

Mental Health & College Student Success

Completing College: What it takes, What's at stake?
Friday, March 15, 2013

Sarah Ketchen Lipson & Daniel Eisenberg, PhD
University of Michigan, Ann Arbor

Agenda

- Overview of common mental health problems
 - National epidemiological research
- College student retention and engagement
 - *Where does mental health fit in?*
- Impact of mental health on student success
 - Empirical evidence
- Implications for research and practice
- Questions/discussion throughout

Mental Health and Success

“Americans are inundated with messages about *success*—in school, in a profession, in parenting, in relationships—without appreciating that successful performance rests on a foundation of mental health”
—U.S. Surgeon General’s Report on Mental Health (1999, p. 4-5)



College Student Mental Health

Overview of national epidemiological research



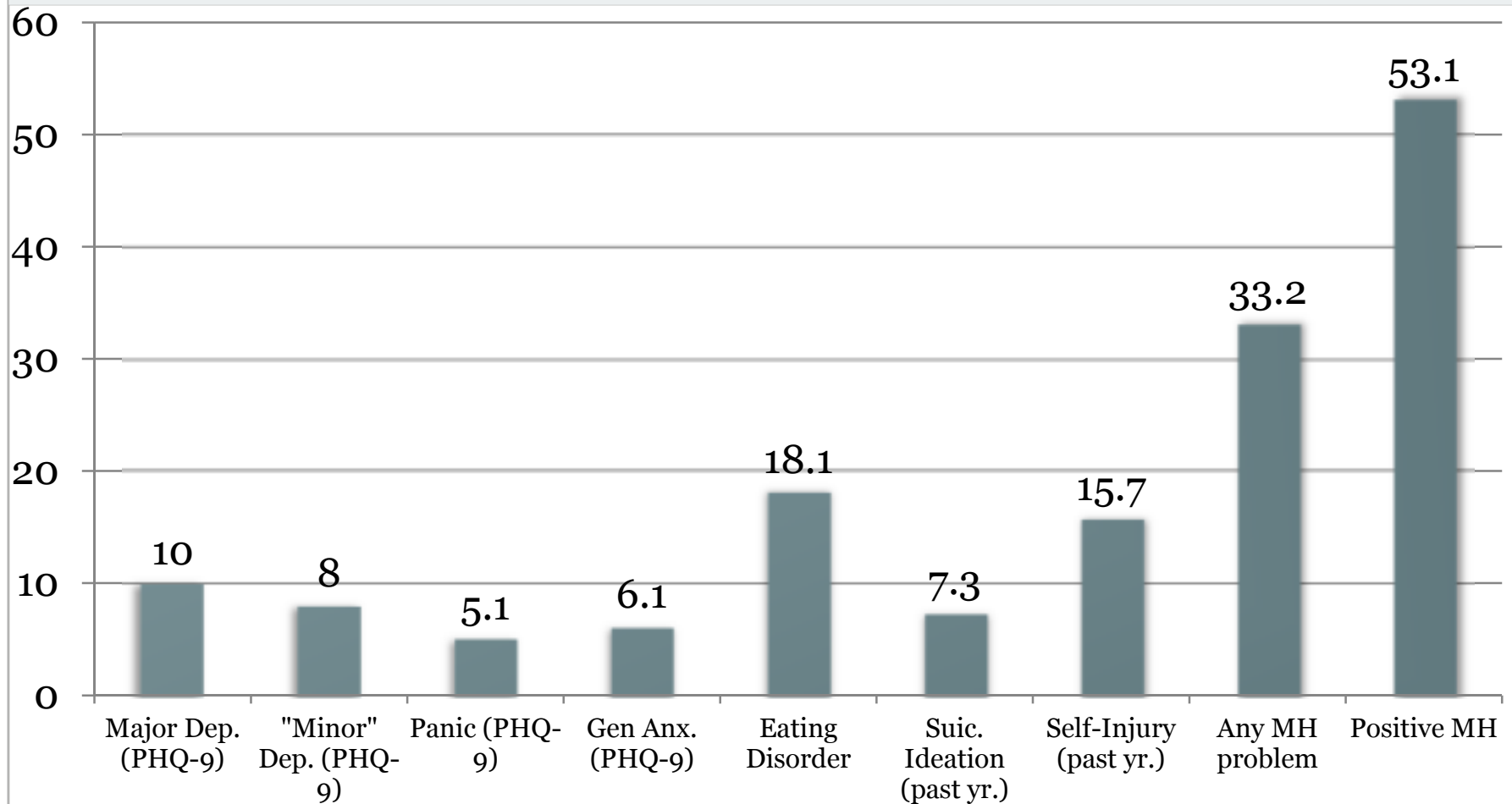
Age of Onset

- ~ 1/2 of all lifetime mental disorders have first onset by mid-adolescence and ~3/4 by the mid-20s
 - Kessler, Amminger, Aguilar-Gaxiola, Alonso, Lee, & Ustun, 2007
- Some research suggests that symptoms of psychopathology have been rising among adolescents and young adults in the U.S.
 - Twenge et al., 2010
- NCS-R: 18-29 year olds: 52.4% meet criteria for 1 disorder, 33.9% for 2, and 22.3% for 3+ disorders
 - Kessler & Wang, 2008
- “Mental illnesses are the chronic diseases of the young”
 - Insel & Fenton, 2005, p. 590

Prevalence [1]

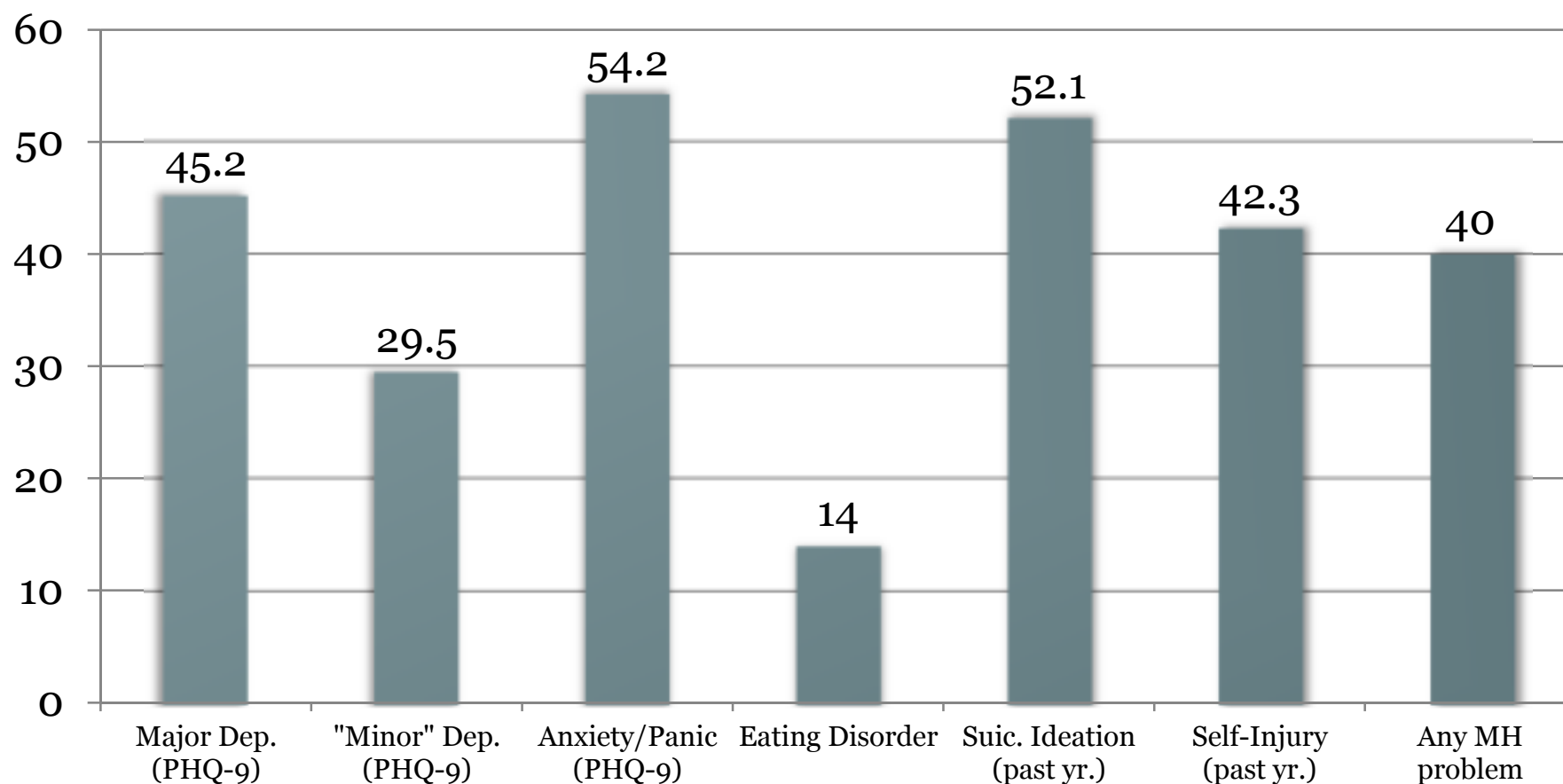
- 91% of campus counseling directors report an increase in the number of students with severe psychological problems
 - National Survey of Counseling Directors, 2010
- Past AY, ~45% of college students felt “so depressed that it was difficult to function”
 - ACHA-NCHA, 2008
- Suicide 2nd leading cause of death among college students
 - National Mental Health Association College Student & Depression Pilot Initiative (n.d.)

Prevalence [2]



Sources: The Healthy Minds Study (2010-2012), U-SHAPE 2012

Help-Seeking



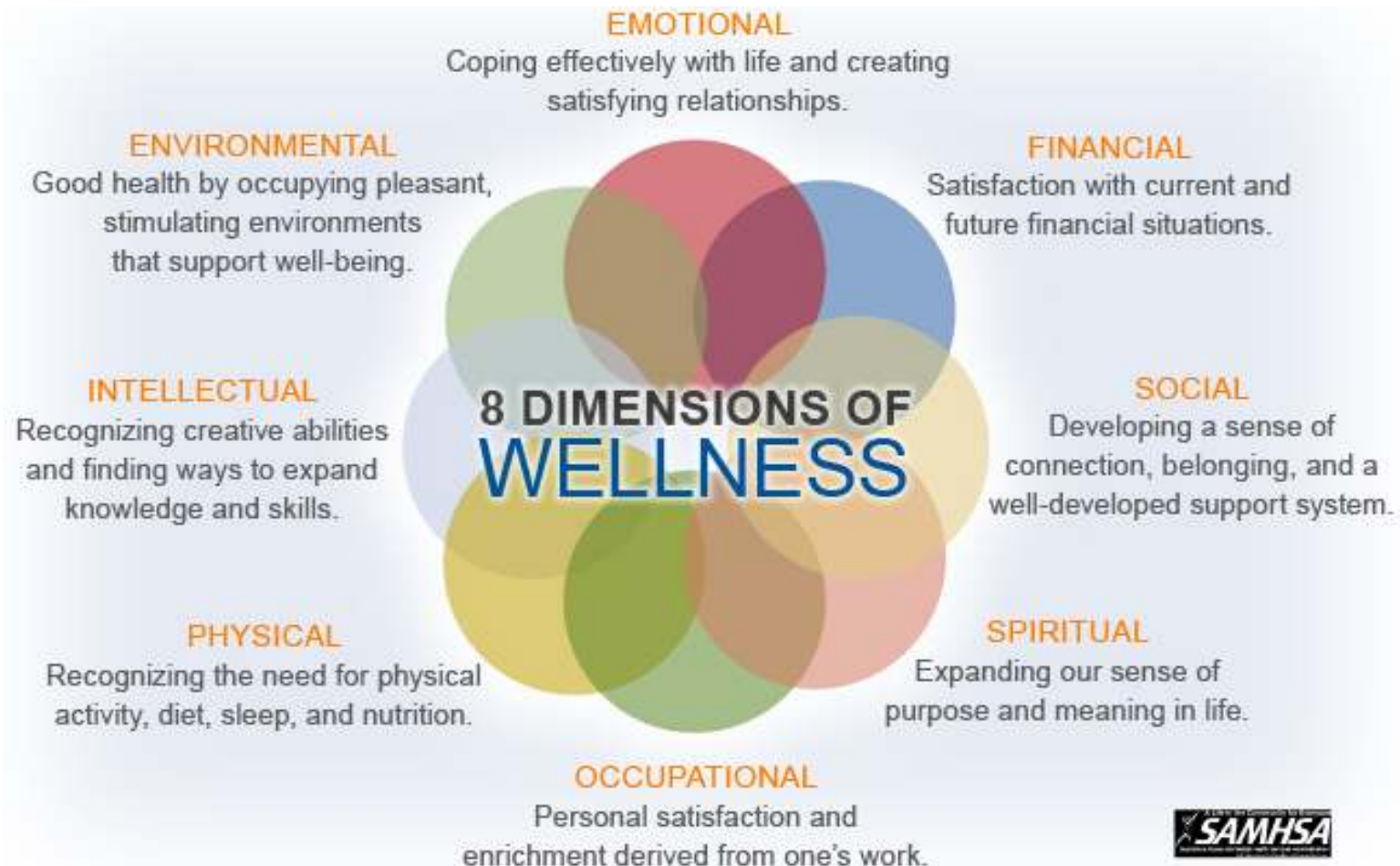
Sources: The Healthy Minds Study (2010-2012), U-SHAPE 2012

What's at stake?

- Students report depression and anxiety among top impediments to academic performance
 - ACHA, 2011



Individual-, Campus-, & Societal-level Impact of Student Wellness



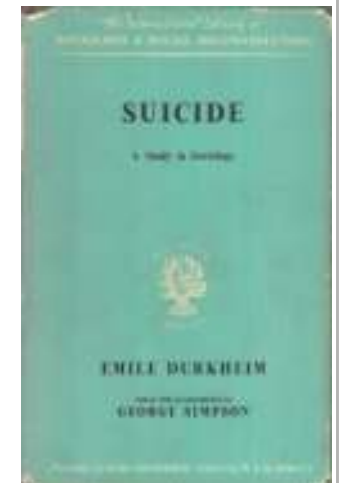
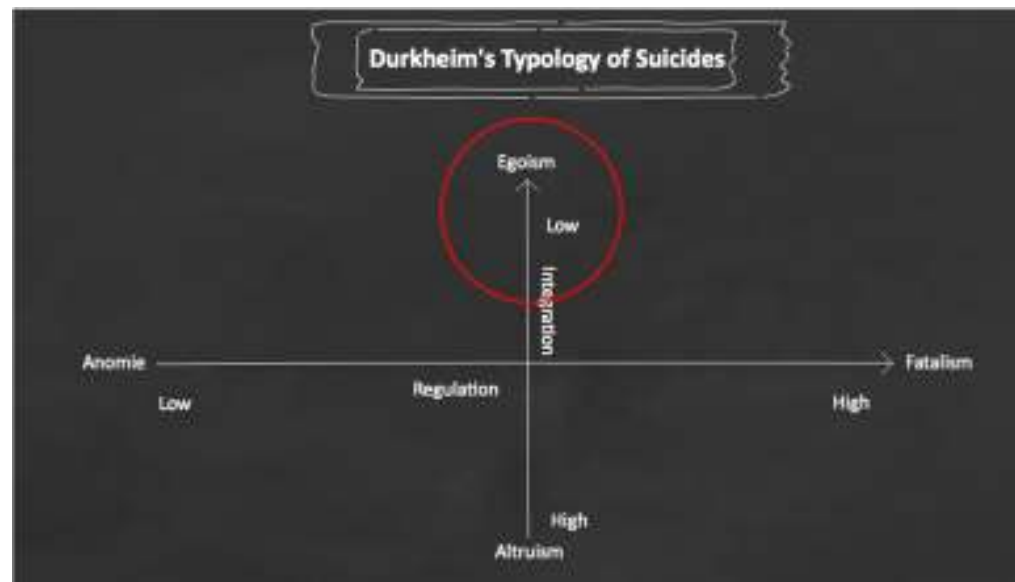
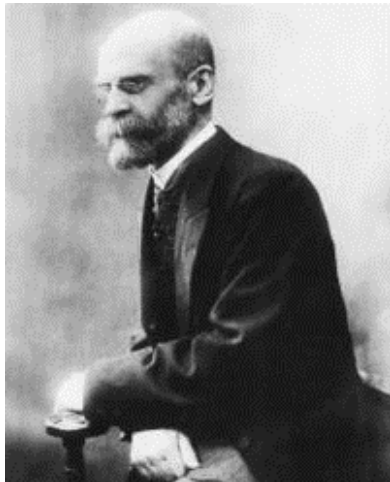
College Student Retention & Engagement

Where does mental health fit in models of retention/attrition?

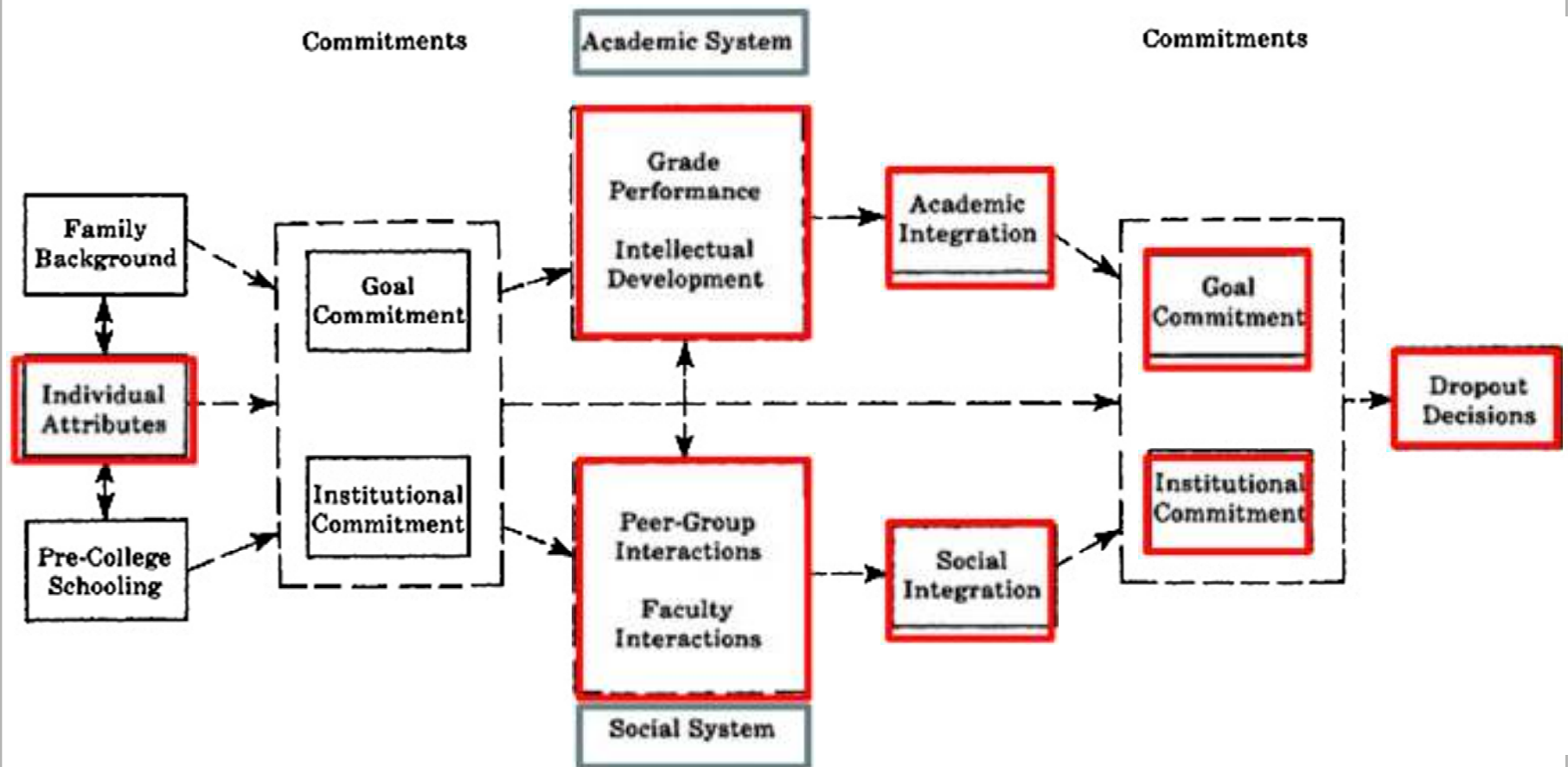


The “Roots” of Student Attrition

- Tinto’s model based on Durkheim’s Theory of Suicide
 - Those with fewer social ties have higher suicide rates
- Lack of integration into the social system of the college
 - Academic and social domains



Tinto's (1975) Conceptual Schema for Dropout from College



The impact of mental health on college student success

Empirical evidence



Longitudinal Study

- Study: Eisenberg, Golberstein, & Hunt (2009)
 - Detailed descriptive analysis of association between mental health and academic outcomes in college (not causal analysis)
- Question: **How does mental health predict academic success during college?**
- Data: random sample of undergraduate and graduate students at 1 university (baseline: 2005 (N=2,798)), follow-up: 2007 (N=747))
- Outcomes of interest: GPA, retention, credit hours
- Key explanatory variables: depression, anxiety, (PHQ-9) eating disorders (SCOFF)
- Self-reported mental health measures linked to university administrative records (including previous academic performance)

Summary of Results [1]

GPA w/in semester

- Depression is a significant predictor of lower GPA
- 15 point increase on the depression scale (“mild” to severe depression) corresponds to a 0.17 drop in GPA ($p < 0.01$), and a 0.40 drop in GPA if co-occurring with anxiety ($p = 0.10$)
- No significant impact of depression on credit hours

Summary of Results [2]

GPA over time

- Separate analyses on GPA, all have negative association: depression, panic disorder ($p < 0.01$), generalized anxiety and eating disorders ($p < 0.10$)
- Co-occurring anxiety and depression have an additional negative association with GPA
- Lack of pleasure and interest in usual activities is strongest negative predictor of academic performance
- Feeling depressed/hopeless not independently associated with lower GPA

Summary of Results [3]

Retention

- Drop-out rate is 25% among students who have <3.0 GPA and screen positive for a mental health problem compared to 9% among students who have <3.0 GPA
- Each point on depression scale associated with a 0.31% in probability of dropping out ($p < 0.01$)
- 15 point increase on depression scale corresponds to a 4.7% increased in probability of dropping out (60% increase relative to mean probability of dropping out at the institution-8%)

Implications for Research and Practice

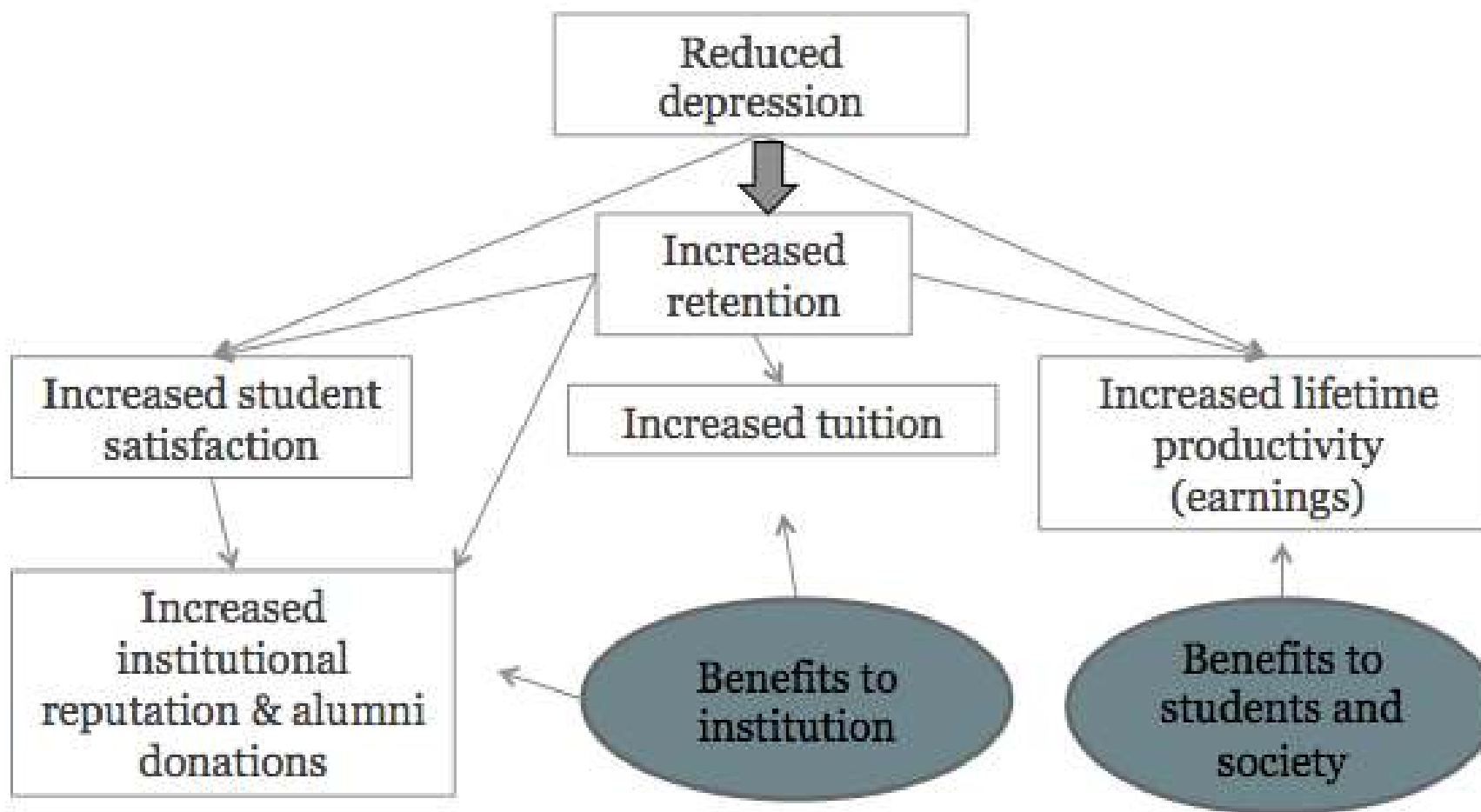


©istockphoto.com/tra45

Implications for Practice [1]

- Anticipating drop-out (assessing risk based on academic performance *and* mental health status)
 - Low GPA in previous semester
 - Positive screen for a mental health problem
- Applied to sample considered here, adding mental health criteria would increase identification of students who eventually drop out (from identification of 11% to identification of 30% of all drop-outs)
- On campuses with higher drop-out rates, screening would be more cost-effective (fewer “false positives”)

Implications for Practice [2]



Research Implications

- Need for more definitive causal estimates of the effects of mental health on college success (RCTs)
- How do key outcomes (e.g., depression, help-seeking) vary across schools (small vs. large, geographic location, competitiveness, community colleges, etc.)?

Questions?



References [1]

- American College Health Association (2012). American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2012. Retrieved from http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2012.pdf.
- American College Health Association. (2008). American College Health Association-National College Health Assessment: Reference group data report Spring 2007. *Journal of American College Health*, 56(5), 69-79.
- Eisenberg, D., Golberstein, E., Hunt, J. (2009). Mental Health and Academic Success in College. *B.E. Journal of Economic Analysis & Policy*, 9(1): Article 40.
- Gallagher, R. *National Survey of Counseling Center Directors*. Alexandria, VA: National Association of Counseling Services; 2005.
- Insel TR, Fenton WS (2005). Psychiatric epidemiology, it's not just about counting anymore. *Archives of General Psychiatry* 62: 590–592.
- Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current opinion in psychiatry*, 20(4), 359.

References [2]

Kessler, R. C., & Wang, P. S. (2008). The Descriptive Epidemiology of Commonly Occurring Mental Disorders in the United States. *Annu. Rev. Public Health*, 29, 115-129.

National Mental Health Association. (n.d.). *Finding hope & help: College student and depression pilot initiate fact sheets*. Retrieved from http://www.nmha.org/camh/college/fact_sheets.cfm#adjustment.

Twenge, J. M., Gentile, B., DeWall, C. N., Ma, D., Lacefield, K., & Schurtz, D. R. (2010). Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI. *Clinical Psychology Review*, 30(2), 145-154.

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: National Institute of Mental Health.