Students’ Mental Health Needs Beyond High School: How School Mental Health Supports Extend to College Settings

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A little bit about you…

- What is your role?
- Where do you see yourself in the intersection of school mental health (SMH) and mental health (MH) services for college students?
Existing State of College Mental Health

- Increased demand for services as evidenced by:
  - MH issues are prevalent on college campuses
  - MH issues are a leading impediment to academic success
  - College students are **not** seeking help
  - Suicide is a real concern
  - More campus-based MH services and supports are needed

(National Alliance on Mental Health, 2012)
Low-Income, First-Generation College (LIFG) Students

- **Low-income**
  - Family household income at or below $25,000 (U.S. Department of Education, 2015)

- **First-generation**
  - Families where neither parent nor guardian has attained a bachelor’s degree (U.S. Department of Education, 2015)

- Two classifications combined – LIFG – students are 5 times more likely to dropout of higher education than their peers (Engle & Tinto, 2008; The Pell Institute, 2011)

- Dropout perpetuates poverty and low educational attainment
## LIFG Students’ Needs

- **Normal college stressors**
- **Unique academic and nonacademic risks/stressors**

<table>
<thead>
<tr>
<th>Academic</th>
<th>Nonacademic</th>
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</thead>
<tbody>
<tr>
<td>College preparatory curriculum</td>
<td>Poverty</td>
</tr>
<tr>
<td>High school GPA</td>
<td>Financial illiteracy</td>
</tr>
<tr>
<td>College preparatory exam scores</td>
<td>Parental support/press</td>
</tr>
<tr>
<td>Attend low-income/failing high schools</td>
<td>Environmental stressors (Housing, work)</td>
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<tr>
<td>Remedial coursetaking</td>
<td>Race</td>
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<tr>
<td>Enrollment behavior</td>
<td>Social engagement</td>
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</table>
Exploratory Research

- Examined MH needs and service use among a sample of 100 LIFG college students in a large, public university.

- All participants were members of Student Support Services (SSS).

<table>
<thead>
<tr>
<th>Demographics (N = 100)</th>
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<tbody>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td>African American</td>
</tr>
<tr>
<td>Caucasian/White</td>
</tr>
<tr>
<td>Multi-racial</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>Marital Status</td>
</tr>
<tr>
<td>Single, never married</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>English as first language</td>
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<tr>
<td>Registered with Disability Services</td>
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<tr>
<td>U.S. citizen</td>
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Measures

- **Mental Health Inventory** (MHI-38; Veit & Ware, 1983)
  - Psychological distress (24 items, 6 pt scale)
  - Psychological well-being (14 items, 6 pt scale)

- **Use of academic supports** (3 items, Yes/No; Year when they began their involvement; and, how often they engaged in the activity)
  - Mentoring
  - Tutoring
  - Academic Advising

- **Use of nonacademic supports** (3 items, 1-10 scale)
  - Mental Health Services
  - Student Health Center
  - Office of Multicultural Affairs

- **GPA** (1 = 2.0 or below, 2 = 2.0-2.5, 3 = 2.5-3.0, 4 = 3.0-3.5, and 5 = 3.5-4.0)
What are the mental health needs of LIFG students?

<table>
<thead>
<tr>
<th>Scale</th>
<th>M (SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Distress</td>
<td>60.66 (15.39)</td>
<td>24 - 142</td>
</tr>
<tr>
<td>Psychological Well-being</td>
<td>51.54 (11.45)</td>
<td>14 - 84</td>
</tr>
<tr>
<td>Anxiety</td>
<td>25.63 (6.55)</td>
<td>9 - 54</td>
</tr>
<tr>
<td>Depression</td>
<td>10.30 (4.04)</td>
<td>4 - 23</td>
</tr>
<tr>
<td>Loss of Behavioral/Emotional Control</td>
<td>18.36 (6.37)</td>
<td>9 - 53</td>
</tr>
<tr>
<td>General Positive Affect</td>
<td>36.54 (8.74)</td>
<td>10 - 60</td>
</tr>
<tr>
<td>Emotional Ties</td>
<td>7.85 (2.56)</td>
<td>2 - 12</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>4.00 (1.16)</td>
<td>1 - 6</td>
</tr>
</tbody>
</table>
To what extent do LIFG students utilize support services?

- **Academic supports**
  - Low participation in mentoring (24% Yes; 66.7% freshman year)
  - Low participation in tutoring (27% Yes; 81.5% freshman year)
  - High participation in academic advising (77% Yes; 84.4% freshman year)
  - All averaged “sometimes” as engagement level

- **Nonacademic supports**
  - Student Health Center ($M = 3.19, SD = 2.80$)
  - Mental Health Services ($M = 1.64, SD = 1.33$)
  - Office of Multicultural Affairs ($M = 1.43, SD = 1.33$)
  - 94% stated they were active members Student Support Services
LIFG Students’ Academic Outcomes

GPA

<table>
<thead>
<tr>
<th>GPA</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5 – 4.0</td>
<td>13</td>
<td>13.7</td>
</tr>
<tr>
<td>3.0 – 3.4</td>
<td>35</td>
<td>36.8</td>
</tr>
<tr>
<td>2.5 – 2.9</td>
<td>28</td>
<td>29.5</td>
</tr>
<tr>
<td>2.0 – 2.4</td>
<td>12</td>
<td>12.6</td>
</tr>
</tbody>
</table>
How is psychological distress related to students’ academic outcomes?

- Hierarchical multiple regression
  1. Psychological distress
  2. Psychological distress, use of academic supports, use of nonacademic support services
  3. Interactions

- Students with greater psychological distress reported lower GPAs

\[ F(98, 99) = 7.86, p = .002, \beta = -.27, \ p = 0.006, R^2 = .07 \]
Is students’ use of support services related to GPA?

- Students who reported greater use of nonacademic support services reported lower GPAs ($\beta = -0.16, p = 0.004$)

- Use of nonacademic support services was the greatest predictor of GPA, among psychological distress, academic support service use, and nonacademic support service use.

- Use of academic support services was not a significant predictor of GPA.
Does students’ use of support services moderate the relationship between psychological distress and GPA?

- Use of nonacademic support services did not have an independent effect on GPA, but the interaction of psychological distress and use of nonacademic support services was a significant predictor of GPA.
  - Students who reported **high** psychological distress and **high** use of nonacademic support services had **lower** GPAs compared to those with high distress and less use of nonacademic support services.
  - Students who had low psychological distress had similar GPAs regardless of their reported service use.
### Summary of Findings

#### MH Needs
- Moderately high psychological well-being
- Some psychological distress
- Large variation in the overall needs

#### Service Use
- Low use of some academic supports, but high use of others (e.g., academic advising, membership in SSS)
- Low use of nonacademic supports

#### MH, Service Use, & GPA
- Academic service use did not predict GPA.
- Students with the greatest MH needs who used nonacademic services more had lower GPAs than those who did not use services.
- Students with fewer mental health needs had the same GPAs, regardless of their use of nonacademic services.
- There may be a need to consider the coupling of academic and nonacademic services, as well as identify which specific services address students’ psychological distress.
College & University Resources

- College mental health clinics
  - Waitlists
  - Community referrals
  - Session limits
  - Confidentiality issues
  - Understaffed or unqualified to handle serious psychiatric disorders
    - 83% of campuses maintain the right to refuse treatment to students whose problems are beyond the capabilities of the staff (American College Counseling Association, 2010)
- Few resources to address alcohol and substance abuse issues
- Limited capacity to conduct psychological testing
College & University Resources

- College health centers
- Disability Services
- Academic support programs
  - TRIO
  - College-specific support programs
- Academic counseling
- Career counseling
- Offices of Student Life
- Offices of Diversity & Inclusion/Multicultural Affairs
- International Student Affairs
How do we support youth from K through college?

Comprehensive Systems of Support
K-12 school mental health offers some guidance...

- An integrated model of service delivery for both academic and nonacademic supports
- A focus on prevention, early intervention, and targeted interventions
- Linkage and referral systems
- Staffing protocol and requirements
- Others?
What are the opportunities for collaboration between systems?
Opportunities for innovation?
References


For more information…

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