ADHD Assessment and Treatment Services in a Sample of U.S. Colleges and Universities

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Objective: Up to 2 million college students in the United States have been diagnosed as having attention-deficit hyperactivity disorder (ADHD), a condition associated with negative academic, social, and psychiatric outcomes. The authors investigated the online availability and content of policies governing ADHD services at college clinics.

Methods: Using a stratified sample of 200 colleges and universities, the authors reviewed clinic websites and invited clinical staff to participate in a survey. They weighted percentages to account for oversampling and used regression modeling to examine associations with policy availability.

Results: Only 70 institutions (32%, weighted percentage) provided information about ADHD services online. Institutions with <1,000 students had significantly lower odds of providing information online (adjusted odds ratio [AOR]=0.04, 95% CI=0.01–0.26), as did institutions that accepted >67% of applicants (AOR=0.18, 95% CI=0.07–0.48). After merging data from the Web review and survey, the authors noted that 14% (N=11 of 75 institutions with data available for this variable) facilitated neuropsychological assessments on campus, 49% (N=33 of 72) did not allow stimulant medications to be prescribed, 73% (N=43 of 61) did not offer clinical evaluations for ADHD, and 89% (N=32 of 35) required a neuropsychological assessment to receive prescription stimulants.

Conclusions: Information about the assessment and management of ADHD is rarely available online, and ADHD services on U.S. college campuses appear to be limited.

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Between 5% and 10% of U.S. college students are estimated to have been diagnosed as having attention-deficit hyperactivity disorder (ADHD) (1–3), a condition associated with decreased academic achievement and increased risk for substance use and suicidal behavior (4–6). This percentage translates to between 0.9 and 1.9 million U.S. postsecondary education students having ADHD (7).

U.S. postsecondary institutions that provide clinical mental health services to their students face a dilemma regarding the assessment and management of ADHD. On the one hand, treatment for ADHD is associated with improved academic and psychiatric outcomes (8–10). On the other hand, increasing access to prescription stimulants in a school setting can have negative consequences, such as nonmedical use of prescription stimulants (NMUPS), defined as taking a stimulant without a prescription or in a manner not directed by a clinician (11, 12). NMUPS and diversion—defined as sharing or selling prescription stimulants—are concerns given that NMUPS is associated with later use of cocaine and methamphetamine and misuse of other prescription medications (13, 14). The prevalence of NMUPS among college students has been estimated to be between 5% and 35% (15), and the estimated prevalence of stimulant diversion among college students ranges from 15% to 36% (16, 17). Colleges must navigate the tension between ensuring access to stimulants for those who need treatment and mitigating diversion and misuse.

To minimize NMUPS, some colleges regulate the prescribing of stimulants at their clinics by requiring neuropsychological assessments, medication contracts, or urine toxicology screens (2, 18). The prevalence and effectiveness of these prescription-regulating measures have received

HIGHLIGHTS

- In a stratified sample of 200 U.S. colleges and universities, only 32% had online information about attention-deficit hyperactivity disorder (ADHD) services.
- Smaller and less selective educational institutions had lower odds of having information online.
- Among institutions with data available for each of the following services, 49% did not allow prescribing of stimulant medications, 73% did not offer clinical evaluations for ADHD, 89% required students to obtain a neuropsychological assessment to receive prescription stimulants, and 14% facilitated access to neuropsychological assessments on campus.

little attention in the literature. Australian, Canadian, and European clinical practice guidelines do not require neuropsychological testing for the diagnosis of ADHD (19–21). U.S. clinical guidelines for the management of adult ADHD are currently in development (22). Medication contracts and urine toxicology screens for stimulant prescriptions are rarely used outside of college clinics because of concerns about their effectiveness (23, 24).

Institutional policies ought to account for the needs of students diagnosed as having ADHD as well as the needs of those seeking new diagnostic evaluations. High school students who have been given a diagnosis of ADHD (an estimated 9.3% of students [25]) and who move to another city for college might need to transfer ADHD care. Students with previously undiagnosed ADHD who seek an evaluation need timely clinical diagnostic assessment, access to appropriate treatment, and perhaps assessments for other learning disorders. Among college students, experiencing difficulties that are due to ADHD symptoms is not uncommon (2); college academic standards can unmask attention deficits that did not manifest in high school environments.

To our knowledge, the landscape of ADHD clinical assessment (i.e., the availability and components of diagnostic ADHD evaluations) and treatment (i.e., the availability and regulation of stimulant prescriptions) among U.S. postsecondary institutions has not been characterized. Investigators have previously cataloged other institutional policies relevant to ADHD, such as how NMUPS is addressed in alcohol and drug use policies and what students must do to receive academic accommodations for ADHD (26, 27). Characterization of clinical assessment and treatment policies is necessary to evaluate and improve services that affect the nearly 2 million students who have received an ADHD diagnosis.

To understand the landscape of ADHD assessment and treatment policies on U.S. college campuses, in this study we obtained a stratified sample of postsecondary institutions. We documented the online availability of institutional policy information related to the assessment and management of ADHD and evaluated the association between institutional characteristics (e.g., number of students, selectivity, level [i.e., length of programs offered], location, and sector) and availability of ADHD policy information. We also describe ADHD assessment and management services at U.S. postsecondary institutions in our sample.

METHODS

Study Design

We abstracted information about the assessment and management of ADHD from a cross-sectional review of colleges' websites and gathered data via a cross-sectional online survey of clinical staff at the student clinics at the same colleges.

Sample

Our goal was to gather data from a nationally representative sample of 200 postsecondary, U.S. colleges and universities. Schools with a special focus (e.g., hair design) and those that provided programs of study for <2 years (e.g., community colleges) were excluded. An initial list of postsecondary institutions (N=5,159) was downloaded from the Integrated Postsecondary Education Data System (IPEDS), along with institutional data describing characteristics such as size, type of school, and length of educational programs. We removed institutions that were missing 2020 admission data (N=3,574) or Carnegie 2018 classification category (N=170), resulting in 1,415 eligible institutions.

To ensure meaningful representation of different types of institutions in our sample, we stratified the list of eligible institutions by number of students and admission selectivity. These criteria were chosen because larger institutions and those with more selective admissions policies likely have more financial resources than other schools, which may translate to differences in health service availability. We selected enrollment cutoffs (<1,000 students, 1,000–4,999 students, ≥5,000 students) and admission tiers (<33%, 33%–67%, >67%), resulting in nine groups (see Table S1 in the online supplement). To have at least four institutions in each group, we proportionally oversampled from the most selective institutions.

We randomly sampled the desired number of institutions from each of the nine groups by using base R, version 4.1.2, and avoided sampling multiple schools from the same system (e.g., multiple campuses of a single state school) to obtain a diversity of approaches to ADHD assessment and management. The characteristics of the study sample (N=200) were similar to those of the institutions not selected (N=1,215; see Table S2 in the online supplement) except for admission selectivity, which was disproportionately sampled.

To supplement service data obtained from websites, a survey was sent via e-mail to institutions that had mental health services and for which we could obtain an e-mail address. Of 188 invited institutions, 32 participated (17% response rate). Twenty-two participants provided their e-mail addresses, allowing us to identify their institutional roles; 17 held a clinical director or manager role, one was a testing coordinator, and four were clinical staff, two of whom were the only clinicians at their institution.

Additional methodological details are provided in the appendix in the online supplement. All activities for this study were reviewed and acknowledged as not constituting human subjects research by the institutional review board at Johns Hopkins University School of Medicine.

Measures

Web review protocol. For the Web review, conducted between August 2022 and December 2022, two investigators (J.A., A.T.) independently abstracted information after locating relevant Web pages by using Google's search engine and an algorithmic search strategy (see the appendix in the online supplement). If no policy information was identified after executing the search strategy, the school was deemed

not to have any policy information online. If relevant information was identified, the investigators applied the defined codes.

To establish the reliability of the Web review search protocol and subsequent coding of relevant information, the two investigators independently coded five institutions, compared their coding, and documented and discussed discrepancies to establish a consensus. This procedure was repeated for another five schools and then for two rounds of 10 schools. A total of 30 schools were part of this standardization process. The remainder of the schools were divided between the two coders and coded separately. For the 30 schools used to establish interrater reliability, the percentage agreement was 92% (N=357 of 390) across the 12 total variables. For the four variables that used a yes, no, or not available scheme at that stage in coding, the Cohen's κ was 0.77, indicating substantial agreement (28).

Dependent variables. The presence of campus mental health services was assessed by the Web review. Websites indicating that a school had a clinic dedicated to mental health services, or that mental health services were provided through another arrangement (e.g., contracted care with a local provider), were categorized as indicating the availability of mental health services.

ADHD policy and service variables were initially crafted on the basis of clinical experience and the published literature. Definitions and coding schemes were iteratively refined by reviewing websites for institutions not in our sample. Twelve variables were collected (see Table S3 and the appendix in the online supplement), and we report on seven core ADHD variables in this article (campus availability of neuropsychological testing for ADHD, availability of stimulant prescriptions from campus-based clinicians, campus availability of clinical and diagnostic evaluations for ADHD, whether documentation to verify a previous ADHD diagnosis was required for treatment, whether neuropsychological assessment was required for an ADHD diagnosis, whether urine toxicology screens were required for students being prescribed stimulants, and whether medication contracts were required for students being prescribed stimulants). During the Web review, we coded the online availability of information for each variable as yes if any information was accessible online.

Assessment variables. The Web review and the survey, conducted between November 2022 and March 2023, evaluated four assessment variables: availability of clinical evaluations to diagnose ADHD on campus for students, required documentation to verify an existing ADHD diagnosis, whether neuropsychological testing was required for a new diagnostic assessment, and whether the institution facilitated neuropsychological assessment.

Treatment variables. The Web review and the survey assessed three treatment variables: whether campus-based clinicians could prescribe stimulants, whether urine toxicology screens were required for stimulant prescriptions, and whether medication contracts were required for stimulant prescriptions. A medication contract was defined as any agreement that stipulated conditions for being prescribed a stimulant that a student had to sign before receiving treatment.

Independent variables. We obtained data about number of students, admission selectivity, institution level, location, sector, residential status, designation as a historically Black college or university, and enrollment numbers by race-ethnicity from the IPEDS database. The number of students and admission selectivity were defined in our description of our sampling procedure. Level of the institution was coded with regard to whether a school offered programs lasting ≥4 years or programs that are at least 2 but <4 years. Location was categorized as city, suburban, town, or rural. Sector was coded as public or private (regardless of for-profit or nonprofit status). Residential status was categorized as primarily nonresidential, primarily residential, highly residential, and not available. Finally, we collected data on the percentages of students identifying with each race-ethnicity (White, Black or African American, Asian, Hispanic or Latinx, Native American or Alaska Native, Native Hawaiian or Pacific Islander, multiracial, or unknown). IPEDS's race-ethnicity data were provided in aggregate by institutions that asked how enrolled students self-identify. IPEDS includes students who identify as Hispanic or Latinx in that category, regardless of what additional race data they provide.

Merging Web review and survey data. Of the 31 institutions that had a representative participate in the survey, 19 had no data available from the Web review, and 12 had at least one policy component available online. We identified six variables that were consistent between websites and survey results. For these variables, we merged the data from the two sources with the following approach. For the 19 institutions that had no data available from the Web review, we used data from the survey to characterize their policies and services. For the 12 institutions for which we had both Web review and survey data, we merged the data as follows. If only one source had available data, we used these data in the merged data set. If we had data for the same variable from both sources for an institution, and the data matched, we coded the policy variable in the merged data the same as both sources did. In nine cases, the data from the two sources did not match, and we used the survey data in the merged data set because the survey responses were more recent than the Web data (because participants were invited to complete the survey 3–4 months after their institutional websites had been reviewed).

Statistical Analyses

We used Microsoft Excel and R software to conduct the analyses. Complex survey design analyses were carried out with

TABLE 1. Service availabilities and requirements related to ADHD assessment and treatment information reported online[a]

Variable	N	%[b]
Available on campus		
Neuropsychological testing for ADHD	53	24
Stimulant prescriptions from campus-based clinicians	48	21
Clinical diagnostic evaluations for ADHD	35	15
Required for treatment		
Documentation to verify a previous ADHD diagnosis	27	11
Neuropsychological testing as a part of an ADHD evaluation	20	8
Medication contracts for students on stimulants	5	2
Urine toxicology screens for students on stimulants	4	2

[a] Information on the seven policies was obtained from institutional websites.
[b] Percentages are weighted to adjust for the probability of an eligible institution being selected for the sample on the basis of the number of students and admission selectivity.

the R survey package (29). For our results to represent eligible institutions, we reweighted institutions according to the institutional characteristics used to stratify the population before sampling (i.e., number of students and admission selectivity). This approach primarily downweighted institutions that admitted <33% of applicants and were therefore oversampled. The reweighted sample matched the population of eligible institutions on all measured characteristics, emulating a sample that was randomly selected. We evaluated group differences with a chi-square test for categorical variables and a Welch two-sample unpaired t test for numerical variables. We developed bivariate logistic regression models to evaluate the strength of the associations between the independent variables and the outcome of any information available online about ADHD assessment and management. Variables found to be statistically significantly associated with an outcome ($p<0.05$) in bivariate analyses were included in the multivariate analyses.

RESULTS

All percentages in this section are weighted, depicting the proportions after the sample was reweighted to match eligible institutions with regard to the distribution of the number of students and admission selectivity.

Availability of ADHD Information Online

Nearly all of the sampled colleges and universities offered mental health services (N=191). Seventy institutions from the Web review (32% of the study sample) had ADHD assessment and treatment information available online. Most of the institutions that had information online (N=28, 14%) had only one of the seven policy elements available. Only four (2%) had at least six of the seven policy elements online. As shown in Table 1, institutions most commonly published information about the availability of neuropsychological testing (24%), the availability of stimulant prescriptions from campus-based clinicians (21%), and the availability of diagnostic evaluations for ADHD (15%).

Of 136 school statements about the availability of campus services, 83 indicated that services were not provided. Of these 83 schools, 42 stated that they do not facilitate neuropsychological testing, 19 did not offer stimulant prescriptions, and 22 did not provide diagnostic evaluations (see Table S4 in the online supplement). All online statements about neuropsychological testing (N=20 statements), urine toxicology screens (N=4 statements), and medication contracts (N=5 statements) indicated that these were required for ADHD services. Combining the 83 statements about not offering services, the 29 statements about treatment requirements, and the 27 statements about requiring documentation to verify an externally made ADHD diagnosis, we found that 139 of the 192 policy elements identified online stated that services were not available or were restricted by documentation or testing requirements.

The survey participants reported that 14 institutions (45%) did not have policies about ADHD assessment and management (see Table S5 in the online supplement). Of the 18 institutions whose staff reported having a policy, 13 did not publish these policies online.

Table 2 shows the results of the logistic regression models for evaluating the relationship between any information about ADHD services provided online and institutional characteristics. Institutions with <1,000 students enrolled had significantly lower odds of policy information being available online (AOR=0.04), compared with institutions that had ≥5,000 students enrolled. Institutions that admitted >67% of applicants had significantly lower odds of policy information being available online (AOR=0.18), compared with schools with an admission rate <33%.

Description of ADHD Assessment and Management Services

By merging online and survey data, we obtained information for at least one ADHD service variable for 90 of the 200 institutions in our sample (see Table 3). In the weighted percentages reported here, we excluded from the denominator institutions that did not have data available for a given variable. Table 3 also reports percentages based on all institutions. Of the 75 institutions that had online information about the availability of neuropsychological testing for ADHD, only 14% facilitated testing on campus. Of the 72 institutions that had data about stimulant prescriptions from campus clinicians, nearly half (49%) did not allow prescribing of stimulants. Of the 61 institutions that provided data about diagnostic evaluations for ADHD on campus, 73% indicated that clinical evaluations were not available.

Few institutions provided online information about requirements for neuropsychological testing (N=35 of 90, 36%), medication contracts (N=23 of 90, 25%), and urine toxicology tests (N=24 of 90, 28%) to receive prescription stimulants. Of the institutions that provided data about each requirement, neuropsychological testing was required at least sometimes by 32 of 35 institutions (89%), medication contracts were required at least sometimes by 12 of

TABLE 2. Relationships between college and university characteristics and online availability of ADHD assessment and treatment information

Characteristic	Total (N)	Institutions with data online (N)	Row %[a]	OR	95% CI	p	AOR	95% CI	p
N of students									
≥5,000 (reference)	77	48	58						
1,000–4,999	94	20	19	.18	.09–.36	<.001	.21	.09–.45	<.001
<1,000	29	2	5	.04	.00–.21	<.001	.04	.01–.26	<.001
Selectivity (% students admitted)									
<33 (reference)	34	21	62						
33–67	49	16	33	.30	.12–.76	.01	.34	.12–.99	.048
>67	117	33	28	.24	.11–.55	<.001	.18	.07–.48	<.001
University level (length of programs in years)[b]									
≥4 (reference)	196	69	32				—		
2–4	4	1	10	.23	.02–2.32	.21	—		
Location[b]									
City (reference)	103	41	36				—		
Suburb	44	17	33	.87	.40–1.93	.74	—		
Town	47	12	26	.61	.28–1.35	.22	—		
Rural	6	0	—	0	—	—	—		
Sector									
Public (reference)	74	35	46						
Private	126	35	23	.34	.18–.63	<.001	.63	.29–1.37	.24
Residential status[b]									
Primarily nonresidential (reference)	35	14	41				—		
Primarily residential	56	21	34	.77	.31–1.88	.56	—		
Highly residential	104	33	27	.53	.23–1.21	.13	—		
HBCU[b,c]									
No (reference)	187	67	33				—		
Yes	13	3	19	.48	.12–1.98	.31	—		

[a] Data were from 200 colleges and universities. Percentages in this column represent the weighted percentages of institutions in the 200-school sample that had any policy information online for that row category; percentages were weighted to adjust for the probability of an eligible institution being selected for the sample on the basis of the number of students and admission selectivity.
[b] This institutional characteristic was omitted from the regression model that generated the adjusted odds ratios because its odds ratio was not statistically significant in the bivariate analysis.
[c] HBCU, historically Black college or university.

23 institutions (49%), and urine toxicology screens were required at least sometimes by 10 of 24 institutions (42%). (Tables S4–S6 in the online supplement show the results for the online and survey data.)

Additional Variables

Supplemental tables in the online supplement include information on additional variables assessed in our analysis, including documentation required to verify external ADHD diagnoses (Table S7 in the online supplement), types of accepted diagnostic evaluators (Table S8 in the online supplement), required components of an ADHD evaluation (Table S9 in the online supplement, and specific neuropsychological tests required (Table S10 in the online supplement).

DISCUSSION

To our knowledge, this is the first study of services related to the assessment and management of ADHD at postsecondary institutions in the United States. The characteristics of the 200 colleges and universities in our sample matched the eligible institutions from which they were selected, except for admission selectivity, for which we adjusted by weighting the results. Our results indicate that information about services related to ADHD assessment and management at colleges and universities is rarely available on their websites and that larger, more selective institutions are more likely to have information for students and their families to access online. Most online information indicated that ADHD diagnosis and treatment services were not provided or were restricted by requirements for additional documentation or testing. Among institutions that had any information available online or provided information through the survey, diagnostic and treatment services were limited, and access to stimulant treatment was frequently regulated.

Online information about campus services for ADHD assessment and treatment can help college students navigate the common challenge of establishing new care or transferring from an existing provider to a new one (30–32). Information indicating that services are not available helps students avoid fruitless inquiries and intake appointments

TABLE 3. ADHD assessment and treatment services (N=90 colleges and universities)[a]

Variable	N	% (including data not available for each variable)[b]	% (excluding data not available for each variable)[b,c]
Facilitation of neuropsychological testing for ADHD			
Yes (testing performed on campus)	11	12	14
No	64	71	86
Not available	15	17	—
Campus-based clinicians can prescribe stimulants			
Yes	39	41	51
No	33	39	49
Not available	18	20	—
Clinical diagnostic evaluations for ADHD on campus			
Yes	18	18	27
No	43	49	73
Not available	29	33	—
Neuropsychological testing required			
Yes	22	21	57
In some cases	10	12	32
No	3	4	11
Not available	55	64	—
Requires medication contract for students on stimulants			
Yes	11	11	44
In some cases	1	1	5
No	11	13	51
Not available	67	75	—
Requires urine toxicology screens for students on stimulants			
Yes	5	6	21
In some cases	5	6	21
No	14	16	58
Not available	66	72	—

[a] Data were merged from websites and staff surveys and included the six variables (facilitation of neuropsychological testing for ADHD on campus, clinicians can prescribe stimulants on campus, clinical and diagnostic evaluations are available on campus, neuropsychological testing is required for ADHD diagnosis and treatment, medication contracts are required for stimulant treatment, and urine toxicology screens are required for stimulant treatment) related to the assessment and management of ADHD shared between the Web review and survey. Colleges or universities with any data gathered via the Web or the survey were included in this analysis.

[b] Percentages in this column are weighted to adjust for the probability of an eligible institution being selected for the sample on the basis of the number of students and admission selectivity.

[c] Percentages are weighted and based on denominators excluding data that were not available for a given variable.

and minimizes the accompanying staff burden. Such information could be accompanied by lists of local or telehealth providers who offer services for ADHD. Information stating that services are available on campus helps students who do not know where to go for professional help, which is a common barrier for students (33).

Our analysis showed that not all institutions were equally likely to provide policy information online. Larger and more selective institutions were more likely to have such information online, which might reflect a higher demand for ADHD services, more concern about diversion or misuse, or better information technology services at these institutions. These discrepancies in online information might not reflect differences in the prevalence of ADHD or the needs of the students who have been diagnosed as having ADHD, which may be distinct from demand for services.

Nearly all of the institutions in our sample provided mental health services to their students, but services for the assessment of ADHD, and stimulant-based treatment services, were often excluded at the campus clinics we analyzed. These findings are consistent with those of a recent study (34) that analyzed data from the National College Health Assessment, showing that students diagnosed as having ADHD who receive mental health care on campus have lower odds of receiving treatment for ADHD compared with students who receive mental health care treatment off campus. Students without insurance or financial means tend to rely on campus-based services, and as a result, they are likely to have to undergo a neuropsychological assessment, which can be expensive (2, 34). These barriers might disproportionately disadvantage students without insurance, those with fewer financial resources, and those from racial-ethnic minority groups. Campus clinics might have several reasons to limit ADHD services, including a lack of established evidence-based approaches for managing ADHD on college campuses, the rarity and cost of clinical expertise in adult ADHD (35), and concerns about prescription stimulant misuse and diversion. Among the institutions that had data available, other stimulant regulations (i.e., urine toxicology screens and medication contracts) were frequently used. Many clinicians believe that medication contracts are ineffective (23), although the impact of these contracts on diversion and misuse has not been studied (2).

We acknowledge several limitations of this study. First, we caution against generalizing information about the description of services (Table 3) because of biases in data availability. We suspect that institutions that required a neuropsychological assessment were more likely to publish an online statement about this than an institution that did not require one. The data in Table S4 in the online supplement support this observation, indicating that all 20 institutions that provided information about neuropsychological assessment online required it at least sometimes. Thus, descriptions of institutions with available data should not be generalized to those without available data. Second, website information and survey responses might not reflect the variability of implementation in clinical practice. Moreover, when institutions had multiple clinics, and not all clinics put

their information online, our data could not capture possible variability across clinics within a single institution. Third, because of the low response rate to the survey, survey responses on their own should not be considered reflective of the landscape of available ADHD services. However, our analysis of nonresponse data did not detect significant bias in institutional characteristics and the three most common ADHD services online (see Table S11 in the online supplement). The only significant differences between survey respondents and nonrespondents were that respondents' institutions had a higher percentage of students identifying as White and lower percentages of Native Hawaiian or Pacific Islander students. The strengths of this study included the stratified sampling strategy, use of weighting to match eligible institutions, robust interrater reliability metrics, and the use of two data sources (websites and survey) to increase the amount of available data.

Our study takes the initial step toward understanding the needs and challenges of postsecondary institutions in the United States regarding ADHD assessment and treatment, and the results have several implications. First, institutions can use these results to identify key information about ADHD assessment and treatment services and publish it online to help students and their families find care. This information might also guide students' and families' decisions about college choice. Second, identifying and implementing best practices for campus services related to ADHD will involve a synthesis of clinical implementation and research. Institutions wanting to improve their ADHD services could explore service models such as the collaborative care model, which integrates mental health professionals into primary care settings (36). Studies that evaluate the relationships among on-campus availability of services for ADHD, regulatory measures (e.g., medication contracts), and key student outcomes (e.g., treatment utilization and stimulant misuse) could guide the choice of best practices for implementation.

CONCLUSIONS

Information about services for the assessment and management of ADHD at U.S. colleges and universities is rarely available online. Improving the availability of online information about ADHD services could help students find care. Among the institutions in our sample that had information available online, ADHD-related services appear to be limited on U.S. college campuses. Strengthening these services will require the establishment of best practices in college settings and exploration of innovative service models.

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