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The Relationship among Young Adult College Students’ Depression, Anxiety, Stress, Demographics, Life Satisfaction, and Coping Styles

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Recent research indicates that young adult college students experience increased levels of depression, anxiety, and stress. It is less clear what strategies college health care providers might use to assist students in decreasing these mental health concerns. In this paper, we examine the relative importance of coping style, life satisfaction, and selected demographics in predicting undergraduates’ depression, anxiety, and stress. A total of 508 full-time undergraduate students aged 18–24 years completed the study measures and a short demographics information questionnaire. Coping strategies and life satisfaction were assessed using the Brief COPE Inventory and an adapted version of the Brief Students’ Multidimensional Life Satisfaction Scale. Depression, anxiety, and stress were measured using the Depression Anxiety and Stress Scale-21 (DASS-21). Multiple regression analyses were used to examine the relative influence of each of the independent variables on depression, anxiety, and stress. Maladaptive coping was the main predictor of depression, anxiety, and stress. Adaptive coping was not a significant predictor of any of the three outcome variables. Reducing maladaptive coping behaviors may have the most positive impact on reducing depression, anxiety, and stress in this population.

Approximately 40 million American adults suffer from anxiety and 75% of them experience their first episode by age 22 (Anxiety Disorder Association of America, 2010). Unmanaged anxiety may contribute to substance abuse (Schmidt, Buckner, & Keough, 2007) and depression (Kessler, Berglund, Borges, Nock, & Wang, 2005). The rate of college students diagnosed with depression increased from 10% in 2000 to 15% in 2006 (American College Health Association [ACHA], 2008). Depression may lead to suicide, the second-leading cause of death among college students, resulting in 1,100 lives lost each year (Floyd, Mimms, & Yelding, 2007). With increasing concerns about college students’ mental health, the ACHA (2009) challenged concerned professionals to use evidence-based approaches in planning college health strategies. Thus, this paper aims to investigate the main predictors of three mental health conditions—depression, anxiety, and stress—in young adult college students and determine their relative contribution to each of these three conditions.

From a developmental perspective, young adult college students’ age group (age 18–24 years old) has been described as “emerging adulthood,” which is a transitional developmental stage between late adolescence and adulthood (Arnett, 2004). This transition, which requires developing skills for maintaining the independence and self-sufficiency an individual gains through adolescence, and for managing new tasks with regard to developing and maintaining intimate relationships, is considered stress-arousing and anxiety-provoking (Meadows, Brown, & Elder, 2006; Zirkel, 1992; Zirkel & Cantor, 1990). Failure to accomplish these developmental tasks may result in life dissatisfaction (Newman & Newman, 2008). Based on the quality of life model of life satisfaction (Campbell, Converse, & Rodgers, 1976; Erikson, 1994), Frisch (2006) proposed that while pleasant emotions stem from the satisfaction that accompanies the perception that important needs have been met or fulfilled, anxiety and depression are associated with low life satisfaction.
which may result from the inability to meet needs in valued areas of life.

Additionally, young adult college undergraduates face numerous academic, financial, and social stressors that may negatively alter their mental health (Dusseler, Dunn, Wang, Shelley, & Whalen, 2005). Depression and anxiety are not directly caused by stressors; rather, it is a state that results from an individual’s perception and reaction to those stressors (Beck & Clark, 1997). The impact of stressors experienced is mediated by the individual’s ability to effectively cope with stressful situations. The transactional model of coping (Lazarus & Folkman, 1984) differentiated between two main stress-coping mechanisms, adaptive and maladaptive. Through these two mechanisms an individual displays certain behaviors that are thought to moderate the effect of stressful stimuli. Adaptive coping behaviors involve defining the stressful situation, actively seeking support, reflecting on possible solutions, and taking actions to resolve the situation. Such actions resolve the stressful situation and result in positive psychological and emotional adjustment. Conversely, maladaptive coping behaviors include efforts to withdraw from the stressful situation or avoid seeking solutions; this may result in a failure to resolve the stressful situation and can be associated with anxiety. Even though some studies show that individuals progress in their utilization of the adaptive coping across their life span, several studies have indicated that adolescents and young adults used more maladaptive coping strategies, such as escape-avoidance, as compared to other age groups (Blanchard-Fields, Sulsky, & Robinson-Whelen, 1991; Irion & Blanchard-Fields, 1987).

College students’ use of certain maladaptive coping strategies was found to be related to certain cultural or demographic characteristics such as belonging to a fraternity or sorority (The National Center on Addiction and Substance Abuse (CASA) at Columbia University, 2003), being self-identified as not religious (Khavari & Harmon, 1982), and being female (Devonport & Lane, 2006). Moreover, students’ levels of depression and anxiety may vary by gender (Chapell et al., 2005; Grant et al., 2002; Hankin et al., 1998; Howley & Dickerson, 2009; Misra & McKeen, 2000), age (Rosenthal & Schreiner, 2000), class-standing (Rawson, Bloomer, & Kendall, 1994), residency (living off-campus versus on-campus) (Eisenberg, Gollust, Golberstein, & Hefner, 2007), and academic performance (Eisenberg, Golberstein, & Hunt, 2009; Hysenbegasi, Hass, & Rowland, 2005). Helping such a diverse population of students manage these mental health conditions is one of the major challenges facing college counselors (Kitzrow, 2003).

In sum, young adult students are faced with numerous developmental challenges and tasks related to their college lives. Their life satisfaction and the strategies they use to cope with challenges may affect their mental well-being. Understanding how these factors are related to students’ depression, anxiety, and stress may provide important information for college health professionals regarding the most promising mental health promotion strategies. Thus, this paper has two specific aims. The first is to examine the relationship of three mental health factors—depression, anxiety, and stress—with selected demographics, life satisfaction, and coping strategies among young adult college students. The second is to determine the main predictors of depression, anxiety, and stress and their relative influence on each of these three mental health factors.

**METHOD**

**Procedure**

This is a secondary analysis of a cross-sectional survey study collected in 2007 to assess the general well-being of college students at a large southeastern public university. After the Institutional Review Board provided its approval, a sample of 1,700 full-time undergraduate students aged 18–24 years old was randomly selected by the Office of the Registrar. Students provided passive consent, which was explained through a cover letter that was mailed to them along with the survey, a two-dollar incentive, and a stamped addressed return envelope. One week later, postcards were sent to acknowledge students who responded and reminder cards were sent to those who had not responded to the initial survey mailing. Three weeks following the initial mailing, a second survey package was sent to those who had not yet responded. Out of the 1,700 mailed questionnaire, 112 were undeliverable or didn’t meet the criteria. The response rate was 32% ($n = 508$).

**Instruments**

**Depression Anxiety Stress Scale-21 (DASS-21)**

The DASS-21 (Lovibond & Lovibond, 1995) is a short form of the DASS which is a self-report 4-point Likert scale that measures the negative states of three mental health conditions: depression, anxiety, and stress. The DASS-21 measures each of the three factors with a 7-item subscale that asks participants to reflect on the thoughts, feelings, and behavior in the past week. Responses on each item are ranging from 0 (did not apply to me at all) to 3 (applied to me very much). The intensity of any of the three conditions is defined by the sum scores of responses to its 7-item subscale. According to Lovibond and Lovibond (1995), normal scores on the three subscales are scores that are less than 9 for Depression, 7 for Anxiety, and 14 for Stress. The Cronbach’s alphas for the DASS-21 subscales have been examined in clinical and nonclinical samples and found to be 0.94 for Depression, 0.87 for Anxiety, and 0.91 for Stress (Antony, Bieling, Cox, Enns, & Swinson, 1998).

**Brief COPE Inventory (BCI)**

The BCI (Carver, 1997) is the abbreviated version of the original 60-item COPE Inventory developed by Carver, Scheier, and Weintraub (1989). It is a 28-item self-report 4-point Likert scale instrument that includes 14 2-item scales, which are categorized as adaptive and maladaptive. Responses on each item vary from 0 (I usually don’t do this at all) to 3 (I usually do this a lot).
Coping is the sum of the 28 items ranging from 0–84; adaptive coping is the sum of 16 items ranging from 0–48, and maladaptive coping is the sum of 12 items ranging from 0–36. A higher score on either scale indicates more frequent use of that coping approach. Both the adaptive and maladaptive scales have shown good internal consistency in this sample with Cronbach’s alphas equal to 0.88 and 0.81. Adaptive coping includes strategies such as acceptance, planning, and positive reframing, and maladaptive coping strategies are those related to denial, self-blaming, and substance use.

**The Brief Students’ Multidimensional Life Satisfaction Scale (BSMLSS)**

The BSMLSS (Huebner, 1994) is a 40-item self-report Likert scale in which response options were derived from the 7-point Delighted-Terrible Scale (Andrews & Withey, 1976). According to this scale, 1 = terrible, 2 = unhappy, 3 = mostly dissatisfied, 4 = mixed (about equally satisfied and dissatisfied), 5 = mostly satisfied, 6 = pleased, and 7 = delighted. For the purpose of this study, 11 items were selected to assess students’ satisfaction with college life, (e.g., academic and extracurricular activities), social life (e.g., friendships and relationships with family and significant others), and the financial aspect of life. This shortened version has shown good internal consistency in this sample with Cronbach’s alpha equal to 0.85 as compared to 0.75 for the original scale (Seligson, Huebner, & Valois, 2003). Life satisfaction is the sum scores of 11 items and ranges from 1–77. Higher scores indicate more satisfaction with life.

**Statistical Analysis**

Statistical analyses were conducted using SPSS statistical software (version 11.0, SPSS Inc., Chicago, IL). In the first phase of analysis, descriptive statistics were used to describe the demographics of the sample and the distribution of the three mental health factors among students.

To examine the relationship of selected mental health factors with life satisfaction and coping strategies, Pearson correlation was used. To determine how these factors are related to undergraduates’ demographics and to compare their mean scores, mental health factors, and coping, based on their demographics, variance analysis and independent-samples t-test were used.

To determine whether maladaptive coping predicted depression, anxiety, and stress after accounting for demographics, life satisfaction, and adaptive coping, three standard multiple regressions were run using depression, anxiety, and stress as dependent variables. Magnitude ($R^2$ change) was used to determine the amount of contribution of the significant independent variables in the model to the dependent variable. Standardized Beta ($\beta$) was used to determine the relative influence of each significant predictor in the model on the dependent variable. The data set was first checked for the assumptions of regression analysis using the residual scatter plot and the normal probability plot. Scores of depression and anxiety were found to be positively skewed (skew $= 1.65$, 2.23, respectively); however, having a large enough sample size ($n = 508$) and more than ten observations for each predictor made the regression robust enough to departure from normality (Pallant, 2004). Tolerance values were found to be greater than 0.10, while VIF values were smaller than 10. Thus, no problem of multicollinearity was found to exist.

**RESULTS**

**Sample Description**

The total number of undergraduates who participated in this study was 508; of these, 66% ($n = 335$) were female and 90% ($n = 409$) were Caucasian. The mean age of students was 20 years ($SD = 1.6$), and their mean GPA was 3.2 on a 4-point scale ($SD = .60$). The mean scores of students’ depression, anxiety, and stress were found to be normal and equal to 5.2 ($SD = 7$), 8 ($SD = 9$), and 11 ($SD = 9$), respectively. However, 29% of the students were depressed, 27% anxious, and 24% stressed. About 67% of students who were anxious were also depressed and 61% of the anxious students were also stressed.

**Relationship of Mental Health Factors with Coping, Satisfaction, and Demographics**

Higher depression scores were reported by sophomores or those 18–19 years old than students in other class standing levels and the older students. Students who lived with someone or belonged to a social organization were less depressed, anxious, and stressed than those who did not. Students who identified themselves as religious were less depressed and anxious than those who were not religious. Female students were more anxious and stressed than male students (Table 1).

A significant positive association between stress and coping strategies, both adaptive and maladaptive, was detected (Table 2). Students who used maladaptive coping strategies more frequently reported significantly higher levels of depression and anxiety. However, neither anxiety nor depression was significantly related to adaptive coping. Students with greater dissatisfaction with life indicated higher levels of depression, anxiety, and stress. In addition, students with lower GPA were more depressed ($r = -.13, p < .05$). Other demographics such as ethnicity and the place of residency were not significantly related to any of the three mental health factors.

**Independent Predictors of Depression, Anxiety, and Stress**

Life satisfaction, adaptive coping, maladaptive coping, and demographics were entered together as predictors of the three dependent variables in a three separate multiple regression analyses. Selected demographics included age, gender, class standing, GPA, living status, belonging to a social organization, and religious self-identification (religious or not).

The significant independent predictors of depression were maladaptive coping and life satisfaction (Table 3). The overall model $F(10, 324) = 46.2, p < .0001$, accounted for 60% of
TABLE 1
Relationships among Depression, Anxiety, and Stress, and Students’ Demographics

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th></th>
<th>Anxiety</th>
<th></th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>18–19</td>
<td>179</td>
<td>9.2</td>
<td>(10)</td>
<td>6</td>
<td>(8)</td>
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<tr>
<td>20–24</td>
<td>189</td>
<td>7</td>
<td>(8)</td>
<td>5</td>
<td>(6)</td>
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<tr>
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<td>t = 2.3*</td>
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<td>t = 1.8</td>
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<tr>
<td>Gender</td>
<td></td>
<td></td>
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<td></td>
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<td>299</td>
<td>8.3</td>
<td>(9)</td>
<td>6</td>
<td>(7)</td>
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<tr>
<td>Male</td>
<td>154</td>
<td>7</td>
<td>(8)</td>
<td>4</td>
<td>(6)</td>
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<td>t = 1.8</td>
<td></td>
<td></td>
<td>t = 3**</td>
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<td>GPA</td>
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<td>3.5–4</td>
<td>129</td>
<td>8.6</td>
<td>(7)</td>
<td>33</td>
<td>(21)</td>
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<tr>
<td>3–3.49</td>
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<td>6.9</td>
<td>(8)</td>
<td>32</td>
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<td>2.5–2.99</td>
<td>74</td>
<td>9</td>
<td>(11)</td>
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<td>2–2.49</td>
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<td>13</td>
<td>(12.5)</td>
<td>54</td>
<td>(35)</td>
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<td></td>
<td>F(3, 351) = 4*</td>
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<td></td>
<td>F(3, 351) = 3*</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>4 &gt; 3 = 2 = 1</td>
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<td>Class Standing</td>
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<td>111</td>
<td>8</td>
<td>(9)</td>
<td>49</td>
<td>(31)</td>
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<tr>
<td>Sophomore</td>
<td>93</td>
<td>10</td>
<td>(11.3)</td>
<td>107</td>
<td>(69)</td>
</tr>
<tr>
<td>Junior</td>
<td>109</td>
<td>8.4</td>
<td>(9)</td>
<td>137</td>
<td>(88)</td>
</tr>
<tr>
<td>Senior</td>
<td>141</td>
<td>6</td>
<td>(7)</td>
<td>19</td>
<td>(12)</td>
</tr>
<tr>
<td></td>
<td>F(3, 450) = 4*</td>
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<td></td>
<td>F(3, 450) = 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 &gt; 1 = 3 = 4</td>
<td></td>
<td></td>
<td>—</td>
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<tr>
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<td>On-campus</td>
<td>164</td>
<td>7.33</td>
<td>(8.2)</td>
<td>49</td>
<td>(31)</td>
</tr>
<tr>
<td>Off-campus</td>
<td>293</td>
<td>8</td>
<td>(9.2)</td>
<td>107</td>
<td>(69)</td>
</tr>
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<td>t = -0.76</td>
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<td></td>
<td>t = .02</td>
<td></td>
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<td>Live alone</td>
<td>56</td>
<td>10</td>
<td>(9.8)</td>
<td>8.43</td>
<td>(9)</td>
</tr>
<tr>
<td>Live with someone</td>
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<td>7.4</td>
<td>(8.6)</td>
<td>5</td>
<td>(6)</td>
</tr>
<tr>
<td></td>
<td>293</td>
<td></td>
<td></td>
<td>t = -2.12*</td>
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<tr>
<td>Religious</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>352</td>
<td>7.2</td>
<td>(8.5)</td>
<td>4.6</td>
<td>(6.3)</td>
</tr>
<tr>
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<td>102</td>
<td>9.5</td>
<td>(9.5)</td>
<td>7</td>
<td>(7.6)</td>
</tr>
<tr>
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<td>t = 3.16</td>
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<td>Caucasian</td>
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<td>(8.7)</td>
<td>5</td>
<td>(6.6)</td>
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<td>Other</td>
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<td>9</td>
<td>(9.7)</td>
<td>6.4</td>
<td>(7.3)</td>
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<td>97</td>
<td>5.1</td>
<td>(3.5)</td>
<td>4.12</td>
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</tr>
<tr>
<td>No</td>
<td>356</td>
<td>8.5</td>
<td>(9.4)</td>
<td>5.5</td>
<td>(7)</td>
</tr>
<tr>
<td></td>
<td>t = -1***</td>
<td></td>
<td></td>
<td>t = -2.3*</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05, ***p < .0001.

the variance of depression. Likewise, for anxiety, maladaptive coping and life satisfaction were the only significant predictors (Table 4) with the overall model $F(10, 324) = 24, p < .0001$, accounting for 43% of the variance of anxiety. The significant predictors of stress were maladaptive coping, life satisfaction, gender, and GPA (Table 5). The overall model $F(10, 324) = 29, p < .0001$, accounted for 50% of the variance of stress.
The Relative Influence of Predictors

Maladaptive coping had the strongest influence on the three mental health factors, depression, anxiety, and stress ($\beta = .54$, $.60$, $.53$, $p < .0001$, respectively). For every one score increase in maladaptive coping, each of the three mental health factors increased by one score. Adaptive coping was not a significant predictor of any of the three mental health factors. As compared to maladaptive coping, life satisfaction had a relatively low influence on the three mental health factors ($\beta = -.40$, -.15, -.30, $p < .0001$, respectively). For every one score increase in life satisfaction, depression, anxiety, and stress decreased only by .36, .11, and .30 of a score.

Most demographics were non-significant predictors. Even though gender and GPA were significant predictors of stress, they had very low influence ($\beta = .09$ for each).

Limitations

The cross-sectional design and use of one setting were limitations in this study. Future longitudinal studies would strengthen our understanding of how students’ use of maladaptive coping strategies may affect their levels of depression, anxiety, and stress. Also, most of the students in this study were Caucasian; thus, caution should be used when extending these results to other racial or ethnic groups. The use of multiple analyses in this study increased the chance of a Type 1 error. However, because all $p$ values of the major predictors in the regressions were at $p < .01$ or less, it is likely that the findings do not reflect a Type 1 error and therefore, are not spurious.

DISCUSSION

We studied young adults’ mental well-being within the context of the campus culture. The use of the shortened version of the BSMLSS facilitated our understanding of how students’ satisfaction with their college and social lives can be related to their mental well-being. Certain psychosocial and cultural characteristics, such as belonging to a fraternity or sorority, living with someone, being religious, and being more satisfied with the college life, need to be taken into account when assessing students’ levels of depression, anxiety, and stress. Based on a similar conclusion, previous studies recommended implementing strategies and programs that support students’ networks and enhance their satisfaction with their college and social lives (Coffman & Gilligan, 2002; Misra & McKean, 2000).

Existing strategies and programs mainly target students who are in a transitional academic level, such as freshmen and sophomores, and this may explain the higher levels of anxiety and stress among sophomores (Rawson et al., 1994). We noticed that the number of students who were members of a fraternity or sorority were equal across the different ranks of class-standing ($\chi^2 (4) = 7$, ns); however, sophomores reported higher levels of depression. Another college-related factor that was related to these symptoms in the present study and other previous studies, is academic performance, as measured by GPA.
The role of gender in coping and anxiety. In students’ anxiety within the context of coping. Using a multi-
Endler, 1992), it was difficult to interpret the gender differences
and the inconsistency in the operational definition of coping
levels of anxiety. Due to design limitations in the current study
maladaptive coping more than male students, they had higher
thesized that although female students used both adaptive and
self-blaming and denial, were maladaptive. Our findings sug-
ecial support, were categorized as adaptive while others, such as
focused strategies, such as positive reappraisal and seeking so-
of the Brief COPE Inventory in this study, some of the emotion-
1996; Vingerhoets & Van Heck, 1990). However, with the use
of the Brief COPE Inventory in this study, some of the emotion-
focused strategies, such as positive reappraisal and seeking so-
cial support, were categorized as adaptive while others, such as
self-blaming and denial, were maladaptive. Our findings sug-
gested that although female students used both adaptive and
maladaptive coping more than male students, they had higher
levels of anxiety. Due to design limitations in the current study
and the inconsistency in the operational definition of coping
in the literature (i.e., adaptive versus maladaptive) (Parker &
Endler, 1992), it was difficult to interpret the gender differences
in students’ anxiety within the context of coping. Using a multi-
dimensional approach in future studies may help to understand
the different factors that contribute to anxiety and shed light on
the role of gender in coping and anxiety.

The variety of psychosocial and demographic factors that
are related to college students’ mental well-being highlights the
importance of implementing a collaborative approach in the as-
seSSment and management of depression, anxiety, and stress
symptoms in this population. This can be achieved through em-
ploying a multidisciplinary mental health team, which includes
psychiatric nurses, psychotherapists, social workers, and acade-
mic advisors, in the university health care system.

Another important recommendation based on these findings
is developing and evaluating interventions that can benefit the
majority of the students, despite their social, academic, and
demographic differences. Thus, investigating the role of coping
in predicting students’ mental well-being and accounting for
these variables was helpful in developing a baseline perspective
on potential assessment and interventions that may target the
widest possible range of this population.

The students’ use of maladaptive coping strategies, such as
self-blaming, denial, and giving up, was the main predictor of
their levels of depression, anxiety, and stress. The use of adaptive
coping strategies does not predict the level of any of these three
conditions. This finding provides an important input regarding
the composition and designation of therapeutic interventions
for managing these conditions in this population. Most of these
interventions are mainly focused on training students to use
adaptive coping skills through social support groups (Oppen-
heimer, 1984), physical exercise training (Steptoe et al., 1997),
and mindfulness meditation training (Beddoe & Murphy, 2004;
Jain et al., 2007). While some of these strategies may prove to
be useful for promoting students’ health, their mechanism of
action in managing depression, anxiety, and stress is unclear
(Shapiro, Carlson, Astin, & Freedman, 2006).

A more effective route is to focus on diminishing the major
aspect of these three conditions, the maladaptive coping. It
is important for mental health nurses working with college
students to assess the coping style of students who present
with symptoms of depression, anxiety, or stress. Nurses
should facilitate students’ understanding of how using certain
maladaptive strategies, such as self-blaming, may alter their
recommended implementing strategies that enhance students’
pollowous thoughts regarding their abilities to overcome certain
maladaptive behaviors such as cigarette smoking and alcohol
documented the efficacy of cognitive-behavioral strategies
for helping adolescents quit maladaptive behaviors such as
smoking; however, little is known about the implementation
and effectiveness of using cognitive-behavioral strategies with
young adult college students.

**Future Research**

The current findings point to the necessity of developing in-
terventions that diminish the use of maladaptive coping stra-
tegies and examining their effects on the students’ levels of de-

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### TABLE 5

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
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<tbody>
<tr>
<td>Maladaptive coping</td>
<td>1.10</td>
<td>.10</td>
<td>.53***</td>
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<tr>
<td>Adaptive coping</td>
<td>.05</td>
<td>.05</td>
<td>.04</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>-.30</td>
<td>.04</td>
<td>-.30***</td>
</tr>
<tr>
<td>Age</td>
<td>.03</td>
<td>.40</td>
<td>.00</td>
</tr>
<tr>
<td>Gender (female)</td>
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<td>.80</td>
<td>.09*</td>
</tr>
<tr>
<td>GPA</td>
<td>1.50</td>
<td>.70</td>
<td>.09*</td>
</tr>
<tr>
<td>Social organization</td>
<td>.40</td>
<td>.95</td>
<td>.02</td>
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<tr>
<td>Living alone</td>
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<td>1</td>
<td>.00</td>
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<tr>
<td>Being religious</td>
<td>-.40</td>
<td>.90</td>
<td>-.02</td>
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<tr>
<td>Class standing</td>
<td>.22</td>
<td>.60</td>
<td>.03</td>
</tr>
</tbody>
</table>

*p < .05, ***p < .0001.
pression, anxiety, and stress. Such a study would provide a firm conclusion concerning future intervention implications.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

REFERENCES


