“They’re Coming in Pretty Defeated:”
Mental Health During the COVID-19 Pandemic
(Practice Brief)

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Abstract

Limited research explores postsecondary disability resource professionals’ (DRPs) perceptions and experiences supporting students during the COVID-19 pandemic. As part of a larger study utilizing national survey and interview data, this paper explores DRPs’ experiences and observations related to student mental health during the pandemic-related lockdowns and subsequent transitions back to in-person campus settings. The findings of this study reveal DRPs are grappling with increasing student numbers, continuing need for expanded mental health accommodations and supports, and a persisting urgency to re-examine the role of the disability resource office (DRO) on campus related to student mental health. Implications and strategies for practice.

Keywords: disability resource professionals, mental health, higher education

Summary of Relevant Literature

The COVID-19 pandemic has negatively influenced postsecondary community members’ mental health because of the disruption of daily routines, access to life necessities, and other associated factors (Caron, 2021; Flaherty, 2020; Petty, 2021; Scott & Aquino, 2020, 2021). Postsecondary students are experiencing additional stress and anxiety (Son et al., 2020), with a large proportion of young adults impacted by mental health problems associated with the COVID-19 pandemic (Anderson, 2020; Center for Postsecondary Research, 2021; Sontag-Padilla, 2020; Wood, 2021). Educators and other members of the higher education community have also experienced pressures impacting their overall mental health (Docka-Filipek & Stone, 2021; Zhai & Du, 2020). As research continues to document the changing and developing impact of the pandemic on mental health (Grubic et al. 2020; Madaus et al., 2021; Savage et al., 2020; Weissman, 2021), there is growing recognition of the long-term need to pay increased attention to mental health of students and the broader campus community (Carrasco, 2022). This brief explores the practice of disability resource professionals (DRPs) supporting mental health needs during the pandemic.

Participants

Data for this paper were collected from a national project exploring the experiences and perceptions of DRPs during the COVID-19 pandemic. Specifically, three distinct data collections —two survey data collections in May and December 2020 and one round of interviews in July 2021—explored postsecondary disability support services, including how disability resource offices (DROs) supported student mental health, within the higher education environment. The first wave of data included 535 AHEAD members and the second wave of data included 631 AHEAD members. Detailed information on the first two waves of participants can be found in AHEAD whitepapers (Scott & Aquino, 2020, 2021). The last phase of this project, semi-structured interviews, included 11
DRPs recruited from the AHEAD listserv. Their professional roles included directors, coordinators, and specialists employed within postsecondary institutions’ DROs. The practices described below reveal their experiences and observations supporting student mental health during the pandemic. All participant names are pseudonyms.

**Depiction of the Problem: Trends in Practice Related to Student Mental Health**

As members of the postsecondary community, DRPs provide a unique perspective on pandemic-related changes in student mental health. Observations and data related to student support and accommodation development throughout the pandemic provide insight into emerging barriers, student mental health needs, and DRO practices.

In the first few months of the COVID-19 pandemic, when postsecondary coursework and student support shifted to an online modality, students were required to access services remotely that were once typically available within an in-person setting. When asked about the barriers they were observing in the new remote environment, DRPs indicated that disabled students were having more difficulty accessing counseling and mental health services than their nondisabled student counterparts (60.7% to 56.1%, respectively; Scott & Aquino, 2020).

Nine months into the pandemic, nearly half (44.9%) of all DRP participants noted an improvement in disabled student access to counseling and mental health services. While this improvement is a positive indicator for disabled students’ access and use of student support services, 13.7% of surveyed DRO professionals indicated no improvement and 15.7% indicated a worsening for disabled students’ access to mental health services (Table 1; Scott & Aquino, 2021).

When surveyed participants compared DRO registration trends between the fall 2019 (pre-pandemic) and fall 2020 semesters, over half (59.4%) noted an overall increase in student registration specific to psychological disabilities related to mental and emotional health. Nearly eight percent of surveyed DRO professionals indicated no improvement and 15.7% indicated a worsening for disabled students’ access to mental health services (Table 1; Scott & Aquino, 2021).

Within the first nine months of the pandemic, DRPs reported notable patterns and shifts in practices related to student mental health. To learn more about these changes, we conducted individual interviews to further explore what the perspectives of DRPs reveal about mental health on campus. The following section addresses how DRPs perceive the overall impact of COVID-19 on campus mental health, a year and a half following the start of the pandemic.

**Picture of Mental Health in Higher Education: DRP Perceptions of Student Mental Health Practices**

Eighteen months into the COVID-19 pandemic, DRPs had experienced numerous obstacles and shifting professional obligations in their continued work to support student accommodation needs. DRP interviews revealed the significant influx of student requests, as well as the varied responses in establishing institution-wide support for overall student mental health needs. Lastly, findings highlighted how DRP mental health was also impacted in their ongoing work to engage and support disabled students within their institutional environments.

**The Exponential Growth of an Existing Crisis**

Although the COVID-19 pandemic exacerbated mental health issues for individuals throughout the postsecondary environment, mental health was already a concern before the onset of the pandemic. Melissa, a DRO director within a four-year private institution whose office serves approximately 300 students on an annual basis noted the following: “Mental health needs are exploding, and I know that’s nationwide. I know that’s global... but it was exploding in our campus before.”

However, the COVID-19 pandemic increased mental health concerns within the postsecondary community. As one DRP observed about students, “They have mental health issues because by the way, we’re in a pandemic and also people are being underpaid and undervalued. And so, there’s a lot of stress at home. So, there’s a whole bunch of stuff going on and they’re coming in pretty defeated already.” Melissa, whose office has a staff of two DRPs and who has worked for less than five years within the higher education environment emphasized:

> I think that that is a fight, unfortunately, a challenge that needs to be addressed, probably not just in my little microcosm, but more globally because it’s like…they have this, they have that. It’s knowing what’s going on and still saying, “Hey, you’re capable.”

**The Relationship with the Institution’s Counseling Center**

The interviews illuminated the varied organizational placement for their institutions’ DROs and
### Table 1

*Change in Access to Counseling and Mental Health Services for Disabled Students, December 2020, By Percent*

<table>
<thead>
<tr>
<th>DRP Perceptions of Change</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Improvement</td>
<td>44.9</td>
</tr>
<tr>
<td>No Improvement</td>
<td>13.7</td>
</tr>
<tr>
<td>Gotten Worse</td>
<td>15.7</td>
</tr>
<tr>
<td>Never a Barrier</td>
<td>9.4</td>
</tr>
<tr>
<td>Do Not Know</td>
<td>16.3</td>
</tr>
</tbody>
</table>

### Table 2

*Change in Students Registering with DRO for Psychological Disabilities Related to Mental and Emotional Health, Fall ’19 to Fall ‘20, By Percent*

<table>
<thead>
<tr>
<th>Trends in DRO Data</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Increase Reported</td>
<td>59.4</td>
</tr>
<tr>
<td>No Increase Reported</td>
<td>9.2</td>
</tr>
<tr>
<td>Office Does Not Track</td>
<td>7.7</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>3.7</td>
</tr>
<tr>
<td>Do Not Know</td>
<td>20.0</td>
</tr>
</tbody>
</table>
counseling centers. This often contributed to the relationship the DRO and counseling center had going into the COVID-19 pandemic. As Theresa, a DRO director of a suburban, private four-year institution, whose office serves approximately 100 students annually, noted, “Just the way that we’re structured there’s always that collaboration, ... that synergy between those two offices is always there.” Thomas, a DRO director whose office supports approximately 65 students annually, shares the vague yet supportive working environment with his institution’s counseling center:

I guess we haven’t defined our relationship, but we definitely work together. We know one another, we’ll check in. If, you know, there’s a high-level student issue and nine times out of 10, I trust them to do what they do and it’s the same [with the counseling center].

Although all participants noted the importance of collaborating with their institutions’ counseling center, participants either noted existing alliances or limited interactions which either promoted or hindered student mental health initiatives intensified by the COVID-19 pandemic. Claire, a DRO director in an urban, private four-year institution located in the Northeast whose office serves approximately 500 students, noted, “I can always just call him up and talk to him and he can do the same for me…We just have that relationship with one another.” Melissa explained, despite the placement of the offices, there is a need to better collaborate with the counseling center for better student support:

I have said...it would be awesome for the two of us to be under the same umbrella where we really know when it’s honestly disability or not, because like she has people with diagnoses, but they’re not registered in my office...so that’s the problem.

With the increased mental health requests, DROs and counseling centers are still trying to clearly identify their roles and placement in student mental health needs. For Claire, creating partnerships and defining roles are essential for successful student support:

Creating a good community partnership is important…Our office has a lot of touch points with students and programs...so I think those are important. And so those will continue to include mental health check-ins. So, when you start being a disability resource officer...you recognize that... it’s like, what should you do? And what shouldn’t you do? Because we’re not counselors. We shouldn’t be counselors.

Additionally, Melissa emphasized:

My office... and counseling...we all kind of come in and support each other. I think what we have learned is that looking at the whole person is incredibly important. We knew it before, but it has kind of cemented that again, we have a lot of people that are struggling financially. Mental health is crazy, and COVID just highlighted it to a huge degree.

Amidst the increasing student needs and growing student numbers, DRPs are seeking connections with campus counseling services in different ways.

**Supporting Students with Mental Health Concerns Who Do Not Formally Disclose**

Another theme emerging from the interviews was the need to better support and create outreach strategies for student mental health needs, even when the students were not formally disclosing with the DRO. For DRPs, it was important to still engage with students, even if not through the typical intake process. For Amanda, an accommodations coordinator in a public four-year institution, it was always important to ask students, “What’s your experience without actually disclosing?” She noted it is important to support student mental health within the higher education environment, even if they are not formally disclosing a disability or seeking accommodations. Amanda, who works in an office of six DRPs that supports approximately 1,000 students annually, emphasizes with students that mental health is an ongoing journey and that some days are better than others:

It's okay [for the students] not to be great. And I'm not a counselor by any means, but this is a community on campus who wants to support you and wants to help [you] through these things. That said, I think we have a real peak right now on [student] anxiety. We have a real peak right now on [student] depression.

Helen, an access specialist and counselor in an urban, public four-year institution in the west, indicated how institutions can do a better job supporting student mental health before it negatively impinges on various aspects of their lives:

I definitely think that because of a pandemic…there was a lot more opportunity for students to
kind of see what was going on with their mental health and figure out okay, this is something that they’ve struggled with, or maybe something developed because of the pandemic for some students. So, I think that it is going to be really important that universities keep tabs on students’ wellbeing.

Thomas, a DRP in a rural, private four-year institution with less than 1,000 students in overall enrollment, has tried to find creative outreach approaches to support students’ mental health. Through collaborations with other administrative areas, he is committed to support student mental health before accommodations are needed:

I’ve been working with the dean’s office. I’ve been working with the director of athletics to create these morning programs, having morning yoga, breathing exercises and breathing techniques, just those small things that I feel like can help our students cope a little bit more...it’s those students who I see more often, they’re struggling with just everyday coping. So, it was just always kind of, okay, let’s talk about it, let’s get it out. Now, let’s work on strategies for success. They needed this kind of every day, checking in with themselves type of help. And so I feel like that we need to just have, whether it’s flyers all throughout their dorms, or, like I said, the morning yoga...these wellness classes to help develop the student holistically, instead of just kind of looking at, they need accommodations.

While DROs may not always have the capacity to support mental health outreach, some participants noted that their institutions bring in other administrative areas to better support this work. For Tim, an accommodations specialist in a private urban four-year institution, student mental health can be an institution-wide collaboration before formal self-disclosure occurs:

I would say I know that the university as a whole is definitely focusing more on those things. We’ve got extensive outreach, especially for students who were online only last year, whether they were living close to campus or living literally anywhere around the world. So I would say that our office has not, we’re not necessarily increasing anything, anything in those areas, but the university as a whole certainly is.

Although pre-disclosure may be an area beyond the traditional scope of DROs, many participants noted that student mental health is still important to be aware of and support well in advance of students’ self-identification and request for accommodations.

Disability Resource Professionals’ Mental Health

DRPs work to support student needs, including mental health-related accommodations. In order to do this important work, participant comments revealed that a new type of mental health support was needed—their own. Within the interviews, participants indicated two emerging themes related to DRP mental health: (1) factors impacting their own mental health during the COVID-19 pandemic and (2) the need to create work environments to support colleagues’ mental health. For Yvonne, an assistant director at a public two-year institution whose office serves approximately 1,000 students annually, it was important for her to make intentional changes to better safeguard their own mental health during the COVID-19 pandemic:

I’ve had to work on being able to separate myself because it’s taken a lot...it also takes a toll on you. I hear the desperation and the worry [from the students] and it's me, myself, I'm trying to help them. But on the flip side, on the personal side, I have those same concerns and those same worries and that self-care, that has been a big challenge because I’m so focused on work. And then my family. At times, I'm like, well, I need a minute. You know, I need to think about me, because if I can’t, if I'm not good, how productive am I going to be for my students or for my family?

And while institutions may not have anticipated the need to safeguard employee mental health throughout the COVID-19 pandemic, administrators in leadership positions can still create supportive environments to support colleague mental health. Claire, with approximately 10 years of experience in the higher education environment, stressed the need to create positive work environments for her team:

I think that they all know that I am extremely supportive of their own mental health and ...taking time off, if they need to take care of it, go to the doctors, see a therapist, but also making arrangements so that they feel comfortable and are supported within the office. So, of course, the university does absolutely nothing, but hopefully I, as a boss and as their supervisor, can provide a good place to work. Just being able to talk about that, I’m not a therapist and none of that was therapy, but just being able to talk about that is I think a good thing for a community to create.
In the constantly changing institutional return-to-campus plans, many members of the institutional community may feel left out in the process. Throughout the pandemic, administrative roles changed, and work may have increased. As the shift to remote learning impacted not only students and faculty, but DRP administrators as well, being more aware and supportive about the mental health of all institutional members will continue to be important in this post-lockdown transition for the higher education environment.

**Implications and Recommendations**

The findings of this study reveal DRPs are grappling with increasing student numbers, continuing need for expanded mental health accommodations and supports, and a persisting need to re-examine the role of the DRO on campus related to student mental health. DRPs themselves are experiencing personal and professional stressors in the wake of the pandemic which is a necessary aspect to address if DRPs are going to be able to appropriately serve students. Trauma experts note that the mental health ramifications of the pandemic will persist long after the physical threat of COVID-19 declines (Yong, 2021). These findings have important implications and suggest the following recommendations for practice.

**Enhance Virtual Options and Flexibility to Support Access to DRO Services**

Many students with mental health concerns will be unfamiliar with the supports available across campus or even aware they may be eligible for disability services. With a recently acquired or intensified mental health concern, a student may have little or no understanding of accommodations and how they may support access and learning. DRPs now more than ever need to ensure that simple and straightforward information about campus supports and potential accommodations are widely available. Innovative practices that were quickly generated out of necessity at the onset of the pandemic provide insights to new approaches to traditional DRO outreach to students. Expanding information and access through such means as providing a virtual front desk for making appointments and asking questions, a chat feature on the DRO website, online office hours for “walk-in” appointments, and instructional videos about accommodation procedures are emerging practices (Scott & Aquino, 2020). The initial transition to remote services also challenged DRPs to think about disability documentation in new ways. Telehealth and teleassessments, as well as student self-report, are increasingly recognized as valuable sources of documentation needed to undergird accommodation decision-making with this population (Krentz et al., 2021). Emerging DRO practices reveal that expanding outreach strategies that provide students with enhanced virtual options and flexibility are essential going forward.

**Lead Campus Decision-Makers to Reexamine Mental Health Accommodations**

During the pandemic-induced transitions of the last two years, some of the bastions of higher education (including instructional delivery and classroom policies) have been subjected to unprecedented flexibility. Krentz et al. (2021) observed that what was once considered “a firm no” related to classroom accommodation requests, such as flexible attendance policies, now need to be reconsidered. Other potential accommodations related to mental health that are the topic of ongoing dialogue in professional listservs such as the AHEAD Community and the DSSHE include requests for remote class participation, extended deadlines for projects and papers, and the availability of online sections of required courses. DROs will be well-served to lead campus decision-makers in re-examining existing practices and policies in these areas. Precedents that were set during the pandemic suggest that a broader range of classroom accommodations may now be considered feasible (Krentz et al., 2021).

**Contribute DRP Expertise to Strategic Campaigns for Mental Health**

Beyond accommodations, the findings of this study reveal that DRPs are exploring connections with campus counseling services to clarify roles and fill gaps in student supports. Some DRPS are finding that sharing administrative reporting lines and working with mutual students has resulted in synchrony across offices. Others report ambiguity in roles and challenges of defining what mental health concerns reach a level of “disability.” Given the predictable continuation of a mental health crisis on campus in the years ahead, it behooves DRPs to reach out to these campus colleagues to explore and clarify roles and services that best meet the needs of the campus community.

The time is right for DRPs to also explore new partnerships in campus-wide efforts to support mental health. As proactive supports and a holistic frame for viewing student health and well-being are becoming institutional priorities (Moody, 2022), there is opportunity for DRPs to participate. National resources such as those offered by Mental Health First Aid (n.d.) and the JED Foundation (n.d.) offer a variety of strategies and supports targeted to colleges that work to educate community members, increase the
network of support, and promote strategic campaigns for overall mental health and equity (JED, n.d.). As campus initiatives (including, for example, mental health summits, awareness campaigns, listening sessions, town halls, and task forces) bring together campus constituents to share expertise and problem solving, DRPs have a valuable perspective to share. DRP knowledge and skill sets in the areas of promoting equity, destigmatizing disability, and supporting inclusive design strategies have great potential for informing the conversation about proactive mental health support on campus.

**Recognize and Support Professional Mental Health Needs**

An incidental but important finding emerging from the interviews with DRPs was the candid report of mental health strain. Working to support the growing number of student requests and within the rapidly changing working conditions, DRPs experienced their own personal challenges to health and wellbeing while also supporting their institutions. Eikenberry (2022) described “leadership fatigue” (para. 1) as a current hazard in the workplace that requires moving past an achiever mindset, to recognize personal levels of strain and fatigue that may impact work performance. Emerging resources such as those generated by the American College Health (ACHA) Co-VAC initiative (ACHA, n.d.) highlight the importance of campus personnel strategies. Practices such as virtual drop-in groups supported by a mental health professional are needed to ameliorate individual-level symptoms of burnout (H. Zesiger, personal communication, February 9, 2022).

DRP supervisors are encouraged to extend flexibility and new capacities for remote work where possible. Strategies to reduce some forms of work load such as acquiring a DRO data management system take on new importance in alleviating DRP role strain. On a personal level, DRPs are reminded it is more important than ever to take advantage of the vibrant community of DRO professionals available to problem solve dilemmas, vent frustrations, and celebrate successes. Whether colleagues on campus, online list serves, or state and national level professional gatherings, sharing experiences and brainstorming solutions has never been more important for supporting the important work of DRPs.

**References**


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