

# Strategies for providing neurodivergent and mental health role models in higher education

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#### **Abstract**

The prevalence of students in higher education who are neurodivergent (ND) and/or have mental health (MH) challenges is increasing, creating an urgent need to find effective strategies to better support these students and maximise academic outcomes. Providing visible role models to students is one strategy that remains largely unexplored – particularly through making use of staff who are willing to disclose and/or share their own experiences. Three strategies have been used to promote the visibility of ND and MH role models to students at the University of Nottingham: 1. Panel events focused on either ND or MH, 2. Focus groups with ND students led by ND staff, and 3. ND staff experience poster campaign. Feedback from students who engaged with the initiatives demonstrates the value of these role model strategies for students, especially to those who can relate. There is benefit to students in staff being open about their own ND or MH challenges. Role model strategies can be an effective tool to enhance support and inclusivity for students experiencing ND and/or MH related challenges in higher education.

## Keywords

neurodiversity, neurodivergent, mental health, role models

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## Introduction

As much as 20% of the UK population is neurodivergent (ND) (ICAEW Insights, 2023). Neurodivergence covers a range of neurological conditions, resulting in developmental and cognitive differences. They include attention deficit hyperactivity disorder (ADHD), autism spectrum condition (ASC), dyslexia, dyspraxia, dyscalculia, dysgraphia, and Tourette syndrome. ND individuals may process and learn information, and interact with others and the physical environment, differently to more neurotypical individuals. ND diagnoses have been increasing in the UK, with a 787% increase in ASC diagnoses over a 20-year period (Russell et al., 2022). ADHD diagnoses and prescriptions also increased between 2000 and 2018 (McKechnie et al., 2023). These increases are likely due to improved awareness of ND, with the increased ADHD diagnosis rate greatest in adults who have come to an ND diagnosis later in life (McKechnie et al., 2023).

The prevalence of mental health (MH) disorders has also risen. The percentage of young people in England with a probable MH disorder aged 17-19 increased from 10% to 18% between 2017 and 2020 (Digital, 2022). From 1993 to 2014, the prevalence of common MH disorders steadily increased among women in England (Baker, 2024) and more than 25% of young women aged 16-24 have been found to have a MH problem compared with 17% of adults (McManus, 2016; Mind, 2025). Moreover, graduate students report more anxiety or depression compared to the general population (Evans et al., 2018) and academics have seen an increase in MH challenges among students (Gareth Hughes, 2018).

There is also significant co-occurrence of MH challenges and poor wellbeing in ND people. Considering both ADHD and ASC, 70% to 80% of children and adults experience co-occurring psychiatric problems, most prevalently anxiety, depression, or substance use disorders (Crane et al., 2019; Spencer et al., 2007). Not only are they at higher risk of poor MH, but ND people are also more likely to have physical health risks and lower quality of life (Biggs & Carter, 2016; French et al., 2024). For example, a meta-analysis revealed that ADHD individuals, compared to neurotypical, had three times the rate of suicidal ideation, twice for suicide attempts, and six times for completed suicides (Septier et al., 2019). A review by Hedley and Uljarević (2018) reported increased suicidal thoughts, and risk of premature death by suicide, in ASC people compared to the neurotypical population (Hedley & Uljarević, 2018). According to the Higher Education Statistics Agency (HESA), of students enrolling for Higher Education (HE) in 2023/24, 6.5% disclosed a learning difference (dyslexia, dyspraxia or ADHD), 1% a social/communication condition (such as a speech and language impairment or ASC), and 5.6% a MH condition/challenge/disorder (HESA, 2025b).

This increased prevalence of students in HE that are ND and/or experience MH challenges requires urgent effective strategies to ensure that these students are supported and have opportunity to reach their full academic potential. While reasonable adjustments are commonplace, there are limitations with this approach. They often require formal medical referrals or diagnosis and can be generic and insufficiently personalised. They may also have negative consequences, for example, coursework extensions can reduce time available for subsequent assessments or study, creating additional stress and disadvantage. Providing positive role models is an alternative intervention, that is well connected to numerous learning theories, including social cognitive theory (Bandura, 1977; Bandura, 1986), expectancy-value theory (Eccles & Wigfield, 2002, 2020), mindset theory (Dweck, 2000; Dweck & Leggett, 1988), and attribution theory (Graham, 2020;

Weiner, 1985), as previously described by Gladstone and Cimpian (2021). However, disclosure by staff in HE is low. HESA reported that less than 4% of academic staff disclosed a disability or chronic illness, 1.8% a learning difference, 0.2% a social/communication condition or ASC, and 1% a MH condition/challenge/disorder (HESA, 2025a).

A role model has been defined as: "A significant other, upon which an individual patterns his or her behaviour in a particular social role, including adopting appropriate similar attitudes" (Oxford Reference, 2025), "Someone others look to as a good example" (vocabulary.com, 2025), and "Individuals who can positively shape a student's motivation by acting as a successful exemplar" (Gladstone & Cimpian, 2021). The concept of role models often manifests as visions related to well-known phrases, such as "You have to see it to be it" and "You can't be what you can't see". These simplistic mantras have, however, been criticised, because someone always has to be the pioneer and of course it is entirely possible to become something that you cannot see (Williams, 2021).

There is a growing body of evidence that role models can be beneficial and influential to HE students, particularly for influencing underrepresented groups. For example, Bettinger and Long (2005) show that female instructors can help foster female student interest in male-dominated disciplines such as Mathematics and Geology, which positively impacts future course selection and major choice. However, results were mixed across subjects, and they did not observe this trend in all male-dominated disciplines (Bettinger & Long, 2005). Neumark and Gardecki (1998) analysed the impact of female faculty on graduate student outcomes in Economics and found a positive effect on reducing time to completion of graduate studies, although no positive effect was observed for job placement outcomes (Neumark & Gardecki, 1998). Porter and Serra (2020) showed that some initial exposure to positive female role models increased students' likelihood to major in Economics and/or take future Economics classes (Porter & Serra, 2020). McIntyre et al. (2003) reported improved female performance on difficult mathematics tests following exposure to other women's achievements in unrelated domains, demonstrating how gender-based stereotype threats may be alleviated through positive role model influences. Carrell et al. (2010) reported that gender gaps were mitigated when female students had female professors in Science, Technology, Engineering and Mathematics (STEM) subjects, whereas this effect was not observed in humanities. Furthermore, Allen and Collisson (2020) showed that prospective students' exposure to role models with similar ethnicity to themselves influenced their academic choices.

Gladstone and Cimpian's (2021) systematic review of existing literature analysed factors that made role models effective for enhancing diversification in STEM disciplines. They made four recommendations for effective role models: 1. Role models must be portrayed as competent and successful, 2. Role models should be meaningfully similar to the students, 3. Role models should be prioritised from groups that are traditionally underrepresented in STEM, and 4. Role models' success should be portrayed as attainable.

Numerous reports address how HE may better accommodate ND students. These offer practical suggestions including embedding compassion, universal design for learning, strengths-based approaches, and student-centred learning (Friedman & Nash-Luckenbach, 2024; Hamilton & Petty, 2023). Similarly, other reports describe how to enhance support for students' MH, with practical suggestions including enhanced training

for staff, increased student services resource, embedding wellbeing elements into the curriculum (Gareth Hughes, 2018), peer support approaches (Byrom, 2018), and online interventions (Barrable et al., 2018; Goozee et al., 2024). However, there remains very limited understanding about whether providing ND and/or MH role models could be a valuable intervention for students.

Encouragingly, conference proceedings from Day (2024), based at The University of Liverpool, revealed that staff disclosure of their own ND diagnoses led nursing students with additional needs to feel more supported. However, researchers in the U.S. have revealed that few science and engineering instructors reveal their own MH challenges to students, despite many believing that it would be of benefit to students (Busch et al., 2024). When considering a broader range of concealable stigmatised identities, again very few science instructors revealed these to their students, leading to inaccurate student perceptions of prevalence (Brownell et al., 2024; Busch et al., 2024).

Here, we address the hypothesis that the provision of visible ND and/or MH staff role models would be beneficial to HE students, and especially those who directly relate to the role models. Several strategies are described that enabled the visibility of ND and MH role models to students studying in STEM disciplines at the University of Nottingham, and student feedback is provided demonstrating their benefit to students. Specifically, three strategies are covered: 1. Panel events, 2. Focus groups, and 3. ND staff poster. Across these, both identifiable and anonymous methods were utilised to enable contribution from staff who are open about their challenges/diagnoses and those who do not wish to visibly disclose.

# **Strategies**

## Strategy 1: Panel events

Across two academic years, we have had four interactive panel events, three focused on ND and one on MH. Each event included a panel of two or three members of staff with personal lived experience of being ND or navigating MH challenges. All events were in a hybrid format enabling students to join in person, or online via Microsoft Teams. The MH event was also live streamed to a second campus of the university. To structure discussions with the panel speakers, a designated chair for each event asked the speakers a series of questions (Tables 1 and 2). Attendees were also given the opportunity to ask the panel members questions and to informally network afterwards if they attended in person.

Table 1. Neurodivergent panel event questions.

Question number	Question
1	Can you please tell us about your neurodivergence?
2	What are your main challenges due to your neurodivergence and what coping strategies do you use to manage these?
3	Have you identified any strengths related to your neurodivergence?
4	What advice would you give to your younger self?

**Table 2.** Mental health panel event questions.

Question	Question
number	
1	Introduce yourself – what is your name, role, areas of interest, and how
	have you got to this point in your career?
2	Introduce your experiences with mental health – what have you found most challenging and what coping strategies have you used?
3	What advice would you give your younger self?

The ND panel events were further improved in response to student feedback which highlighted a desire for more interactive elements. An ice breaker activity was added at the beginning, which involved rolling a giant dice and answering the question it landed on (Table 3). Additionally, a 20-minute strengths-based identification exercise was added that enabled the students to work in pairs and support each other by identifying their own strengths (Table 4).

**Table 3**. Ice breaker activity questions.

Question number	Question
1	What is your favourite food?
2	What is your dream holiday?
3	What is your favourite colour?
4	What is the best thing you've watched on tv lately?
5	Tell us about one of your hobbies
6	Tell us about something you enjoyed doing last weekend

**Table 4.** Strength-based identification exercise.

Step	Description
1	Choose one of the following questions to answer:
	1. What are you doing when you are at your best?
	2. What do you find easy/you are naturally good at?
2	Spend up to 5 minutes answering the question to a partner.
3	The partner then spends up to 5 minutes relaying the strengths they picked up on.
4	Swap roles and repeat the above 3 steps.

Feedback was obtained from some of the students who attended the ND panel events (n=9) via Microsoft Forms, with 56% saying they enjoyed it very much and found it extremely useful, and the remaining 44% mostly enjoyed it and found it somewhat useful. 100% wanted to see more events related to ND in the future. Comments about what they liked most revealed an appreciation of staff honesty, hearing familiar experiences, normalisation of ND experiences, and the opportunity to ask questions and interact through the activities. Example comments are shown below. This positive feedback demonstrates the benefits of this approach for students.

Hearing other people who are in a similar position, who I could relate to, allowed me to feel more hopeful and confident.

Felt like I was not alone, and my experiences were 'normal'.

I liked most how they were honest about their experiences.

I liked the ability to ask questions on the Padlet.

It was lovely to hear from academics who thought the same way I do and to hear familiar stories. It felt like a wonderful safe space being around like-minded people.

I really liked the personal experiences added and the chance to partake in activities.

I liked most the opportunity to talk with more people similar to me and ask questions.

## Strategy 2: Focus groups

A series of focus groups with a total of 21 ND students were conducted, each led by two ND academic staff. The groups were held either in person, online, or as hybrid meetings. Four questions were asked to help structure the discussions and prompt engagement from all participants (Table 5).

**Table 5**. Neurodivergent student focus group questions.

Question number	Question
1	What challenges have you experienced at university?
2	Do you have a support plan and does it meet your needs?
3	Do you have ideas for how your university experience could be improved?
4	Do you feel your neurodivergence gives you any strengths?

The focus groups were successful in fostering a supportive atmosphere and all participants appeared to share their thoughts and experiences easily. The leading staff contributed aspects of their own lived experiences and knowledge to the conversations where relevant, making this a learning experience for all. Anecdotal feedback stated that the discussions had been "therapeutic" for some participants. All written feedback comments received (n=4) are shown below, revealing that participants valued the opportunity, it was a positive and beneficial experience to interact with other ND individuals, and they believe these discussions will lead to improvements for themselves and other ND students.

It was helpful to see other neurodivergent perspectives, especially from staff members in a similar field.

Thank you for running the ND group that I attended, it made me feel heard and know that there are people who really want to support us.

Thank you for the focus group today, it was very insightful.

I found the focus group useful as the topics covered will support future as well as current students who are applying for support plans/seeking guidance.

We did not receive any negative comments about the focus groups themselves, only about challenging aspects of their other university learning experiences, which was the main aim of the focus groups, and we are now addressing all the issues that participants raised.

## Strategy 3: Neurodivergent staff poster

To enable students to gain insight from ND staff who wished to remain anonymous and not openly disclose their ND to the student body, a short Microsoft Forms survey was conducted asking four questions (Table 6). The responses from 13 staff members were used to create an informative poster to disseminate key experiences. Copies of the poster were displayed around the university campus, and the digital poster was circulated by email to both staff and students.

**Table 6.** Neurodivergent staff poster questions.

Question number	Question
1	Do you feel that your neurodivergence gives you any particular strengths in your job role?
2	What challenges do you experience in the workplace that you feel are likely due to your neurodivergence?
3	What coping strategies do you use to help you in your job role?
4	Do you have any suggestions for how the university or your colleagues could enhance your experience in your role?

Positive feedback was received from both staff and students via Microsoft Forms, with 71% of respondents saying the poster was extremely useful (n=5) and 29% somewhat useful (n=2). All the student feedback comments we received (n=3) are shown below, revealing a positive impact of the poster campaign on students.

I loved seeing others coping strategies and how they overcome challenges. The strengths were things I could also relate to which is nice to see others sharing the great ADHD superpowers.

Gave me greater understanding of the perspective of neurodivergent staff.

It describes ongoing issues for neurodivergent people and while only a few responses are listed in each section, the option to see further opinions in the middle was useful to understand people and the topic better.

## Discussion

The three strategies described here were all deemed successful based on the positive student feedback received. Themes identified from the feedback include: an appreciation of personal stories, learning from others' coping strategies, opportunities to meet similar people, increased confidence, reduced isolation, and a desire to improve experience of

others. Providing visible ND and MH role models can therefore be beneficial to students in HE, especially to those who can relate to the lived experiences. This corroborates previous research indicating that role models should be meaningfully similar to students (Gladstone & Cimpian, 2021). While we did not analyse the impact of initiatives on student outcomes, research from Nottingham Trent University identified an association between student engagement in extracurricular activities and improved outcomes, especially for students with a pre-disposition for lower achievement (Kerrigan & Manktelow, 2021). We therefore believe our initiatives have the potential to enhance academic outcomes.

For the ND panel events, constructive student feedback helped improve event format and gain ideas for other events. Students asked for more time to ask questions, coverage of more ND conditions (e.g. ASC), and more engaging activities. Therefore, in our third event, we closely monitored timings, included ASC panellists, and incorporated ice breaker and strengths-based identification exercises that have been shown to benefit ND students (Totemeyer et al., 2025). The revised format was well received, except it worked less well for a student that joined online, although they still found it extremely useful. In future, students could be made aware that joining in person provides an optimal experience. One student suggested more visual resources such as pictures or videos; future events could be made more informative and engaging by incorporating these. Other suggestions were information events on what to do if ND is suspected and what support is available, and more group activities to further explore ND strengths and generate social opportunities.

There were some limitations to our approaches. Low attendance occurred at some of the panel events (less than 10 attendees) and quantitative engagement with the ND staff poster was not recordable. Engaging students in extracurricular activities is challenging, especially ND students who may struggle with executive function such as organisation, time management, and energy levels. For future panel events, we hope to enhance engagement through using different advertising methods, such as those described by Mercado (2018). We plan to make use of well-connected students to advertise within their social networks including relevant social media, and by word-of-mouth from academics in timetabled classes. We will also hold some events in the early evening to avoid timetable clashes and select dates early to communicate to incoming students during welcome week. We could also consider incentives such as food, or credits for attending, as suggested by others (Foltz et al., 2021; Iwanicka, 2024; Shcheglova, 2023). However, 21 ND students in our focus groups were deemed a healthy number and we believe this indicates a clear appetite within the ND student community to share their experiences with university staff. The focus group participants received a £15 Amazon voucher each, capitalising on our observations that financial incentives help engage students.

Furthermore, our strategies have not yet provided clear long-term visibility of ND and MH role models to all students. While staff involved in the work have become more visible to students who engaged with the initiatives and through onward identification by word-of-mouth within the university ND community, these staff did not hold formal role model positions at the time of these initiatives. Moving forward, we are introducing more formal ND and/or MH champion/mentor roles, held by staff with direct lived experience. Other options include creating blog articles or posters about individual staff who are willing to be visible and disclose. However, it is important to balance professional boundaries and being a role model. To ensure staff safety and in line with safeguarding requirements, we recommend that staff only share lived experiences through designated platforms/events, within HE locations, and in the presence of other staff. No personal contact details should

ever be shared with students, and it must be made clear that these staff are not able to diagnose or provide direct therapeutic intervention. To enable role models to appropriately understand and signpost support for students experiencing MH challenges, we recommend training them, for example as MH first aiders by MHFA England (n.d.).

## Concluding remarks

In summary, the three strategies described here have effectively opened-up conversations about ND and MH among staff and students. They have enabled affected individuals to connect with others like them, providing platforms for compassionate sharing of lived experiences, including challenges, strengths, coping strategies and ideas for positive change. Consequently, these approaches have helped to validate individual experiences, reduce feelings of isolation, identify personal strengths, and offer hope for finding new ways to manage and navigate personal challenges. It is hoped that by sharing this practice, it will inspire other HE practitioners, departments or institutions, to take advantage of their own staff resources to provide visible ND and MH role models to students. Such strategies are likely to be crucial for enhancing inclusivity within HE, breaking down the stigma that is often associated with being ND or having MH challenges, and facilitating student success.

## Acknowledgements

We would like to thank Kimberley Grant for her contribution towards the MH panel event.

## **Declarations**

#### **Author contributions**

NM contributed to the design and implementation of the ND and MH panel events, ND focus groups, ND staff poster, and wrote the manuscript. JM contributed to the design and implementation of the ND panel events, ND focus groups, and ND staff poster. ST contributed to the design and implementation of the ND panel event strengths-based activity, and editing of the manuscript. PB contributed to the design and implementation of the ND panel events, and editing of the manuscript. SM contributed to the design and implementation of the ND and MH panel events, ND focus groups, ND staff poster, and editing of the manuscript.

## Ethical approval

A favourable ethical opinion for this work was obtained from The School of Biosciences Research Ethics Committee, University of Nottingham (SBREC202324012FEO).

## **Funding Details**

This work was supported by funds from the University of Nottingham.

#### Disclosure statement

The authors report there are no competing interests to declare.

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