

Bridging the Gap: Understanding Mental Health Disparities Among College Students

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Introduction

Concerns about student mental health have become increasingly prominent within higher education. Anxiety, depression, and feelings of loneliness are common among today's students, and can affect academic performance, persistence, and overall wellbeing. Research has also found that students with diagnosed mental health conditions leave college at notably high rates, with stop-out rates ranging from 43 percent to as high as 86 percent.¹

As institutions work to improve retention and completion outcomes, growing attention has focused on the ways financial pressures, basic needs insecurity, and other life circumstances may contribute to poor mental health.² Many students face mounting academic demands alongside financial pressure from rising costs of attendance and living expenses, while also balancing competing personal and professional demands. These factors can shape how students experience and manage stress and may contribute to substantial disparities in mental health outcomes across student populations.

While these challenges affect the student population broadly, they do not do so uniformly. Students' mental health and wellbeing are shaped by a complex interplay of individual, interpersonal, institutional, and structural factors. Financial hardship, caregiving responsibilities, prior life experiences, social support networks, campus climate, and access to basic needs resources can all influence a student's ability to navigate adversity and manage wellbeing. When these challenges accumulate, they may increase vulnerability to poor mental health outcomes and create additional barriers to success in higher education.

This brief examines how symptoms of anxiety, depression, and loneliness differ across student populations with varying life circumstances using data from the 2025 Student Financial Wellness Survey (SFWS).³ By identifying disparities across these groups, this analysis seeks to inform more inclusive and targeted approaches to supporting student well-being.

TABLE 1. MENTAL HEALTH OUTCOMES BY STUDENT CIRCUMSTANCE			
Population	Likely anxiety (GAD-2 ≥ 3)	Likely depression (PHQ-2 ≥ 3)	Experiencing loneliness (sometimes/always)
All students	42%	30%	57%
Financially secure (can access \$500 in an emergency)	30%	19%	48%
Financially vulnerable (cannot access \$500 in an emergency)	52%	37%	63%
No basic needs insecurity	30%	19%	47%
Any basic needs insecurity	53%	39%	66%
Experiencing all forms of basic needs insecurity	68%	56%	79%
Ages 18–24	43%	30%	59%
Ages 25–29	47%	33%	62%
Ages 30–34	42%	30%	54%
Ages 35–39	39%	28%	49%
Ages 40–44	34%	25%	44%
Ages 45 or older	28%	21%	44%
No foster care experience	42%	29%	57%
Former foster youth	53%	41%	64%

Note: For this analysis, anxiety and depression were assessed using the Generalized Anxiety Disorder 2-item (GAD-2) and Patient Health Questionnaire 2-item (PHQ-2) screening tools. Anxiety and depression reflect students meeting the screening threshold of 3 or higher on the GAD-2 and PHQ-2, respectively. Loneliness reflects students reporting that they feel lonely sometimes or always, while those who reported feeling lonely rarely or never are classified as not experiencing loneliness.



Students experiencing food insecurity, housing insecurity, and homelessness simultaneously reported the highest levels of mental health challenges. Among these students, 68 percent screened positive for anxiety, 56 percent screened positive for depression, and 79 percent reported feeling lonely sometimes or always.

Mental Health and Material Hardship

Data from the 2025 SFWS reveals a strong relationship between students’ economic circumstances and mental health outcomes. Students experiencing financial vulnerability and basic needs insecurity consistently reported higher rates of anxiety, depression, and loneliness than their peers. Students who would struggle to access \$500 in cash or credit to meet an unexpected expense were considerably more likely to experience symptoms of anxiety (52 percent vs. 30 percent), indicators of depression (37 percent vs. 19 percent), and report loneliness (63 percent vs. 48 percent) than their more financially secure peers. Similar patterns emerge among students experiencing food or housing insecurity, with self-reported mental health concerns increasing as material hardship becomes more severe. Among students with no reported insecurity,

30 percent met the threshold for likely generalized anxiety and 19 percent screened positive for depressive disorder. These rates increase to 53 percent and 39 percent, respectively, among students experiencing any basic needs insecurity, and rise further to 68 percent and 56 percent among those experiencing multiple forms of insecurity.

These findings suggest that students' mental health experiences are shaped by factors that extend beyond academics alone, including housing stability, food access, transportation, and financial security. The close relationship between material hardship and mental health highlights the importance of viewing student wellbeing holistically. Efforts to improve mental health outcomes may be strengthened when mental health services are coordinated with resources that address students' housing, food, transportation, and financial needs.

Foster Care Experience and Mental Health

Former foster youth represent a group facing elevated mental health risks that reflect broader patterns of economic vulnerability and adverse life experiences. Compared to their peers without foster care experience, former foster youth report substantially higher rates of anxiety (53 percent vs. 42 percent), depression (41 percent vs. 29 percent), and loneliness (64 percent vs. 57 percent). These disparities suggest that mental health challenges among former foster youth may be influenced by broader social, economic, and life circumstances in addition to individual factors.

Meeting the mental health needs of students who have foster care experience requires strength-based, trauma-informed approaches that extend beyond traditional counseling services.⁴ Coordinated supports that integrate mental health care with housing stability, financial aid, advising, and trusted relationships may be especially critical for supporting former foster youth and mitigating the long-term effects of early life instability on student wellbeing.

Age and Loneliness

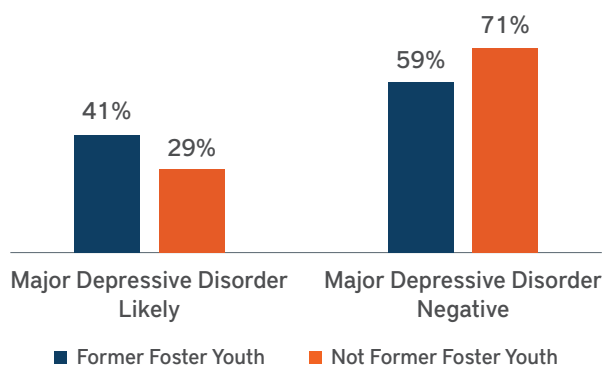
Age-related differences in loneliness were also pronounced. Fifty-nine percent of students ages 18 to 24 reported feeling lonely. Feelings of loneliness peaked among students ages 25 to 29 (62 percent) and generally declined with age, falling to 44 percent among students ages 40 and older. Students age 45 and older were more than twice as likely as students ages 18–24 to report never feeling lonely (28 percent vs. 13 percent). As opposed to more “traditional-aged” students, research suggests that older students may benefit from accumulated life experience, more established support systems, and stronger social networks. These factors may contribute to lower levels of loneliness and greater emotional well-being among older adults.⁵ Regardless of age, social connection is an important dimension of student wellbeing. Institutions that foster meaningful opportunities for connection and belonging may help support positive mental health outcomes, particularly among younger and emerging adult students who are simultaneously navigating academic, social, and personal transitions.

Help-Seeking Barriers

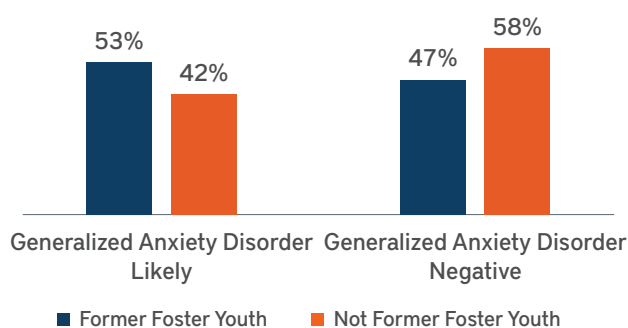
Although students facing special circumstances may have a greater need for mental health support, multiple barriers can limit their ability to seek and receive care. These barriers often include stigma surrounding mental health, cultural beliefs about seeking help, concerns about cost, and limited awareness of available services. In addition, some students may lack trust in institutional systems or perceive available services as inaccessible or unresponsive to their needs.⁶ Awareness of available mental health resources plays a critical role in whether students seek support through their institution.

Findings from the SFWS indicate that some student populations are more likely to report that they don't know whether their institution offers mental health or counseling services. Nearly one quarter of financially vulnerable students

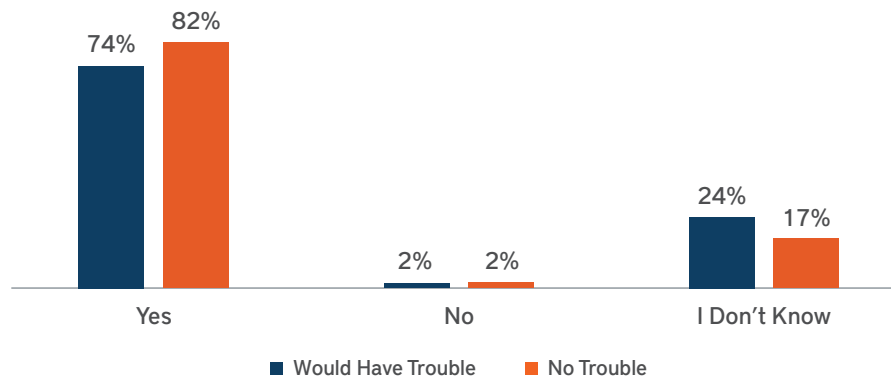
Q67-68: Patient Health Questionnaire-2 (PHQ-2)



Q69-70: Generalized Anxiety Disorder 2-item Scale (GAD-2)



**Q72: Does your school have mental health or counseling services available to students?
Responses by whether student would have trouble getting \$500 in an emergency.**



(24 percent) report that they do not know whether their institution offers these services, compared to 17 percent of their more financially secure peers. A similar awareness gap exists between students facing basic needs insecurity and those who are not. Among students experiencing multiple forms of basic needs insecurity, 28 percent did not know whether their institution offers mental health or counseling services. This uncertainty decreases to 24 percent among those with any insecurity and 19 percent among those with none.

Among students experiencing multiple forms of basic needs insecurity, 28 percent did not know whether their institution offers mental health or counseling services.

For students balancing economic stress, academic demands, and other responsibilities, the challenge may be less about whether services exist and more about whether information about these resources reaches them. Proactive outreach is especially important for these students, as competing life pressures may make it harder to seek out information about mental health support. Effective outreach should extend beyond simply offering services and instead focus on ensuring students understand how to access support, recognize when help may be needed, and feel comfortable seeking assistance.

Research suggests that mental health outreach efforts are most effective when they connect students with support through trusted relationships and existing campus touchpoints.⁷ Colleges and universities can strengthen awareness of available resources by embedding mental health promotion throughout the broader student experience and ensuring that information about support services reaches students before they reach a point of crisis.

Conclusion

The findings from the 2025 SFWS demonstrate clear disparities in mental health outcomes across student populations with differing life circumstances. Students experiencing financial hardship, basic needs insecurity, or other circumstances associated with elevated risk, such as foster care experience, consistently reported higher levels of anxiety, depression, and loneliness. These disparities highlight the complex interplay between material conditions, life experiences, and emotional wellbeing.

Supporting student mental health requires an integrated approach across campus systems, connecting counseling services with financial aid, academic advising, basic needs resources, and other student supports. The findings suggest that mental health cannot be fully understood apart from the broader circumstances of students' lives, and that students may benefit when institutions coordinate services to address both emotional well-being and the challenges that contribute to stress and instability.

Institutions of higher education should also consider adopting a public health approach to student mental health by investing in prevention and early intervention strategies that help students build resilience and access support before challenges escalate.⁸ Expanding awareness of available resources, reducing barriers to access, and offering flexible service delivery options may be particularly important for students balancing employment, caregiving responsibilities, financial pressures, and other competing demands. Reducing stigma, building trust, and ensuring students understand how to access support may further strengthen service utilization among students with the greatest need.

By adopting a more comprehensive and inclusive approach to wellbeing, institutions can help close the gap between mental health needs and service utilization, ultimately improving outcomes for students facing the greatest challenges.

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