

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

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Prevention

Dropout Prevention Strategies

School Improvement

Safe Schools, Healthy Students

PBIS

Social and Emotional Learning

RtI

Truancy Intervention

Wraparound

Partnerships for Success

Parent/Family Initiatives

School-Based Mental Health Services

Wellness Policies

Integrated Systems of Support

Response to Intervention

ADA

Bullying Programs

Special Education

DSM

Functional Behavior Assessment

Teacher Consultation

Interprofessional Collaboration

Referral and Linkage

School Climate

Safe and Drug-Free Schools

IEPs

Systems of Care

21st Century Community Learning Centers

Coordinated School Health Programs

After-School Programs

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

Academic	Nonacademic
College preparatory curriculum	Poverty
High school GPA	Financial illiteracy
College preparatory exam scores	Parental support/press
Attend low-income/failing high schools	Environmental stressors (Housing, work)
Remedial coursetaking	Race
Enrollment behavior	Social engagement



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).

Demographics (N = 100)	
Gender	Valid %
Male	29
Female	71
Race/Ethnicity	
African American	39
Caucasian/White	37
Multi-racial	10
Asian/Pacific Islander	8
Hispanic/Latino	6
Marital Status	
Single, never married	97
Married	3
English as first language	91
Registered with Disability Services	31
U.S. citizen	100

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?

Scale	M (SD)	Range
Psychological Distress	60.66 (15.39)	24 - 142
Psychological Well-being	51.54 (11.45)	14 - 84
Anxiety	25.63 (6.55)	9 - 54
Depression	10.30 (4.04)	4 - 23
Loss of Behavioral/Emotional Control	18.36 (6.37)	9 - 53
General Positive Affect	36.54 (8.74)	10 - 60
Emotional Ties	7.85 (2.56)	2 - 12
Life Satisfaction	4.00 (1.16)	1 - 6



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

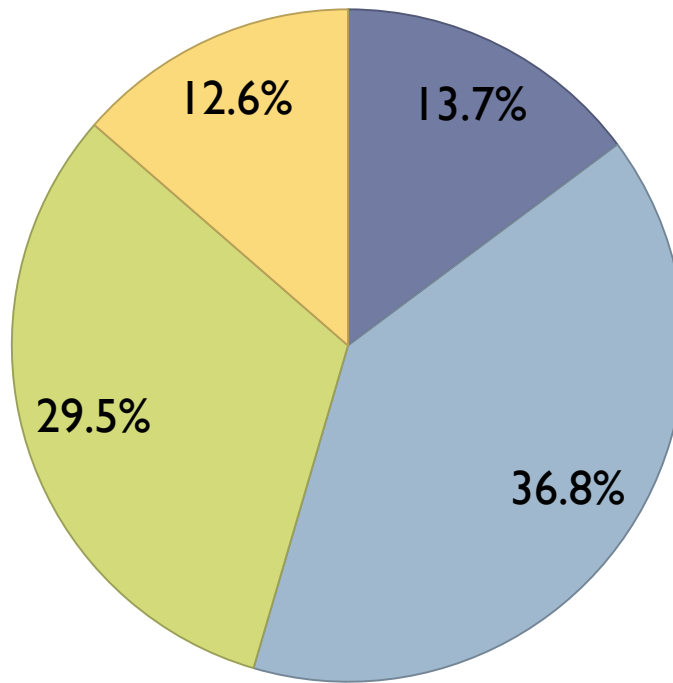
▶ Nonacademic supports

- ▶ 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
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LIFG Students' Academic Outcomes

GPA



GPA	N	%
3.5 - 4.0	13	13.7
3.0 - 3.4	35	36.8
2.5 - 2.9	28	29.5
2.0 - 2.4	12	12.6

■ 3.5 - 4.0 ■ 3.0-3.4 ■ 2.5-2.9 ■ 2.0-2.4



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 ($\beta = -.16, p = 0.004$)
- ▶ 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.
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College & University Resources

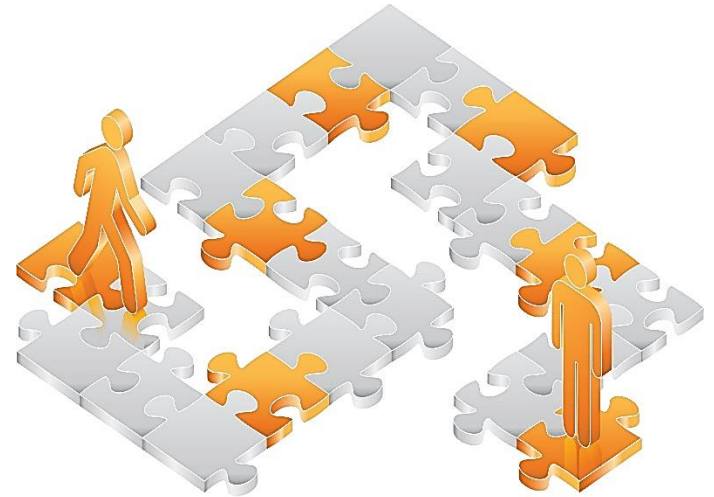
▶ College mental health clinics

- ▶ 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?



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