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“It’s Bad Enough I’m Black ... But Disabled Too?!”: A Qualitative Exploration of After-COVID-19 Experiences for Black College Men Living with Disabilities

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Abstract: The purpose of this qualitative study was to examine the experiences of Black college men living with disabilities, namely ADHD and/or depression, as defined by DSM-5. Using naturalistic methods and a semi-structured interview protocol, we focused on understanding their experiences during the Great Pandemic (COVID-19) and the implications for campus support services in a post-COVID-19 era. The key implications for future research, policy, and practice are highlighted.

Keywords: COVID-19; disabilities; African American; postsecondary; sense of belonging



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1. Introduction

Mental health is an instrumental component of college students’ well-being and overall success. To support students’ mental health and well-being, colleges and universities invest significant amounts of money in creating a nurturing and welcoming student-centered campus environment. Supportive environments engender students’ engagement in a wide range of on-campus social activities and services, such as clubs, organizations, and special events, including intramural sports or concerts, as well as others like orientation, counseling, and career services, to name a few. Participating in enriching activities on- and off-campus can increase students’ persistence, academic and social performance, and sense of belonging [1]. Notably, however, on-campus student experiences were abruptly disrupted by the novel coronavirus SARS-CoV-2, a highly contagious airborne illness that caused COVID-19. Other pandemic-related stressors and restrictions, such as strict physical distancing and domicile containment (i.e., quarantine), caused college students to experience new mental health challenges or intensified existing ones, according to recent research [2].

Previous scholars have investigated college students’ mental health with an emphasis on conditions that negatively impact or impair learning. Consider recent reports documenting mental health issues that compromise students’ ability to concentrate, socialize with others, and achieve academic success, even in a post-COVID-19 era [3]. For example, 73% of college students report experiencing mental health challenges such as anxiety, stress, and depression [4]. Over one-third of college students report mental health experiences that restrict daily functioning, with the highest prevalence for conditions that negatively affect their concentration or attention and expressed mood, which explains the present study’s focus on *attention deficit hyperactivity disorder* (ADHD) and *depression* [4]. It is important to note that ADHD and depression rates are alarmingly higher among Black people, according to sources [5,6], and even more so among men (31%) [7], who are less likely to be diagnosed fairly or seek help professionally due to myriad barriers such as racism, ableism, or masculinity, although comparatively fewer research studies take up these issues.

A question largely unexplored in prior reports is whether and to what extent, if any, the COVID-19 pandemic has influenced the experiences of college students living

with disabilities (CSLD), particularly ADHD and depression. According to the American Psychiatric Association's DSM-5, ADHD is classified as a developmental disability that is more prevalent among men than women and is expressed through symptoms ranging from inattention to hyperactivity and impulsivity. (ADA defines ADHD as a developmental disability and mental health disorder that affects children and adults. Presenting symptoms range from difficulty sustaining attention concentration, controlling impulsive behaviors, and managing hyperactivity, which in turn can affect major life functioning, including work, learning, and social interactions. Unlike other conditions, developmental disabilities affect one in six children and usually last throughout one's lifetime.) Depression, on the other hand, is categorized as a neuropsychiatric disability that can significantly affect daily functioning, including interpersonal behavior, emotions, and thoughts [8]. (ADA refers to neuropsychiatric disability as a specific subset of mental disorders clinically recognized and marked by disruptions in an individual's thoughts, perceptions, emotions, and overt behavior. These disruptions can cause personal distress and impair daily functioning. They profoundly impact an individual's personality expression, leading to decreased comfort, diminished social engagement, negative self-perception, mood disturbances, and a shifted disposition toward life). A recent report noted higher-than-normal rates of ADHD and depression among college students in the post-COVID-19 "new normal" [9], and it seems reasonable to assume that this disproportionately affects Black college men, given prevalence data noted earlier about men in general and Black people specifically.

The impact of COVID-19 on college students seems far-reaching and pervasive. In keeping with the focus of this special issue, there is evidence of long-term impacts of COVID-19 on college students that manifest long after the height of the pandemic [10]—referred to as *after-COVID-19 experiences*. This study aims to gain a better understanding of such experiences of Black college men living with ADHD and depression and how this informs campus support services in the future. Before presenting the study's main purpose, we briefly review the extant literature.

2. Literature Review

A close, careful review of the existing literature revealed several bins of work. For instance, one line of inquiry focused on the schooling experiences of people of color living with disabilities, while more recent studies explore COVID-related educational effects on such populations. Given the focus of our study, we narrowed the scope of our review to published studies that focus explicitly on Black people living with disabilities and, even more specifically, higher education studies.

Earlier COVID-19 research on depression and anxiety among CSLD has examined racial/ethnic differences. For instance, authors reported that during COVID-19, Black students enrolled at historically Black colleges and universities (HBCUs) experienced higher levels of depression and anxiety [9] compared to other national surveys of college students [10]. Perhaps surprisingly, race and ethnicity did not have a significant influence on students' mental health, making cross-racial comparisons less relevant for studies of our kind. Rather, increases in depression and anxiety were attributed to individual students' experiences, namely their academic standing, socioeconomic status, and pandemic-related worries. For graduating seniors, pandemic-related worries included concerns about employment after graduation [11]. Underclassmen, however, worried about parents losing their jobs, reduced work hours, and COVID-19 transmission. These concerns are reasonable since approximately 11% of Black workers were unemployed amid COVID-19, compared to just 7% of white workers [12]. High unemployment rates among Black families can lead to financially dependent students stressing about bills, basic supplies such as food and water, or tuition due to a lack of monetary support [13]. Stress is a comorbidity—or accompanying symptom—of ADHD and depression, according to psychological experts [8].

Research on CSLD during the Great Pandemic has several major points. For example, a cross-sectional survey analysis including 777 college students found that approximately 36% reported at least one disability [14], although, like prior studies, this included students

with both *medical-* and *self-diagnosis*. The study also found that Black CSLD reported higher psychosocial stressors, such as isolation, financial loss, and worry about contracting or transmitting COVID-19, compared to White and other-race students. Additionally, Black CSLD were more likely than peers to be financially vulnerable during the pandemic—over two times more likely to worry about having to pay medical bills and twice as likely to suffer personal financial losses. Support from relatives, counselors, and others helped alleviate the burden of economic distress and hardships.

Other works focus on within-group differences, addressing COVID-19 challenges among Black CSLD. Black college students with ADHD, for instance, experienced higher-than-average rates of loneliness and distress during COVID-19 [15]. Transitioning to remote learning served as a significant source of distress and social isolation for such students. Students perceived less support from their institutions and peers during online learning. Consequently, their motivation, academic performance, and concentration declined, which presumably impacted those already living with ADHD to a greater degree.

While useful, the existing literature has limits. Scholars who study racial differences among CSLD tend to focus on a single disability, such as depression, and those who study within-group differences among disability classifications often overlook other important identity dimensions, such as students' race and gender. The proposed study addresses this gap in the literature by examining the on- and off-campus experiences of Black college men living with ADHD and/or depression, paying attention to any implications for campus support services in a post-COVID-19 era.

3. Why a Comparison Group Is Not Required

Feedback from an external reviewer persuaded us to add this section to the manuscript, explaining *to readers* why we chose not to include a comparison group in the present study. All too often, reviewers call for researchers to compare one minoritized group (e.g., Black college men) to an “equivalent” group of white students for comparative purposes, reflecting a comment we received on an early draft of this paper. In fact, some evaluators may suggest that such comparisons are necessary for results to be considered reliable or the study to be deemed valid. That is simply not true.

As two scholars of color—even more directly, Black male researchers—we resist such oppressive claims and challenge uninformed opinions that masquerade as objective facts, especially regarding racialized issues in the academy. Psychological violence of this kind does little to enrich one's study and far more harm (to the scholar and scholarship) than good. First, it exacts a toll on scholars of color and the communities they serve and study, relegating them to a lowered position where their lived experiences can only be judged or deemed “reliable” or “valid” by largely white reviewers/readers *if and only if* they are blatantly similar to or different from white students in a comparison group. The reality is that many decades of research have consistently documented significant differences between white and Black college students, from as far back as Fleming [16] and Carter [17] to most recent studies by Museus et al. [18], to cite a few. A diverse cadre of scholars agrees that we do not need another study to prove the obvious—that Black students' experiences are not “equivalent”, the same as, or equal to those of their white peers [19]. Nor should they be.

Second, insisting on the use of a comparison group of white students to explore the “lived experiences” of Black students in college is unjust, unfair, inequitable, and contradictory to the aim and mission of *Youth*, as a peer-reviewed academic journal that is international in scope. Insisting on such comparisons perpetuates a long-standing problem in the academy—namely, making white people the standard by which all others are judged. Dozens of scholars have criticized this approach and called for more equitable, humanizing approaches in social science scholarship [20]. We, as researchers, second the motion.

Third, and finally, insisting upon the use and incorporation of a group of white students for comparison purposes in a study designed by and focused on Black men is wholly inconsistent with the epistemological beliefs and methodological expectations of

qualitative or naturalistic inquiry that places a premium on experiential knowledge or people's lived experiences in life ("in vivo"), just as they are [21]. It is also incongruous with the researchers' critical lens, largely shaped by core tenets of critical race theory that acknowledge experiential knowledge of people of color as credible and valuable [22].

4. Purpose and Research Questions

The purpose of this study was to address the experiences of Black college men living with ADHD and/or depression. Apart from exploring their on- and off-campus experiences, we focused on implications for campus support services as they work to return and rejoin campus communities in the post-COVID-19 era. Two key questions framed the current study:

1. What are the on- and off-campus experiences of Black college men living with ADHD and/or depression?
2. How do these experiences of Black college men living with ADHD and/or depression potentially shape post-COVID-19 campus support services designed to enhance their well-being and foster a sense of belonging?

5. Materials and Methods

The purpose of this section is to provide an overview of the participants' characteristics, recruitment process, data collection, and analytical approach used in the current study, which was approved by the Institutional Review Board (IRB).

5.1. Participants

Eligibility criteria for the present study included the following: (a) being currently enrolled in or a recent graduate (within the last three [3] years) from college and at least 18 years old, (b) identifying as "Black or African American" and "man" (cis- or transgender), and (c) living with ADHD and/or depression; however, diagnosed is in keeping with prior disability studies [23]. For our purposes, ADHD refers to a pattern of hyperactivity or inattention that persists over time and impedes functioning or growth, while depression is a recurring sense of sadness or lack of interest in once pleasant activities that results in physical and emotional problems, which may cause a decline in social, professional or other daily functioning domains [24]. It is important to note that both ADHD and depression are classified as disabilities by the American Psychiatric Association [8].

The study examined the college experiences of five Black college men who identified as living with ADHD and/or depression, whether clinically or self-diagnosed. Participant ages ranged from 18 to 44 years. In terms of disability, 40% reported ADHD only, 40% depression only, and 20% both ADHD and depression. Additionally, 80% were clinically diagnosed, whereas 20% were self-diagnosed. Table 1 presents a summary.

Table 1. Description of study participants.

Identity	ADHD	Depression	Both	Clinical Diagnosis	Self-Diagnosis	Age
Participant 1	-	-	Yes	Yes	-	26
Participant 2	Yes	-	-	Yes	-	27
Participant 3	Yes	-	-	Yes	-	18
Participant 4	-	Yes	-	-	Yes	26
Participant 5	-	Yes	-	Yes	-	44

5.2. Participant Recruitment

Participants were recruited in several ways. First, researchers distributed digital flyers describing the purpose of this study to professionals working in campus disability services (CDS) offices via a listserv headquartered at a 4-year public university. Listserv notices asked CDS professionals to recommend the study to students who met our eligibility criteria

and/or forward the study announcement to students registered with their office. Though useful, the digital flyer distribution method resulted in several potential participants who ultimately did not meet all of the study's criteria.

We also partnered with a research firm to recruit eligible participants for this study, given the difficulties we experienced gaining access to students through campus administrators and restricted-access listservs. The firm mounted our study invitation to a static website and ran several social media campaigns advertising the project to audiences who met our sampling criteria. This approach yielded five eligible participants.

5.3. Data Collection

In keeping with the purposes of this study, data were collected via one-on-one, audio-, or video-recorded interviews with willing participants. Generally speaking, interviews lasted 30 to 60 min, averaging approximately 45 min. Interview duration varied to allow time for respondents to clarify their responses, work through strong emotions, or offer complete answers to questions despite significant differences in their level of verbal communication skills.

Interviews were conducted using a semi-structured protocol comprised of seven primary questions. Interview questions focused on Black college men with ADHD and/or depression campus experiences pre-, during-, and post-COVID-19, as well as the impact of such experiences on campus support services, including accessibility issues, counseling and psychological services, and mentorship and peer leadership programs, all designed to assure their mental health, well-being, and sense of belonging.

In keeping with previous research about comorbidity [25], we discovered that a few participants diagnosed with ADHD and/or depression also reported other co-occurring conditions, such as social anxiety, post-traumatic stress disorder (PTSD), and dysphasia or speech impediments, to name a few. Consequently, we adjusted our data collection protocol to ensure participants' accessibility, level of comfort, and rapport. For instance, we did not require participants to activate their video display as some admitted social anxieties and speech impediments that could be triggered by unfamiliar faces and settings. Thus, all interviews were conducted by audio only, with one exception.

Second, we offered two participants the option to complete their interview in writing using an online questionnaire in lieu of an oral interview. The online questionnaire included the same questions as the semi-structured protocol, along with open-ended text boxes for responses. This approach accommodated the divergent communication needs of our participants and provided an opportunity for individualized accessibility support from a social worker or aide [26]. Enlisting support from parents, allied health professionals, or technology-enabled assistive devices provided participants with equal opportunity to formulate responses to our questions in familiar environments, using their first language and/or interpretive services, all without having to disclose such needs to the researchers [27]. Offering these accommodations is not only reflective of the researchers' deep commitment to inclusivity and equity but is also required by professional ethical standards and federal law [28].

5.4. Data Analysis

Data were analyzed in five stages. First, data from one-on-one interviews were transcribed by a professional with the aid of artificial intelligence (Ai) technology that easily converts audio-to-text phonetically. Second, electronic transcripts were stored using qualitative data analysis software (i.e., Atlas.Ti 23), then initially analyzed using NVivo and, subsequently, read by each researcher using line-by-line review marking words and phrases that stand out as related to our two research questions. Initial words and phrases were used to establish preliminary codes (i.e., open coding) as a third step. Open coding is defined as an interpretive procedure by which unprocessed qualitative data are initially examined and classified [29]. Fourth, open coding gave rise to axial coding, defined as a method of connecting categories and subcategories to larger/broader elements (i.e., emergent themes).

In the final stage, codes and categories were compared and contrasted to identify a final set of themes, which represent key findings of the study.

6. Results

Two major findings emanate from the present study based on the analysis described above. Black college men with ADHD and/or depression described feeling socially isolated, financially distressed, unsupported, and pressured to seek help on their own amid COVID-19. These experiences underscored the importance of raising awareness about disabilities and on-campus services, as well as the need for strengthening relationships with campus personnel in ways that ensure the success of Black college men with ADHD and/or depression in post-COVID-19 times. Each of these is further discussed along with verbatim quotes from participants in the next section.

6.1. What Are the On- and Off-Campus Experiences of Black College Men Living with ADHD and/or Depression?

6.1.1. Feelings of Isolation

Black college students with ADHD and/or depression spoke extensively in interviews about feelings of loneliness and social isolation. Most students described how loneliness resulted from forced closure of campuses and suspension of on-campus activities due to COVID-19 restrictions. They also shared how they felt socially excluded from certain activities or social groups, in part based on their race, ability status, or both. One participant shared that negative perceptions of Black people and/or people with disabilities held by some members of the campus, especially white majority peers, kept them from hanging out, working together in study groups, and getting to know each other personally. Consider the following quote that reflects the sentiments of others:

You just get tired of it . . . or maybe you're just afraid of being judged or mistreated, sometimes because of your race, other times because of your disability, and maybe sometimes for all of it (laughing). You just don't know. So that's why I try to stay to myself, and it's like COVID made it worse because everybody so suspicious of people. Who's got what, when, where, and how do I stay away from it . . . but it's like sometimes they really mean YOU.

Like other students [30], our participants reported coping with these negative stereotypes in both pro-social and antisocial ways. For instance, many talked about resorting to avoidance behaviors like staying alone and ignoring phone calls and texts while also disconnecting from social media. Black men in our study admitted that such avoidance behaviors made it even harder to concentrate without some outlet (ADHD) or “easier to slip further into sadness without some connection to other people”, as one clinically diagnosed (depression) participant explained. Finding acceptance and social inclusion on campus was a challenge, but some found success by hanging out with other “students like them”, although that proved harder than expected. One said:

Social experience wasn't so great. True that. So what I just tried to do was I try to find people within my own [group]. . . people like me, you know. That was just the only thing that really kept me going because it was the only social [acceptance] I found. So I'd play pool [with the guys I knew] . . . 'cuz they're aren't too many just like me.

Feelings of loneliness were exacerbated during the COVID-19 pandemic due to “stay at home” orders, quarantine, and other protective measures. For example, moving to online learning removed participants from usual forms of social support, including faculty, staff, and college friends. Lack of formal social activities in classrooms, campus events, or clubs elevated pre-existing conditions such as anxiety, depression, and boredom, as explained by many of our participants. Unhappy or low-spirited moods seemed to catalyze greater declines in academic motivation, school performance, and concentration, all of which relate directly to symptoms of ADHD and depression. Consider the following:

*I feel different since COVID happened. A lot of change has happened, for sure. Back then, things were more hands-on, and teaching now is more technical—everything is online and there are barely any interactions; it's crazy and weird. Some people can probably deal with it or adjust, but when you already struggling with focusing or feeling blue all the time, this sh*t takes a bigger toll on you.*

In summary, Black college men in our study talked openly about the realities of living with ADHD and/or depression. Beyond challenges encountered in daily life (e.g., feeling moody or blue frequently), COVID-19 presented additional and new issues caused by the forced closure of campuses, strict physical distancing away from others, and deeper feelings of loneliness. Loneliness and isolation were not caused by COVID-19 only—some participants described experiences with social isolation or rejection from peers who seemed to judge them based on stereotypes about their race and/or (dis)ability status. To cope with such negative experiences, Black college men with whom we spoke stayed to themselves, engaged in a range of pro- and antisocial behaviors, and took steps to hang out with people like themselves; that is, other Black men in college, other students with disabilities, or other Black men with disabilities although they were “very few in number”, as several pointed out.

6.1.2. Financial Distress and Health Issues

Black college men in our study mentioned the economic impacts of COVID-19 on those upon whom they depended for financial support since over 90% disclosed that they were financially dependent on others (e.g., parents, caregivers). For example, some participants talked about how family members and providers faced reduced work hours or long periods of unemployment due to COVID-related furloughs, layoffs, and business closures. Even those who were financially independent shared examples of how COVID-19 negatively impacted their work hours, employment status, and pay—fewer work hours led to less pay, and “less pay caused more worrying about bills and stuff”, as one stated.

Financial distress and insecurity caused a significant decline in participants' health and well-being as they worried about payment of tuition, bills, medical therapies, and food, among other basic needs. Some decided to forego counseling and therapy due to COVID-related financial strains. Several participants confided in us that they resorted to excessive drinking of alcohol and controlled substances (e.g., marijuana) as a way of coping with financial stressors. Consider the following quotes from participants that reflect the sentiments of others:

So drinking was a generic thing that is accepted by everyone. So yeah, I'd just drink to get through.

It wasn't really an increase and it wasn't really every time I was drinking. . . [But] it just keeps increasing, increasing, increasing and it just gets to 100% and then you are all busted up and all of that and you just have to scream or drink or yell or drink some more.

In summary, Black college men in our study talked at length about the role that COVID-19 played in the frequency and nature of their worrying and stress about financial matters. For financially dependent students, COVID-19 intensified their concerns about money-related matters by negatively impacting working adults in their lives (e.g., parents, caregivers). For those financially independent, COVID-19 negatively impacted them directly through forced unemployment, reduced work hours, and, consequently, less pay. Financial distress emerged as a significant factor contributing to the overall decline in participants' health. The harsh reality of being unable to afford mental health services forced many participants to resort to excessive alcohol consumption and the use of illegal substances as a means to cope with their anxiety, depression, and stress.

6.1.3. Stress from Lack of Support

Participants spoke at length about experiencing high levels of psychological stress due to a lack of support from family, peers, and higher education personnel on- and off-campus.

Lack of support went beyond financial matters like those discussed in the previous section to also include emotional, social, physical, and medical support. For example, participants talked about facing difficulty accessing necessary services such as counseling, therapy, and even pharmacies to fill prescriptions. Going without treatment and counseling left some of our participants vulnerable to deeper feelings of depression and “silent suffering”, as a few called it.

Although some turned to family (i.e., biological and/or constructed) and friends for support, participants explained that many were unaware of the severity of their disability or failed to understand how their developmental or neuropsychiatric disorder could negatively impact or complicate daily functioning. For example, some shared how family members told them to “simply shake it off” or “smile and be happy”, missing how difficult that can be for someone living with ADHD and/or depression. As a result, some felt unsupported by family and friends at a time when they were already “prone to feelings of isolation and social frustration”, as one put it. This only seemed to exacerbate other pre-existing conditions like anxiety, loneliness, compromised attention (i.e., ADHD), and/or depression.

In addition to those in their personal network, participants described feeling unsupported by personnel on- and off-campus, such as faculty, CDS professionals, and counseling and psychological services (CAPS) professionals. For instance, participants offered candid examples of how they faced academic stress due to workload, competing deadlines, and challenging assignments, to name a few. Academic stress seemed to co-occur, at times, with other sources of stress, such as worrying about basic needs (e.g., housing, food), finances and employment, mental health, and physical well-being and safety due to the invisible threat of COVID-19.

Several participants felt that they were not given the same level of support or held to the same expectations as their non-Black and/or differently abled peers. Such differences—specifically “disparities”, as one stated—got in the way of them receiving adequate resources to meet their individual needs. Overall, findings from the study indicate that Black college men living with ADHD and/or depression are at an increased risk for negative stress—known as distress—due to their lack of support from family, friends, and professional staff.

In summary, study participants revealed significant psychological stress resulting from a lack of social support from family, peers, and higher education personnel. The challenges were further compounded by the COVID-19 pandemic, which caused job loss, restricted access to vital services, and reliance on limited support networks. Participants expressed that their disability and associated difficulties were often misunderstood or disregarded by family and friends, intensifying feelings of isolation and exacerbating their mental health conditions. On campus, participants reported insufficient support from faculty, disability services, and counseling professionals, perceiving disparities compared to their non-Black and non-disabled peers. The findings underscore the heightened distress risk among Black college men with ADHD and/or depression due to inadequate support in their academic and social environments.

6.1.4. Help-Seeking Behaviors

With very few exceptions, participants described their on-campus experiences as academically challenging, rigorous, and both emotionally and psychologically demanding. Outside of class, participants frequently pointed to a set of common social activities that provided outlets for work–life balance and coping with COVID-related stressors: working out in the gym; watching television (TV); hanging out with friends (usually drinking alcohol); and playing “the game”, such as PS5, Xbox, and Nintendo Switch, chief among them. Beyond this, most of our participants seemed to emphasize the importance of seeking out supportive resources on one’s own, when needed, to help address or overcome any challenges. Consider the following:

They also have like a therapy session. I have a personal therapist and all of that. They also have a lot of them at the school, for us [t]here.

We have tutoring, counseling, mentors, or coaches to help [us] out.

Seeking help or support was not always easy, though. Participants seemed keenly aware of negative beliefs and generalized perceptions that exist in society about people living with disabilities or “students like [them]”, as one participant stated. “It’s like you’re already fighting negative thoughts that people have about you, about Black guys, and to make it worse you have a disability . . . it’s like you don’t want to deal with that sometime”, he explained. Not dealing with it often kept our participants from seeking or asking for the help they needed to be successful in a class, a semester, or an entire academic year.

Participants’ perceptions of campus personnel also mattered when seeking help. For instance, when probed, participants admitted that they were not “always 100% sure that the person [i.e., campus staff] believed bad stuff about them”, referring to negative stereotypes and stigma, but they also did not want to find out. “I mean, it’s not just them . . . it’s kinda [sic] everywhere so you know it’s possible and try to avoid it”. This is important as it reveals how the presence of racialized stereotypes and ableism can negatively impact and threaten college student success generally and Black college men specifically [31]. We return to this point later in the discussion.

Study participants also discussed the need to advocate for themselves to ensure that their needs were met, noting that “people won’t always do it for you”. They described the importance of recognizing problems and making their needs known to those who can provide help and assistance, such as faculty, campus personnel, and off-campus clinical professionals. One participant enrolled at a 4-year public, selective university on the West Coast shared:

You know yourself better than anybody else. That’s all I’m going to say. It doesn’t matter what anyone thinks of you, you know yourself better than anyone knows you. So don’t fall victim to what people diagnose you to be. [Go get what you need].

Overall, findings from this study suggest that Black college men living with ADHD and/or depression are mindful of the importance of help-seeking and self-advocacy, although they also recognize the need for institutions to provide support proactively.

6.2. What Impact, if Any, Do These Experiences Have on Post-COVID-19 Campus Support Services Designed to Enable Participants’ Well-Being and Sense of Belonging?

6.2.1. Raising Awareness of Disabilities and Support Services

In the present study, respondents stressed the importance of raising greater awareness about disabilities and the needs of neurodiverse students among faculty, staff, and peers. Participants identified dominant perceptions that resulted in not receiving relevant services to assist with their education. Several felt that having an invisible disability—one that is not readily noticed or seen by others—reduced their chances of receiving accommodations. While raising awareness generally seemed necessary, participants also urged colleges and universities to glean this information early and often, as soon as their first year.

All participants in this study reported living with one or more disabilities, 80% with a clinical diagnosis, and all others self-diagnosed. However, all reported challenges that required assistance, and several had difficulty accessing appropriate accommodations on campus. For example, some clinically diagnosed respondents had expired documentation or missing information that prevented them from receiving notetaking help, exam relocation, lecture audio recordings, or assistive technologies that they may have been qualified or “approved for” in the past when their paperwork was current. Self-diagnosed participants, on the other hand, complained that legal requirements (e.g., American Disability Act) that colleges and universities must follow are cumbersome and restrictive and sometimes get in the way of them getting the help they need to survive.

Participants also stressed the importance of raising awareness about support services. Black men in the study reported facing academic challenges that required help and

assistance, although they were less clear if such support was available or “counted” as “reasonable accommodations”. Study participants openly discussed their physical and/or learning disabilities, academic struggles, and personal successes, including their (in)ability to learn course material and eagerness to perform well in class despite the obvious need for assistance with their studies. Their lack of knowledge about campus programs and services significantly impacted their ability to achieve the level of performance they desired in academic, social, and personal contexts. Participants stressed that campus personnel should inform them about campus services offered, such as disability support services, student counseling services, or tailored programs for students of color generally or Black students specifically. They noted that they would have used such information to seek help proactively, that is, before academic problems arose. One participant stated:

Oh yeah, I think there are not enough [services] in place, [there are] a few, [but] especially [not] enough [of] them. Maybe [administrators] should also try to make sure that this help, or this way of helping Black people [especially Black men], to come into it naturally, from both sides. There's actually not enough awareness for these programs.

In summary, participants with both visible or hidden disabilities, whether self- or clinically diagnosed, experienced challenges in accessing appropriate accommodations for their educational needs. These challenges underscored the importance of increasing awareness of disabilities and the availability of support services, in keeping with others [32]. They recommended that colleges and universities take proactive measures to collect and disseminate their medical history, ideally during the admission process—facilitating the provision of appropriate support.

6.2.2. Strong Relationships with Campus Staff

A major theme emanating from this study is the important role that supportive relationships play in the academic and social success of Black college men living with ADHD and/or depression. Academic and social success depend on the educational sense of belonging [1], which is highly correlated with mattering. Mattering has four primary components, including attention, ego-extension, dependence, and importance [1]. That is, people tend to feel a sense of belonging when they play an important role in a group; others need them and, consequently, would miss them if they disappeared without notice. Some of our participants believed that people would miss them if they left their institution unexpectedly, especially peers/friends, roommates (if any), and faculty or program staff with whom they developed strong ties.

In a few cases, these strong positive relationships or social bonds developed between men in our study and campus program staff through formal pre-college outreach, federal TRIO, which provides academic advising, career counseling, self-help strategies, and scholarships, and/or Black male initiative (BMI) programs [33]. Strong, positive relationships with oftentimes same-race staff in formal programs were best characterized as open, trusting, mutually beneficial, and relatively long-standing, as participants referred back “a year or more” to meeting such staff for the first time. Consider the following:

Staff, like coaches or mentors, in the “year up” program were part of my long journey and helped me get the internship with one of the top banks in America.

When asked, some participants raved about the support they received from staff in these programs, who seemed to “go above and beyond the call of duty”. They described feeling valued, seen, and respected by staff, including program directors, non-academic advisors, and mentors. They talked about how staff signaled authentic care and concern for them “as humans . . . as people”, not just students.

In summary, participants acknowledged the significant impact of meaningful relationships on their confidence, motivation, and resilience. Knowing they had someone (or, in some instances, someplace) to turn to when they needed assistance helped to alleviate stress, reduce their worrying, and reinforce their sense of belonging on campus. Overall, findings indicate that Black college men with developmental (ADHD) and neuropsychiatric

(depression) disabilities benefit significantly from strong, positive relationships with staff in formal campus-based programs.

7. Discussion

Recall that the purpose of this study was to address the experiences of Black college men living with ADHD and/or depression. Apart from exploring their on- and off-campus experiences, we focused on implications for campus support services as staff work to return and rejoin campus communities in the post-COVID-19 era.

Marginalized students, especially individuals who belong to several minoritized groups, may experience feelings of isolation from campus communities at times when they are prone to alienation and judgment. Strayhorn reported that belonging, which includes a feeling or sensation of connection to a group or an individual on campus, is a fundamental human need that impacts college experiences [1]. Although some Black men in the present study perceived healthy social support from their campus community, others experienced more challenges building substantial rapport with faculty, staff, and peers amid COVID-19. Fostering meaningful connections with others became more challenging as students faced limited direct contact with friends, instructional staff, and non-instructional staff due to forced displacement and “stay at home” mandates designed to prevent the spread of disease. Some participants with ADHD found it difficult to facilitate conversations online due to on-screen distractions and limited concentration, while those living with depression were more likely to worry about being a burden to campus personnel. Returning home left students in the present study feeling alone, lonely, and without support. That students struggle to toe the line between home and school and on- and off-campus relationships is not new information [34], but understanding how COVID-19 quarantine and “stay at home” orders negatively influenced social connections for Black college men living with ADHD and/or depression is. New insights gleaned from the present study will hopefully inspire new practices and programs.

The pandemic caused money-related worries and stress among financially dependent participants who relied on some family members for support—family members who were laid off or furloughed, resulting in far fewer work hours, temporary leave, or loss of pay. As a result of COVID’s impact on the economy—especially service industries that are disproportionately occupied by people of color [35]—some families had less money to support their students. Our participants reported frequent worrying about their family’s financial situation and concerns about basic needs, such as food, water, shelter, and medicine(s) or therapy. In addition, some of our participants feared that financial pressures caused by COVID-19 would strain their ability to pay tuition and school-related fees required to continue their education. Financial insecurity negatively impacted their overall well-being, causing additional anxiety and a heightened sense of depression, leading to further social isolation and stress.

The findings suggest a clear and compelling need to raise greater awareness about disabilities, visible and invisible, both clinically and self-diagnosed. Although our participants reported having ADHD and/or depression as part of the study’s eligibility criteria, almost all shared about the comorbidity of other conditions, psychiatric problems, personality disorders (e.g., narcissism), or physical ailments. Raising awareness about disabilities should include talking about the reality of comorbidities; challenging systemic ableism and ableist language that is pervasive in the academy (e.g., “that’s so lame”, “that’s crazy”, or “turn a blind eye”); affirming the worth of all students’ lives; and amplifying the stories and voices of minoritized disabled communities, including those who are self-diagnosed, in keeping with recommendations of others [36]. Our participants’ stories and experiences reflect long-standing concerns about the devaluation of disabled lives and issues about ableism in education, even amid an already stressful time like the COVID-19 pandemic. Their words also demonstrate how these forces can intersect with other existing social problems (e.g., racism, stereotypes) to further oppress some Black college men and deny

them access to campus support services designed for their success. Awareness-raising campaigns should also acknowledge these thorny issues.

Another major point flowing from the currents of our study is the need to promote greater awareness and understanding of support services available on- and off-campus for college students living with disabilities, especially Black college men. It is one thing to offer counseling and tutoring services to college students, but such efforts are futile if students simply do not know what is available, where, and when. The men in our study made this point clear and urged college administrators to go that extra mile by marketing academic support services, encouraging their use, and connecting students such as Black men CSLDs directly to such assistance. Rather than leaving it to chance or the individual, we highly recommend that colleges and universities institutionalize such practices by tying it to the core curriculum, embedding it in first-year seminars, or infusing it in summer bridge, pre-entry, and pathway programs. Staff in these programs should be adequately trained to understand the unique needs of all students, especially the Black men CSLDs in our study.

Facilitating the development of strong relationships with campus staff was important during COVID-19, and the present study suggests the same is likely true in a post-COVID-19 new normal. Supportive relationships with campus staff play an instrumental role in all students' academic and social success, particularly for Black college men [37]. The results from the present study demonstrate that the same is true for Black college men living with ADHD and/or depression. Developing positive relationships with faculty, staff, peers, and off-campus community members, such as church leaders, clinical or medical professionals, or social workers, is crucial for Black CSLD's success. Social support from professionals on campus contributes to improved mental health, academic success, and persistence toward degree completion [38]. Our participants, at times, had subjective experiences of feeling out of place during college, but strong bonds with a group or at least one member on campus buffered negative experiences, which lowered levels of depression and anxiety or sharpened concentration in keeping with prior work [39]. Perceived social support stimulates a sense of belonging, and the same holds true in the current study. Feelings of belonging are positively associated with goal persistence, including class attendance, good grades, and higher retention rates, to name a few [40]. We heard this time and time again through the words of our participants. This leads us to suggest that developing positive relationships with campus personnel post-COVID-19 will be critical and help improve Black men's confidence to seek and access necessary support and resources.

Although the men in our study emphasized the importance of a broad set of campus support services ranging from disability services to tutoring, pre-college programs, and Black male initiatives, they also pointed out that seeking help could be difficult and uncomfortable, especially if/when they did not know what to expect. They revealed through their words a keen awareness of negative beliefs, stereotypes and social stigma that exists about them in society and, at times, in the institution at which they were enrolled. Fear of confronting or confirming negative racialized stereotypes like "people living with disabilities can't do it themselves" or "people of color are academically unprepared" kept some of the men in our study from reaching out, asking for, or seeking the help they needed to succeed in college. This is worth noting for at least three reasons. First, it is in keeping with prior research on the presence of racialized stereotypes in education [30]. Second, findings show that such stereotypes can lead campus personnel to develop false perceptions and beliefs about students with disabilities generally and ADHD and/or depression in particular, similar to what others found for those with autism [41]. Lastly, the present study shines much-needed light on the negative impact that racialized stereotypes and stigma can have on neurodiverse communities, including Black college men. Without intervention and proactive efforts, these invisible forces can prevent students from interacting directly with campus workers and/or accessing the holistic services needed to excel in college.

7.1. Implications

The findings from the present study have implications for campus policy and practices. For example, many campuses require students to furnish evidence documenting a clinical diagnosis of one's disability status. Recall that while 80% of our participants reported clinical diagnosis, just one-fifth were self-diagnosed but in need of accommodations or assistance. Requiring clinical diagnosis from a certified professional can be dehumanizing, limiting, restrictive, and unreasonable when working with students from minoritized populations who may or may not have healthcare insurance to get screened, may distrust medical professionals due to a long, well-documented history of harm caused by medical experiments and trials affecting Black communities [42], to name just a few. We encourage more person-centered practices that assess students' needs based, in part, on their personal input, and we advocate for policies that also provide support to self-diagnosed students.

The results presented herein have significant implications for future theory and research. For instance, the fact that one out of five of our participants reported self-diagnosed ADHD and/or depression is worth noting. For example, future studies could help replicate the present study's findings on how many people who are self-diagnosed need accommodations. Although some were self-diagnosed, all were in need of accommodations, assistance, or support of varying kinds to succeed in college, which is also worth mentioning. Future projects should be framed in keeping with the study's overall aims and objectives; that is, does the study require clinical diagnosis because it is focused on aspects of clinical practice, formal interventions, or therapeutics? Or, does the study explore lived experiences and perceptions (like our study) that do not depend on clinical diagnosis for eligibility or having something to say about the topic?

Lastly, as we mentioned earlier, we were forced to modify our methodology to ensure the full participation and comfortability of our participants, some of whom spoke with noticeable impediments, battled social anxiety, and/or needed the assistance of an aide or artificial intelligence (Ai). Therefore, to ensure the study's success and participants' comfort, we recruited assistance from a sampling firm, placed the interview protocol online as an electronic questionnaire, and notified willing participants that they could bring along others (e.g., aides) if needed. Unexpected deviations of this kind required additional resources, extended time for interviews, and some renegotiation of human subjects approvals. Thus, we encourage future researchers, student advisors, and IRB committees to consider these results when developing new or revising existing protocols for research on people living with various disabilities.

7.2. Conclusions

In conclusion, this study provides an in-depth look at the experiences of Black college men living with ADHD and/or depression, extending knowledge generated from prior research [43]. Data revealed how issues of loneliness and social isolation worsened during the COVID-19 pandemic, how stereotypes and racism inhibited their ability to freely access necessary support on- and off-campus, and how developing strong positive relationships with campus personnel enabled their academic and social success. The study's findings illustrate the unique challenges that these students face in higher education and highlight the importance of accessible and quality support for Black college men with ADHD and/or depression in the "new normal" set by the COVID-19 pandemic. Going forward, it is essential that campus personnel recognize the importance of support services, the pervasiveness of racism, stereotypes, and ableism, as well as the impact of disabilities (invisible or visible, clinically or self-diagnosed) on college students' after-COVID-19 experiences. They must utilize the information and knowledge generated from studies like the present to provide all students, especially Black college men, with the resources they need to succeed.

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