showed academically successful students with disabilities share three behavioral strategies in requesting accommodations in the classroom: (a) scripting the disclosure of their disability and request for accommodations, (b) negotiating accommodations rather than reporting ADA noncompliance, and (c) downplaying their own disability status. In addition, it was found that disclosure may be largely a matter of self-acceptance and interpersonal skills as indicated by the themes that emerged as a result of the qualitative method conducted (e.g., scripting, downplaying disability status).

Kranke et al. (2013) found that although fear of stigma is a strong indicator of why students with disabilities may not disclose, a paradigm shift exists when the consequences of not disclosing to receive accommodations outweighs the fear of stigma. This juncture may occur when students become in jeopardy of academic decline or concerned that upcoming assignments and/or exams that carry much weight towards their overall course grade may be challenging to successfully complete without accommodations.

Some individuals without mental health disabilities may believe those with such disabilities have preventable symptoms or over-dramatize the impact their disability has on their functioning. Such stigmatized perceptions may account for why students with mental health disabilities may not decide to disclose their needs in college which in turn may negatively impact their education.

Stigma: Barrier to Seeking Support

Research brings to light that many individuals with mental health disabilities are acutely aware of stigma they may experience once they decide to disclose their disability to others (Bos et al., 2009). Concern of received judgment, discrimination, and stigma oftentimes remain in the forefront of the minds of students with mental health disabilities as they debate whether it would be in their best interest to disclose their disability.

Demery et al. (2012) state stigma occurs when an individual is marked as being a member of a socially unacceptable group and, thus, is discredited. This may include stigma received from their peers, professors, and others in the community. Salzer et al. (2008) found that a concern about being stigmatized by faculty was reported by 214 of

the 382 students who noted receiving at least one academic support (i.e., either in the form of an accommodation granted by their college's disability support services office or informally by faculty). In addition, 157 students reported fear of stigma by their peers.

Vogel et al. (2007) studied the likelihood of 676 college students with mental health disabilities seeking counseling services. Their study showed indications that many students portrayed self-stigma, in which they disapproved of themselves, leading to a less likely outcome of seeking counseling services. The researchers also found that the perceptions of public stigma influenced students' personal stigma. Given the results of this research, it may be suggested that students with mental health disabilities may also be less likely to seek assistance from their college disability support services offices due to self-stigma and perceptions of public stigma.

For some students with disabilities, entering college may be considered a means of "starting fresh". Students who have been identified in secondary education as one with a disability may have experienced stigma at that time and, therefore, may decide to enter college electing not to disclose their disability to avoid any possible continued experiences of stigma (Timmerman & Mulvihill, 2015). Thinking along the same pattern, if undergraduate students decide to disclose their disability and have a negative experience, they may choose to not disclose in the future (e.g., graduate school, employment).

The concern of being stigmatized appears to be a strong indicator of students' use of college supports among those with mental health disabilities. Being stigmatized can be an experience that individuals with mental health disabilities carry throughout their lives.

Markowitz (1998) has noted that stigma has a large impact on one's life satisfaction and social stigma can contribute to lower income earnings and even unemployment among individuals with mental health disabilities. Stigma can also have a negative impact on one's self-esteem (Corrigan & Watson, 2002). Being stigmatized as a result of disclosing a mental health disability can lead to unfavorable personal and life conditions.

Campus Experiences and Relationships

Salzer (2012) examined the experiences of college students with mental health conditions in comparison to a general college sample. The goal of the study was to determine whether the experiences differ between the two populations and whether graduation rates were impacted. In addition, the study aimed to measure the extent to which engagement may be linked to perceived stigma. A total of 449 former and current students with mental health conditions from over 300 colleges and universities participated in the study. A College Student Experiences Questionnaire of postsecondary students with mental health conditions was used. The data showed students with mental health conditions report less engagement on campus and poorer relationships. In turn, these factors were linked to reduced graduation rates. Salzer's study placed emphasis on colleges and universities needing interventions to assist students with mental health conditions engage on campus and reduce stigma.

Limitations and Challenges of Research

Much of the prior research focusing on college students with disabilities sought participants with learning disabilities given it is the largest reported condition (Troiano et al., 2010). Belch (2011) noted the steady rise of college students with mental health

conditions over the years. Exploring and gaining understanding into the experiences and needs of college students with mental health conditions is of interest given the increase. While Trammell and Hathway (2007) may have initially placed interest in surveying students, their research pool was faculty; more specifically – faculty perceptions about students with disabilities seeking support was captured. Others’ perceptions, such as faculty and campus administrators, are valuable to collect; however, the center of the feedback may best remain within the purview of the students themselves. Martin (2010) interviewed college students with mental health conditions and learned stigma and judgement by others was a large factor in deciding whether to disclose their disability to campus support services. As some college students progress to graduate school, stress increases which impacts mental health conditions. Therefore, graduate students are at particular risk and need for support which was the focus of the current study.

Students with mental health conditions are sensitive to the receipt of possible stigma or adverse reactions to their disclosure. An anticipated limitation of the current research was that students may not be completely open to disclose; therefore, there may be difficulty obtaining an adequate number of participants for the study. It was thought I may be viewed as an outsider and potential participants may hesitate to volunteer to share the personal details of their conditions. With that in mind, it was important that the purpose of the study including statements of confidentiality was relayed to the participant pool (see Appendix C). In addition, maintaining sensitivity and being aware of the phrasing of questions/comments directed to all participants was essential. Overall, all

methods were in place for creating a safe environment for the participants to discuss their experiences and thus the study proceeded with an adequate number of participants.

Conclusion

This review of research exploring the experiences of college students with mental health disabilities and use of disability support services synthesizes the challenges and barriers these students face as they pursue their undergraduate academic endeavors. Collins and Mowbray (2005) attest that with appropriate support students with mental health disabilities gain the opportunity to develop their talents and unveil their potential, leading to a successful navigation of college. However, fear of stigma is a strong contributing factor as to whether students with disabilities decide to disclose and seek disability support available on campus (Demery et al. 2012; Timmerman & Mulvihill 2015).

Much of the past research that explores the experiences of students with disabilities and their use of disability support services in college focus on those with learning disabilities and ADHD. Some recent research directly pertains to the experiences of college students with mental health disabilities, such as O'Shea and Kaplan (2017) who explored how students within this population make meaning of their disability and in turn, how their disability identity facilitated their use of disability support services. However, given the steady increase of students with mental health disabilities entering post-secondary education, further research focusing specifically on students with mental health disabilities is warranted. It is particularly important to expand on the reasons why

students of this population may be hesitant to utilize college disability support services and other supports.

Furthermore, much past research also focuses on the experiences, challenges, and barriers undergraduate students with disabilities face. That was the reason this study explored the experiences of graduate students with mental health disabilities and their experiences with stigma and using disability support services. Furthermore, limited research focuses on the perceived attitudes of professors on the disclosure of students with disabilities and their need for academic accommodations. Once registered with a college's disability support services office, in order to implement academic accommodations (e.g., extended time on exams), students with disabilities are typically required to present professors with some sort of written notification. The notification does not identify the student's specific disability; nonetheless, this process can be overwhelming for students with disabilities, and they may often worry about judgment or stigma received from their professors (Cawthorn & Cole, 2010). Such worry of the stigma received from professors may be heightened for graduate students as they proceed in concentrated fields of study, often needing recommendations from professors for internships or career-related opportunities.

Limited research exists on the experiences of graduate students with mental health disabilities on the college campus. Even with available research, data collection and methodology concerns arise. One concern is the low response rate to studies focusing on students with mental health disabilities. Outreach for college students with disabilities to

participate in research interviews or to mailed surveys was reported to be less than 20% response (Martin, 2010).

O'Shea and Meyer (2016) acknowledged the challenge of low response rate when investigating motivating factors of undergraduate college students with nonvisible disabilities utilizing disability support services and focused on performing narrative interviews from 11 participants. The narrative approach was chosen to help promote an inclusive and in-depth understanding of the subjective meaning making and decision-making processes of college students with disabilities (Josselson, 2011). Researchers worked with a large public university's disability support services office to have a formal email sent to approximately 750 students registered with the office. Students were advised of the research opportunity and expectation of a time commitment of approximately an hour and a half for individual interviews. An incentive of a \$15 gift card for participation was offered. A second follow-up email was sent to the students and as a result twelve students expressed interest in participating in the study and all, but one ultimately participated.

Barnard-Brak et al. (2010) collected data from undergraduate students with disabilities through face-to-face, individual interviews. The goal of the semi-structured interviews was to discern the perceptions and experiences of each of the participants. An interpretive framework (Denzin & Lincoln, 2005) guided the focus of the interviews which provided in-depth rich contextual information for the researchers. When seeking participants through the assistance of a large public university's disability support services office, two students responded that they would like to participate but did not

have the time. One student withdrew from the study and two other students responded that they would like to participate but did not feel comfortable enough with the topic. As a result, five undergraduate students with disabilities were interviewed.

Some researchers have tried to address the low response rate concern by focusing on college counselors and/or faculty instead of students with disabilities (Trammell & Hathway, 2007). Interesting perspectives of college counselors and faculty interacting with students with disabilities may be insightful, however, it is important to gather feedback from the students themselves. Therefore, this research narrowly focused on interviewing students only. It is acknowledged that gathering data from graduate college students has been a challenge for researchers given the students changing locations after graduation or not wishing to participate in studies after graduation (Triano et al., 2010). The current study focused on gathering data from graduate students with mental health disabilities currently enrolled in a graduate program. Low response rate from students with disabilities is a general concern and given the smaller pool of graduate students with mental health disabilities, the current research employed a research design and methodology meant to capture in-depth individuals from 6 to 8 participants. This number of participants proved to be realistic and valuable towards addressing the research questions.

CHAPTER 3

RESEARCH METHODOLOGY

The focus of the current research is on graduate students' individual experiences with their mental health condition on campus. This includes their experiences disclosing their disability and seeking support and accommodations through the university's designated office of disability support services.

The most efficient way to gather graduate students' experiences may be through stories told in an interview style format. Narrative research is a type of qualitative research involving the collection of stories in which the researcher requests participants to share their stories using open-ended questioning (Spector-Mersel, 2010). This type of qualitative research will promote detailed responses and broader form of meaning into the experiences of graduate students with mental health disabilities utilizing support on their college campus. Qualitative research generates meaning through a systematic approach to induction and deduction which is essential to gathering knowledge (Sale & Thielke, 2018). This type of research is an inquiry process focusing on interpretation and meaning by exploring social or human problems. Denzin and Lincoln (2011, pg. 3) provide a robust definition of qualitative research:

Qualitative research is a situated activity that locates the observer in the world. Qualitative research consists of a set of interpretative, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretative, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring.

While this definition of qualitative research represents a traditional approach, there are other definitions that provide greater emphasis on specific approaches to inquiry, such as narrative which was used for this study. Creswell (2013, pg. 44) provides the following definition of qualitative research:

Qualitative research begins with assumptions and the use of interpretative/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change.

This definition by Creswell speaks to the type of approach that was used for this study. This research follows a narrative approach to study the complexities of the experiences of graduate students with mental health conditions and helps explain how the stories make sense of one's experiences. Narratives can be defined as "images, spectacles, events, cultural artifacts that tell a story" (Bal, 1997; pg. 3). Clandinin and Connelly (2000) explain:

Narrative inquiry is a way of understanding experience. It is a collaboration between researchers and participants, over time, in a place or series of places, and in social interaction with milieus...Simply stated...narrative inquiry is stories lived and told. (p. 20)

Furthermore, narratives offer stories that may help understand one's relationship to the world. Narratives are one's construction of events that represent the individual's own experience and understanding. The goal of using a narrative approach for this

research is to provide an interpretation of the lived experiences of the graduate students with mental health conditions.

To assist in the understanding of the data collected, a theoretical framework was used to connect inferences highlighted during interviews to their meanings in the context of the research questions. Self-determination theory (SDT) is a broad theory of psychological growth and wellness that has revolutionized how we think about human motivation and the driving forces behind personality development. SDT broadly consists of three basic psychological needs – autonomy, competence, and relatedness; how social environments support these needs to foster full functioning and vitality (Ryan, 2023). In other words, SDT promotes that social environment (e.g., educational settings) can either encourage or obstruct human growth.

The basic need for autonomy alludes to a person's need to have an authentic and well-defined sense of self. This is directly connected to a person's motivation and self-determination. The basic need for competence relates to a person's need to seize opportunity, those that coincide with their abilities, and accomplish tasks. Competence contributes to the advancement of feeling confident based on a person's abilities maturing. As for relatedness, this need refers to how a person feels when they make a connection and create a sense of belongingness (Ryan & Deci, 2002).

Students with disabilities require self-determination skills to successfully navigate, adjust, and remain in college. Such skills – both personal as well as interpersonal – include acceptance of one's disability and how it impacts functioning, such as learning and knowing how to ask for support (Getzel et al., 2004). Understanding

how graduate students with mental health conditions needs are being met through the lens of self-determination theory is unveiled in this study.

In order to explore the experiences of this population, one-on-one interviews with graduate students with mental health conditions were conducted. This narrative approach framed by self-determination theory yields information that may be illuminating and instructional to other students with mental health conditions as well as support staff on campus seeking methods of assisting this population on campus. It is of paramount importance that participants of the study felt comfortable throughout the interview process. All methods of recording information during interviews were disposed of in a secure and thorough manner to maintain confidentiality.

Participants and Selection Process

Narrative research requires extensive information about each participant to be gathered and the research needs to obtain a clear understanding of the context of each participant's life. It is essential to uncover the "figure under the carpet" that provides explanation for the multilayered context of life (Creswell & Poth, 2018). Narrative research calls for active collaboration between the researcher and each participant. Both parties need to trust each other and be willing to exchange in-depth conversation on a sensitive subject.

After receipt of approval from my Institutional Review Board (IRB; see Appendix A), participants were recruited through the disability services office at a large public university. For students to register with the disability services office, they typically submit recent documentation from a qualified professional verifying their disability status

and need for accommodations. For the purpose of this study, this factor is important as the goal was to interview graduate students with diagnosed mental health conditions. The disability services office was provided with a recruitment email to send to graduate students registered with the office diagnosed with a mental health condition (see Appendix B). The recruitment email described the study and provided my contact information. In the recruitment email from the university's disability services office, graduate students were informed that the study was voluntary, and any information recorded during the interviews would remain confidential. The purpose of the study was presented in hopes graduate students would be inclined to participate with the interest of assisting other students with mental health conditions and providing the opportunity for support staff to better understand their needs. The intent was to gather the experiences of six to eight graduate students with mental health conditions registered with the campus' disability services office.

In addition to providing information about this study, the recruitment email included a survey (see Appendix C) and consent form (see Appendix D) for those to complete if wishing to participate in the study. The purpose of the survey was to collect some general information of the participants in order for me to review and anticipate framing of the interview questions (e.g., potential follow-up interview questions, specific to the participant, based on responses to the survey).

A total of seven graduate students responded to the recruitment email expressing interest in the study. Of that number, six graduate students also submitted completed surveys and consent forms; then, proceeded with the scheduling of their interviews. The

remaining graduate student who initially expressed interest was at first unresponsive to my request to complete the survey and schedule an interview. After some time, this graduate student responded to say they were unable to participate due to academic priorities and deadlines.

A raffle with the incentive of being selected to win a \$100.00 Amazon gift card was used to encourage participation in all interviews. Upon completion of all participant interviews, the randomly selected recipient of the gift card was contacted.

Data Collection and Analysis

Once graduate students agreed to participate, a survey was sent consisting of background questions for participants to complete prior to sitting for the first interview. The purpose of the survey was to obtain answers to background questions that might otherwise have taken up time during the one-on-one interviews that could otherwise be spent gathering more in-depth data. The survey questions included:

1. Student's preferred email address, age, graduate program, and anticipated degree
2. Do you feel more stressed by your graduate coursework versus undergraduate? Yes/No
3. What type of mental health diagnosis or diagnoses do you have?
4. How does your mental health condition impact you (i.e., daily life, academics, socially)?
5. What accommodations did you receive prior to graduate school (if condition onset was prior to graduate enrollment)?

6. Why did you decide to participate in this study?

The graduate students' age, gender, program of study, ethnicity, and diagnosed mental health condition may vary. To maintain confidentiality, all participants' names were changed for the narrative excerpts discussed in Chapter 4. Table 2 displays the demographic information of the participants with names changed to maintain confidentiality.

Table 2. Information on Participants

Participant	Age	Anticipated Degree	Disability
Tamara	30	Master of Arts	Anxiety Disorder, ADHD, Major Depressive Disorder, PTSD
Claire	23	Doctor of Medicine	Anxiety Disorders
Martina	28	Doctor of Philosophy	Anxiety Disorders, Major Depressive Disorder
Zoe	22	Master of Public Health	Borderline Personality Disorder, Eating Disorder
Sam	27	Doctor of Philosophy	Anxiety Disorder, ADHD, Major Depressive Disorder
Ziya	25	Doctor of Philosophy	Anxiety Disorder, Major Depressive Disorder, ADHD

Note. ADHD = Attention Deficit/Hyperactivity Disorder; PTSD = Post-Traumatic Stress Disorder

Prior to asking the first interview question, participants were asked whether they feel comfortable proceeding. It was explained that I would ask a series of questions related to the research questions reviewed. It was reiterated to participants that their comfort level was of utmost importance; therefore, if they did not wish to answer a question, they had the right to do so.

I conducted three interviews per each participant and each interview session lasted 45 minutes to one hour. All three interviews were required to be conducted within the span of one month. The intent with this timeframe was to assist in a fluid conversation with each participant while acknowledging their busy graduate academic schedules. For the six participants of the study, all participants held subsequent interviews within 3 to 7 days their prior interview. Three interviews per participant was elected to assist in building rapport and trust. It was proposed that the first interviews would generate meaningful responses although perhaps some hesitation from participants in providing detailed information until the second and third interviews once further trust was established.

During all interviews, I kept in mind the importance of utilizing active listening skills; therefore, not interrupting the participants when speaking and professionally requesting clarification of responses using guiding questions when necessary. Before the first interview for each participant began, the purpose of the study was explained. In addition, participants were advised they did not have to proceed with the study if they had any reservations participating and could opt out of the study at any time. Participants were encouraged to ask questions regarding the interview process. Confidentiality was

essential for this research; therefore, prior to conducting the interviews participants were given a consent form. The consent form reiterated the purpose of the study, confidentiality measures, and requested the participant's signature confirming permission to record the interview sessions. It was further explained on the consent form as well as verbally that all file recordings and transcriptions would be labeled using code names and kept in a confidential manner. Due to the confidential and sensitive nature of studying individuals with mental health conditions, other sources of documentation or artifacts discussing their disability were optional. Due to the confidential and sensitive nature of studying individuals with mental health conditions, the intent was for other sources of documentation or artifacts discussing their disability will be optional. However, documentation or artifacts were not collected as I did not feel it to be necessary in supporting the findings of the study. It was also suspected that participants may feel I was being skeptical of their shared narratives by essentially needing to fact check (e.g., if an artifact requested was an approval letter of receipt of accommodations from the disability support services office). The researcher maintained the position to solidify trust with the participants and acknowledge their narratives as truth.

Upon completion of the consent form and once the participant agreed they had no further questions, the interview proceeded. The interview protocol (see Appendix E) followed a life-history approach (Elliott, 2005) in which the interviewee was asked an initial leading question: "Please tell me about your experiences as a student with a disability, starting from time of initial diagnosis to present." Following this initial leading question, other open-ended questions included:

1. How would you describe your disability?
2. How does your disability impact your life, including academic and personal experiences on campus?
3. Please tell me about your background and any relevant aspects or events in your life prior to graduate school.
4. Once you enrolled in graduate school, why did you decide to register with the university's disability services office?
5. Please tell me about your experiences using services/accommodations? What services/accommodations have been the most helpful and why?
6. Are there other ways the disability services office may best support you on campus?
7. What have your experiences been with approaching faculty about your need for accommodations?
8. What types of experiences have you had with disclosing your disability with peers?
9. What type of advice would you offer other graduate students with mental health conditions?

Following each response, I probed further by asking clarifying questions to any more general responses given. Participants appeared interested in clarifying any information provided so to offer accurate storytelling. There did not appear to be any notable differences between the three set of interviews among each participant. One

slight difference noticed with a couple of participants was between the second and third interview in which the participants appeared tired but still offered robust responses to all questions albeit after further probing from me. It is not clear whether those participants felt tired from other situations than their participation in the study. I did suspect three interviews may be a lengthy commitment for these graduate students, however I still believe they were necessary for most participants to provide as much personal information as they felt comfortable disclosing. Kornbluh (2015) noted that the researcher should spend time in the setting, taking time to engage participants in dialogue to emphasize the researcher's value of participants' lived experiences.

Analysis of the interviews focused on constructing an understanding of the collection of experiences or stories presented by the participants as is representative of the narrative approach for qualitative research design (Creswell & Poth, 2018). This qualitative research aimed to produce valid results which required a narrowed focus on addressing precisely what the research set out to explore. Therefore, carefully reviewing the main research questions throughout the analysis process was important. The same steps of analysis were carried out for each of the three research questions.

It was also important to listen to each of the interview recording files and read through the transcriptions several times. Riessman (2008) highlights different ways researchers can transcribe interviews to develop varying types of stories. Transcription often exemplifies the researcher as a listener or a questioner placing emphasis on the relationship or interaction between the researcher and participant. This type of approach has been noted to convey a conversation that flows through time. I believe this type of

flowing conversation helped build a rapport between myself and each participant, creating a safe space to perpetuate candid responses to the open-ended interview questions.

The process of reorganizing participants' stories into a general framework, commonly referred to as "restorying" was implemented (Creswell & Poth, 2018). This required that I actively molded the participants' narratives into a logical framework. Key elements of the participants' narratives were analyzed and then rewritten and arranged in a chronological sequence. A chronological sequence is useful when arranging a story to have a beginning, middle, and end. Aligning with the concept of general storytelling it was predicted that the stories of these participants would follow this structure and it was anticipated that they would include some type of predicament, conflict, decision-making struggle, plot, main characters, etc. (Carter, 1993).

In addition to arranging the stories in chronological sequence, identification of emerging themes and concepts within the stories helped provide more in-depth meaning. The process of identifying "units of meaning" as they emerged from the narrative was conducted which required coding each unit of meaning for theme. The coding process consisted of utilizing the open, axial and selective identification strategies (Williams and Moser, 2019). Open coding is the first level of coding in which the researcher identifies distinct concepts or themes for categorization. Sorting through participant responses to organize similar words or phrases for broad thematic concepts was helpful in this stage. Next, axial coding further defined emerging themes. Cross referencing and further refinement of analysis was achieved. Lastly, selective coding assisted in the last level of

coding by selecting main thematic categories that helped move toward developing theory and constructing overall meaning.

I held three interview sessions per participant, each lasting 45 minutes to one hour in duration. The set number and duration of the interview sessions assisted in building rapport between me and each participant. It was important for me to be trusted by the participants as they were sharing personal and sensitive information about themselves. Stahl and King (2020) believe qualitative research is uniquely positioned to provide process-based, narrated data that are closely related to the human experience and building trust when carrying out such research is imperative. It is believed that because of the rapport and trust built, the participants in this study felt comfortable providing much detail in their responses and committed to returning for follow-up interview sessions. The multiple interview sessions additionally allowed participants to reflect on the prior interview session and process information that were provided for the upcoming interview session.

For this qualitative research study to be transparent about methods employed and therefore trustworthy, I laid out the specific procedures of the study including why such procedures were selected (Rose & Johnson, 2020). Theory triangulation is when theoretical frameworks are applied to the data for the purpose of viewing data from the lenses of different stakeholders (Patton, 1999). This type of triangulation was implemented in the current study by discussing the results in the context of self-determination theory.

As noted earlier, collaboration between the researcher and participants is important. This qualitative research depended on the validity of information provided by the participants. The experiences shared had to be retold accurately in this research. Participants were asked to review reported responses to interview questions for accuracy as a technique referred to as member checking which is typical for validation of a narrative approach to qualitative research. Kornbluh (2015) maintained member checking is essential to qualitative research and proceeding with this strategy should be planned in advance and integrated into the research process rather than tacked on at the end. By intentionally planning the implementation of this strategy, researchers are able to conceptualize the ways in which they can build a strong rapport and partnership with the participants. The member checking process takes time but greatly assists the researcher in developing relationships with participants and in identifying obstacles to preventing participants from feeling safe sharing their personal stories. Therefore, I felt the set number and duration of the interview sessions extended the opportunity to sufficiently carry out the member checking process which helped lay the foundation of trustworthiness. After each response provided by the participant, I summarized what was shared and asked the participant whether the information was accurately collected. Then, at the conclusion of each interview session, I summarized the main topics that were to be discussed throughout the entire interview and again asked whether the information was accurately collected. I also briefed the participant on the topics to be discussed at the next interview session so each participant could reflect on the content and perhaps increase the likelihood of receiving robust responses.

Positionality Statement

My experience in working with students with mental health conditions has impacted my interest in the current study. Prior work experiences specifically included assisting undergraduate, graduate, and professional staff, and faculty in securing reasonable accommodations aligning with the ADA. I have worked with students with various types of disabilities; however, those with mental health conditions have always required more intensive understanding and communication in an effort to provide access and reduce feelings of isolation on campus. It has been through a mutual trustworthy professional relationship that I was able to make meaningful connections with this population of students. Being close in age to those pursuing their educational goals may have also assisted in building rapport. Securing accommodations may be a daunting process incorporating self-disclosure and discussions about needs on campus that require keen self-reflection. I believe conversations with those about their mental health conditions and impact in the academic environment is essential to the long-term working relationship and modification of accommodation needs as often occurs with students of this population. Qualitative research, specifically – conducting interviews to capture narratives, speaks directly to how students with mental health conditions may provide noteworthy information. I have heard many times from students that they feel isolated, and they cannot imagine that others may feel the way they do. I have also felt such feelings and through the stories told as part of this study, I hope others in similar situations may gain a sense of inclusion.

CHAPTER 4

RESULTS

The narratives provided by each participant were analyzed, rewritten, and arranged in a brief chronological sequence. This process of reorganizing participants' stories into a beginning, middle, and end, helped map out main characters, conflicts, and decision-making struggles. Once this information was mapped out, I was better able to identify themes that emerged across narratives. The chronological narrative for each participant is provided in this chapter in addition to description of the emerging themes.

Chronological Narratives

Tamara

Tamara discussed a childhood of turmoil and abuse, using descriptive language, such as “I was born into a religious cult” and “my dad was really physically and verbally and emotionally abusive to us all.” Therapy began for Tamara in fourth or fifth grade; although it was meant to be helpful, Tamara did not find the therapist trustworthy and as a result, the sessions were unproductive. Nonetheless, Tamara continued therapy as well as meeting with a psychiatrist off and on throughout schooling. During senior year of high school, Tamara’s mother moved to a different state. Tamara was left behind, sparking feelings of abandonment and challenges completing school while maintaining a legal guardian. As an undergraduate student, Tamara disclosed a negative experience with a faculty member. Tamara filed a formal complaint with the college and the outcome was inconclusive leading Tamara to withdraw from courses and take two years off. As a graduate student, Tamara registered with the disability support services office

and accommodations provided were extended test time, advance access to course materials, and individualized attendance/submission times. However, throughout the graduate program, Tamara felt the accommodations were not the best fit.

Claire

Claire noted a late-in-life diagnosis – current diagnosis given right before attending medical school. History included being misdiagnosed and “pushed off” by doctors. Claire concluded that so many misdiagnoses occurred because of parents being conservative and tight-lipped about medical and/or mental issues. As a child, Claire was accompanied by a parent to doctor appointments. In the appointments, the parent would often downplay symptoms experienced and Claire stated “she’d [mother] kind of like explain away the things that I was trying to tell my doctor.” Balancing personal and academic life with medication schedule and treatment was reviewed. Due to the nature of the diagnosis, Claire may need to spontaneously take additional medication to help alleviate the impact of symptoms. To reduce the occurrence of needing to take additional medication, Claire discussed how carefully planning all aspects of the day is required. Claire repeatedly stated feeling tired and overwhelmed by having to maintain such a strict schedule just to get through each day. Upon registering with the disability support services office, Claire received accommodations including computer use and the ability to do unrelated tasks during class to help with concentration. Claire provided a detailed perspective of medical school in terms of the competitive academic nature. Difficulty interacting with others, specifically peers due to lack of understanding and/or intolerance was experienced.

Martina

Martina described childhood with specific descriptors and language, such as “low income”, “father was addicted to cocaine and alcohol”, “immigrant household”, and “divorce”. Martina excelled academically in secondary school, college, as well as graduate school (two master’s degree completed) and never realized the symptoms could be considered a disability. Upon entry into a doctorate program, Martina for the first time felt challenged by the highly stressful environment which activated symptoms. The impact of anxiety and depression was reviewed, and Martina expressed that panic attacks usually happen when having to academically perform and they are “preceded by imposter syndrome-induced anxiety.” A defining moment recalled was a situation in which Martina encountered challenges completing the oral component of comprehensive exams due to a panic attack. Martina discussed how the reaction from faculty at that moment adversely impacted her experience as a graduate student and a person with a mental health condition.

Zoe

Zoe grew up with a large extended family. Her family often disregarded any mental health symptoms others experienced and believed certain thoughts and/or feelings can be self-managed. Zoe sought treatment in secret at first, not disclosing services received to any family member. After a hospital stay due to the escalation of symptoms, Zoe confided in some family members and then, eventually, all found out. Zoe’s biological father responded to the disclosure in an adverse way leading to lingering feelings of sadness and isolation by Zoe. When Zoe enrolled in a program that combined

undergraduate and graduate coursework, balancing academic demands, and managing medication proved challenging. In addition, because of weekly therapy appointments (individual and group) and visits to a nutritionist along with needing to work for financial support, Zoe often felt overwhelmed. Zoe discussed constantly having to push back the completion of assignments and feeling ashamed because most students were able to submit assignments on-time. Registration with the disability support services office was helpful considering Zoe received accommodations, such as permission to make up tests (e.g., if absent due to hospital stay or experiencing severe symptoms).

Sam

Sam was diagnosed in high school and discussed difficulty academically as well as socially in terms of interacting with others at that time. Sam relayed having needed to advocate for accommodations and services in high school due to being a gifted student and school personnel not understanding why extended time was needed. Therapy was received throughout high school, college, and graduate school. In addition, extended time, breaks as needed, and quiet testing location for exams was received throughout school. Severe car accidents in high school exacerbated symptoms of depression and anxiety. Self-medicating behavior occurred, and Sam disclosed ruminating about death and losing a grip on reality at that time. A heightened experience in graduate school for Sam was detailed in which advising staff crossed boundaries. Sam recalled personal and private information being shared without consent. Following this event, Sam felt severely depressed and experienced self-hatred thoughts in every aspect of life.

Ziya

Ziya was first diagnosed with a physical disability at age 12. Later in middle school, diagnoses of anxiety and depression followed. In secondary education, Ziya recalled having an Individualized Education Plan and being excused from gym classes. In high school, Ziya expressed that anxiety and depression became more impactful. Ziya was homebound in her senior year of high school in which class attendance was not physically required but all coursework was to be completed. As a result, Ziya detailed being bullied and harassed by peers creating inaccurate stories about Ziya throughout the school and causing distractions during classes to the extent the school recommended law enforcement be contacted. Ziya discussed a better experience in college and graduate school. While attending both institutions, registering with the disability support services office and receiving accommodations, such as flexible attendance policies, allowance to submit late assignments, and extended time for exams were described as being helpful. However, increased flare-ups in symptoms – frequency and intensity – have occurred while enrolled in graduate school. Ziya characterized the graduate program as causing “immense pressure” which has exacerbated symptoms. In addition, the demands of the graduate program reduced time spent with support systems (e.g., friends and family).

Emerging Themes

Creswell and Poth (2018) define themes or also known as categories in qualitative research as “broad units of information that consist of several codes aggregated to form a common idea” (pg. 328). Three themes emerged from the data analysis of the interview sessions with the six participants. Each of the three themes that emerged will be detailed

and linked to the purpose of this study. Furthermore, using self-determination theory, greater meaning in the context of autonomy, competence, and relatedness is explored. To maintain confidentiality, all participants' names are changed for the narrative excerpts discussed (see Table 2).

The identified themes provide insight into the underlying research questions for this study. The goal of the study was to understand the experiences of graduate students with mental health conditions on campus. This includes their experiences disclosing their disability and seeking support and accommodations through the university's designated office of disability support services. While each participant's narrative was personal and unique, the analysis pointed to shared areas of experience meaningful to graduate students with mental health conditions. The three themes that emerged from this study have been identified as (1) Shaping of Disability Identity; (2) Implications on Graduate School; (3) Needs for Services and Support. Within each theme, subcategories of further analysis have been established.

Theme 1: Shaping of Disability Identity

The participants discussed information about their backgrounds in terms of the history of their disability. The background information included a variety of factors, such as – how they were raised, impactful people in their lives growing up, and events in their lives prior to graduate school shaping how they interpret their disability and seek support. Megivern (2003) defined disability identity as a personal acceptance or endorsement by a practitioner or sense of belonging to a community of those with disabilities. Disability identity is an understanding of oneself as a person with a disability within the overall

social structure. Links between disability identity and motivated action and decision making as well as behavior have been studied (O’Shea & Meyer, 2016). Such identity is nurtured and grows through exposure to interactions in one’s environment (Riddell & Weedon, 2014).

Self-Awareness. Learning about one’s disability is directly linked to the self-determination core component skills of self-understanding (Getzel & Thoma, 2008). Part of the challenge for students with mental health conditions in terms of proceeding through graduate school is awareness of obstacles and limitations. At times when one is going through a state of mental health concern, it may be difficult to grasp what is happening, how to ask for help, and what type of help may be most effective (e.g., counseling, specific accommodations). The need for autonomy is a part of self-determination theory which encapsulates the need to have a well-defined sense of self (Ryan, 2023). Martina, in speaking about anxiety and depression, mentioned “I never realized that I had something that would be considered a disability.” Historically, Martina performed well in school and utilized many compensation strategies to navigate and obtain educational goals. Martina did not previously think a disability was present in the way a disability is a barrier to access for those with visible disabilities (e.g., physical disabilities). Martina did not seek academic support by way of requesting accommodations until graduate school where she came to terms with the diagnoses and realized compensation strategies alone may no longer suffice. Development of identity has implications for motivation for all students, but the complex process involved in

developing a sense of self incorporating disability identification is essential to academic success for students with disabilities (Megivern, 2002; Riddell & Weedon, 2014).

In contrast to Martina's successful academic history leading up to graduate school, Zoe discussed difficulty completing assignments and securing a balance with all priorities surrounding school and treatment. Zoe expressed awareness of struggles leading to the motivation and need to seek support.

I graduated from undergrad, but it was very difficult, just doing assignments and having the motivation to do it. Like I was having to constantly push assignments and keep pushing assignments. And for me I kind of felt ashamed because most students would be able to submit their assignments in no time. And I wasn't able to it just gave me a lot of stress. And on top of that, I was doing therapy. So I was trying to balance having to go to school and taking medication and going to therapy. It was just very stressful.

Sam discussed their level of awareness with the diagnosis in terms of its impact on daily functioning as well as academic coursework.

I think that the anxiety is something I'm not always aware of I'm not aware that I am feeling actually so anxious that it's debilitating and often times it just feels like, why don't I want to do anything? I don't want to work. I just want to watch tv. I don't want to like to do that, it just feels like I can't focus. I've realized that probably a lot of the reason I don't want to do the things I should be doing is because of anxiety and like low confidence in myself. I guess you could say I have trouble with prioritization, organization, and motivation, and procrastination and time management but then I could say okay is that because I have ADHD or anxiety? Because everything feels very overwhelming to me and then I shut down. Is that the anxiety?

At a later point during the interview session, Sam further elaborated demonstrating strong self-awareness of the impact of the diagnoses on functioning and quality of life.

I have trouble with linear thinking, and I have trouble with prioritization. It's a lot of executive functioning things. I'm very bad at knowing how long things will take me. I think things get jumbled and then this actually leads to a lot of anxiety. I feel overwhelmed by everything going on in my head and also have trouble sometimes with social interactions.

The subcategory of self-awareness emerged with another participant, Claire. In discussion about the impact of diagnosis, Claire provided an example of their impact on routine errands.

I had panic attacks at Walmart because I did not know how to navigate the store. If there are too many people, which for me is like, more than three people in a single aisle, which of course, every single Walmart always has more than three people in an aisle because I always start thinking like oh, what are they going to think of me? Do I say excuse me? Do I not say excuse me? Do I wait for them to move? Do I have enough room here? Why are they looking at me?

Family Implications. Family members play an essential role in supporting students in their development; especially, their skills for self-determination. The relationship between parent and child impacts self-determination skill building and positive, nurturing relationships are important to one's growth (Wehmeyer & Field, 2007). Self-determination theory specifies the need for relatedness is important for psychological well-being. Relatedness refers to belonging to a community; one that is caring and protective. It is also the need to feel cared for by others (Ryan, 2023). Both participants, Tamara and Martina, discussed their family history and issues with parental figures.

Tamara's narrative helped identify this subcategory based on discussion of their upbringing in which mental health issues were born.

I also grew up in a religious cult, so there's some religious overtones to a lot of my trauma.... My mom left when I was seven because my dad is

really physically and verbally and emotionally abusive to all of us. But my mom definitely got the brunt of it and after she moved out, I lived with him until I was 12....and I was never baptized. So I'm still not allowed to like to speak to people within the organization... So that causes some issues with like my relationships with my grandparents and stuff. And then going through middle school is probably the worst time of my life. I was dealing with like kind of transitioning from this weird religious world to the regular world, but I've always made good friends. So yeah, that kept me going through high school. High school is a lot better but still had a lot. I was absent a lot like a lot a lot. I would get physically sick but also just really mentally ill. Think I had my first like full nervous breakdown when I was 16 and I asked to go to therapy because like indoctrinated into it's like cult thinking and this was, they were trying to get me to talk to like someone on the outside and then my mom moved ...my senior year without me, thus, abandonment issues.

Coinciding with this subcategory, Martina revealed details of childhood through adulthood by incorporating some of the following details.

I mentioned on the questionnaire that I grew up very poor. I grew up in a household where my father was addicted to cocaine and alcohol, and that abuse deeply affected our family.... when my parents got divorced, my mom got a divorce from my dad, and so I don't have contact with my father. So these pre-existing things have really affected my educational experiences.

Zoe grew up in a family with minimal to no understanding of mental health conditions. In discussing historical information, Zoe expressed hiding the diagnosis and treatment from her family.

When I first started therapy, it was for the eating disorder. I didn't go for any other disorders because I didn't know that I had an eating disorder at the time. At first, I was diagnosed with an unspecified eating disorder and then as time progressed it got not specified into anorexia. And then I started taking medication. But I was doing it in secret because I didn't want my family to know I was seeing a therapist and that I started taking medication. So I actually, my parents would give me money and I used the money to buy medication and that was at a pharmacy that didn't require insurance. And so I was able to get my medication there for like a really low price and that how I did it for a while.... My mom didn't find out until I ended up in the hospital. So I hid it from her for like a good year just

because there's so much stigma in my family around mental health. It was a very difficult conversation to have with her.

Zoe's narrative at this point of interviewing provided meaningful feedback of interest to the study. While her family was unaware of the diagnoses and carried out treatment plan, Zoe nonetheless embraced the disability identity and remained motivated to seek support for academic endeavors. To further exemplify the family difficulties Zoe encountered, further elaboration on the disclosure of disability to her biological father was recounted.

He didn't want to I guess come to terms with it. He was like you're really smart. Smart people don't have mental health disorders. He actually questioned whether I would kill someone. And because he knows I have a mental health disorder; he thinks I would hurt my younger siblings. And I told him I would never hurt anybody. Just because I have a mental health disorder, it doesn't make a dangerous person and he was not understanding that.

To summarize the shaping of disability identity theme, the results suggest participants with strong indications of self-awareness sought services and support earlier in their academic career. It is important to acknowledge that disability identity is best understood as a dynamic construct and a person's confirmation of the identity and its meaning vary based on socio-contextual experiences (Riddell & Weedon, 2014). Martina did not endorse the diagnoses for some time and discussed socio-contextual experiences in graduate school which I believe may have shaped acceptance of disability and commitment to seeking services and support. Through Claire's disability identity, the impact of the diagnoses – portrayed in the example of trips to Wal-Mart – was interpreted in a particular and specific way. Similarly, Sam interpreted the impact of the diagnoses in great detail. Both Claire and Sam demonstrated autonomous traits in terms of

exemplifying a well-defined sense of self through self-awareness of their diagnoses and the specific impact across life domains. Students' identity reflects their psychosocial resources to cope with decision-making in the academic domain in addition to framing goal-setting and self-regulation (McCaslin, 2009).

Theme 2: Implications on Graduate School

As graduate students more narrowly focus on a specific content area and take on more intensive coursework, increased academic pressure arises (Wyatt & Oswalt, 2013). On the questionnaire sent to participants upon recruitment, all six participants responded 'Yes' to the question of whether or not they feel additionally stressed by their graduate coursework in comparison to undergraduate coursework. To elaborate on the participants' narratives in relation to this theme, three subcategories of implications on graduate school is discussed.

Increased Stress Levels. One participant described their undergraduate education in terms of it not being too challenging. While knowing their anxiety and depression were present, they may not have been activated to a level requiring support from others in an educational setting and/or the level of academic challenge was not present until graduate school. When discussing the transition to graduate school, the following was expressed by Martina.

Until graduate school, and specifically until the PhD, I have two master's degrees.... I'm a fifth year [in the doctoral program]. So it's been in the past five years where I've started to like have these particular types of issues.... I think the doctoral environment is much different from the masters environment...So I think there's a combination of like social and intellectual factors.

Wyatt and Oswalt (2013) as well as Mazzola et al. (2011) noted that graduate students experience increased academic pressure, financial constraints, and career planning in comparison to undergraduate students. In addition, graduate students have often been found to lack healthy personal balance and primarily focus their time on academic coursework. After further discussion probing into the demands of graduate school, Martina discussed academic performance expectations:

Having to be in such like an intellectually pressure-cooking environment, where the classes are small for the most part. PhD faculty is directly speaking to you face to face and your kind of expected to perform at the highest level possible. That has really affected me and made me really anxious in class and constantly thinking what I have to say, specifically the sentences, because this is the way you need to present yourself in front of your peers and in front of faculty members because you don't know if the faculty members will be on your committee, comp examination committees or things like that....I guess career long-term future concerns that I didn't really have in my masters' degree programs.

Inclusion Challenges. All programs of colleges and universities must be fully accessible to students with disabilities, including extracurricular activities, campus buildings and academic coursework. The support and services provided by the disability services offices are in place to ensure equal access and accessibility campus wide. However, there are limitations to the type of services provided by college disability services offices. In addition, there may be a difference between legislative access and inclusion by which acceptance and integration on campus are ensured. The college setting is a community. More specifically, graduate students enroll into program specific cohorts. These specialized cohorts of graduate students begin the program together and grow – personally, professionally, and academically – together as the program excels (Mazzola et al., 2011).

One participant, Claire, noted ongoing complications with socially connecting with peers linking to issues with self-determination theory's core component, relatedness.

Claire explained the following during an interview with the researcher.

My disability makes it really hard to make connections with people in my class and because I'm on such a small campus with not a lot of people, it can really be difficult to get into social things. Everyone says oh you make the best friends of your life in med school and I'm just sitting there like kind of by myself in the corner.

Another participant, Martina, expressed concerns regarding their acceptance into and ability to integrate into the social domains of graduate school.

Then I get to the PhD program, and I realized like everybody around me, the vast majority of them don't have the type of early life experience that I do. Being at this elite institution and having had the social paths that I definitely see have influenced my levels of anxiety and depression, feeling like left out or feeling like if I were to talk about myself in the same ways that my peers were talking about themselves. Many of my peers, not all of them, then like I wouldn't see common ground with me. So there's the social thing and the academic thing.

To become part of a community and gain a sense of belonging or connection, the notion of engagement and integration are essential. For any student, integration and inclusion in a campus community may be difficult but more so for those with mental health conditions (Belch, 2000). In addition, social connections with peers are a significant aspect of inclusion. However, students with mental health conditions may find social interaction challenging for various reasons depending on the type of condition (Hafner, 2008). Individuals identifying as a graduate student with a disability face challenges in deciding whether to disclose to their peers.

On the topic of disclosure to others, specifically, peers in the program's cohort, Sam stated the following when responding to how peers reacted upon disclosure. "Sort of

generally positive, [someone] made comments about things about me that are also symptoms of ADHD...And that was very embarrassing.”

Zoe’s disclosure concerns related to peers potentially creating distance perhaps as a result of not knowing how to be supportive.

I’ve told friends at the university about my disability but they kind of like...I want to say they like got tired of trying to help me, like it was becoming too much for them. I got to the point where I could think people were getting a little bit distant from me because they didn’t want to, I don’t know. They didn’t know how to be supportive.

Competitive Environment. The competitive environment subcategory may be defined as the type of setting graduate students are placed in in which comparisons among peers are prevalent. Arguably some extent of competition may generate successful outcomes. However, for some, the graduate culture of normalizing high stress levels with the lack of coursework/personal life balance, with the purposed exclusion of hobbies, interests, and others in their lives, fosters poor self-care skills as well as potential exacerbation of mental health symptoms (Wyatt & Oswalt, 2013).

Claire discussed difficulty with in-person group work with the underlying issues concerning judgment by peers.

I can have mini panic attacks when we have like group discussions. If when we’re all talking out loud and answering something and I say something that’s not something someone else likes, I then get too scared to answer any questions for the rest of the session because I was wrong. So that makes it difficult when we do group work but when we do group work individually, like on a shared Google drive or something like that, it’s not so hard because we can have discussions and stuff over chat which is a lot easier than in person and I don’t get to see their reactions.

When probed about whether anxiety increased in graduate school when working closely with classmates and feeling concerned about what peers think, Claire responded with the following commentary.

It did because I don't know, everyone kind of gives off this...that we are competing against each other which I think is kind of weird considering we're all going to go into different specialties. Like I don't think the competition between us should be great because most of us want to go into different specialties. So like we're not going to be competing for the same residency program. But there's this just tension under everything for each and every one of us to compete or prove one another to each other. So that definitely got worse in graduate school, and I never had that same feeling of tension in the room like in college or high school or anything like that.

Martina expressed feelings of frustration with the culture of graduate school. "The piling on top of piling of work...that's extreme stress. This particular way to perform in front of faculty and in front of my peers...there are some people always whether in front of faculty or peers, are going to be like super intellectual elitists....so there's that stuff happening in the background."

According to the completed participant questionnaire, Ziya sought participation in this study for cathartic purposes – meaning, speaking candidly about the experiences may assist in mental well-being. Ziya enclosed the following about the culture of graduate school.

There is a culture of sacrificing personal well-being for academic success in graduate school, which I think is especially harmful for students like me who already struggle with health conditions of various types.

In summary, the implications of the graduate school theme yielded results connecting to self-determination theory's relatedness and competence. Claire and Martina separately accounted challenges socially integrating into their program's cohort. The

sense of community and belongingness to the cohort was diminished potentially creating increased stress and dissatisfaction in current educational endeavors. In keeping with the basic need for competence, Claire exemplified challenges with seizing opportunities, particularly with in-person group assignments and I theorize that Claire resulted in minimal advancement of feeling confident and potentially difficulty accomplishing tasks to the full extent capable.

Theme 3: Services and Support

The specific nature of one's disability remains confidential and shared only with staff in the disability services office. Even though faculty may not know the specific nature of a student's disability, students often face challenges when notifying faculty of accommodations (Cawthon & Cole, 2010). Students with mental health disabilities may be apprehensive to disclose the nature of their disability to others due to fear of stigma (Martin, 2010). However, some students end up disclosing some details of their disability to faculty when notifying them of accommodations. Any type of perceived adverse reaction from faculty when approached about accommodation needs may negatively impact the student (Kiuahara & Huefner, 2008).

Barriers to Support. In discussing memorable experiences in graduate school in reference to needing support but the outcome falling short, Martina recounted the following about attempting oral comprehensive examinations.

I have to take my comprehensive exams; my writtens were fine and during my oral exam for my primary field, I started having a panic attack...it was really just a disaster and I failed...a faculty member on that committee who has been purported to be somebody who advocates for others, related issues, and mental health type stuff. And so I kind of felt like all of the people and all my committee kind of had not met me with empathy.... the

whole façade of faculty being pro mental health...but in reality, none of them really know how to practice it...the problem is, I haven't really faced this type of anxiety before.

Sam revealed an experience in which detailed disability information was shared without consent to professional staff - "My advisor crossed some very important boundaries". The private information included details of the current status of the mental health conditions and as a result of what transpired with the advisor, Sam concluded that it was the "darkest depression I've ever experienced. It was persistent and it lasted for months on end. I've never experienced anything like that, such a low point."

In discussing experiences leading up to graduate school, Tamara recalled an experience that resulted in hesitation at first to seek services and support in the future.

My senior year [of undergraduate coursework], my second to last semester when I was planning my schedule, I had a professor that had made some comments about my accommodations and told me that I should have reconsidered going to college if I knew I was dealing with like mental illness. So that was really terrible.

Tamara submitted a formal complaint to the undergraduate school but stated the professor was tenured and head of the intended program of study. Tamara withdrew from school, took time away from academics and then upon return, did not request accommodations initially as a result of the prior negative experience. In addition to the concern about received judgment and stigma by faculty, Tamara further explained "The accommodations that are available aren't really geared towards mental illness. They're geared towards more physical manifestations of things."

Gaining Support. Sam registered with the university's disability services office; however, seeking further support for specific course content.

I started seeing an academic coach which is like totally for undergrads because it's just another PhD student. But he helped me break down my work into very small tasks and each week I'd have these very small goals and it was very helpful for me. That's not through disability resources but it is like a university resource. The way he had it set up was every week, I was doing a couple hours basically and then it felt less overwhelming and just helped me feel more confident in myself and there were weeks where I didn't do anything he told me to do because I felt overwhelmed by it and he was like okay, let's make it smaller and that was very helpful.

Zoe more specifically mentioned how accommodations through the university's disability services office were needed when experiencing flare-ups as a result of the diagnoses.

I'm able to make up my test and the reason why I have that accommodation is because I remember I was struggling with an eating disorder, and it got to the point where like I was on the verge of taking a medical leave and my brain was just not functioning the way it was supposed to. I couldn't even read just because I wasn't eating and I told my professor that I can't take the test the next day because I couldn't study at all, like I couldn't understand what I was reading. Just because I hadn't eaten like in a long time and the test was the next day and I'm usually the type of person who likes to study the day before and that day I couldn't study at all either. So that's why I had asked for an accommodation for a makeup test. Also, I was diagnosed with borderline personality disorder and my mood does get affected. So if I'm going through like extreme mood swings or I'm in like a really big bad state of mind, I can't get any schoolwork done. I can't study for anything. So I would even have to push back assignments last minute or ask to push back if I could make up a test on a different day.

Zoe also utilized counseling services made available at the university and noted the following when recalling the experience.

I saw a therapist at [university's counseling center] but before I knew that I had borderline personality disorder. It was very hard for me with individual counseling because there was turnover so like I had the therapist for a year and then they would leave. And then because I've developed a relationship with them that like impacted me as well – the high turnover of therapists.

In a more positive recollection, Zoe further discussed participating in a support group sponsored by the university's counseling center. It was discussed "I also did group therapy there. It was for like people with eating disorders or eating issues and I think that was like helping me just because there were other people who are going through the same thing."

In summary, self-determination theory's basic needs for competence and relatedness surfaced within this theme. Seeking services and support in and of itself may contribute towards the advancement of feeling confident based on a person's abilities. Sam sought an academic coach that proved helpful in breaking down multi-layered assignments and Zoe was able to secure a "safety net" when proceeding through semesters and encountering flare-ups as a result of the diagnoses. Furthermore, Zoe was able to create a sense of belongingness by connecting with peers under similar diagnosis circumstances navigating through educational goals. On the other hand, Martina and Tamara detailed their most memorable negative experiences with needing and seeking support which I believe may have adversely impacted the basic needs described by self-determination theory and in turn, fulfillment of graduate experience. The National Survey of Campus Disability Services (Collins & Mowbray, 2005) found college disability services offices believe stigma is the biggest barrier to students seeking support. It was also concluded that faculty and administrators had many questions about working with those with non-apparent disabilities (e.g., mental health conditions), incorporating concerns as to whether said students could handle the coursework and whether pursuing higher education was an appropriate goal.

CHAPTER 5

DISCUSSION

The purpose of the current research was to address my specific research questions and gain insight into the utilization of accommodations and support services by graduate students with mental health disabilities. This was done through interviewing, compiling, and analyzing the experiences of graduate students with mental health conditions. Using a narrative qualitative research approach, graduate students were interviewed and shared their individual experiences including disclosure of their disability, seeking support and accommodations, and challenges in the graduate school environment. Discussion also incorporated prior experiences these graduate students had in terms of their mental health conditions leading up to graduate school. Through the framework of self-determination theory, the narratives were further analyzed. Of interest was how graduate students described their mental health conditions, impact on daily life and educational settings, as well as recommendations offered to other graduate students with mental health conditions.

In reviewing prior literature, much focus was placed on the experiences, challenges, and barriers undergraduate students with disabilities face rather than graduate students. Furthermore, the experiences of students with learning disabilities and ADHD utilizing disability support services in college were primarily researched. Some research directly pertained to the experiences of college students with mental health disabilities, such as O'Shea and Kaplan (2017) exploring how students within this population make meaning of their disability and in turn, how their disability identity facilitated their use of

disability support services. Six participants were interviewed and as a result, five themes associated with the experiences of college students with mental health disabilities and the formation of their disability identity were discovered: (a) mental health disabilities integrate individual and contextual characteristics, (b) the context of college encourages disability identity exploration, (c) college interactions help shape the meaning of disability identity, (d) disability identity is dynamic, and (e) disability identity is connected to the use of campus services. In this current study of graduate student experiences with mental health conditions, some similarities in themes appear to exist upon review of O'Shea and Kaplan's findings. For instance, in both O'Shea and Kaplan's (2017) and the current study, interactions with others shape the meaning of disability identity. The way in which peers as well as faculty interacted with the participants contributed towards the way the participants viewed their disability and furthermore, impacted their graduate school experiences (i.e., in a positive and/or negative light).

While Kihara and Huefner's (2008) study focused on undergraduate students, some of their findings were similar to that of the current study of graduate students. A similarity to note is the challenges shared by students with mental health conditions when self-identifying their disability to others. Kihara and Huefner referenced stigma as a deterrent to undergraduate students with mental health conditions disclosing their disability to others (e.g., discussing academic accommodations with faculty). A participant of the current study, Tamara, noted concern with discussing academic accommodations with faculty while an undergraduate student. The concern was the reaction of a particular faculty member stating Tamara should have reconsidered

attending college given the limitations as a result of the disability. Martin (2010) researched college students with mental health conditions and found students may be fearful of judgment received by faculty as to whether they are an appropriate candidate for a program or course of study. In addition, Martin (2010) found most did not disclose to relevant staff because staff may think they were lying, or the condition did not present as severe enough to warrant accommodations. Some of the participants of the current study of graduate students discussed their perception of stigma received by faculty upon notification of academic accommodations as well as feelings of misunderstanding and/or rejection by their peers when disclosure occurred.

Cawthon and Cole (2010) found college students' utilization of disability support services were advantageous to gaining social support. This is particularly important for the population of students with mental health conditions who may feel isolated and singled out as a result of their disability. Cawthon and Cole (2010) elaborated further by mentioning students' use of disability support services on campus increased their chance of meeting others with similar disabilities. In the current study of graduate students, Zoe described how helpful it was to be a part of a support group for those with the same type of diagnosis. Francis et al. (2018) recommended colleges collaborate with students to organize student networks designed to provide support and reduce isolation among students with disabilities. Wiseman et al. (1998) perceived students with disabilities who discuss their concerns related to their disability to be more likely to proceed with their academic studies than those who do not join a supportive network.

In contrast to the current study, Salzer, et al. (2008) found the most common reason former students did not receive disability support services was due to the lack of awareness of such support services. The current study of graduate students collected narratives from participants registered with their school's designated disability support services. Each participant actively worked with disability support services during their graduate programs. Of interest was the discussion of whether the specific accommodations received were effective. For instance, Tamara revealed concern about whether the accommodations typically provided to students with mental health conditions are effective and perhaps colleges may need to determine alternatives to better meet this population's needs on campus. Francis et al.'s (2018) research found certain services not offered by disability support services to be most desired were: (a) emotional or mental health support, (b) time management support, (c) budgeting and money management, and (d) vocational preparation. In addition, a need for improved training about disabilities on college campuses was identified. Similar need for training was brought up in participant narratives in the current study of graduate students, particularly in terms of faculty training content. One participant of the current study of graduate students, Sam, detailed the use of an academic coach that assisted with time management and task prioritization. This specific service was made available outside of the disability support services office but nonetheless was available on campus to undergraduate and graduate students.

There was interest in this topic for various reasons. First, limited research exists focusing on the experiences of graduate students with mental health conditions on campus. The graduate student population is especially at risk for negative consequences,

such as high dropout rates, lower grades, and isolation as their academic coursework becomes more challenging and stress levels increase. Increased stress levels may exacerbate symptoms of mental health conditions. Examining mental health conditions is of interest in this research as this population of students with these types of diagnoses steadily increases and constitutes the largest subgroup of students with disabilities on U.S. college campuses (Maxwell, 2014). Second, I have a professional background in overseeing disability support services at various colleges. In this experience, the challenging process of seeking support for students with mental health conditions was first-hand observed. Students with mental health conditions appeared to have an especially difficult time approaching the disability services office and partaking in the interactive process to determine the types of accommodations that may assist in providing equal access. Third, the increased stress levels graduate students experience is not lost on me. Knowing academic pressures increase in graduate school and have been linked to exacerbate mental health symptoms, I found this topic necessary to further explore.

By witnessing the difficulty students with mental health conditions had with seeking support and oftentimes feeling isolated, a goal of this research was for other students with similar conditions to know they are not alone. Others may share similar experiences and provide some guidance for those with mental health conditions as they navigate through graduate school. On the participant questionnaires, all six participants indicated they decided to participate in this study to hopefully help other graduate students with mental health conditions navigate through the process. Another goal of the research was for relevant campus resources and faculty to gain a better understanding of

the challenges graduate students with mental health conditions face on the campus and advocate for ways to best assist these students.

Summary of Results

The aim of this study was to understand the experiences of graduate students with mental health conditions on campus. This includes their experiences disclosing their disability, seeking support and accommodations, and challenges in the graduate school environment. The following research questions were addressed: (1) What early experiences shaped graduate students with mental health conditions' life trajectory? (2) What are the experiences of these students with mental health conditions in graduate school?

Research Question 1: What Early Experiences Shaped Graduate Students with Mental Health Conditions' Life Trajectory?

To access accommodations and services, students with disabilities must first disclose that they have a disability to their college's disability support services office. They may experience uncertainty about whether the accommodations and disability services personnel would be helpful, and issues about how burdensome the accommodation implementation process may be can arise (Collins & Mowbray, 2005; Megivern et al., 2003). Aligning with the procedures and purpose of this study, all of the six participants were currently enrolled in graduate programs at a large public university and registered with the disability support services office.

Leading up to graduate school, participants discussed information about their backgrounds in terms of the history of their disability, including how they were raised,

impactful people in their lives growing up, and events in their lives shaping how they interpret their disability, decide whether to disclose to others, and seek support.

The results suggest participants with strong indications of self-awareness or clear understanding of their disability sought services and support earlier in their academic career (e.g., Individualized Education Plans in secondary education, accommodation use in undergraduate programs). On the participant questionnaire, Claire demonstrated acute self-awareness about the impact of the diagnoses across domains.

I have major difficulties making friends and navigating complex social relations and graduate school/professional hierarchy. I also have sensory sensitivities to sound, light, and touch which makes classes/classrooms a difficult atmosphere to navigate and can frequently result in headaches, irritability, inability to concentrate, and panic attacks. I cannot focus on my work when I need to and often spend time trying to trick my brain into focusing long enough. This usually results in procrastination.

Such self-awareness may be connected to the basic need for autonomy as defined within self-determination theory. Having a well-defined sense of self is needed to advocate for services and support which starts with the disclosure of a disability.

Many of the participants identified family members as having an impactful role in their lives. For some the impact was positive, which assisted in meeting the basic need for relatedness. Self-determination theory refers relatedness to belonging to a community; one that is caring and protective. It is also the need to feel cared by others (Ryan, 2023). This basic need may have contributed to participants feeling safe to disclose their disability to others.

Research Question 2: What are the Experiences of these Students with Mental Health Conditions in Graduate School?

Wyatt and Oswalt (2013) researched the graduate school culture of normalizing high stress levels with the lack of coursework/personal life balance. As a result of the increased stress levels and competitive academic environment – in comparison to undergraduate education – it was found graduate students withdrew from hobbies, interests, and others in their lives. Overall, graduate students demonstrated poor self-care skills. As a result from this study, the type of high stress academic culture was reflected by some of the participants' narratives. Further results indicate the exacerbation of mental health symptoms. On the participant questionnaire, Martina stated the following about the graduate school culture.

I can say that I've definitely felt extreme pressure to complete a certain amount of work before I felt I was "allowed" to see my friends or enjoy myself...I think graduate programs are pretty toxic, and emotionally unhealthy spaces. I suffered a lot, and in private, for long periods, and I don't think this is right or necessary. It's harmful to both students and the academic institutions themselves. When newer grads started entering the program, I tried to encourage them to advocate for their mental health, with minimal success. I think grad students are pretty fearful across the board that showing anyone a "weakness" will indicate their inability to intellectually perform.

The support and services provided by the disability services offices are designed to ensure equal access for students with disabilities. Limitations to the type of services provided exist such that creating a fully inclusive environment may be challenging for some students with disabilities. By way of program specific cohorts, graduate school may foster a sense of community. However, some of the participants expressed concerns and recounted situations in which they had difficulty socializing on a collegial level with peers as well as faculty and integrating into the culture of the graduate program. In conclusion, the results of this study indicate some of the participants experienced a lack

of relatedness as defined by self-determination theory. This gap created feelings of isolation and self-doubt. This in turn adversely impacted the basic need of competence – advancement of feeling confident based on one’s abilities maturing (Ryan & Deci, 2002).

Overall, the participants endorsed their disability support services office as a positive experience regardless of the formal accommodations meeting their specific needs. For instance, Tamara noted satisfaction for the process of securing accommodations but discussed that the accommodations available for those with mental health conditions may not be the best fit. Tamara further commented the following in reference to anxiety and use of extended test time which logistically oftentimes needs to be provided in a separate testing room.

My anxiety makes it so that I want to get through the test like as quick as possible. And like being isolated isn’t actually beneficial for me because I can’t read the room and I guess it’s like important to me that I can see if a bunch of people have already finished or if I’m finishing with the group and I can’t explain why. But being by myself in a room seems more like a punishment. Like, I hate when I have a makeup test and I have to go to the professor’s office. And I’m all by myself. It just doesn’t feel right.

Tamara additionally discussed the accommodation of extended deadlines for assignments which is a common accommodation for students with mental health conditions. It was commented that while extended deadlines for assignments may be a helpful accommodation, the specificity around implementing it is challenging considering those with mental health conditions may have difficulty reaching out when assistance is needed. In advance, students would need to know when an extension is needed. Tamara stated, “It’s hard to prepare for a nervous breakdown.” While the “typical” accommodations for students with mental health conditions may be helpful, in some

situations, the support may need to be modified to best meet the needs of the individual student. This would entail the student demonstrating the basic need of autonomy by understanding their needs and further advocating for a discussion with personnel in the disability support services office.

The services made available at the campus's designated counseling center was discussed by some participants. Overall, the participants with experience of utilizing this service found it to be helpful. One participant, Zoe, did note that while the services are helpful, it can be stressful when there is high turnover of counselors which adversely impacts established trust and connections. Other than counseling as a helpful resource, Sam felt fortunate to have found success with an academic coach on campus. Sam reviewed the benefits of an academic coach including gaining assistance with breaking down multi-layered assignments, so they feel more manageable. As a result of assignments being more manageable, I believe stress levels reduce and mental health symptoms that exacerbate from high stress levels may decrease in occurrence as well.

In terms of self-determination theory, this study found visibility for the need for each psychological need – autonomy, competence, and relatedness. In the experiences shared by the participants, different aspects highlighted the relevance to their psychological needs. Participants demonstrated an authentic sense of self by relaying information about their conditions and impact on various settings in thorough detail. Furthermore, it appeared to be understood without hesitation how their conditions exacerbated in graduate school which may have generated ongoing motivation to maintain services and support. This motivation may also be linked to the basic need for

competence. The participants seized the opportunity to seek support (e.g., disability support services, therapy, academic coach, etc.) in order to accomplish the demands of their graduate programs. The need for relatedness was also reflected in the participants' experiences with peers, family, and faculty. This was portrayed in the discussions of the nature of program cohorts and stigma perceived by others.

Limitations of the Study

There may be reasons why limited research exists on the experiences of graduate students with mental health disabilities. Martin (2010) reported the outreach for college students with disabilities to participate in studies was less than a 20% response. The concept of stigma has been researched to be a strong indicator of whether students with disabilities decide to utilize disability support services. It may be inferred that the low response rate to studies focusing on students with mental health disabilities due to stigma may add another layer of complexity to securing participants. The current research collected narratives from six graduate students. While informative feedback was gathered from these participants, it is understood the results may have provided a broader scope to understanding experiences if the sample size increased.

Narrative research employs “images, spectacles, events, cultural artifacts that tell a story” (Bal, 1997; pg. 3). While this study utilized events provided by participants to tell a story and generate themes, gathering additional artifacts may have demonstrated further meaning from the data. An example of artifacts may include Individualized Education Plans or Section 504 Plans which for the graduate student participants may have been helpful in documenting experiences potentially impacting the decision to seek

services in graduate school as well as the types of accommodations requested. I elected to not seek such artifacts due to the discomfort level in requesting such confidential information. Participants had questions about confidentiality kept throughout the study and I concluded it may be viewed as untrustworthy requesting private artifacts. In addition, I was concerned this may further reduce the sample size upon request for the information or result in lack of follow-up interview sessions.

Another limitation of the current research may have been the choice to accept a participant from the medical school. While medical school is considered a graduate-level institution, some unique differences may apply in comparison to all other graduate levels reflected in this study. For instance, it may be debated whether medical school is overall a more rigorous academic program than many PhD programs. Attempting to obtain all participants from the same type of graduate program (i.e., concentration and degree) may have assisted in any concerns of inequitable or incomparable participant data.

Opportunities for Future Research

Past research tends to focus on the experiences including barriers, disclosure process, and seeking support of undergraduate students with disabilities. It may be informative to generate an explicit contrast and comparison study of the experiences of undergraduate and graduate students. It may also be interesting to collect data across disability categories. Therefore, the overall comparison would be between undergraduate and graduate students; then, the secondary comparison would be exploring differences

across disability categories (e.g., learning disabilities, mental health conditions, physical disabilities, sensory disabilities).

Since limited research focuses on the perceived attitudes of professors on the disclosure of students with disabilities and their need for academic accommodations, it may be of interest to explore this avenue. Once registered with the college's disability support service office, the notification of accommodations process for students with disabilities may be overwhelming, and they may often worry about judgment or stigma received from their professors (Cawthorn & Cole, 2010). Such worry about the stigma received from professors may be heightened for graduate students as they proceed in concentrated fields of study, often needing recommendations from professors for internships or career-related opportunities.

Collins and Mowbray (2005) researched students with mental health disabilities and concluded that with appropriate supports these students may gain the opportunity to develop their talents and unveil their potential, leading to a successful navigation of college. Some narrative about the need to identify accommodations more fitting for students with mental health conditions was produced from this study.

In commenting on the participant questionnaire in response to why there was interest in participating in the study, Martina included hopes for the research which may shape future studies by this researcher.

I have intersectional concerns that I think should be represented in this type of study. Having grown up in a very low income, addict containing, immigrant household, I've experienced classism, racism, colonialism, and sexism repeatedly throughout my education. These intersectional issues are problems that majority white and upper-middle-class graduate students do not experience, and it shows in their lack of empathy or inability to

understand, whether this is from fellow graduate students or from faculty advisors/mentors, who were the upper-middle-class whites in their own respective graduate programs. Academia largely breeds a culture of elitism, where most academics don't know about or understand real world experiences which impacts the way they ask research questions, how they view validity of methodology, and what they consider "legitimate" research plans.

This study captured the experiences of graduate students with mental health conditions in the present time with reflection on past life experiences. The concerns expressed during the interviews regarding perceived stigma and generally, adverse experiences as graduate students did not come to a conclusion of whether or not each participant successfully completed their program. Of future interest may be investigating whether these participants graduated from their programs and exploring any updated experiences related to the research questions posed for this study.

Another potential opportunity for future research may be to collect the lived experiences of graduate students with mental health conditions and triangulate the data through a different theoretical framework. This study incorporated self-determination theory since limited research utilizes this framework as a link to college students let alone graduate students. However, it may be of interest to see whether other frameworks may capture varying results in an informative way.

Implications for the Field

Students with mental health disabilities may be apprehensive to disclose their disability due to fear of stigma (Martin, 2010). Stigma is a socially constructed mark of disapproval, shame, or disgrace. Corrigan and Watson (2002) concluded that the stigma of mental illness may cause even more negative impact than the actual illness for some.

Stigma may be born from lack of knowledge and understanding of such disabilities. The ability to empathize with others, specifically those with mental health conditions, may be uncommon for some. Not having a similar condition, some may find it difficult to understand how someone with a disability feels or experiences challenges with daily activities since they do not have any personal knowledge of the circumstance. According to Megivern et al. (2003), of all the disability categories, mental health disabilities are the least understood. In addition, they are the least academically supported on college campuses.

Given the increase in enrollment of students with mental health conditions, it is important to provide administration and faculty in higher education with the training and resources to best assist students with mental health conditions. Reviewing the ADAAA as well as policies and procedures of the college disability support services office may be warranted. One participant from this study, Tamara, discussed meeting a professor during office hours to provide notification of accommodations. Tamara viewed the professor's questions about the accommodations as intrusive and skepticism of a legitimate need for services. Not all administrators and faculty may be aware of their role in implementing formal accommodations or the boundaries for which they may seek further clarification to assist students with receiving equal access.

Academic accommodations typically for students with mental health disabilities in college include extended test time, reduction in course load and assistance with notetaking, among others (Maxwell, 2014). Participants of the study reflected their disability support services office granting similar accommodations for use in graduate

school. However, at least one participant noted the typically accommodations granted for those with mental health conditions may not be the best fit. It may be that colleges and universities are used to providing typical accommodations (e.g., extended test time) for students with mental health conditions but a more individualized and if reasonable, more out of the box accommodation option may achieve more equitable opportunities. For instance, an accommodation not mentioned by many of the participants was having breaks up to a certain amount of time in which the testing clock stops so they may implement strategies to alleviate their symptoms.

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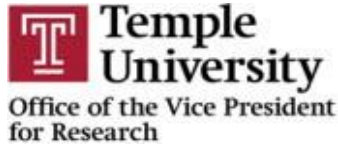
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APPENDIX A

IRB APPROVAL LETTER



Research Integrity & Compliance Institutional Review Board

Student Faculty Center Phone: (215) 707-3390
3340 N. Broad Street, Suite 304 Fax: (215) 204-4609
Philadelphia PA 19140 e-mail: irb@temple.edu



Approval for a Project Involving Human Subjects Research that is Approved as Exempt

Date: 26-Sep-2022

Protocol Number: 29312

PI: JOSEPH BOYLE R

Review Type: EXEMPT

Approved On: 26-Sep-2022

Risk: Minimal risk

Committee: A1

Sponsor: NO EXTERNAL SPONSOR

Project Title: Experiences of Graduate Students with Mental Health Conditions:
Seeking
Support and Services on Campus

The IRB approved the protocol 29312.

The study was approved under Exempt review. The IRB determined that the research **does not require a continuing review**, consequently there is not an IRB approval period.

As this research was approved as Exempt, the IRB will not stamp the consent or assent form(s).

Note that all applicable Institutional approvals must also be secured before study implementation. These approvals include, but are not limited to, Medical Radiation Committee ("MRC"); Radiation Safety Committee ("RSC"); Institutional Biosafety Committee ("IBC"); and Temple University Survey Coordinating Committee ("TUSCC"). Please visit these Committees' websites for further information.

Finally, in conducting this research, you are obligated to submit the following:

- **Amendments - Any changes to the research that may change the Exempt status of this study must be reviewed and approved by the IRB prior to implementation.** Examples of such changes are: including new, sensitive questions to a survey or interview, changing data collection such that de-identified data will now be identifiable, including an intervention in the methods, changing variables to be collected from medical charts, decreasing confidentiality measures, including minors or adults lacking capacity to consent as subjects when previously only adults with capacity to consent were to be enrolled, no longer collecting signed HIPAA Authorization, etc. Please reach out to the IRB Staff with any questions about if a change to the study warrants an Amendment.
- **Reportable New Information** - Using the Reportable New Information e-form, report new information items such as those described in HRP-071 Policy - Prompt
- **Reporting Requirements to the IRB within 5 days. Closure report** - Using a closure e-form, submit when the study is permanently closed to enrollment; all subjects have completed all protocol related interventions and interactions; collection of private identifiable information is complete; and analysis of private identifiable information is complete.

For the complete list of investigator responsibilities, please see the HRP-070 Policy – Investigator Obligations, the Investigator Manual (HRP-910), and other Policies and Procedures found on the Temple University IRB website:

<https://research.temple.edu/irb-forms-standard-operating-procedures>.

Please contact the IRB at (215) 707-3390 if you have any questions.

If you would like to tell us how we are doing, please complete this 5-minute Satisfaction Survey: <https://forms.gle/9EcgYGDEEANnvMw37>

APPENDIX B
RECRUITMENT EMAIL

Email message inviting graduate students to participate in the study:

“Dear Graduate Students,

A doctoral candidate in the College of Education at Temple University is seeking participants with mental health conditions for a research study. Participants will be offered the opportunity to enter a raffle for a \$100.00 Amazon gift card. Each participant will be asked to complete a brief 10-item survey then individually speak with the researcher for 3 scheduled appointments, each lasting approximately 45 minutes to 1 hour via phone or virtual arrangement. Confidentiality is essential for this research; therefore, your identification will not be shared with anyone other than the researcher. All recorded interview sessions will be labeled using code names and kept in a confidential manner only accessible to the researcher.

The purpose of the research is to bring awareness of the experiences of graduate students with mental health conditions. Participants will have the opportunity to share their perspectives on deciding whether to disclose their disability to others, how their disability has impacted their lives, and ways college campuses may best support students with disabilities, specifically those with mental health conditions. By learning the experiences of graduate students with mental health conditions, the intention of this research study is to demonstrate to others in similar situations that some of their fears and challenges are shared which may result in reduced feelings of isolation. In addition,

college disability services personnel, faculty and administrators may use this research to facilitate discussions of ways to improve supports and inclusion of graduate students with mental health conditions on college campuses. If you are interested in participating in the research study and/or have questions about participation, please contact Morgan Blisard at tug77214@temple.edu.”

APPENDIX C
PARTICIPANT SURVEY

Research Study: *Experiences of Graduate Students with Mental Health Conditions:
Seeking Support and Services on Campus*

Thank you for your interest in participating in the study! Upon completion of the consent form, please submit responses to this questionnaire which consists of background questions. This information will remain confidential and only made available to the researcher. If you have any questions about confidentiality measures taken for this study, please review the consent form and/or feel free to reach out to the researcher, Morgan Blisard, at tug77214@temple.edu.

1. Student's preferred email address, age, graduate program and anticipated degree
 - a. Email:
 - b. Age:
 - c. Graduate program:
 - d. Anticipated degree:
2. Do you feel more stressed by your graduate coursework than undergraduate course (please provide yes or no response)?
3. What type of mental health diagnosis or diagnoses do you have?
4. How does your mental health condition impact you (i.e., daily life, academics, socially)?

5. What accommodations did you receive prior to graduate school (if applicable)?
6. Why did you decide to participate in this study?

APPENDIX D
CONSENT FORM

RESEARCH SUBJECT CONSENT FORM

Title: Experiences of Graduate Students with Mental Health
Conditions: Seeking Support and Services on Campus

Protocol No.: 29312

Investigator: Dr. Joseph Boyle

Dept. of Teaching & Learning

1301 Cecil B. Moore Ave.- 367 RH

Philadelphia, PA 19122

Daytime Phone Number: (215) 204-1099

DETAILED RESEARCH CONSENT

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant.

What should I know about this research?

- Someone will explain this research to you.
- This form sums up that explanation.
- Taking part in this research is voluntary. Whether you take part is up to you.
- You can choose not to take part. There will be no penalty or loss of benefits to which you are otherwise entitled.
- You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled.
- If you don't understand, ask questions.
- Ask all the questions you want before you decide.

Why is this research being done?

The purpose of the study is to bring awareness of the experiences of graduate students with mental health conditions and use of disability support services at their university. By learning the experiences of graduate students with mental health conditions, the intention of this qualitative study is to demonstrate to others in similar situations that some of their fears and challenges are shared which may result in reduced feelings of isolation. In addition, college disability services personnel, faculty and administrators may use this research to facilitate discussions of ways to further provide support and inclusion of graduate students with mental health conditions on campus.

About 6-7 subjects will take part in this research.

How long will I be in this research?

We expect that your taking part in this research will last approximately up to 3 hours.

What happens to me if I agree to take part in this research?

If you decide to take part in this research study, the general procedures include the opportunity to share perspectives on deciding whether to disclose your disability to others, how your disability has impacted your life, and ways college campuses may best support students with disabilities, specifically those with mental health conditions. You will be offered the opportunity to enter a raffle for a \$100.00 Amazon gift card. You will be asked to complete a brief 10-item survey then individually speak with the researcher for 3 scheduled interviews, each lasting approximately 45 minutes to 1 hour via phone or virtual arrangement. Each interview session may be spaced out by at least one day and maximum of 1 week. The interviews will be recorded, and all content transcribed by the researcher. As follow-up, you will be able to review the responses you provided during the scheduled interviews to confirm for accuracy (otherwise known as member checking). At any point in time, you may decide to no longer participate in the study. Confidentiality is essential for this research; therefore, your identification will not be shared with anyone other than the researcher. All recorded interview sessions will be labeled using code names and kept in a confidential manner only accessible to the researcher.

What are my responsibilities if I take part in this research?

If you take part in this research, you will be responsible to provide any responses to questions that you feel comfortable disclosing. The scheduled individual interviews will require you to either have access to a phone or computer for Zoom interviews. All interviews should be held in a private space in order to maintain confidentiality.

Could being in this research hurt me?

The most important risks or discomforts that you may expect from taking part in this research include sharing your personal experiences of being an individual with a mental health condition with the researcher. Through sharing your personal stories, you may experience some psychological risks such as feelings of vulnerability and/or sensitivity regarding the disclosure of the private information shared.

Will it cost me money to take part in this research?

No, this research does not pose any financial responsibility of participants.

Will being in this research benefit me?

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits to you may include the ability to reflect on your learning experiences and growth as well as benefitting from knowing that your feedback may assist others in similar situations. In addition, sharing your confidential experiences may assist college disability services personnel, faculty and administrators facilitate discussions of ways to further provide support and inclusion of graduate students with mental health conditions on campus.

What other choices do I have besides taking part in this research?

This research is not designed to diagnose, treat or prevent any condition. Your alternative is to not take part in the research.

What happens to the information collected for this research?

Your private information will remain confidential and only shared with the researcher. Confidentiality is essential for this research; therefore, your identification will not be shared with anyone other than the researcher. All recorded interview sessions will be labeled using code names and kept in a confidential manner only accessible to the researcher. At any point in time, you may decide to no longer participate in the study. Once all data has been compiled, the researcher will summarize and analysis the data in a written format to finalize the research study. The information you share will not be attached to your name. Some of the written content may include transcribed information you provide during the scheduled interviews.

The researcher may publish the results of this research. However, your name and other identifying information will remain confidential.

Your information will be protected from disclosure to others to the extent required by law. We cannot promise complete secrecy.

Who can answer my questions about this research?

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This research is being overseen by an Institutional Review Board (“IRB”). An IRB is a group of people who perform independent review of research studies. You may talk to them at (215) 707-3390 or irb@temple.edu if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

Can I be removed from this research without my approval?

The person in charge of this research can remove you from this research without your approval. Possible reasons for removal include:

- It is in your best interest
- The research is canceled
- You are unable to keep your scheduled appointments

We will tell you about any new information that may affect your health, welfare, or choice to stay in this research.

What happens if I agree to be in this research, but I change my mind later?

If you decide to leave this research, contact the researcher so that the investigator can: Cancel any future pending interviews and confirm with you whether or not you consent to the researcher using any data thus far collected in the research.

If you decide to leave the research early, there may be risks with this decision. These may include: You may not be eligible to enter the raffle for a \$100.00 Amazon gift card and share your experiences in an effort to assist other in similar situations and facilitate discussions of ways to further provide support and inclusion of graduate students with mental health conditions on college campuses.

Will I be paid for taking part in this research?

For taking part in this research, you will be offered the opportunity to enter a raffle for a \$100.00 Amazon gift card that may be sent to you electronically.

Statement of Consent:

I have read the information about the current study provide above and agree to participate (please indicate yes or no in the appropriate checkbox. Yes No

APPENDIX E

INTERVIEW PROTOCOL

The researcher will conduct 3 interviews per participants, each interview session lasting 30 - 45 minutes. During all interviews, the researcher will keep in mind the importance of utilizing active listening skills; therefore, not interrupting the participants when speaking and professionally request clarification of responses using guiding questions when necessary. Before the interview begins, the purpose of the study would be explained. It would also be explained that the participant did not have to proceed with the study if there were any reservations with participating and can opt out of the study at any time. Participants would be encouraged to ask questions regarding the interview process.

Confidentiality is essential for this research; therefore, participants would be given a consent form reiterating the purpose of the study, confidentiality measures, and signature request for the permission to record the interview session. It would be explained on the consent form and verbally by the researcher that all file recordings and transcriptions will be labeled using code names and kept in a confidential manner. Upon completion of consent form and once the participant agreed they had no further questions, the interview would proceed with the following open-ended questions:

1. Please tell me about your experiences as a student with a disability.
2. How would you describe your disability?
3. How does your disability impact your life, including academic and personal experiences on campus?

4. Please tell me about your background and any relevant aspects or events in your life prior to graduate school.
5. Once you enrolled in graduate school, why did you decide to register with the university's disability services office?
6. Please tell me about your experiences using services/accommodations? What services/accommodations have been the most helpful and why?
7. Are there other ways the disability services office may best support you on campus?
8. What have your experiences been with approaching faculty about your need for accommodations?
9. What types of experiences have you had with disclosing your disability with peers?
10. What type of advice would you offer other graduate students with mental health conditions?

Following each response, the researcher may probe further by asking clarifying questions to any more general responses given. Once students complete the survey and one-on-one interviews, a raffle for a \$100.00 Amazon gift card will proceed and the winning participant will be contacted.