

Psychosocial Foundations of Student Mental Health

Evidence to Inform Federal and State Education & Mental Health Policy

A Policy White Paper

The Good Student (501(c)(3) nonprofit)
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Executive Summary

Student mental health has become a pressing concern across both secondary and postsecondary education. Rising rates of anxiety, depression, and psychological distress are placing increasing strain on schools, colleges, families, and public health systems. While institutions have expanded counseling services, crisis response, wellness programming, and training initiatives to address student mental health, these approaches remain largely reactive and insufficient to meet the current level of student mental health need.

This white paper examines psychosocial factors associated with student mental health, with the goal of identifying early, preventive indicators that can inform scalable and policy-relevant solutions.

Using validated, low-burden measures administered through an anonymous, nonprofit-developed psychosocial check-in, this study analyzes data from 152 college students recruited through a national academic network spanning multiple institutions. Patterns observed in this sample align closely with recent national assessments of college student mental health, which indicate that 37% of U.S. college students report moderate or severe depressive symptoms and 33% report moderate or severe anxiety symptoms (Healthy Minds Network, 2025), with similar patterns documented in national campus health surveillance data collected by U.S. institutions (American College Health Association, 2026).

Key Findings

- 27% of students met criteria for serious psychological distress, indicating substantial unmet mental health need.
- Belonging uncertainty emerged as the strongest psychosocial correlate of mental health, exceeding perceived social support and growth mindset.
- Psychosocial factors accounted for nearly one-third of differences in student mental health outcomes, emphasizing the influence of modifiable experiences.
- More than 90% of students reported that a resource-linked psychosocial check-in would be helpful, supporting feasibility and acceptability.

These findings indicate that belonging functions as a central mental health factor, not merely an engagement or inclusion issue, and instead supports early, preventive, and scalable psychosocial strategies.

Why This Matters for Policymakers

Student mental health challenges are now widely recognized across both secondary and postsecondary education, yet current systems remain largely crisis-oriented. Counseling centers and school-based mental health services report persistent capacity constraints, long wait times, and difficulty reaching students before distress escalates into acute need. As a result, many students first encounter support only after significant psychological impairment has already developed.

Independent, nationally representative studies of U.S. high school students indicate that approximately four in ten report persistent feelings of sadness or hopelessness, nearly three in ten report poor mental health, and one in five seriously considered attempting suicide. This pattern highlights substantial risk prior to college entry and reinforces the value of preventive approaches that operate before students reach crisis thresholds (Verlenden et al., 2024).

Key challenges include:

- Limited access to early identification tools that can detect psychosocial vulnerability before crisis
- Underutilization of existing supports due to stigma, privacy concerns, and structural barriers
- Fragmentation between education and mental health systems, limiting coordinated prevention efforts

This report is intended to function as a research-informed policy reference, with findings that inform early identification of psychosocial vulnerability, interventive strategies, and systems-level approaches to student mental health. This framing aligns with national consensus reports emphasizing coordinated, systems-level approaches to supporting mental, emotional, and behavioral development across adolescence and early adulthood (National Academies of Sciences, Engineering, and Medicine, 2019).

What This Study Examined

This report focuses on psychosocial experiences known to shape student mental health, including:

- Psychological distress and overall mental health.
- Belonging uncertainty in educational environments.
- Perceived support from family, parents, and friends.
- Growth mindset and beliefs about learning and ability.

All measures used are validated or grounded in established frameworks and widely cited, and appropriate for large-scale educational use. Data were collected anonymously through a free, publicly accessible psychosocial check-in tool designed to support student reflection and access to resources. Although the present analyses focus on college students, the psychosocial framework and measures are designed for use across both secondary and postsecondary populations.

Decades of research show that psychosocial factors are among the strongest predictors of student adjustment, persistence, and well-being. For example, in a comprehensive quantitative review, Credé and

Niehorster (2012) found that psychosocial experiences consistently outperformed background and demographic factors in predicting student outcomes. This evidence supports the present study's focus on modifiable psychosocial experiences as policy-relevant indicators of mental health risk and resilience. The following section summarizes the measures used to operationalize these psychosocial domains.

Measures and Evidence Base

Mental health and psychological distress were assessed using the Kessler Psychological Distress Scale (Kessler et al., 2002), a widely used measure in national and international mental health research and large-scale surveys.

Belonging uncertainty was assessed using the Belonging Uncertainty Scale (Walton & Cohen, 2011), which has been shown to influence stress responses, psychological distress, and persistence in educational settings.

Perceived social support from family and friends was measured using the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), reflecting broadly accessible sources of support relevant across student populations.

Perceived social support from parents or guardians was assessed using the nonprofit's validated Perceived Parent Support Scale (Dorri, 2022), capturing emotional and subjective support needs from each parental figure.

Mindset, implicit theories of the malleability of intelligence, was assessed using the Growth Mindset Scale (Dweck, 2006), which has been linked to academic achievement and resilience.

All measures used in this study were evaluated for reliability and structural validity within the present sample to ensure they functioned as intended prior to examining associations with mental health outcomes.

Summary of Empirical Findings

Prevalence of Distress

- More than 1 in 4 students reported distress consistent with serious psychological distress, indicating substantial unmet mental health need.
- These rates mirror national large-scale population assessment data.

Psychosocial Drivers of Mental Health

- Belonging uncertainty showed the largest and most consistent association with mental health outcomes.
- Family, friend, parent support, and growth mindset were related to mental health, but their independent effects were smaller once belonging uncertainty was considered.

Practical Feasibility

- Students overwhelmingly endorsed the usefulness of check-ins that provided mental health resources.
- The approach demonstrated acceptability without requiring personal data collection or clinical infrastructure.

Implications for Federal and State Policy

The findings support several policy-relevant conclusions:

- **Belonging is a mental health issue.** Policies addressing student well-being should treat belonging as a protective mental health factor, not solely as a diversity or engagement concern.
- **Prevention is feasible.** Brief, validated psychosocial tools can be deployed at scale with minimal burden.
- **Early identification reduces downstream strain.** Addressing psychosocial vulnerability early may reduce reliance on crisis-driven services.
- **Access matters.** Free, anonymous, and digitally accessible tools reduce barriers to engagement.

National educational and psychological organizations have increasingly emphasized the value of universal, preventive mental health screening as part of comprehensive student support systems (National Academies of Sciences, Engineering, and Medicine, 2019). Recent federal investments in school-based mental health underscore growing recognition of the need for preventive, scalable approaches. The findings presented here offer empirical guidance for how such investments might be structured to address psychosocial risk earlier and more efficiently.

Policy-Relevant Recommendations

Policymakers can strengthen student mental health systems by:

- Supporting early psychosocial check-in initiatives in secondary and postsecondary education.
- Encouraging inclusion of belonging-focused indicators in student wellness frameworks.
- Funding pilot programs that test preventive, resource-linked psychosocial check-ins.
- Prioritizing scalable, low-cost tools that complement clinical services.
- Promoting collaboration across education, health, and nonprofit sectors.

These strategies align with prevention-oriented public health models and are adaptable across diverse educational contexts.

Implementation and Integration Pathways

Despite growing evidence supporting early psychosocial screening, implementation remains limited across educational systems. In a national investigation of school-based mental health screening practices, Wood and McDaniel (2020) found that 74.6% of school principals reported minimal or no knowledge of

universal mental health screening tools, suggesting that low adoption reflects limited awareness and infrastructure rather than resistance to screening itself.

Consistent with this pattern, administrators who became familiar with preventive psychosocial approaches reported strong interest in adoption. The findings presented here respond to this implementation barrier by demonstrating the feasibility, acceptability, and perceived value of brief, anonymous psychosocial check-ins that can be embedded within existing educational systems without additional clinical infrastructure.

Pilot implementation efforts at the state or district level could further evaluate integration pathways, longitudinal patterns of psychosocial risk and resilience, and downstream impacts on student well-being and service utilization.

High-Reach, Low-Burden Deployment

- **Integration into existing systems.** Preventive psychosocial check-ins are most feasible when embedded within structures students already use.
- **No parallel infrastructure or specialized staffing required.** Deployment does not require new clinical systems, additional staffing, or new procurement pathways.
- **Common integration points.** Appropriate entry points include school orientation modules, learning management systems, campus or district websites, and student health portals.
- **Annual entry-point integration.** Incorporation into high school and college orientation normalizes early reflection on mental health and belonging.
- **Student-facing value.** Students receive personalized scores, plain-language explanations, and links to relevant supportive resources.
- **Timed reinforcement.** Institutions may encourage voluntary check-ins during predictable stress periods such as early term, midterms, pre-breaks, and finals.

Privacy, Data Use, and Future Development

- The current implementation is fully anonymous and collects no identifying information.
- Development is underway to support an optional, high-security login aligned with FERPA-consistent data handling and industry-standard encryption practices.
- At an aggregate, de-identified level, psychosocial data may inform institutional and policy initiatives.

Equity and Accessibility

- The tool is available in multiple languages and designed for use across diverse cultural and educational contexts.
- The approach is applicable across both high school and college populations.

About the Data Source

Data were collected through an anonymous psychosocial check-in tool designed to support student mental health and access to resources. The tool uses validated measures and provides immediate, student-facing feedback without collecting identifying information. Participants were recruited through Psi Chi–affiliated academic networks spanning multiple institutions; analyses focused on identifying prevention-relevant psychosocial patterns, with observed prevalence interpreted in context of national student mental health data.

Conclusion

Student mental health challenges require approaches that extend beyond crisis response and isolated service expansion. The evidence presented in this report demonstrates that psychosocial experiences, particularly belonging uncertainty, are strongly associated with student mental health outcomes and help explain meaningful differences in psychological distress.

Taken together, these findings indicate that early, low-burden psychosocial strategies can complement existing mental health services by identifying vulnerability earlier, supporting timely intervention, and informing systems-level decision-making. By integrating brief, validated, and privacy-preserving psychosocial check-ins into educational settings, policymakers and institutions can strengthen student well-being, make more effective use of limited mental health resources, and support healthier learning environments across secondary and postsecondary education.

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