
Accelerating POSTSECONDARY SUCCESS for PARENTS

Identifying and Addressing Mental Health Needs



Introduction and Context

Research at the intersection of parents and mental health, students and mental health, and the unique needs of parents who are also students is extremely limited. This brief examines opportunities for policymakers and academic institutions to use insights about these three populations to adapt existing mental health services to meet the unique needs of students who are parents and help them complete their degree.

The connection between a parent's education, economic stability, and overall health and their child's well-being is well documented, as are the benefits of thriving families to their community, and the national economy. As automation, globalization, and other structural changes have impacted the economy, opportunities for economic stability have shifted toward more workers with higher skills — largely education or training beyond a high school diploma.¹ Ensuring parents complete their degree or certificate not only builds the economic security of their families, but also bolsters the economy as a whole through increased spending and tax revenue.

With 22 percent² of the undergraduate student population comprised of parents with children, policymakers and institutions must explore the unique needs of this population and address the challenges that may prevent parents from attaining their degree. This includes determining what systems, services, and approaches best support their mental health needs. In one study, young adult students who are parents overwhelmingly cited greater access to mental health services, along with reproductive health support, as a primary gap in their overall health care. In that same study, a majority of providers cited mental health, preventative health care, and contraceptives as the primary needs for young student parents.³

While more research is needed to understand the specific mental health needs of students who are parents, it is clear that mental health challenges — including depression and anxiety — can be a barrier to both academic and parental success. In a survey of college counseling center directors, 95 percent of those surveyed said the number of students with significant psychological problems is a growing concern in their center or on their campus. According to the study, anxiety continues to be the most frequent concern among college students (48.2 percent), followed by stress (39.1 percent), depression (34.5 percent), suicidal ideation (25.2 percent), specific relationship concerns (22.9 percent), family concerns (21.2 percent), interpersonal functioning problems (18.8 percent), sleep problems (15.8 percent), and loneliness or social isolation (15.5 percent).⁴ Without help, these students often leave school and fail to complete their program.

Given mental health challenges are on the rise among all college students, ensuring that academic institutions understand and are equipped to address the specific needs of postsecondary students who are parents is critical to helping those students succeed. Despite the increasing amount of research focused on addressing the mental health needs of college students, information on postsecondary options that feature services and programs designed to support parents' mental health is scarce.

More broadly, mental health challenges are also affecting families. An estimated 15 million children in the U.S. live in households with at least one depressed parent, and 40 percent of all infants have a mother with some form of depression.⁵ Signs of depression are more prevalent among parents with low incomes. One in nine babies in poverty has a mother suffering from severe depression, and half have a mother experiencing depression at some level of severity.⁶ And it is not just mothers who are impacted: As many as one in four new fathers in the United States may experience major depression four weeks after the birth of a child.⁷ Left untreated, depression and parental stress can impact a child's social and emotional development and is linked to toxic stress that stunts children's future success. Mental health challenges can also prevent parents from continuing their education and gaining employment. A study of mothers participating in Early Head Start programs found that depressed mothers did not increase their participation in education, job training, or employment, while their non-depressed peers did.⁸

More research at the intersection of postsecondary education, parenting, and mental health is critical to identifying targeted policies and effective programs that address the common obstacles students who are parents face and set them on a path to success. However, policymakers and academic institutions can currently draw on what is known about postsecondary students who are parents, as well as common stressors for parents — particularly those with low income — and students. A snapshot of each of these roles individually surfaces some common themes.

Mental Health and New Parents

The big changes and endless list of unknowns that come with becoming a parent can be stressful. Limited financial resources and too little time to bond with a new baby can compound stress typically caused by the transition to parenting and lead to extreme anxiety, postpartum depression, difficulty maintaining relationships, and harsh or disengaged parenting. Research indicates that this stress can be particularly excessive for single mothers due to social isolation and a lack of family support, in addition to the pressure of being the sole financial provider for the family.

Although most research on postpartum depression is focused on new mothers, up to 50 percent of men report paternal depression when their partner is struggling with postpartum depression, and an estimated 18 percent of men in the postpartum period experience anxiety that warrants formal diagnosis and treatment.⁹ Lack of adequate support networks, along with employment, financial problems, and other factors, can elevate the stresses of new fatherhood. Depressed fathers exhibit poorer parenting behavior, lower likelihood of child engagement, and greater likelihood of parenting

stress and child neglect than non-depressed fathers. There is an increasing recognition of the need to modify conventional depression treatments to account for gender differences, and supports that address depression in parents must account for the differences between fathers and mothers.¹⁰

Mental Health and Postsecondary Students

The rigors associated with completing a postsecondary degree may also impact mental wellness. Mental health research conducted by the National Alliance on Mental Illness (NAMI) found that one in four students have a diagnosable illness, and 80 percent of students report being overwhelmed by their responsibilities.¹¹ In one study, nearly one-third of college students reported feeling so down at some point during the previous year that they found it difficult to function.¹² Students from lower socioeconomic backgrounds are at a higher risk for symptoms of depression and anxiety. Poor mental health is also more common among students with relationship stressors, low social support, or victimization by sexual violence.¹³

Without adequate support, students who are struggling with mental health issues often leave school. Sixty-four percent of students who experience mental health problems in college and withdraw from school do so because of their mental health issues, and more than half of those never return.¹⁴ Of students who stopped attending college due to mental health concerns, half report they did not access mental health services or supports.

Mental Health and Postsecondary Students Who Are Parents

If becoming a parent and being a postsecondary student are each linked to potential threats to mental health, what does that mean for students who are also new parents? More research is needed to answer this question. However, as the number of students who are parents continues to grow, policymakers and academic institutions must pay closer attention to the mental health needs of this population to ensure their long-term success.

Nationally, an estimated one in five undergraduate students are parents. Millions of additional young parents are enrolled in other postsecondary education and training programs. The proportions of students who are parents are even higher among students with low incomes who are first-generation students or students of color (e.g., 33 percent of African-American undergraduates are parents, and 40 percent of all Black women undergraduate students are raising dependent children compared to only 26 percent of White women).¹⁵

On average, students who are parents earn higher grade point averages (GPAs) than their nonparent peers. However, their college degree outcomes are significantly worse: 52 percent of student parents drop out within six years of enrolling, compared with 32 percent of nonparents. For these students, recent studies point to time poverty — the lack of available time that student parents can spend studying and completing coursework — as a primary factor in degree completion. Students with preschool-age

children report having approximately 10 hours per day to dedicate to schoolwork, sleeping, eating, and leisure activities, compared to the 21 hours available to childless students.¹⁶ Time poverty is even worse for parents with very young children, who require more time and labor-intensive care.¹⁷ In one study, the time it took students who are parents to complete college was between six and 15 years. In another study, a third of low-income single mothers and 29 percent of low-income married women with children took more than 10 years to get a degree, significantly more time compared to childless women and all men.

While 63 percent of young parents live with a partner — either married or cohabitating — the median family income for young parents is \$23,000, slightly above the federal poverty level for a family of three. Young parents who are also trying to earn a degree face the added financial pressures of tuition and other school-related costs. Compared with their nonparenting peers, students who are parents are nearly twice as likely to live in poverty and are much less likely to have the resources to pay for college than their dependent peers.¹⁸

Often, students who are parents must also pay for child care, which, at an average of \$9,589 a year, is outpacing the average cost of in-state tuition, which is \$9,410. Meanwhile, fewer campuses are offering child care centers despite the growing need. Additionally, over 80 percent of students who are parents hold a full- or part-time job, increasing the dependency on child care for postsecondary completion and economic stability.¹⁹

Designing Postsecondary Mental Health Services that Work for Parents

While studies link a parent's mental health to their child's success, and research shows how a parent's educational attainment can put their family on a strong path to economic stability, addressing the mental health needs of students who are parents is an emerging field. Parent and nonparent students face similar stressors, including time and financial constraints as well as feelings of isolation and trouble making social connections. Students with mental health challenges — both parents and nonparents — also share common barriers to seeking treatment, including a lack of access to treatment and concerns over the stigma associated with mental illness.

Despite these similarities, a one-size-fits-all approach to supporting the mental health needs of postsecondary students is short sighted. Parents who are students have a unique set of needs and require services and supports that work for the entire family, not just the student. Given the well-documented link between earning a postsecondary degree and opportunities for long-term economic success for parents and their children, policymakers and academic institutions must adapt and create policies and programs that meet the unique mental health needs of students who are parents.

Designing services that meet the needs of students who are parents requires more focus on the intersection between the mental health needs of parents and the mental health needs of students. While these insights will likely lead to entirely new approaches, policymakers and academic institutions can start by modifying existing services and programs.

Policy Solutions

Improve access to affordable, quality child care.

Ensuring that students who are parents have access to affordable, quality care must be a priority for educational institutions, higher education advocates, and policymakers. Yet just under half of public four-year institutions provide campus child care services, and at community colleges, where the largest share of parents are enrolled, only 44 percent report having an on-campus center.²⁰ In 2018, Congress passed an omnibus spending package that increased funding for Child Care Access Means Parents in School (CCAMPIS) — the only federally funded program dedicated to providing child care to students who are parents on college campuses — from \$15 million to \$50 million. This is a step in the right direction, but it is not enough to meet the child care needs of millions of parents who are students. Expanding CCAMPIS and increasing grants and income-based financial aid to account for dependent children will further help these parents.

Help students leverage safety net supports. To drive the economic potential of students who are parents, states can ease financial pressure by helping them access available wraparound services. For example, Arkansas draws on the Temporary Assistance for Needy Families (TANF) state block grant for its Career Pathways Initiative, which provides case management and support services to students in education and training at all the state's community colleges. The Arkansas Department of Higher Education has an agreement with the Department of Human Services, which administers child care subsidies, to enroll eligible students, many of whom are young parents.

Other safety net supports can be modified to alleviate financial pressures for parents who are students. Complicated work requirements and extensive paperwork can be a barrier to student access to SNAP (Supplemental Nutrition Assistance Program). States can address this challenge by allowing student exemptions for work requirements and excluding state-funded work-study and other financial aid as income when applying for SNAP.

Since the early 1990s, the Minnesota Office of Higher Education has administered the state's Postsecondary Child Care Grant Program. The grant program helps subsidize child care costs for postsecondary students who are parents with children age 12 and under, who are not receiving benefits under the Minnesota Family Investment Program, and who demonstrate financial need. Eligible undergraduate students must be enrolled in 6-15 credits per term and can receive a maximum award amount of \$5,200 per eligible child per academic year.

Improve access to mental health services. Young parents are less likely to have health insurance than their nonparent peers or older parents. Without health insurance, they may not seek treatment for their mental health needs. States can help students who are parents access mental health services without taking on additional financial strain by helping them secure comprehensive health care that includes mental health. For states that have not yet done so, this means expanding Medicaid coverage to include more low-income parents without imposing work requirements or other restrictions that could ultimately exacerbate stress or other factors that are triggering the mental health challenges.

States should also cover screenings for maternal depression as part of well-child visits under children's health insurance plans. An Informational Bulletin from the Center for Medicaid and CHIP Services, developed in collaboration with Ascend, highlights the importance of early screening for maternal depression and clarifies the pivotal role Medicaid can play in identifying children with mothers who experience depression and its consequences and then connecting mothers and children to the help they need.²¹

Campus Solutions

Help parents who are students access financial support. To ease financial pressure, academic institutions can ensure parents who are students are aware of available financial supports. This may include disseminating information in college registration and orientation materials and through counseling sessions. College counselors and financial aid officers must be trained to explain all the supports available to students who are parents, including CCAMPIS, TANF, SNAP, and other wraparound services, and they must be prepared to help students complete the applications for these benefits.

Campuses can also establish partnerships with programs like [Single Stop USA](#), which delivers services to families in need and is becoming increasingly common at two- and four-year colleges and universities. The group connects students and their families to state, local, and federal resources, including SNAP and TANF. Colleges could also use tools such as Lumina Foundation's [Beyond Financial Aid](#) toolkit, which includes an assessment to help institutions determine how well they are serving low-income students and create and implement a plan to optimize or expand their service provision.

Support social networks. Although they represent a growing percentage of the student population, parents who are students perceive themselves as being different from their classmates and frequently cite isolation as a source of depression. By establishing and promoting peer support groups and mentoring programs, colleges can help those students build relationships with other student parents and share their unique challenges. Group counseling services that address parental stress and mental health concerns while offering positive parenting techniques, tips for infant care and development, and referrals to other services on campus or in the nearby community can offer students support while addressing their mental health needs. New models for depression intervention featuring group sessions that connect moms with other moms — or focus specifically on the needs of dads — are proving effective and could be adapted in a campus environment.

The **Mental Health Outreach for Mothers (MOMS) Partnership®** is a collaboration of agencies, that works to improve the well-being of mothers and children. The program features mothers from the community who serve as community mental health ambassadors. These ambassador moms deliver screenings, brief interventions, referrals, and clinical treatment with clinicians. The program also provides treatment for maternal depression in nonclinical, destigmatizing settings, such as grocery stores.

For fathers, the **Men's Stress Workshop** focuses on increasing social supports, providing information about depression and the influence of masculine norms, and reframing perceptions and stigma about mental health and treatment.

Either of these approaches could be modified for use on campuses.

A lack of basic needs like food and housing can also lead to mental health problems and trauma. Current estimates suggest that as many as half of American undergraduates experience food insecurity — which means they may not know where their next meal is coming from — while pursuing a college degree.²² A study of 43,000 students at 60 institutions in 20 states and the District of Columbia by The Hope Center for College, Community and Justice based at Temple University found that 47 percent of African-American college students at some point faced food insecurity over the last two years. The Hope Center created the College and University Food Bank Alliance (CUFBA) to provide support, training, and resources to campus-based food banks, pantries, and other food-insecurity initiatives that primarily serve students.

Tailor services with a parental lens. Employing licensed mental health professionals, including psychologists and social workers, who are trained to meet the emotional needs of students who are parents will allow campus health and mental health centers to provide tailored services. These individuals must also be knowledgeable about available supports and services, including mental health screenings available through Medicaid. Forming a multidisciplinary team of clinicians (e.g., obstetrician-gynecologist, pediatrician, social worker, and health educator) in one centralized location that also includes social service agencies able to help students access supports will enable students who are parents to address both their child's and their own needs more efficiently.

Additionally, postsecondary institutions can help young parents access mental health services by providing time off from work or school to go to a health center without worrying it will impact their grades.

Information about mental health services should be well-posted throughout the campus and advertised in school publications and online resources, including social media. Targeted placement (e.g., posting information near diaper changing stations in campus restrooms) will help ensure materials reach parents who are students.²³

Remove the stigma. Students who are parents often report feeling different than their nonparent peers. The added stigma often associated with mental illness may keep these students from seeking treatment. With only 40 percent of all students with mental illness seeking help, colleges must find a way to decrease this stigma.

More than 200 campuses have adopted the QPR (Question, Persuade, Refer) program, which educates faculty and staff on becoming more effective at identifying and referring students with mental illness.²⁴ Academic institutions are also working to destigmatize mental health challenges through peer-to-peer engagement efforts, required workshops during freshman orientation, and campus-wide awareness days. As more colleges adopt this approach, they can improve its reach by helping faculty, staff, and students also understand the unique challenges that come with being a student parent.

Conclusion

Ensuring the success of all students must be a top priority for academic institutions and the nation as a whole. This requires policymakers, academic institutions, and researchers to more closely examine the needs of students who are parents. Modernizing policies and practices to address the mental health needs of students who are parents will help these parents succeed and lead to the opportunities and family stability that are critical to their children's development.

Meeting the needs of students who are parents begins at the birth of a child. Young parents often require extra support in recognizing the developmental stages and needs of their children. This critically important developmental time for both children and parents is described as “two open windows.” While a child is rapidly developing from infancy to age 3 — forming relationships, learning language, and creating a million new neural connections per second — young parents are also developing the skills needed to succeed at both work or school and parenting. Supports for students who are parents can leverage this opportunity through a two-generation (2Gen) approach that considers the needs of young children and their parents.²⁵ A 2Gen approach to supporting new and young parents should build off of the mutual motivation that already exists between the parent and the child. Mutual motivation is the idea that when parents learn, they are able to reinforce what their child is learning; their ability to reinforce what's being learned motivates parents to continue making their own lives better.

This mutual motivation is the foundation of the 2Gen approach. As policymakers, academic institutions, and other stakeholders explore how best to approach this issue, researchers can bolster these efforts by making more linkages within the fields of parenting and neuroscience and across multiple disciplines to provide a wide range of perspectives and ideas and 2Gen approaches to mental health support for students who are parents. Successful innovation will also require new connections across levels of government and across sectors, including the health, mental health, child care,

and early education sectors. All of this must happen within the context of a racial and gender equity lens.

To be successful, new programs, policies, and systems must reflect input from students who are parents as well as their unique needs, such as appointment times that work with their class schedule, easily accessible clinics, and on-site child care. Additionally, research suggests efforts to address fathers' mental health needs will be more effective if they are gender specific, such as male-only forums, using male facilitators, hosting programs where men feel at ease, and using male-friendly marketing strategies and language.

By incorporating young parents' perspectives, considering the needs of fathers as well as mothers, and furthering racial and ethnic equity, new programs and systems will not only benefit both students who are parents and their children, but also lead to a better education system, a more skilled workforce, and stronger communities.

Endnotes

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