

The results of the current study present a nationally representative examination of which college students with psychological disorders register for accommodations at their institutions of higher education. Results indicate that students with psychological disorders already receiving treatment via medication and/or therapy were more likely to register for accommodations at their institution. Results also indicated that students with ADHD, bipolar, eating disorder, personality disorder, and other psychological disorders were all significantly less likely to register for accommodations as compared to students without these disorders.

In a systematic review of the literature of barriers and challenges experienced by students with dis

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

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

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

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

With regard to gender, approximately 53.9% ($n = 4,776$) were female, 43.8% ($n = 3,881$) were male, 0.3% ($n = 27$) selected trans male, 0.2% ($n = 19$) selected trans female, 1.1% ($n = 97$) were gender nonconforming, and the remaining 0.6% ($n = 53$) were self-identified outside of these categorizations. For ethnicity, approximately 12.9% ($n = 1,143$) identified as Hispanic or Latinx. For race, approximately 11.5% ($n = 1,019$) were African American, 12.3% ($n = 1,088$) were Asian, 0.8% ($n = 71$) were Native Hawaiian or Pacific Islander, 1.6% ($n = 142$) were Native American, American Indian, or Alaska Native, 66.8% ($n = 5,918$) were White, 2.0% ($n = 177$) were Middle Eastern, and 1.8% ($n = 159$) self-identified as another category not provided. The average age of survey respondents was 21.12 ($SD = 6.97$). Approximately 31% ($n = 2,746$) were first-year students, 28% ($n = 2,480$) were second-year students, 21% ($n = 1,860$) were third-year students, 17% ($n = 1,507$) were fourth-year students, and 3% ($n = 267$) were fifth-year or longer students. These demographic variables were not significantly or substantively associated with registering for accommodations, and thus were not included as covariates in the model.

All measures were obtained from the Healthy Minds Study (HMS, 2020). Approximately 41% ($n = 3,598$) of the sample of students with psychological disorders were registered for accommodations. Psychological disorders for the purposes of the current study included Anxiety Disorders, Attention Deficit Hyperactivity Disorder, Bipolar and related Disorders, Depression, Eating Disorders, Obsessive Compulsive Disorder, Neurodevelopmental Disorders (including Autism Spectrum Disorder), Trauma

Frequencies and Percentages of Students with Psychological Disorders Registered

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Substance Abuse Disorder	-002	0305	095	098
	BIC	AIC	χ^2 (df)	Pseudo

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

ple may not be representative of students with psychological disabilities as a whole as an unknown number of students with psychological disabilities may choose not to self-identify on even an anonymous online sur

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includes working as a special education teacher, sign language interpreter and teacher of the Deaf. She is currently pursuing a Ph.D. in special education. Her research interests include multiple disabilities/abilities, severe emotional/behavioral disorders, and Deaf and hard of hearing. She can be reached by email at: lebernac@yahoo.com

Lucy Barad Brak received her B.A. degree in political science from the University of North Texas and Master's and Ph.D. degrees from Texas Tech University. She is currently a professor in the Department of Special Education and Multiple Abilities at the University of Alabama. Her research interests pivot on examining the educational experiences of students with disabilities. She can be reached by email at: lbaradbrak@ua.edu

Cadina Leber Kirksey received her B.Ed. degree in special education from the University of Education Wittenberg, M.S. degree in Deaf and hard of hearing education from Western Oregon University and M.Phil. degree in special education from the University of Education Wittenberg. Her experience