Introduction to the Special Issue on College Student Mental Health

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Objective: This article provides an introduction to the special issue on college student mental health. It gives an overview of the establishment of the Multi-Site University Study of Identity and Culture (MUSIC) collaborative by a group of national experts on culture and identity. Information about the procedures used to collect a nationally represented sample of college students are provided.

Method: Data were collected from 30 university sites across the United States. The sample comprised 10,573 undergraduate college students, of which 73% were women, 63% White, 9% African American/Black, 14% Latino/Hispanic, 13% Asian American, and 1% Other.

Results: The special issue comprises a compilation of 8 studies that used the dataset specifically created to examine the issues of emerging adults, culture, and identity.

Conclusions: Student mental health problems are a growing concern on college campuses. Studies covered in this special issue have implications for policy development regarding college alcohol use and traumatic victimization, include attention to underrepresented minority and immigrant groups on college campuses, and focus on positive as well as pathological aspects of the college experience.

Keywords: college students; mental health; culture, identity

Concern about the mental health of college students has been on the rise in recent years in part because of tragic events at college campuses, such as the Virginia Tech massacre where a senior English major, who had been previously diagnosed with an anxiety disorder, killed 32 people before committing suicide. Furthermore, many students are voicing their concerns and requesting mental health services. A recent report in the media noted that in several campuses students describe such services as insufficient, and, for some, nonexistent (George, 2012). For instance, one female student criticized her university campus because she was forced to withdraw from school due to a lack of resources for sexual assault victims. Because of the media attention toward such incidents and the lack of mental health resources on college campuses, the psychological and emotional struggles of college students have been highlighted as an important and growing public health concern, as well as a mental health crisis occurring on the nation’s college campuses (Kadison & DiGeronimo, 2004).

Over the past decade, university staff has noted an upsurge in the number of students seeking psychological services (Bushong, 2009), as well an increase in the severity of symptoms reported (Gallagher, Gill, & Sysco, 2000). They have also noted a larger proportion of students who are taking psychotropic medication (Gallagher, 2009, 2011). For instance, according to the 2011 National Survey of Counseling Center Directors (Gallager, 2011), 91% of directors reported a trend toward a greater number of students with severe psychological problems. University administrators noted an increase in problems such as illicit drug use, alcohol abuse, problems related to earlier sexual abuse, and self-injury issues.

The American College Health Association (2011) administered the 2010 National College Health Assessment survey to over 30,000 students across 39 campuses. Results of the survey showed a significant increase in psychological problems on college campuses. For instance, 15.4% of students reported being diagnosed with depression. Furthermore, 28.4% of all students, regardless of whether they were diagnosed, reported that they felt so depressed that it was difficult
to function. However, only 8.3% of students (less than a third of those who reported symptoms) reported being treated for depression.

Substance use is another major problem on college campuses. Using data from the National Epidemiologic Survey on Alcohol and Related Conditions, Blanco et al. (2008) examined the 12-month prevalence of psychiatric disorders and rates of treatment among 19- to 25-year-olds who were both attending \((n = 2188)\) and not attending \((n = 2904)\) college. Results of the study showed that the most prevalent disorders among the participants were alcohol use disorders (20.4%), followed by personality disorders (17.7%). There were no differences in the odds of having at least one mood or anxiety disorder between college students and their noncollege-attending peers. Almost one half of the college students and their noncollege-attending peers met the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV; American Psychiatric Association, 1994) criteria for at least one psychiatric disorder in the previous year.

Given the increase in the number of college students experiencing substance use and mental health difficulties, there is a need for additional attention to these problems. In this special issue, we focus on college student mental health. The seven articles in this special issue address various mental health problems that are prevalent on college campuses. These include depression related to perceptions of discrimination, acculturation of immigrant students, hazardous alcohol use, and other health risk behaviors. What is unique about the studies in this special issue is that each study utilizes data collected by a national collaborative of experts in depression, alcohol use, ethnic identity and acculturation, health, trauma, and emerging adulthood.

Origins of the Multi-Site University Study of Identity and Culture Collaborative

The collaborative of researchers is known as the Multi-Site University Study of Identity and Culture (MUSIC). MUSIC originated from a small group of researchers who teamed up to study a range of psychosocial, relational, cultural, and health-related constructs among college students. MUSIC has grown considerably since its 2006 inception, and three waves of cross-sectional data have been collected, with each wave including a larger group of sites and a more inclusive set of constructs.

The MUSIC project comprised researchers who were interested in studying personal and cultural identity among a diverse pool of college students. Following the lead of other investigators who recruited participants from multiple sites to increase diversity (e.g., Juang, Nguyen, & Lin, 2006), the researchers implemented Wave I data collection in 2006. Data on a small number of identity, cultural, and adjustment variables were gathered at sites in Florida, Massachusetts, California, and Nebraska. Given the success of that data collection and the ability to speak more broadly about correlates of positive and negative psychological functioning (e.g., Schwartz, Zamboanga, Weisskirch, & Rodriguez, 2009), the MUSIC investigators decided to launch a larger multisite effort in the fall of 2007.

In 2007, Wave II data were collected from nine universities across the United States (i.e., Florida, Connecticut, California, Massachusetts, Texas, Missouri, and Georgia). In addition to collecting data on personal identity, cultural identity, well-being, and distress, the collaborative decided to gather information on health concerns and risks. Thus, measures of hazardous alcohol use and of other health risk behaviors such as illicit drug use, unsafe sexual behavior, and impaired driving were included in the battery.

To facilitate data collection at multiple sites without incurring costs (e.g., mailing, photocopying, manual data entry) associated with paper-pencil surveys, the collaborative decided to move the data collection process online. The web-based survey also allowed the study participants to complete the survey at their convenience and submit it online rather than having to keep track of paper survey packets. Course credit was administered easily as well, using the student ID numbers and university names that participants entered into the study website after providing informed consent (which was also done online).

Wave II data collection supported a number of studies, most of which identified predictors of college health risk behaviors, including sensation seeking and perceived invulnerability (Ravert et al., 2009), personal identity (Schwartz et al., 2010), parental nurturance and acceptance (Schwartz, Zamboanga, Ravet, et al., 2009), and alcohol expectancies and valuations
More so than the papers that it generated, the 2007 collaboration provided evidence that, with little funding, a multisite effort such as MUSIC could be successful in generating a rich dataset and providing a more diverse sample than could be gathered at any one site.

**MUSIC – Wave III**

The studies in this special issue used the data collected in Wave III. Wave III occurred between September 2008 and October 2009, with the goals of increasing the geographic diversity of the sample. The original collaborators reached out to colleagues, and, as a result, 30 sites that represented a number of regions in the United States were included in the project (see Figure 1).

The range of constructs was expanded to include the interests of the new collaborators. Measures added included the Big Five personality traits, traumatic exposure and posttraumatic stress, ethnic identity, biculturalism, and religiosity and spirituality. The Wave III sample comprised 10,573 undergraduate college students. Consistent with trends in higher education, women were overrepresented, comprising 73% of the sample. In terms of ethnicity, the sample was 63% White, 9% African American/Black, 14% Latino/Hispanic, 13% Asian American, and 1% Other. An open-ended item for participants to describe their ethnicity “in their own words,” was included in the survey, as were a number of demographic questions about own birthplaces and parents’ birthplaces, romantic relationship status, sexual activity, sexual orientation, parents’ alcohol and drug problems, and language brokering (translating for parents).

**MUSIC Project Methodology**

Because of the number of sites participating in the collaborative, it was crucial that methodology was consistent across all the sites. Coordination of such efforts started with the institutional review board (IRB) approval of the collaborative project as a whole as well as for each university site. The second author, housed at the University of Miami, submitted a “Master IRB,” indicating all the collaborators and data collection sites. Using the Master IRB application as a guide, each data project collaborator was responsible for attaining approval through his or her own IRB.
Each collaborator recruited participants from undergraduate courses in her or his department, as well as in other departments when possible. Students were notified about the study through printed, e-mailed, or in-class announcements. A majority of the participants were recruited from social sciences courses such as psychology, human development and family studies, and human nutrition. Participation requirements included being an undergraduate student at one of the participating institutions and being 18 years of age or older (i.e., legally able to provide informed consent).

Each collaborator either (a) posted the MUSIC study on a psychology department research participation pool (for those collaborators in psychology departments) or (b) prearranged with course instructors to offer extra credit in their courses in exchange for participation in the study. Individuals who wished to participate were e-mailed a link to the consent form website. For each site, the collaborative obtained and received a waiver of signed consent from their respective IRB, so that participants could provide consent online. Participants were asked to read the consent document and check a box to indicate that they agreed to participate in the study. The study website was secure and accessible only to MUSIC investigators.

The Wave III MUSIC battery comprised 53 scales between September and December 2008. In January 2009, one scale was removed and four new scales were added (because new collaborators joined the project). These scales were posted across six web pages. Participants were permitted to skip any items they did not wish to answer, and once they had submitted the page they were working on, they were taken to the next page. The website provided an option for participants to save their work and finish later; if a participant selected this option, the website sent her or him an automated e-mail with a link to return to where he or she left off. Participants were informed on the consent form that they would receive course or research credit only if they completed the entire survey.

Within each survey page, individual measures were sectioned off with a header and a response scale. The header was generally a generic term (e.g., “Attitudes about Yourself”), rather than the name of the measure itself, so as not to provide participants with a response set regarding what was being measured. Each item was then listed along with the response choices, which were presented with radio buttons for the participant to indicate her or his answer. Responses were saved to the study website as soon as the page was submitted. Participants were able to go back and modify responses on previous pages if they so chose. Once all six pages were submitted, respondents were taken to a page where they were thanked for their participation and debriefed regarding the purpose of the study and the constructs that were assessed.

A few new measures were developed or adapted for the MUSIC project. First, given our interest in cultural identity and biculturalism, the collaborative attempted to find an established measure of American identity to complement the measures of ethnic identity. However, because no such measure existed at the time the MUSIC study was developed, we adapted the Multi-Group Ethnic Identity Measure (Roberts, Phinney, Masse, Chen, & Roberts, 1999) such that items referred to the United States rather than to one's ethnic group. For example, the item “I am proud to be a member of my ethnic group” was changed to “I am proud to be an American” (Schwartz et al., 2012). Second, we also devised a brief measure of American identity based on qualitative results reported by Rodriguez, Schwartz, and Whitbourne (2010)—developing an item for each of the themes that emerged from the qualitative analysis.

Third, we sought to measure general anxiety, but the most commonly used anxiety measure in adult populations—the Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988)—includes several items that refer to severe, clinically elevated anxiety symptoms (e.g., choking, fear of dying, wobbliness in one's legs). We (a) removed items that would not likely apply to the general population, (b) consulted the most recent edition of the DSM-IV-TR (American Psychiatric Association, 2000), (c) wrote items based on the criteria for generalized anxiety disorder (e.g., excessive worrying, “butterflies” in one's stomach, inability to relax or calm down), and (d) created an adapted version of the Beck Anxiety Inventory for nonclinical populations. All of these measures have evidenced strong factorial validity and internal consistency in the MUSIC datasets.

Fourth, following our work on pregaming—drinking alcohol before going to a party, bar, or other social event (Zamboanga et al., 2010)—we were interested in investigating the specific
settings for which college students pregame, such as bars and Greek parties. We created a measure asking similar questions about pregaming, drinking behaviors, and consequences of drinking (e.g., sex with a relative stranger) in each of these contexts. Zamboanga et al. (2013) report the results of analyses using this newly designed pregaming measure.

In this issue, seven research articles present findings that contribute to the understanding of college student mental health. Although many psychological studies are conducted with college students, researchers most often use the population as a convenience sample and do not consider the unique developmental tasks and dynamics of the emerging adult age period. Furthermore, most college student studies suffer from lack of ethnic and socioeconomic diversity. The MUSIC investigators intentionally sampled from both predominantly White institutions and minority-serving institutions as a way of increasing the diversity and representativeness of the sample. Each of the studies in this special issue draws upon the diversity of the MUSIC sample.

Furthermore, each study focuses on an important mental health issue related to college students and campuses, such as acculturation, discrimination, alcohol use, and personal identity development. Not coincidentally, many of the authors in this special issue are members of ethnic minority groups, and many were students, postdoctorates, or junior faculty members when the data were collected. Encouraging collaborations among White and minority investigators and providing collaborative opportunities for young scholars were among the stated goals of the MUSIC collaborative.

Donovan et al. (2013) examine the processes by which ethnic and personal identity influence perceived discrimination and depressive symptoms across eight ethnic-generational groups. Continuing the focus on positive mental health, Schwartz et al. (2013) examine the association between acculturation and well-being among first- and second-generation immigrant college students. Ritchie et al. (2013) examine the mediating role of well-being in the association between identity development, depressive and anxiety symptoms, and health risk behaviors.

Health risk behaviors, such as hazardous alcohol use and sexual risk taking, among college students are other key areas covered by some of the studies in this issue. Hardy et al. (2013) examine the role of moral identity in predicting symptoms of anxiety and depression, as well as health risk behaviors and well-being. Using a social-cognitive framework, Des Rosiers, Schwartz, Zamboanga, Ham, and Huang (2013) investigate the extent to which alcohol expectancies mediate the association between specific acculturation orientations and alcohol-related risk behaviors among Hispanic college students. Given that pregaming is a common occurrence on college campuses and is often a precursor to heavy alcohol consumption, Zamboanga et al. (2013) examine the contexts in which pregaming occurs, and the differential effects of other drinking-related variables on pregaming across contexts. Finally, Ham, Wang, Kim, and Zamboanga (2013) examine the measurement equivalence of the Brief Comprehensive Effects of Alcohol Scale (Ham, Stewart, Norton, & Hope, 2005) across ethnicity and gender.

The articles in this special issue address a number of significant issues in college student mental health and related issues (e.g., substance use). These issues are important for several reasons: furthering knowledge development on predictors of, and potential intervention targets for, positive and negative health outcomes; implications for policy development regarding college alcohol use and traumatic victimization; attention to underrepresented minority and immigrant groups on college campuses; and focusing on positive as well as pathological aspects of the college experience. We hope that this compilation will generate future research and intervention/policy development on the mental health needs of diverse groups of college students.

References


