

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, 20,360 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 ($n = 1146$). 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 31% of [all WISHES respondents](#) are classified as experiencing significant psychological distress (37% of first-generation and 31% 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 below). Results showed that K6 scores did not significantly increase from year 1 to year 2 on average ($F(1, 1144) = 1.53, p = .217$). First gen students did not report significantly higher K6 scores on average compared to their non-first-generation peers ($F(1, 1144) = 0.18, p = .674$), and the upward trend in K6 score among first-generation students specifically was not statistically significant ($F(1, 1144) = 0.98, p = .322$).

A similar mixed ANOVA was used to assess changes in mean K6 scores in response to mental health treatment among only those students who were flagged as experiencing significant psychological distress in year 1. A statistically significant three-way interaction between year (year 1 vs. year 2), first-generation status, and treatment status was found ($F(1, 398) = 5.86, p = .016$). Figure 2 on the following page dissects this finding further. Simply put, for non-first-generation students, K6 scores generally decreased from year 1 to year 2 regardless of whether students were engaged in treatment or not, but decreases were slightly larger for students engaged in treatment. In contrast, for first-generation students, decreases in K6 scores were only seen among those students who were engaged in treatment.

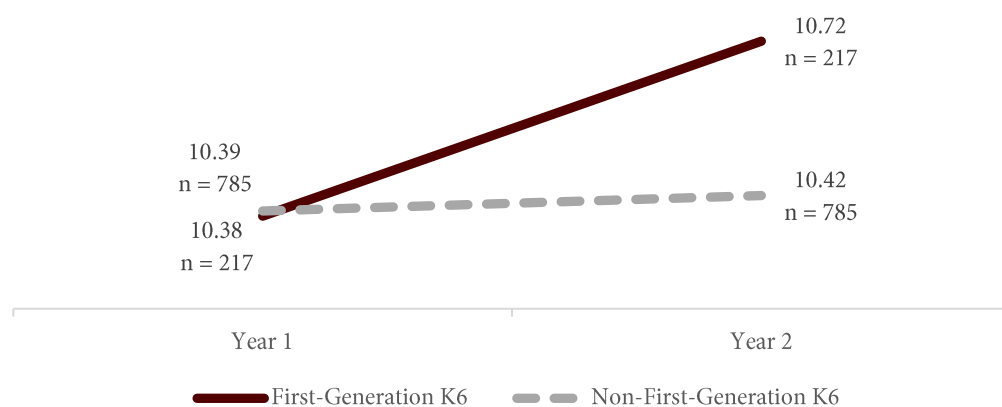


Figure 1. Mean K6 score for first-generation and non-first-generation students in years 1 and 2.

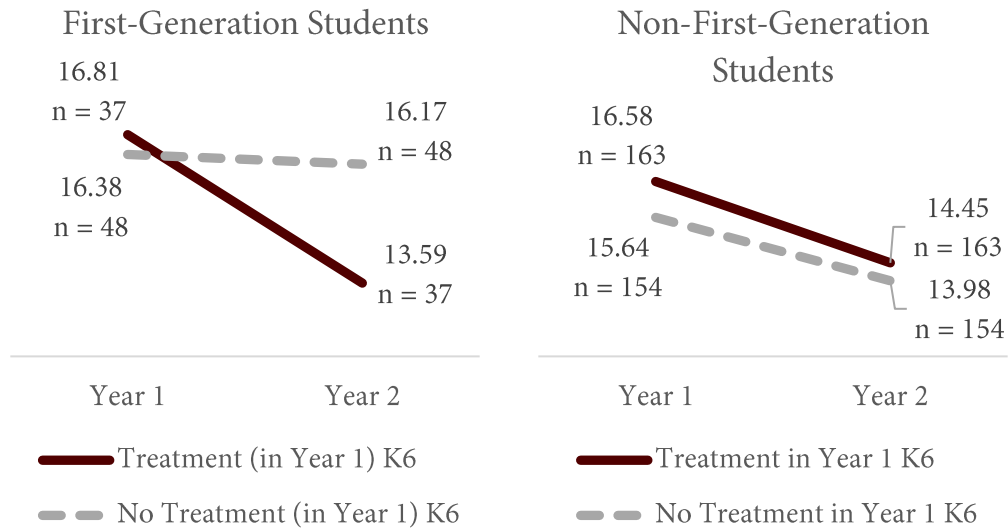


Figure 2. Mean K6 scores at year 1 and year 2 for significantly distressed students based on treatment and first-generation status.

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 except among the most distressed students.

Significantly distressed non-first-generation students saw a general decrease in psychological distress from year 1 to year 2, with greater decreases seen among those students who engaged in some kind of mental health treatment in year 1. Among significantly distressed first-generation students, decreases in psychological distress were only seen among students who reported engaging in some kind of mental health treatment in year 1. Although beneficial, engagement in treatment in year 1 was not enough to reduce psychological distress to the point where students were, on average, below the level of significant psychological distress (K6 less than 13). Unfortunately, we do not know the specific types of treatment students engaged in, merely that they reported engaging in some type of mental health treatment within the past 12 months.

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 (59%) 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, please contact wishes@tamu.edu.