



The Student Experience: Psychological Distress Across Time (WISHES)

Introduction and Methodology

The Wellbeing Improvement Survey for Higher Education Settings (WISHES) has been administered to the Texas A&M University student body in College Station since the 2021-2022 academic year. Texas A&M University surveyed the student body to better understand students' overall well-being, intermediate outcomes, educational outcomes, and student experiences that influence wellbeing. The survey covered topics such as overall health, psychological distress, suffering or struggling, flourishing, belonging at Texas A&M, resilience, binge drinking, health and academic risks, engagement in extracurricular activities, having a friend, mentor, or professor who makes them excited about learning and cares for them. The WISHES survey is administered in October, November, February, March, and April of each academic year. In the 2021-2022 academic year, the survey was also administered in September to students living on campus. However, the March and April surveys scheduled for spring 2023 were not administered. Since the 2021-2022 academic year, 17,564 students responded to at least one question, yielding an overall response rate of 12%.

This report focuses on how psychological distress changes from year to year and how it is affected by mental health treatment among students who have taken the survey in multiple years ($n = 1002$). The first time a student took the survey is referred to as Year 1, regardless of whether that was in 2021-22 or 2022-23; responses from the following year are referred to as Year 2. The amount of time between year 1 and year 2 varies depending on which month students took the survey in during those years, but they are always consecutive academic years. Psychological distress was measured using the Kessler 6 Psychological Distress Scale (K6), which produces a score from 0 to 24; scores of 13 and higher are flagged as significant psychological distress. Students were classified as engaged in mental health treatment if they reported receiving counseling, therapy, or prescription medicine for a mental health concern within the last 12 months at time of taking the WISHES survey. Undergraduate and graduate student responses were included in all analyses.

Changes in Psychological Distress Across Time

Approximately 32% of [all WISHES respondents](#) are classified as experiencing significant psychological distress (39% of first-generation and 32% of non-first-generation). A mixed ANOVA was used to assess changes in mean K6 scores for first-generation and non-first-generation students from year 1 to year 2 (see Figure 1 on the following page). Results showed that K6 scores did not significantly increase from year 1 to year 2 on average ($F(1, 1000) = 1.72, p = .190$). First gen students did not report significantly higher K6 scores on average compared to their non-first-generation peers ($F(1, 1000) = 0.70, p = .402$), and the upward trend in K6 score among first-generation students specifically was not statistically significant ($F(1, 1000) = 1.52, p = .218$).

A logistic regression was used to assess the impact of mental health treatment (MHTX) engagement in year 1 on psychological distress in year 2 among those were classified as experiencing significant distress ($K6 \geq 13$) in year 1. Results showed that a lack of mental health treatment engagement in year 1 predicted a 219% increase in the odds of significant psychological distress in year 2 for first-generation students who did not seek out treatment in year 1, but no change for non-first-generation students ($b = -1.20, SE = .58, p = .039$). Simply put, treatment appears to be helpful for first-generation students, but not for non-first-generation students. Full odds and model results can be found in Tables 1 and 2 on the following page.

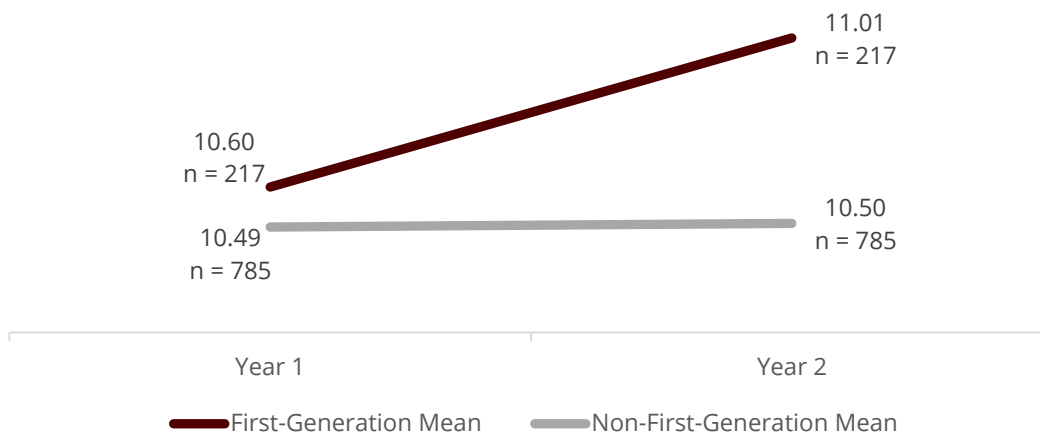


Figure 1. Mean K6 score for first-generation and non-first-generation students in years 1 and 2.

	n	No/Minimal Psychological Distress	Significant Psychological Distress	Odds of Experiencing Sig. Distress*	Increase in Odds**
First-Gen	77	30%	70%	2.35	-
Not engaged in MHTX	42	19%	81%	4.25	219%
Engaged in MHTX	35	43%	57%	1.33	-
Non-First-Gen	285	31%	69%	2.20	-
Not engaged in MHTX	139	32%	68%	2.16	-4%
Engaged in MHTX	146	31%	69%	2.24	-
Grand Total	362	31%	69%	2.23	-

Table 1. The odds of experiencing significant psychological distress in year 2.

*Odds are calculated as the percentage of students in a given row with significant distress divided by the percentage with no/minimal distress.

**Increase in odds is the odds of experiencing significant distress for students who did not engage in MHTX divided by the odds for students who did engage in MHTX minus 100%. This represents the increase in odds of experiencing significant distress in year 2 when students do not engage in MHTX in year 1.

Coefficient	Estimate (log odds)	Estimate (odds)	Std. Error	z Value	p Value
Intercept	0.77	2.16	0.18	4.22	< .001
MHTX Engagement (vs. No MHTX)	0.04	1.04	0.26	0.15	0.880
First-Gen (vs. Non-First-Gen)	0.68	1.97	0.43	1.56	0.118
MHTX Engagement (vs. No MHTX) * First-Gen (vs. Non- First-Gen)	-1.20	0.30	0.58	-2.07	0.039

Table 2. Logistic regression results.



Conclusion

Approximately 32% of [all WISHES respondents](#) are classified as experiencing significant psychological distress (39% of first-generation and 32% of non-first-generation). Among the sample used in the current analyses, first generation students did not exhibit significantly higher levels of psychological distress compared to non-first-generation students. Students' levels of psychological distress did not significantly increase from year 1 to year 2, but they did not decrease either. Among students who were experiencing significant psychological distress in year 1, mental health treatment in year 1 significantly reduced the odds of continuing to experience significant distress in year 2, but only for first generation students. Given that significantly distressed first-generation students are less likely to engage in mental health treatment than their non-first-generation peers (see [all WISHES respondents](#)), campus mental health might be improved by connecting more first-generation students with mental health treatment resources and increasing their use (e.g., by removing barriers, reducing stigma, etc.). However, it should be noted that even a majority (57%) of significantly distressed first-generation students who received mental health treatment in year 1 were still classified as significantly distressed in year 2. Thus, efforts to reduce psychological distress, especially among the whole student population, will likely require a broader strategy involving more than just mental health treatment resources.

FOR MORE INFORMATION



Go to <http://wishes.tamu.edu> or email wishes@tamu.edu

