University Student Experiences of Disability and the Influence of Stigma on Institutional Non-Disclosure and Learning

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Abstract

A research project at an Australian regional university reframed "disability" by defining the diagnosis of a disability with an impact on learning as a *learning challenge*. Using the terminology of *learning challenge*, an anonymous, online survey found there was a significant number of students who chose institutional non-disclosure and excluded themselves from legally mandated support for learning. Using a sample of 111 students from this previously hidden group, qualitative analysis was performed on their stated reasons for non-disclosure using the conceptual lens of stigma mechanisms and theories at individual, situational, and institutional levels. This research found that internalised stigma is most common for students living with mental health issues (*n*=97), who anticipate discrimination and prejudice should disclosure be made. Further analysis for this group found students described stigma as having effected learning through poorer academic outcomes, reduced social support and academic help-seeking, and a perception that future professional identities excluded those living with mental health issues. Non-disclosure was perceived by students to be necessary to protect them from being discredited within their learning environment and, for some, in future employment. Structural elements of stigma, such as the qualification of disability and process of disclosure, were seen to be barriers. Perceived discrimination and the desire to protect students' ideal identity (not disabled) were also described. Institutions may find these results useful to develop changes that will result in improved academic outcomes, retention, and completion for students living with disability and stigma.

Keywords: higher education, stigma, disability, learning, disclosure

The numbers of students with disability (SWD) in higher education have increased since the implementation of widening participation policies internationally (Brett, 2016; Kilpatrick et al., 2016; Newman et al., 2011). Success and retention for SWD have consistently been below that of the general student population in the UK (Equity Challenge Unit, 2014), in the US (Gabel, Reid, Pearson, Ruiz, & Hume-Dawson, 2016; Miskovic & Gabel, 2012), and in Australia (Kilpatrick et al., 2016). Given that institutional disclosure is required for students to receive accommodation and support, disclosure of disability is a topic of interest in the sector (Kilpatrick et al., 2016; Riddell & Weedon, 2014). Recent work has identified that significant numbers of students who would qualify for support do not disclose to their institution because they lack knowledge about the process, or make a conscious decision not to disclose (Grimes, Scevak, Southgate, & Buchanan, 2017). Stigma is suspected to play a role in non-disclosure, especially for students living with mental health issues (Grimes, Southgate, Scevak, & Buchanan, 2018; Martin, 2010; Vickerman & Blundell, 2010). Students have been found to conceal their mental health issues due to fear of discrimination (Collins & Mowbray, 2005; Hughes, Corcoran, & Slee, 2016; Martin, 2010) and the perceived threat of stigma from both staff and peers (Vickerman & Blundell, 2010).

This paper begins by considering how stigma is understood for groups of diversity within society and the impacts that result for individuals dealing with stigma. We then consider disability in higher education, reviewing research that deals with SWD, stigma, and higher education. Research on students living

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with mental health issues in higher education is then examined, as this was the largest group identified within this work. The research pathway is detailed in the Method section to contextualise the raising of stigma, by the students themselves, as an influence in their institutional non-disclosure decision; this includes further analysis of comments for impacts on learning as a result of stigma. This research seeks to answer the research question: What is the student experience of disability and stigma, and how does this impact on institutional disclosure and learning?

Literature Review

The literature review begins with an overview of the broad conceptual frameworks related to stigma, narrows to review literature focused on disability and stigma in higher education, and then provides a more nuanced analysis of literature most applicable to mental health in higher education.

Conceptual Stigma Frameworks

In his seminal work, Goffman (1986) defined a stigma as "an attribute that is deeply discrediting" that leads other people to reduce the person with the stigma "from a whole and usual person to a tainted, discounted one" (p.3). Research since that time has explored the concept and experience of stigma from sociological and psychological perspectives. Overton and Medina (2008) bring together this work to identify three broad theories of stigma. The first, social identity theory, stems directly from Goffman's idea that stigma has a double perspective; it can be viewed through the experiences of the *discredited*, those individuals who are known to be physically, morally or socially tainted, or it can be understood through the eyes of the *discreditables*, individuals who can conceal the stigma and pass (Goffman, 1986). Goffman recognised that the discreditables are vulnerable to increased stress and anxiety around "managing information about his [sic] failing" (p. 42), that is, managing disclosure.

The second broad theory of stigma is internalised or self-stigma (Overton & Medina, 2008). This is the process by which people judge themselves as being worth less than others through identification with the stereotypes associated with their stigma. Self-stigma decreases the willingness of individuals to disclose to those around them (Michaels, Lopez, Rusch, & Corrigan, 2012; Teh, Watson & Liu, 2014), and can result in feelings of shame, embarrassment, and self-loathing (Chaudoir, Earnshaw & Andel 2013). Reduced self-esteem can result in behavioural changes that cause an individual to stop trying to reach personally important goals; this is called the *Why try* effect (Corrigan, Bink, Schmidt, Jones, & Rusch, 2016).

The third broad theory deals with structural stigma, or "the process of stigma throughout a culture and how stigma works as a system" (Overton & Medina, 2008; p.144). This theory recognises the external evaluation of an individual based on societal norms, and stigma as a cultural process; it aligns with Goffman's (1986) idea of a spoiled collective identity. This perspective seeks to identify the institutional and structural causes of the prejudice and discrimination that results from stigma, and act as barriers for those experiencing stigma. These disadvantages result from a complex interplay of social and institutional processes that involve: the negative labelling of human difference, stereotyping, and the categorisation of people that distinguish us from them. (Link & Phelan, 2001). These processes result in unequal life outcomes for people who are labelled or stereotyped (Corrigan & Watson, 2002).

Social psychology has provided extensive research on the mechanisms for, and effects of, self-stigma. For example, a meta-analysis of 144 studies has identified the impact of stigma on help-seeking (Clement et al., 2014) finding that students with internalised stigma are less likely to seek help from professionals than those without; stigma is a "moderately important barrier" (p.21); and that students with stigma show a preference for non-disclosure. Dissonance between preferred identity and the identity of the disability label, and expectation of negative experiences that would result, were also found to be common across the studies analysed. Work by Chaudoir et al. (2013) is relevant for understanding how individuals experience individual stigma mechanisms and impact of these mechanisms. In their theoretical model, based on substantial empirical research, they explore the impact of concealable stigmatised identities, the discreditables, on health outcomes for those with non-disclosed stigma. They describe three stigma mechanisms that relate to the individual level of stigma: anticipated, enacted and internalised, in the following terms:

> Anticipated stigma refers to the degree to which individuals anticipate or expect to be the target of discrimination or social rejection because of their stigma. Enacted stigma refers to the degree to which individuals actually have experienced discrimination in the past. Last, internalized stigma refers to the degree to which individuals feel shame or self-loathing because of their stigma. (Chaudoir et al., 2013, p. 76)

Chaudoir et al. suggested that the effects of these stigma mechanisms are evident in the research literature in terms of poorer health outcomes, both for physical and mental health, for those who continue to conceal their stigma identities.

Disability and Stigma in Higher Education

The experiences of stigma for SWD in higher education has been little explored, although the literature recognises stigma as a barrier to inclusion (Hartrey, Denieffe, & Wells, 2017). Students fear disclosure to their postsecondary institution may damage prospects of future employment (Venville Street & Fossey, 2010). Research identifies multiple barriers to disclosure, the structural elements of stigma, that included the avoidance of perceived negative outcomes (Cole & Cawthon, 2015; Venville, et al., 2014), including being stigmatised by teachers and students (Fuller, Healey, Bradley, & Hall, 2004; Marshak, Van Wieren, Ferrell, Swiss, & Dugan, 2010; Salzer, Wick, & Rogers, 2008); facing an academic crisis (Lightner, Kipps-Vaughan, Schulte, & Trice, 2012); and the lack of academic progression (Mullins & Preyde, 2013). Students discussed the avoidance of stigmatising experiences as being part of their problem with institutional disclosure (Cole & Cawthon, 2015; Marshak et al., 2010; Salzer et al., 2008). Stigma has been found to influence disclose decisions and engagement with support (Mullins & Preyde, 2013).

Where non- disclosing SWD have been included in research, studies have identified a range of potential stigma impacts. These include the finding that that non-disclosing students hold negative views of their own disability (Cole & Cawthon, 2015), including acceptance of negative stereotypes where low ability is seen as a defining characteristic (May & Stone, 2010). These two findings illustrate self-stigma as a factor in non-disclosure. The importance of maintaining a *typical* or *normal* identity is also a factor in the choice of non-disclosure (Cole & Cawthon, 2015; Grimes et al., 2018; Newman & Madaus, 2015) with rejection of the disability label, despite recognition that support would have improved academic outcomes (Newman & Madaus, 2015). Non-disclosing SWD choose to remain hidden to the institutions in which they learn and their experiences remain largely unknown to their institutions.

Mental Health and Stigma in Higher Education

Mental health issues are recognised as a problem for universities due to the high prevalence in the 16-24 year-old age group (Australian Institute of Health and Welfare, 2014) with diagnoses most common in this age range (Jones, 2013). Data from Higher Education Statistics Agency (HESA) UK shows that university dropouts for mental health reasons tripled from 2009-2010 to 2013-2014 (Marsh, 2017). A recent Australian study shows that mental health issues are one of the major reasons given for discontinuing enrolment (Harvey, Szalkowicz, & Luckman, 2017).

Stigma due to mental health issues is recognised as impacting help-seeking (Clement et al., 2014) as well as self-esteem and self-efficacy (Corrigan & Watson, 2002). Additionally, research suggests that this hidden population risks decreased mental health (Chaudoir et al., 2013) and reduced self-esteem and self-worth (Corrigan & Watson, 2002) with potential detrimental impacts on their academic and personal success. Students believe that mental health issues are handled and perceived differently to physical illnesses, with teaching staff treating these students less sympathetically (Kirsh et al., 2016). They report that their understanding of institutional climate with regards to their perception of support and acceptance was developed from interaction with individuals, rather than a sense of institutional inclusiveness (Hughes et al. k, 2016). Sniatiecki, Perry, and Snell (2015) found that teaching staff were more likely to hold negative attitudes towards those students living with mental health issues and/or learning disabilities than towards students living with physical disabilities. Students fear being stigmatised by both staff and peers (Salzer et al., 2008). Students also identified that having appropriate learning strategies reduces the need for disclosure (Grimes et al., 2018). Students are less likely to seek help from their institutions if they believe that they should be able to deal with their mental health issues on their own (Kirsh et al., 2016).

In this paper we use the conceptual lens of stigma mechanisms, recognised in social psychology and health disciplines, to examine the experiences of discreditable students in higher education; those with nonvisbile disabilities who have not disclosed to their institution. We draw on the definitions of Chaudoir et al., (2013) for the stigma mechanisms to develop an understanding of how students describe experiences for each mechanism and the impacts that result. The complexity of stigma is then explored using the interaction between stigma, and the effects and results of stigma, that can be recognised in terms of the structural stigma theory and social stigma theory (Overton & Medina, 2008).

Method

The research reported here is part of a larger study conducted at an Australian regional university with institutional ethics approval entitled *Support*

for student learning: Challenges to learning. The aim of the survey was to explore the use and perceived importance of institutional supports for students with learning challenges. Participants were offered an anonymous online survey through the university administration. The survey collected both quantitative and qualitative data.

In this research the term *learning challenge* was used to describe the challenge to learning that resulted from a diagnosis/assessment that impacted learning at university. This focused on learning as the key activity at university. Within the survey there was no use of the term *disability* in order to encourage students who do not identify with this label to engage with the research.

The Survey

The survey was informed by relevant literature and designed as an exploratory instrument to engage with an acknowledged hidden population. The survey comprised the following items: demographics; university course and length of study; use of support services, both formal and informal, before and while at university; identification of learning challenge, using disability categories and learning impact; disclosure status; reasons for non-disclosure; and open-ended questions on improving learning at university. The non-disclosed learning challenge respondents were asked about their reasons for non-disclosure. The disclosed students with learning challenges were asked questions relating to support plans within the institution. This research reports only on the qualitative analysis of the non-disclosing students' explanations of their reasons for not reporting their disability to the institution.

Within the survey, participants self-identified their diagnoses/assessments which were then coded according to a modified HESA UK (Higher Education Statistics Agency, 2015) classification system:

- Learning difficulties, e.g., dyslexia, Asperger's Syndrome, etc. (HESA codes 51 and 53);
- Ongoing medical conditions, e.g., asthma, epilepsy, etc. (HESA code 54);
- Mental health issues e.g., anxiety, clinical depression, etc. (HESA code 55); and
- Physical disabilities, e.g., deafness, blindness, mobility, etc. (HESA code 56, 57, & 58).

Participants were then asked to identify whether their diagnoses/assessments impacted their learning. Those participants who had not disclosed to the institution were asked to give their reasons for non-disclosure. Reasons were collected in the form of a list drawn from the literature (Cole & Cawthon, 2015; Couzens et al., 2015) and included an extension option Other to allow students to identify any new reasons for non-disclosure, as suggested by O'Cathain and Thomas (2004). The following expansion question was then offered to ensure qualitative data could be collected to add both depth and explanation to the reasons given:

> Do you have any comments on the reasons for choosing to keep your particular learning challenge to yourself?

It was hoped students would provide detail on the why and how aspects of their reasons for non-disclosure through this question.

Analysis

This research drew on the domestic undergraduate sample (n=2,821) from *Support for student learning: Challenges to learning* survey, with those students who self-identified diagnoses/assessments of a disability (n=1,234) asked to confirm an impact on learning at university (n=994). The identification of a diagnosis/assessment and an impact on learning was defined as a *learning challenge*. Those students identifying as living with a learning challenge were then asked about their institutional disclosure status. This research is focused on the non-disclosing students with learning challenges (n=633) who provided comments (n=394). An initial inductive analysis (Patton, 2015) of these comments revealed that experiences of stigma and feeling stigmatised were common. Comments relating to stigma were coded from 28% (111) of the 633 students. This research reports the analysis of these 111 participants whose comments could be coded according to the stigma mechanisms.

A deductive analysis (Patton, 2015) was then completed using the lens of stigma mechanisms drawing on the work of Chaudoir et al. (2013). Each of the 394 participant's comments were initially coded as: containing one or more of the stigma mechanisms (enacted, anticipated and/or internalised), or no stigma mechanisms able to be coded within the comments. Comments from students with mental health issues (the largest group in the coded sample, n=97) were then further inductively analysed for links to both social identity theory and structural stigma with a view to exploring the reported effects. This process reflects the consistent comparative analysis of Glaser (1965), recommended for exploring complex human contexts and interactions that require sensitivity to issues such as stigma.

The coded comment size varied from one-word explanations (for example: *embarrassment;* and *shame*) through to comments up to 802 words long. Average coded comments were 90 words long. While participants did not always provide extensive explanations, the strength of feeling within the comments and the numbers making comments around stigma precipitated this qualitative analysis.

To check on the credibility of interpretation, an inter-rater reliability (Albers, 2017) exercise was conducted with the research team of four. Seventy-one comments were randomly selected. The first check was for inclusion/exclusion of the comments. Comments were included only if they detailed stigma sufficiently to be coded according to the stigma mechanisms. Inter-rater reliability was calculated at 94.3% for the exclusion of comments. Where comments could be coded according to the stigma mechanisms, the inter-rater reliability of the deductive analysis was coded at 83.3%.

Results

Participants

Students who chose not to disclose their disability to their university and made a comment about stigma comprised 28% (*n*=111) of the non-disclosure group. Of this group, the vast majority had a mental health diagnosis (Table 1) Students with mental health issues are represented in both MHI only and MHI plus other diagnoses learning challenge groups; it is notable that they have the same stigma mechanism pattern across the three stigma mechanisms. These students made the most comments regarding the three stigma mechanisms and show the highest levels of internalised stigma.

In terms of the largest group, *mental health issues*, the majority of stigma coded comments related to anticipated stigma with internalised stigma second in frequency. Those students living only with *physical disabilities* did not make any comments that could be coded as any of the three stigma mechanisms, and only three of those with only *ongoing medical conditions* made comments that included stigma. This does not necessarily mean that stigma is not an influence on their non-disclosure decisions, only that they did not choose to detail stigma as an issue in their explanations.

The Student Experience of Stigma Mechanisms

The stigma mechanisms framework provided a powerful lens through which to understand the student experience of stigma. Excluding those with physical disabilities (no stigma comments), the mechanism of anticipated stigma was most common for all groups, followed by internalised and enacted stigma. Many students provided detailed explanations and personal examples of stigma from these perspectives. There were sub-themes identified within the stigma mechanism coding: enacted stigma was described as experienced before university enrolment or at university; anticipated stigma was expected at university and/or in the future. Internalised stigma was found to be expressed in terms of shame and embarrassment and students' belief that they were less academically able. Students also described some of the impacts of stigma on their learning though behaviour, academic outcomes and lost learning opportunity.

Student experience of enacted stigma. Students describe experiences that have affected them, either in the recent or distant past, as reasons for maintaining their non-disclosed position. These experiences strengthened individual resolve to remain non-disclosed and avoid similar experiences. Past experiences, before enrolment at university, included *prior schooling* experiences as well as the reactions of family/friends/others.

Students describe receiving different treatment in their prior schooling from those around them once their learning challenge was known:

> I have experienced the full range of responses to my disorder by teaching and administrative staff and other positions requiring knowledge of my disorder. [Student living with LD; ID 459]

This included peers reacting to receipt of accommodations in a manner that conveyed to the individual that they were not entitled to support:

> I find it embarrassing and I found that I received a lot of negativity from the HSC (Higher School Certificate, years 11 and 12), because peers felt that anxiety was not a good enough reason for extra support. [Student living with MHI; ID 169]

Those with learning difficulties were further isolated by the reactions of those closest to them, their family/ friends/others, with impact on their own belief in their ability at school:

> Getting tested for dyslexia not once but twice and being called dumb by close friends and family has had an impact on one ego (sic)…my parents just kept getting too frustrated with my slow learning and would just yell at me.[Student living with LD; ID 293]

University experiences post-enrolment included reactions of teaching and professional staff to requests for assistance, or attempts to disclose, at a personal or institutional level. These reactions are likely to deter students from future requests, particularly if they occur at the first attempt to seek assistance from teaching staff:

> I have had experiences where people are not understanding. I approached my course coordinator this semester, to confide my struggles and her response was, “Every student has problems, do you know how many students have emailed me with their problems?” And stared at me. This happened on 'Are you OK day'. It didn't help me by approaching a University Lecturer, I only felt stupid and embarrassed afterward. [Student living with MHI and OMC; ID 446]

Participants refer to their own, and others’, experience to describe reactions to their learning challenges. The following student identifies an incident of their own, reinforcing this experience by reference to the experiences of others in similar situations:

> From my own experience and others who have shared there's [sic] with me there are few people who work at the university who really care about individual’s situations! I was made to feel extremely uncomfortable and stressed when I tried to approach my lecturer with an issue I had - he was the most unhelpful person I have ever engaged with at the uni and the way he treated me was unacceptable! [Student living with MHI; ID 33]

Students noted that they are treated differently after these personal disclosures:

> I told one tutor/lab tech about my ADHD, and they sadly treated me differently after the fact. [Student living with LD and MHI; ID 512]

They also identified that some teaching staff admit to different treatment for actions that participants feel are outside their control:

> I’ve had lecturers admit that they are kinder in regards to marking if students attend every lesson, which I understand but really sends a strong shaming message to students like me, who find it difficult to get out of bed sometimes, let alone go into a class of strangers and be expected to contribute every time. [Student living with MHI; ID 538]

There are comments describing attempts to disclose institutionally that resulted in non-disclosure due to the non-empathetic way the process was handled. Students who receive this kind of treatment are unlikely to submit themselves to any future attempts:

> I have a neurological disorder that affects my concentration and memory. Because I arrived at my appointment without the forms I needed (which I had completed earlier) I was abruptly dismissed (but not before being informed that the person from whom I sought support [disability support worker] knew "exactly how [I] feel" because their child has the same condition.) Being rendered invisible in that way, does not constitute “assistance.” [Student living with MHI; ID 788]

Access to support that is available to all students, as well as that explicit to those with a disability through disability services units, were also described as disabling, owing to the inertia and attitudes of support personnel and systems/processes:

> It can feel like an overwhelming amount of effort is needed to obtain a counselling appointment here at [institution], particularly for those struggling with their mental health (who are naturally those wanting counselling). [Student living with MHI; ID 86]

> I attempted to approach the student support staff but was put off by the condescending attitude I received. [Student living with MHI; ID 910]

As has been noted in other research (Chaudoir & Quinn, 2010), past experiences such as those described will impact student perceptions of what might occur in the future. This is evident in the descriptions of anticipated stigma given by students.

Student experience of anticipated stigma. Anticipated stigma is those discriminatory experiences that students believe they will experience if they are identified in terms of their learning challenge. Students described their beliefs about what would happen if they chose to disclose to the institution. There are two aspects to this dynamic evident in the student responses: perceived discrimination at university and in the future. These experiences are aligned with enacted stigma, where students have personally experienced discrimination and prejudice in the past or have heard of others with these experiences. Of those students who provided detail of enacted stigma, 65% of these students also provided comments coded as anticipated stigma.

Anticipated reactions included being treated differently by both teaching staff and student peers:

> It is not so much a belief as an understanding that it is inevitable that some people have and will treat me differently upon learning of my diagnosis. [Student living with LD; ID 459]

Some students expected that the teaching staff and their peers would treat them as less academically able:

> How does one describe ADHD? Considering the stigma around it most people would assume I would be lucky to make it past first year without failing. [Student living with MHI and LD; ID 659]

Some students expressed concern that disclosure with accommodation and support would be perceived as equivalent to cheating by staff, with students also indicating that they feel this a valid perception:

> Not wanting to seem like I am using this learning challenge as an excuse. [Student living with MHI; ID 841]

Some students were aware that if they had not sought nor received help outside of the university, the institution would perceive them as being less worthy of assistance, despite participant's recognition and descriptions of the impact of the various learning challenges:

> [I] thought they would think if I'm not doing anything about it outside of uni then it must not be that serious and that I was just trying to take advantage of the system. [Student living with MHI; ID 868]

A number of students were concerned that disclosure of disability might impact on employment prospects. Some students feared that the university would share their private information with potential employers, and that they had had a past experience of the inappropriate sharing of private information:

> I don't want pity marks and it could potentially be passed onto future employers I don't want them to not select me for the job because of this. [Student living with MHI and OMC; ID 323]

> Past experience has taught me to say nothing about any personal issue to any one with the authority to record the comments because those comments might impede job prospects. [Student living with MHI and PD; ID 113]

These comments suggest a lack of trust on the part of the students in terms of how the institution will treat and potentially share sensitive information of a personal nature.

Students commented on the change in perception of them as learners that they believed would result if their learning challenge was known. This included that teachers and others would treat them differently and think differently of them:

> I also find there is still quite a significant stigma attached to mental health issues, and as such I often don't disclose this information for fear of being treated differently. [Student living with MHI; ID 37]

Students believe that both teachers and other students do not perceive mental health in the same manner as physical health disabilities:

> There is stigma surrounding mental health issues. It is not treated in the same manner as other disabilities. [Student living with MHI; ID 180]

The majority of comments indicate that the fewer people who know about their learning challenge and the impact it may have on their lives and learning, the better the potential outcome for the individual student. Students who identify with the stigma stereotypes of their learning challenge may show evidence of this as internalised stigma.

Student experience of internalised stigma. Internalised stigma, or self-stigma, means that the individual shows belief in the stigma stereotypes expressed by those around them. They react to themselves in the same manner that others would react to them, if their stigmatisable condition was known. This causes students angst in the form of a challenge to their identities: current, developing, and future. Students feel shame and embarrassment and believe that they are academically less able than their peers as a result of their learning challenge.

Students report these feelings of shame and embarrassment resulted in a struggle to make sense of what their diagnoses/assessments meant and how this might impact their identity. Others simply state their understanding of the impact of their learning challenge on their self-perception:

> For most of my time at the university, I was far too ashamed to tell anyone, especially the university, and 'caught up' in the challenge itself. All I knew that was available to me was the option of applying for an extension of time on assessment items, and student counselling (which I used only once. The other time I tried to use it, when I felt I urgently needed it, I was told I had to wait several days to see someone). [Student living with MHI; ID 86]

Students believed that they are less academically able and describe themselves as 'stupid' and 'an awful student.' Many of these comments come from students with a diagnosis of learning difficulties, and illustrate the long-term impact of enacted and anticipated stigma as individuals believe in the stereotype of their stigma:

> I have always grown up believing I'm dumb. I didn't want people to know I struggle. I don't want to be judged I guess. [Student living with LD; ID 441]

> All of these issues also tend to lead to a guilt-spiral, where I feel like an awful student and feel like my lecturers and tutorers [sic] dislike me/look down on me for not attending/only attending for assessments. [Student living with MHI; ID 538]

The impact of internalised stigma has been found to be reduced self-esteem and confidence, with ongoing impacts on the ability of the individual to fully meet their potential (Livingston & Boyd, 2010). In the case of students in a higher education learning environment, this means that stigma impacts on their ability to effectively learn, and demonstrate this learning, within their institutions.

The Effect of Stigma on Learning for Students Living with Mental Health Issues

This section provides an analysis of the effects of stigma on learning for non-disclosed students with mental health issues; the largest group coded. Comments from this group detailed how stigma affected their ability to learn at university with four main themes emerging. These were: (1) the impact of stigma on academic performance and potential; (2) the effect of stigma on social and peer support for learning; (3) faculty support for learning; and (4) stigma, nondisclosure and professional identity.

The impact of stigma on academic performance and potential. The first theme involved the effects of stigma on the ability of individuals to realise their academic potential. Students recognised that their internalised stigma had prompted them to remain hidden at university and that this resulted in little or no institutional assistance for learning which may have affected their academic results:

> Unfortunately it has had a greater impact on my performance than I could have foreseen…It's deeply embarrassing and I am quite ashamed and I do have regrets over how this has impacted on my behaviour at Uni and has directly affected my results. My GPA was around [above 86%] in 1st year and is now down to [between 65% and 75%]. [Student living with MHI; ID 150]

Very few students identified that they had sought and gained assistance with learning, without identifying where and without institutional disclosure, with improvement in grades achieved:

> It affects me greatly as it reduces my motivation to learn, puts a block up that prevents me from understanding things and I felt I could not reach my potential at all. Once I got help everything went uphill and my grades are back on track. [Student living with MHI; ID 929]

Despite descriptions of grades dropping throughout their study, some students were so concerned about the stigma associated with their mental health issues that they persisted in proceeding unsupported, even to the point of failing courses and having to re-complete them:

> Depression/anxiety impacted me heavily, coupled with the isolation. I felt I had no-one to help me. I have been learning on my own for large stretches whilst waiting to revisit courses I didn't pass… failures led to damaging my confidence, which meant I no longer wanted to try for fear of making mistakes. [Student living with MHI; ID 986]

In the case of this student, the vicious circle of failure led to decreased confidence with the result that the student did not want to continue trying. This *why try* effect has been identified by Corrigan et al. (2016) as a result of stigma and is characterised by "a sense of futility in which people believe they are unworthy or incapable of achieving personal goals because they apply the stereotypes of mental illness to themselves" (p. 11). This loss of confidence and self-esteem was illustrated in very few comments coded in this analysis; most students were remarkably determined to reach their goals despite their own internalised stigma.

The effect of stigma on social support. The second theme illustrated how the stigma of living with a mental health issue impacted students' willingness and ability to approach other students for assistance. Students recognised that withdrawing from relationships with people at university had impacted their ability to engage with other perspectives on course material:

> I was also very embarrassed and confused about it all… I think more guidance and stronger relationships would have led to more opinions and ideas when doing assignments and then would have impacted my own understanding more. [Student living with MHI; ID 986]

This comment recognises that peer relationships are important to developing and progressing academically through the ability to discuss and share developing understanding with peers. The impact of reduced support for learning due to reduced peer and social networks is seen in the first theme where students discuss the impact of stigma on their inability to reach their academic potential and the reduction in grades achieved. Some students explicitly identify the impact of withdrawing from peers in terms of the reduced support for learning:

> It also has resulted in a very small to non-existent support group as I find it very difficult to socialise. [Student living with MHI; ID 605]

A few students discussed past educational experience in terms of support; showing that developed support networks improved their learning and outcomes:

> I found school felt like a safe haven to me and when I found the confidence to discuss my learning difficulties to others most understood and would try to help me feel comfortable and cater to my needs…My close friends helped me most of the time with these issues [Student living with MHI+LD+PD; ID 294]

Many students were recently diagnosed with mental health issues and would not have had time to work out how to deal with the impacts of their learning challenges within their institution. Being non-disclosed reduced their opportunity to explore availability and effectiveness of peer support.

Faculty support for learning. The third theme to emerge was that of reduced or non-existent help-seeking to support learning from Faculty as a direct result of stigma. Help seeking through the university's official channels might entail disclosure of disability to gain accommodations such as extensions on assignments, or seeking learning support from Faculty. Stigma affects students' confidence to ask for academic help:

> [I] find it difficult to talk to lecturers/tutors. [Student living with MHI +OMC; ID 678]

This reluctance extends to peer interaction and loss of support, showing an inter-relationship with the third theme found. The following student recognises the impact on their ability to seek help, develop peer groups, and the resultant reduced ability for successful academic progression:

> I have trouble reaching out for help re: academics, hesitant to participate in group study, my anxiety prevents me from being able to functions regularly and increases fear/procrastination that consequently causes me to fall behind a lot which further increases my anxiety. [Student living with MHI; ID 442]

The university is not supportive of the episodic impacts of various learning challenges such as depression and anxiety, with some staff not accommodating due to the issue being seen as "an excuse." In some cases, the learning process is so tightly defined that students are unable to comply, and therefore lose marks as well as the learning opportunity of attendance:

> In some cases I have completed weekly assignments but have not attended class due to my chronic major depression. I have not been able to gain marks because you can only hand the work in on that specific day each week…I feel that depression is not a valid reason and I was also daunted that the lecturer/tutor would not accept that as a reasonable excuse. [Student living with MHI; ID 563]

Non-disclosing students are therefore impacted by their reduced confidence to seek academic help from Faculty and their fear of the reaction when, and if, they do seek support. This fear also plays out in terms of the students' developing professional identities in areas such as education, nursing, and allied health.

Stigma, non-disclosure and professional identity. The fourth theme describes a complex interplay between negative messages about mental health gleaned from university classes and professional placements and the impact this had on staying hid-

den and therefore not being able to seek help for learning. The university and placement learning environments sometimes delivered messages that professional identity did not include people living with mental health issues.

> I am in a degree where the role is to advocate for people and make a difference. I've been told on many occasions, either in placement or in class, that [it] can sometimes be better to keep those things to yourself as there is still a stigma attached to having anxiety or depression in the profession of the degree I'm completing. [Student living with MHI; ID 710]

Some students suggested that their future prospects would best be served by an ability to remain hidden, as this was perceived appropriate to the professional identity for their chosen career:

> As a teacher I won't be able to expect special privileges because of my "disorder" so I feel that if I can't make it through my degree unaided then I shouldn't be teaching. [Student living with MHI; ID 879]

These comments demonstrate the fear of being stigmatised because of an inability to live up to some perceived (and false) professional norms that have been communicated at university and during professional placement. Students were concerned that any disclosure would impact on their careers, as well as their learning.

The inter-play of self-stigma, social identity, and structural stigma (Overton & Medina, 2008) is well illustrated by these students' comments. Students recognised that their own embarrassment and shame impacted on their ability to engage with academic support, to build their own social support networks, and shaped how they perceived they needed to develop their professional identity. They also recognised that stigma is a barrier to the necessary steps to fulfilling academic potential, but only a very few described supports that improved their learning opportunities and outcomes. They have chosen non-disclosure, remaining discreditable, with good reason. They are concerned about reduced academic outcomes but see few options, given the structural stigma evident within higher education and society, for a resolution of their dilemma.

Discussion

Open-ended responses yielded rich insights into the influence of the stigma mechanisms on institutional non-disclosure. Students' comments illustrated all three stigma mechanisms and the complexity of the students' situation in managing both learning and non-disclosure. The high rate of internalised stigma reported by those living with mental health issues, either alone or with other diagnoses, indicates a problem that institutions need to consider and plan to address. This presents institutions with the opportunity to consider support for students more holistically; re-examine provision of information, detail, process, and procedure around disclosure; and work to embrace universal learning design in order to improve the learning environment for inclusivity.

Students identified stigma as a significant influence on their ability to seek and utilise academic support, with resultant impacts of academic achievement and loss of academic potential. Attention should be given to the wider culture within institutions to address staff and students understanding of non-visible diversity represented by the students living with learning challenges in this research.

Stigma Influences Non-disclosure

This research illustrates stigma as a driver in the decision of institutional non-disclosure for students with learning challenges. Students who deal with only one learning challenge of *ongoing medical conditions* show few signs of internalised stigma (i.e., self-stigma). In contrast, those with *mental health issues* have greater proportions of internalised stigma than any of the other learning challenge groups. Living with a mental health issue is problematic in terms of stigma and the learning environment of higher education, as these students will not seek support while assignment of stigma by peers and teachers is a possible outcome. This finding is supported by the research of Teh, Watson and Liu (2014) and Michaels et al. (2012) who found that the level of internalised stigma of an individual is related to the willingness to disclose. The findings of Chaudoir and Quinn (2010) highlighted that previous negative disclosure experiences influence future possible disclosure decisions, a finding supported by this research.

Anticipated Stigma: From Experience or Expectation?

Students dealing with diagnoses of *learning difficulties* anticipate discrimination and feel that they are stigmatised when their learning challenge is known. Most students dealing with *learning difficulties* have

had experience of academic support prior to university and are more likely to understand the consequences, both positive and negative, in disclosure (Grimes et al., 2018). Students with *mental health issues* have similar expectations, although they have not necessarily had the experience of support, due to the time of diagnosis, and therefore have not necessarily experienced any discrimination. They are in no doubt, however, that they would have to live with this discrimination if they disclosed. Salzer et al., (2008) research found students dealing with mental health issues identified fear of being stigmatised by teachers and students was a factor in non-help seeking, supporting the results of this current research.

Teaching and Professional Staff Reactions

Results illustrate the negative reactions that are experienced from Faculty and professional staff, particularly for students living with learning difficulties. This supports the work of Sniatecki et al. (2015) who found that staff are more likely to hold negative attitudes to students living with learning difficulties and mental health issues than physical disabilities. The reactions of teaching and professional staff reported in this research highlight the lack of training and information that has been provided to individual staff members and is demonstrated in their handling of diversity within the learning environment. Institutions should consider the role that teaching and professional staff play in both academically supporting and connecting students to support systems. Institutions should ensure that all staff understand the importance of their reactions to students who, if not positively received, may never approach for support again. People are unlikely to attempt disclosure again if their first attempt results in these kinds of experiences (Chaudoir & Quinn, 2010).

Future Employment Prospects

This research shows that students feel their future success and well-being is dependent on them maintaining their silence about their learning challenges. This finding is supported by the work of Venville et al. (2014) whose interviews with students living with mental health issues identified the same fear. Institutions may need to more clearly describe their privacy and data collection rules to ensure students understand how much of this detail is shared, and with whom. The issue of trust needs to be explicitly addressed through better information and process.

Intersection of Individual Stigma Mechanisms and the Institution/culture: Learning Impact

This work highlights the fear of disclosure that results from internalised stigma and the impacts on academic performance and potential that occurs due to isolation, reduced social support, and avoidance of academic help-seeking. Remaining discreditable is preferred over being discredited, with all that is feared to accompany disclosure. It is important to recognise student perception, reinforced by faculty and placement experience, that their developing professional identity should be free of any learning challenge, especially mental health issues. Students living with learning challenges, particularly those with mental health issues, need to be supported in a manner that empowers them to build appropriate strategies and networks for their future working lives. Transparency around the reality of professional identities in terms of diversity of individuals within professions would be an appropriate first step.

For individuals, there is little knowledge nor understanding of the protection that comes from being a part of a recognised group, even when discredited (Corrigan & Watson, 2002). The barriers of institutional process and attitudes of staff have been experienced and/or shared to the extent that students will not risk disclosure. This choice of, and continued, non-disclosure is despite recognition of the significant impact on ability of students to effectively learn and reach their academic potential.

Students' distrust institutional use of their disclosure of learning challenges. Institutions design, develop, and maintain their learning environment; they should make sure it is "fit for purpose" for all students who enrol. This is not a simple change and requires consideration of the whole institution from policy through to teaching and learning practice and requires explicit staff training. Students could be informed about the normality of dealing with learning challenges within higher education, especially mental health issues, along with the range of services that can support learning. Supports offered need to be critically examined to ensure that they are supporting learning, not merely complying with law around "reasonable adjustment" in a manner that does little for individual learning experience.

For those working in disability services, the results of this research illustrate the problem of communicating and providing these particular support services to students. Non-disclosure for many of these students represents a decision based on experience as well as concern for their future as students and in their careers. Explicit attention to good communication of what is available, how it is made available, and what privacy conditions exist would better inform students of their choice. Choice of non-disclosure, then, would be an agentic decision made for individual reasons,

rather than one due to lack of knowledge of what would be provided, and who would be supported.

Students who are least able to advocate for themselves are currently required by institutions to prove their disability, describe what would support and accommodate them within the learning environment, and then advocate for themselves. Ultimately, institutions should remove the need for students to identify as different, as disabled, in order for them to receive support. Until that time, it is arguable that stigma will continue to thwart disclosure.

Conclusion

Recognition of non-disclosed students as an integral part of the diverse student body is imperative to beginning to address the learning challenges that face them. This group is of significant size and represents an important focus for higher education institutions in terms of improving learning and learning outcomes for students with learning challenges. The opportunity exists, in improving learning for this group, to improve learning for all as notions of "normal" are expanded to include multiple types of difference. This research supports suggestions that higher education needs to more effectively embrace universal learning design, with all the attendant detail to support a widening diversity of students, such that all students have access to, and use, learning supports as and when appropriate. Although some students would still need to disclose and receive individualised supports, the majority of students would be accommodated through course and assessment design, and the professional development of staff in inclusive practice principles for all aspects of learning.

To achieve this, institutions need to develop proactive strategies to communicate the academic support required for success by all students; ensure teaching and professional staff have access to training for supporting and connecting students to services when learning challenges arise; provide transparency and explicit detail to students around handling of sensitive information in terms of what is shared with external placement positions and future employers; and begin to address the development of an inclusive learning environment through curriculum and assessment redesign.

Limitations

This work was undertaken at one higher education institution. Exploring institutional non-disclosure across a variety of higher education institutions would be beneficial for the sector. Although stigma was not offered as a reason for non-disclosure in the survey for this exploratory research, participants identified stigma as being influential in their non-disclosure decision. Further, and more explicit, work needs to be undertaken to fully understand non-disclosing students' experiences of stigma for higher education institutions to better meet the needs of this population.

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Table 1

Individual Stigma Mechanisms Count by Learning Challenge Group

Learning Challenge Group	Individual Stigma Mechanisms: Number Coded			# Participants Coded
	Anticipated	Enacted	Internalised	
Learning difficulties only (LD)	8	3	3	10
Ongoing medical conditions only (OMC)	3	2	0	4
Mental health issues only (MHI)	41	15	39	68
Physical disabilities only (PD)	0	0	0	0
Mental health issues (MHI) + others[1]	19	6	16	29
Number coded	71	26	58	111
% of comments evidencing this stigma mechanism	64.0	23.4	53.2	

Note. [1]Includes students with mental health and at least one other, LD or OMC, diagnosis.