

Nontraditional and Struggling: Academic and Financial Distress Among Older Student Clients

Elle A. Moore, Erin Winterrowd, Alisha Petrouske,
Stacy J. Priniski, and John Achter

Few researchers have examined the mental health needs of nontraditional student clients (age 25 and older) using a multisite counseling center sample. This study ($N = 4,499$) included 630 nontraditional students (age 25 and older) who sought counseling services across one state university system. Compared with traditional-age student clients, nontraditional clients were more demographically diverse, presented with different concerns and challenges, and were more likely to report financial stress. Financial stress mediated relationships between nontraditional students status and academic dysfunction.

Keywords: nontraditional students, financial stress, mental health, academic functioning, age

Counseling centers have described an increasing rate of mental health issues on campuses (e.g., Benton et al., 2003; Gallagher, 2012), and this increase has been supported by trends observed in population surveys of college students (American College Health Association, 2010, 2017), as well as among student clients in counseling centers (Center for Collegiate Mental Health, 2018). Although multiple reasons may account for this increase, the potential influence of nontraditional students has yet to be addressed. The percentage of nontraditional students in higher education has increased steadily in recent decades (National Center for Education Statistics, 2002, 2015), and it is possible the stress that accompanies returning to school while working full-time or balancing a family may contribute to increasing mental health issues for nontraditional students. However, to our knowledge, little research exists to empirically demonstrate that nontraditional students are indeed a unique and struggling student client population.

In the context of campus counseling research, nontraditional students are often invisible, subsumed under more traditional student populations. The invisibility of nontraditional students in campus counseling research may be due to a relatively small number of nontraditional students who seek counseling on any one campus. Although nontraditional students may represent up to 33% of overall student bodies at 2- and 4-year universities (National Center for Education Statistics, 2014), little information is available regarding the exact proportion of counseling center clients who are of nontraditional age. Difficulty tracking nontraditional clients is also confounded by the multiple definitions of a nontraditional student. Most commonly, nontraditional students are defined as those above a certain age (National Center for Education Statistics, 2002). There is some debate regarding whether graduate students, who

Elle A. Moore and Alisha Petrouske, Department of Psychology, University of Wisconsin–Oshkosh; Erin Winterrowd, Department of Psychology and Neuroscience, Regis University; Stacy J. Priniski, Department of Psychology, University of Wisconsin–Madison; John Achter, Dean of Students Office, University of Wisconsin–Stout. Elle E. Moore is now at Department of Institutional Effectiveness, Moraine Park Technical College. Stacy J. Priniski is now at Department of Counseling, Educational Psychology, and Special Education, Michigan State University. Correspondence concerning this article should be addressed to Erin Winterrowd, Department of Psychology and Neuroscience, Regis University, 3333 Regis Boulevard, D-12, Denver, CO 80221 (email: ewinterrowd@regis.edu).

© 2020 by the American Counseling Association. All rights reserved.

often meet this older age criterion, should be considered nontraditional students. As such, we see graduate students included in some studies of student mental health (e.g., Hyun et al., 2006) but excluded in others (e.g., Bye et al., 2007).

Research on student populations in general suggests that nontraditional students likely differ from traditional students on a number of factors beyond age. Demographically, nontraditional students tend to work more hours, are more likely to have attended college previously, and tend to be married or have a family (National Center for Education Statistics, 2015; for a review, see Chung et al., 2014). Because nontraditional students are more likely to be married and have children, we can safely assume that they also would be more likely to live off campus as the majority of university housing caters to single, traditional undergraduates. In terms of academic functioning and outcomes, studies show nontraditional students have greater intrinsic motivation (Bye et al., 2007), more learning-focused and less performance-focused goals (Hoyert & O'Dell, 2009), and higher grade point averages (GPAs) and career decidedness (Spitzer, 2000). In addition, some research shows differences in cognitive strategies between nontraditional students and traditional students (e.g., Justice & Dornan, 2001).

Despite the breadth of literature on nontraditional students' academic functioning, there is a dearth of research on the mental health needs of these students. Some older studies suggest that, in comparison with traditional students, nontraditional students experience greater personal distress related to having multiple roles in their daily lives (e.g., student role and parent role; Chartrand, 1990). More recently, Trenz et al. (2015) found that nontraditional students reported greater life stress, anxiety, and depression compared with traditional college students. Many studies, including longitudinal studies, draw links between reported financial stress and various mental health and non-mental health difficulties in university students (e.g., Andrews & Wilding, 2004; Cooke et al., 2004; Jessop et al., 2005; Roberts et al., 1999, 2000). In addition, nontraditional students may experience isolation that their traditional-age counterparts do not because of differences in demographic and lifestyle factors. Nontraditional students report feeling a lack of institutional support, including a paucity of student services such as advising and scheduling specifically targeted to nontraditional students (Wyatt, 2011; Zacharakis et al., 2011).

Krumrei et al. (2010) examined presenting concerns among a sample of more than 3,800 clients attending mental health services at one of nine university campuses. Although they did not examine nontraditional status explicitly, Krumrei et al. found that students who were employed (both graduate and undergraduate) reported greater interpersonal conflict but fewer learning, career development, and addiction issues than students who were not employed. Additionally, students who lived off campus (common among nontraditional students) experienced greater interpersonal issues compared with those who lived on campus. When comparing undergraduate and graduate students, Krumrei et al. found that graduate student clients reported fewer overall mental health concerns than undergraduate student clients.

Although, to our knowledge, few studies recruited nontraditional clinical samples, highlighted nontraditional student clients, or even separated nontraditional student clients for analysis, the existing literature makes clear that, at minimum, these students likely face additional stressors compared with

traditional students (Chao, 2004). We expect nontraditional students to have unique and perhaps greater mental health needs than traditional students.

The Current Study

To address the lack of literature related to the needs of nontraditional student clients in particular, we assessed differences in presenting concerns, academic functioning, and mental health history between nontraditional students (age 25 or older) and traditional students (ages 18–24) who sought counseling services at one of 13 campuses in a public university system. Additional analyses were conducted to examine possible differences between graduate and undergraduate nontraditional students, as well as the potential effects of financial stress. We hypothesized that nontraditional student clients would present to counseling with higher rates of previous mental health issues, greater academic dysfunction, more financial stress, and presenting concerns that were related to their unique needs (e.g., family concerns).

Method

Participants

Participants consisted of enrolled students in one of 13 public, state university institutions (2- and 4-year) who sought mental health services at campus counseling centers throughout 1 academic year.

A total of 4,778 counseling center clients consented to contribute their anonymous mental health information prior to or at the time of intake. On the basis of state government definitions, nontraditional students in this study were defined as those 25 years of age and older. From this, 3,869 clients indicated their age as 24 years or younger (traditional students; 80.98%) and 630 (13.19%) indicated they were 25 or older (nontraditional students). A total of 279 clients (5.80%) did not report their age and were excluded from the analyses; thus, the study sample was 4,499. The campuses had a diverse range of student statuses, with the percentage of nontraditional student clients across campuses ranging from 5.50% to 25.00% ($M = 13.00\%$). The mean age of all student clients in the sample was 21.65 years ($SD = 4.49$). The mean age of traditional students was 20.26 years ($SD = 1.60$), and the mean age of nontraditional students was 30.17 years ($SD = 6.62$).

When completing demographic questions, participants could choose a provided option or self-identify as “other” with an open-ended response. Consistent with the student population in this state university system, participants most often identified as White or European American (84.97%) and as women (63.30%). See Table 1 for a further breakdown of students’ demographic information. We included master’s-level and doctoral-level graduate students in the study to maintain consistency with prior literature, although analyses excluding graduate students were also conducted. Forty-one percent of the graduate students were age 25 or older. Traditional and nontraditional students were not matched on demographic variables for analyses.

TABLE 1
Demographics and Personal Mental Health History
for Traditional and Nontraditional Students

Demographic	Traditional			Nontraditional			<i>p</i> ^a	ES ^b
	<i>M</i>	<i>SD</i>	%	<i>M</i>	<i>SD</i>	%		
Academic status							<.001	0.54
First year			24.3			4.6		
Sophomore			24.6			7.5		
Junior			21.8			10.4		
Senior			23.9			21.2		
Graduate student			4.7			52.4		
Other			0.7			3.8		
Age (in years)	20.26	1.60		30.17	6.62		<.001	2.09
Institution							<i>ns</i>	
Two year			81.9			18.1		
Four year			86.1			13.9		
Gender identity							<.001	0.08
Woman			65.4			54.5		
Man			34.0			44.2		
Transgender			0.2			0.6		
Self-identify			0.4			0.6		
Sexual orientation							<i>ns</i>	
Heterosexual			90.2			88.0		
Lesbian			1.3			1.2		
Gay			2.2			2.8		
Bisexual			3.3			5.4		
Questioning			1.8			1.5		
Self-identify			1.2			1.2		
Race/ethnicity							<.001	0.09
African American/Black			2.3			2.6		
American Indian or Alaskan Native			0.6			1.1		
Asian American/Asian			3.6			6.5		
Hispanic/Latina(o)			1.7			4.1		
Native Hawaiian or Pacific Islander			0.1			0.0		
Multiracial			2.0			2.1		
White			87.7			80.7		
Self-identify			2.0			2.8		
Military service			1.1			5.9	<.001	0.12
Military stress ^c			0.2			3.5	<.001	0.31
Financial stress	3.11	1.12		3.35	1.09		<.001	0.22
Disability			7.4			10.0	.027	0.03
Autism spectrum disorder			0.0			0.0		
Attention deficit/hyperactivity			3.5			4.8		
Hearing			0.2			0.8		
Learning			2.3			2.8		
Mobility			0.1			1.0		
Neurological			0.4			1.0		
Physical			0.6			1.4		
Psychological			1.2			2.4		
Visual			0.2			0.5		
Other			1.3			1.3		

^aChi-square test for differences in proportions or *t* test for mean differences between traditional and nontraditional students in primary sample. ^bFor chi-square tests, effect size (ES) is Cramér's *V* (small effect = 0.10, medium effect = 0.30, large effect = 0.50). For *t* tests, ES is Cohen's *d* (small effect = 0.20, medium effect = 0.50, large effect = 0.80). ^cItem: "Did your military experiences include any traumatic or highly stressful experiences which continue to bother you?" (percentage agree or strongly agree).

Measures

The client information form (CIF) was used to collect information about student background, presenting concerns, and academic functioning at intake. The CIF also included standardized client demographic and mental health history items established by the Center for Collegiate Mental Health (Hayes et al., 2011). Participants either completed the CIF online prior to their first appointment or completed it in the counseling center at the time of intake.

Participants were instructed to indicate whether they experienced any of 29 possible presenting concerns (e.g., problems related to school and grades, anxiety/worries). Four items assessed self-reported academic functioning using a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*), with higher scores indicating greater academic dysfunction. The four items included “I am struggling with my academics,” “I am thinking of leaving school,” “My academic motivation and/or attendance are suffering,” and “I am having difficulty focusing on my academics.” For mediation analyses, the four academic functioning items were averaged to calculate overall academic dysfunction.

The mental health history section of the CIF included questions assessing the number of times clients experienced various mental health concerns and the last time they experienced that concern (see Table 2). A sample item assessed how often a client “felt the need to reduce drug and/or alcohol use” and the last time they “felt the need to reduce drug and/or alcohol use.” For the purposes of this study, responses were recoded from categorical responses of *never*, *1 time*, *2–3*

TABLE 2

Mental Health History Outcome Variables Regressed on Nontraditional Student Status, Controlling for Ethnicity and Gender

Mental Health History	% Trad	% Nontr	$M\chi^2$	N R^2	B	SE	Wald	OR
Previous counseling	45.00	62.50	63.23	.03**	0.72*	0.09	61.36	0.49
Previous psychiatric medication	30.40	43.50	66.30	.02**	0.60*	0.09	43.55	0.55
Hospitalization	5.50	9.60	19.27	.01**	0.59*	0.16	13.61	0.56
Felt need to reduce drug and/or alcohol use	23.90	34.30	108.79	.04**	0.49*	1.00	25.85	0.62
Others concerned about drug and/or alcohol use	15.30	22.60	90.62	.04**	0.45*	0.11	17.04	0.64
Treatment for drug and/or alcohol use	3.00	9.50	105.28	.09**	1.16*	0.17	46.54	0.31
Self-injury	20.80	16.10	101.78	.04**	-0.27*	0.12	5.03	1.31
Considered suicide	23.80	25.00	14.41	.01**	0.01	0.10	0.02	0.89
Suicide attempt	6.10	9.80	19.52	.01**	0.47*	0.16	8.89	0.63
Considered injuring another	6.10	7.90	30.64	.02**	0.17	0.17	1.02	0.84
Injured another	2.10	4.20	44.53	.05**	0.57*	0.23	6.04	0.56
Unconsented sexual contact	15.40	16.90	345.36	.13**	0.29*	0.12	5.28	0.75
Harassment/abuse	25.20	36.10	121.36	.04**	0.58	1.00	36.28	0.56

Note. All models included ethnicity, gender, and traditional/nontraditional status as predictors. Logistic regression coding was as follows: 0 = traditional age, 1 = nontraditional age. Personal mental health history items were dichotomized for regression analyses (0 = present, 1 = not present). Trad = traditional students; Nontr = nontraditional students; $M\chi^2$ = model chi-square; N R^2 = Nagelkerke R^2 ; Wald = Wald's test; OR = odds ratio.

* $p < .05$. ** $p < .001$.

times, 4–5 times, and more than 5 times to a dichotomous yes/no variable indicating the presence of a mental health history for any given item. Finally, clients reported how often they felt financially stressed on a scale from 1 (*always stressful*) to 5 (*never stressful*). For ease of interpretation, this item was reverse coded.

Procedure

All institutions in the state public university system were invited to participate in the study. Despite their difference in structure, 2-year colleges were intentionally included in the recruitment effort because they have a relatively similar percentage of nontraditional students as 4-year universities (i.e., 22%–23% according to the university system records in 2014). In total, 13 campuses (three 2-year colleges and ten 4-year universities) participated in the collection of intake data across 1 academic year. All campuses had individual institutional review board approval at their respective institutions prior to data collection. The campuses ranged in size from 2,656 students to 42,903 students, with an average enrollment of 11,866 students. Ten of the 13 campuses included graduate students in their counseling center samples. Although all students seeking mental health services completed the CIF prior to or at the time of intake, only those who consented to allow their responses to be used for research purposes had their data included in the present study. Data were contributed by each counseling center at the end of each semester and were then aggregated to form a systemwide data set at the end of the academic year. Consent rates of student clients by campus ranged from 43.90% to 100% ($M = 77.00\%$). There were no significant differences between clients at 2- and 4-year campuses in regard to age, gender, ethnicity, or sexual orientation; thus, data from the 2- and 4-year campuses were combined for analyses.

Results

Differences in demographics, presenting concerns, and academic functioning between traditional and nontraditional students were examined using chi-square goodness of fit and t tests. Nontraditional clients, in comparison with traditional clients, were more often men (44.20% vs. 34.00%, respectively) and students of color (19.30% vs. 12.30%, respectively). As expected, nontraditional clients, compared with traditional clients, respectively, reported a higher rate of military service (5.90% vs. 1.10%), military stress (3.50% vs. 0.20%), and financial stress ($M = 3.35$, $SD = 1.09$ vs. $M = 3.11$, $SD = 1.12$). Finally, more nontraditional clients reported having a registered disability than traditional students (10.00% vs. 7.40%, respectively). There were no significant differences in sexual orientation between the two groups. Descriptive statistics and group comparisons for the sample participants are shown in Table 1.

Presenting Concerns

Nontraditional clients, in comparison with traditional student clients, respectively, more often reported concerns related to attention/concentration (42.70% vs. 36.90%), grief (12.90% vs. 9.80%), cultural adjustment (2.20% vs. 1.20%), and family concerns (23.20% vs. 12.40%). In contrast, nontraditional

students were less likely than traditional clients, respectively, to present with concerns about major/career (13.20% vs. 21.00%), dating/friends (14.80% vs. 26.30%), eating (11.70% vs. 16.50%), sexual orientation (1.10% vs. 2.40%), self-injury (1.90% vs. 4.90%), alcohol/drug use (4.00% vs. 6.60%), and suicide (5.20% vs. 7.80%). Similar patterns were observed after analyses of presenting concerns with graduate students were excluded.

Mental Health History

The likelihood of a client reporting prior mental health history based on student status (traditional vs. nontraditional) was examined using a binary hierarchical logistic regression. Each model included gender and ethnicity in separate steps to ensure that nontraditional student status was uniquely predictive of mental health history. Tests of the full models (with three predictors) were each statistically significant, indicating that these variables accounted for a significant amount of variance in the outcomes (see Table 2).

Nontraditional student status uniquely predicted all the mental health history outcome variables above and beyond those explained by gender and ethnicity ($ps < .01$; see Table 2 for beta weights and odds ratios). Compared with traditional students, nontraditional students who sought counseling were more likely to report a history of mental health treatment, substance-related issues, suicidal behavior, a history of harming others, unwanted sexual contact, and harassment/abuse. To further disentangle results among older student clients, we compared undergraduate and graduate nontraditional students, both of whom were 25 years or older. Nontraditional graduate students endorsed fewer mental health history items (e.g., substance use, prior counseling) than nontraditional undergraduate students. This suggests that prior mental health concerns may be particularly common among older undergraduate students.

Academic Functioning

The equal variances assumption was violated for analyses of thoughts of leaving school, hours worked per week, and GPA. For these variables, we used Welch's t tests with corrected degrees of freedom to account for unequal variances. Generally, nontraditional students clients reported greater academic dysfunction at intake than did traditional student clients. Nontraditional clients reported greater agreement with the statement "I am having a hard time focusing on my academics" than did traditional clients ($M = 3.37$, $SD = 1.25$ vs. $M = 3.27$, $SD = 1.23$, respectively), $t(4,455) = -1.94$, $p = .05$, $d = 0.08$, as well as greater thoughts of leaving school than traditional clients ($M = 1.95$, $SD = 1.22$ vs. $M = 1.84$, $SD = 1.11$, respectively), $t(790.51) = -2.02$, $p < .05$, $d = 0.09$. Finally, although nontraditional students also reported more difficulties with academic motivation/attendance at intake than did traditional students ($M = 2.94$, $SD = 1.35$ vs. $M = 2.89$, $SD = 1.33$, respectively), this difference was not statistically significant. It is important to note that the effect sizes for differences in academic dysfunction between traditional and nontraditional students were small, and the differences between these groups on the academic functioning scales may not be meaningful when interpreted as

true differences in functioning (e.g., a difference of 0.1 scale points for difficulty focusing). The large sample size likely affected the results of the tests, leading to small actual differences being interpreted as statistically significant.

One area that merits highlighting is the difference in GPA between nontraditional and traditional students. Despite greater self-reported academic dysfunction for nontraditional students (as described earlier) and working more hours per week than traditional students ($M = 15.47$, $SD = 14.86$ vs. $M = 9.70$, $SD = 10.35$, respectively), $t(620.02) = -8.68$, $p < .001$, $d = 0.45$, nontraditional student clients had slightly, though significantly, higher GPAs than traditional clients ($M = 3.39$, $SD = 0.63$ vs. $M = 3.11$, $SD = 0.64$, respectively), $t(659.14) = -9.32$, $p < .001$, $d = 0.44$. In this case, the moderate effect size demonstrates a meaningful difference between a 3.39 GPA and a 3.11 GPA.

To rule out the possibility that differences in academic functioning by traditional/nontraditional status were related to student level (i.e., undergraduate vs. graduate), we conducted analyses excluding graduate students. Except for GPA, differences in academic functioning remained even after graduate students were excluded from the analyses. In particular, nontraditional undergraduate students seeking counseling reported more academic dysfunction and higher work hours than did traditional undergraduate students seeking counseling. Nontraditional graduate students ($n = 247$) had higher self-reported GPAs ($M = 3.72$, $SD = 0.43$) and worked more hours ($M = 16.64$, $SD = 16.01$) than did nontraditional undergraduate students ($n = 225$; $M = 3.02$, $SD = 0.61$ and $M = 13.61$, $SD = 12.83$, respectively).

Financial Stress

Previous research suggests that academic dysfunction and retention concerns are often exacerbated by or due to financial stress. Given that a greater proportion of nontraditional students in our sample reported high financial stress, we examined whether such stress mediated the relationship between student status and academic dysfunction. We conducted mediation analysis using Preacher and Hayes (2008) PROCESS macro and bootstrapping method (with 5,000 iterations). Results indicate that the relationship between nontraditional student status and overall academic dysfunction (assessed by averaging the four academic items) was mediated by financial stress. As Figure 1 illustrates, there was a significant effect of nontraditional student status on financial stress ($b = .23$, $SE = .05$, $t = -4.82$, $p < .001$) and a significant effect of financial stress on academic dysfunction ($b = .19$, $SE = .01$, $t = -14.50$, $p < .001$). The direct effect of student status on academic dysfunction was marginally significant ($b = .08$, $SE = .04$, $t = 1.86$, $p = .06$) and became nonsignificant after financial stress was included in the model ($p = .40$). The confidence interval (CI) for the indirect effect excluded zero, indicating significant mediation (95% CI [.03, .06]). After excluding graduate students from analyses, the mediation remained significant (95% CI [.08, .14]). Indeed, the effect was stronger when graduate students were excluded from analyses.

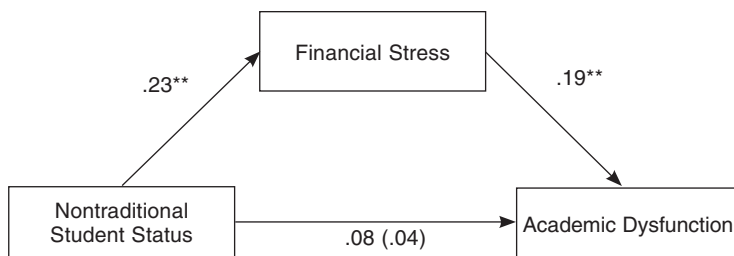


FIGURE 1

Standardized Regression Coefficients for the Relationship Between Nontraditional Student Status and Academic Dysfunction as Mediated by Financial Stress

Note. The standardized regression coefficient between nontraditional student status and academic dysfunction, controlling for financial stress, is in parentheses. Recoded responses to the financial stress item ranged from 1 = *never financially stressed* to 5 = *always financially stressed*.

** $p < .001$.

Discussion

This study examined the characteristics of nontraditional student clients receiving mental health services at one public university system. Nontraditional students (age 25 and older) were more diverse than the traditional student body, with greater numbers of men, veterans, and students with disabilities. Older students presented to counseling with different concerns and challenges (e.g., attention/concentration, thoughts of leaving school, marital/family problems) than the traditional student population, with a clear connection between financial stress and their academic dysfunction.

The Importance of Financial Stress in Student Mental Health Services

The current study and prior research indicate that finding a balance between education and personal life is more difficult for nontraditional students (Gilardi & Guglielmetti, 2011), because they are more likely to have and care for children, to be married, and to work more hours than traditional students. Campus counseling services may offer one avenue to help these students achieve this balance. Counseling centers should consider extending the services offered to students to include shifted office hours, staff equipped to deal with the needs of nontraditional students, and marital/couples/family counseling. These additional services may address some of the unique concerns of nontraditional students and increase their success and retention.

In this study, nontraditional student clients age 25 and older reported greater financial stress as compared with traditional student clients. Importantly, this higher financial stress accounted for the relationship between nontraditional student status and poorer academic functioning. This finding gives empirical confirmation to the link college counseling practitioners have likely observed

with their nontraditional clients. Although we do not know the source of the financial stress, it is reasonable to assume that greater responsibilities and employment increased financial stress directly (Chao, 2004). Serving as a caregiver for family members may increase financial stress by limiting the number of hours a nontraditional student may work, or the caregiving itself may be costly. Or perhaps responsibilities and limited time on campus to access resources led to students waiting until their distress was more severe before seeking help. This latter point would be important to explore in future research.

Our findings suggest that institutional efforts to support nontraditional students should include a dual focus on reducing financial stress and improving academic functioning to retain these students and support their positive academic outcomes (Chartrand, 1992). More specifically, counseling practitioners working with nontraditional students should focus on addressing and increasing marital and family support, minimizing financial stress, exploring career/job attainment, and increasing academic self-efficacy (Chao, 2004). Students may benefit from intake paperwork that specifically asks about their financial situation and financial-related stress so that counseling center staff can provide appropriate referrals for services that are equipped to deal with financial concerns. Practitioners at campus counseling centers and in student affairs generally must work to address all these needs in conjunction with one another, as well as enhance referral networks with other offices (e.g., financial aid, advisement, tutoring, career services) that address the unique stressors and circumstances of nontraditional students. Addressing only a subset of these concerns, or not referring to and collaborating with allied student services, may not provide the support necessary for nontraditional students to be successful in a university system that is designed for traditional undergraduate students (Wyatt, 2011).

Implications and Recommendations for Higher Education Administration

This study's findings shed light on the importance of paying attention specifically to nontraditional students in the university system. Universities are commonly organized in a way that focuses on traditional students at both the macro (institutional) and micro (within classrooms) levels (Wyatt, 2011); however, nontraditional students have few resources that are focused on meeting their specific needs. To address these issues, institutions, educators, and practitioners may implement a few initiatives designed to improve the success and retention of nontraditional students. For example, institutions lacking support services for nontraditional students may seek to increase both the number and the availability of such services. Services designed for nontraditional students may also need to have nontraditional hours (e.g., evening hours) and available childcare. Some colleges may want to explore entirely new outreach frameworks (e.g., Leonard, 2002).

Additionally, the present study offers evidence supporting more collaboration between campus counseling centers and other student affairs offices, including financial aid and career services. As the student demographic continues to change and greater numbers of nontraditional students pursue postsecondary

education, services that cater to the needs of older students are ever more important. The high financial stress demonstrated by students, particularly nontraditional students, indicates that this is an area in which services may be lacking or perhaps underutilized. Financial aid offices could consider offering resources, educational sessions, and financial counseling services to alleviate the students' financial stress. Similarly, career services could target nontraditional students in their informational sessions and materials about budgets, loan information (e.g., student, home, and personal loans), credit card debt, and more.

Furthermore, nontraditional students may benefit from other, less formal, services and interventions. Peer mentorship is one approach to alleviating the pressures on student services to create additional offices, departments, or workshop programming. More senior nontraditional students could be matched through student services, counseling, career services, or wellness centers to serve as peer mentors for incoming nontraditional students. This mentorship would allow students to develop a support network on campus, which is needed by nontraditional students because they are more likely to live off campus and feel disconnected to the institution and their peers (Witkowski et al., 2016). The mentorship would provide nontraditional students an opportunity to learn from their peers time management, organizational, study, and other related skills that address their unique needs, which might not be addressed through more traditional student services. Finally, although we present several potential implications for higher education administration, it is essential that student affairs professionals spend time investigating the effectiveness of implemented interventions. In the context of tight budgets and ever-decreasing funding, only those services that demonstrate clear improvement in nontraditional student wellness and academic functioning may be worth the resources.

Limitations and Future Directions

Although this study helped to clarify existing literature on the unique needs of nontraditional students, several limitations must be noted. First, the study described academic functioning and mental health differences between traditional and nontraditional students but did not explain these differences. Although financial stress mediated the relationship between student status and academic dysfunction, other group characteristics of nontraditional students may also contribute to the differences (e.g., having children, being married, longer delay from previous education, lack of family support) and thus should be investigated further in future studies. Moreover, many of the measures included in this study assessed mental health history (i.e., mental health history was commonly reported as occurring 5 or more years ago). Additional work is needed to clarify issues of mental health history as compared with current mental health. For example, although nontraditional students were more likely to report a history of suicidality and substance use than traditional students, they were less likely to list these as presenting concerns compared with traditional clients. It could be that nontraditional students report greater experiences with prior mental health concerns because they are older (and thus have a longer period of time to acquire mental health concerns); this is an important assumption to verify

through future research. It could also be that older, nontraditional students report fewer *recent* instances of mental health history because they choose to delay entering postsecondary education until they are healthier. In fact, the present study suggests this may be the case. Because older undergraduate students were more likely to report prior mental health history compared with older graduate students, we speculate that it is the delay in undergraduate schooling, rather than age, that is linked to the increased mental health history.

In sum, this study provides evidence suggesting that nontraditional students, which represent up to 33% of the student body (National Center for Education Statistics, 2014), present with counseling needs that are unique to their demographic. These students report a greater history of mental health issues, increased financial stress, academic dysfunction, and more frequent marital/family-related presenting concerns. University services that are aware of these unique barriers will be better able to serve all their diverse student body.

References

- American College Health Association. (2010, Spring). *American College Health Association–National College Health Assessment reference group executive summary*. https://www.acha.org/documents/ncha/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2010.pdf
- American College Health Association. (2017, Spring). *American College Health Association–National College Health Assessment II reference group executive summary*. https://www.acha.org/documents/ncha/NCHA-II_SPRING_2017_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
- Andrews, B., & Wilding, J. M. (2004). The relation of depression and anxiety to life-stress and achievement in students. *British Journal of Psychology*, 95, 509–521. <https://doi.org/10.1348/0007126042369802>
- Benton, S. A., Robertson, J. M., Tseng, W. C., Newton, F. B., & Benton, S. L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology: Research and Practice*, 34, 66–72. <https://doi.org/10.1037/0735-7028.34.1.66>
- Bye, D., Pushkar, D., & Conway, M. (2007). Motivation, interest, and positive affect in traditional and nontraditional undergraduate students. *Adult Education Quarterly*, 57, 141–158. <https://doi.org/10.1177/0741713606294235>
- Center for Collegiate Mental Health. (2018). *2017 annual report* (Publication No. STA 18-166). https://sites.psu.edu/ccmh/files/2018/01/2017_CCMH_Report-1r3iri4.pdf
- Chao, R. (2004). Non-traditional college students' needs of counseling. In *Vistas 2004*. https://www.counseling.org/docs/default-source/vistas/vistas_2004_17.pdf?sfvrsn=b9db1a6d_11
- Chartrand, J. M. (1990). A causal analysis to predict the personal and academic adjustment of nontraditional students. *Journal of Counseling Psychology*, 37, 65–73. <https://doi.org/10.1037/0022-0167.37.1.65>
- Chartrand, J. M. (1992). An empirical test of a model of nontraditional student adjustment. *Journal of Counseling Psychology*, 39, 193–202. <https://doi.org/10.1037/0022-0167.39.2.193>
- Chung, E., Turnbull, D., & Chur-Hansen, A. (2014). Who are “non-traditional students”? A systematic review of published definitions in research on mental health of tertiary students. *Educational Research and Reviews*, 9, 1224–1238. <https://doi.org/10.5897/ERR2014.1944>
- Cooke, R., Barkham, M., Audin, K., Bradley, M., & Davy, J. (2004). Student debt and its relation to student mental health. *Journal of Further and Higher Education*, 28, 53–66. <https://doi.org/10.1080/0309877032000161814>
- Gallagher, R. P. (2012). Thirty years of the National Survey of Counseling Center Directors: A personal account. *Journal of College Student Psychotherapy*, 26, 172–184. <https://doi.org/10.1080/87568225.2012.685852>
- Gilardi, S., & Guglielmetti, C. (2011). University life of non-traditional students: Engagement styles and impact on attrition. *Journal of Higher Education*, 82, 33–53. <https://doi.org/10.1080/00221546.2011011779084>

- Hayes, J. A., Chun-Kennedy, C., Edens, A., & Locke, B. D. (2011). Do double minority students face double jeopardy? Testing minority stress theory. *Journal of College Counseling*, 14, 117–129. <https://doi.org/10.1002/j.2161-1882.2011.tb00267.x>
- Hoyert, M. S., & O'Dell, C. D. (2009). Goal orientation and academic failure in traditional and nontraditional aged college students. *College Student Journal*, 43, 1052–1061. <https://doi.org/10.1037/t08795-000>
- Hyun, J. K., Quinn, B. C., Madon, T., & Lustig, S. (2006). Graduate student mental health: Needs assessment and utilization of counseling services. *Journal of College Student Development*, 47, 247–266. <https://doi.org/10.1353/csd.2006.0030>
- Jessop, D. C., Herberts, C., & Solomon, L. (2005). The impact of financial circumstances on student health. *British Journal of Health Psychology*, 10, 421–439. <https://doi.org/10.1348/135910705X25480>
- Justice, E. M., & Dornan, T. M. (2001). Metacognitive differences between traditional-age and nontraditional-age college students. *Adult Education Quarterly*, 51, 236–249. <https://doi.org/10.1177/07417130122087269>
- Krumrei, E. J., Newton, F. B., & Kim, E. (2010). A multi-institution look at college students seeking counseling: Nature and severity of concerns. *Journal of College Student Psychotherapy*, 24, 261–283. <https://doi.org/10.1080/87568225.2010.509223>
- Leonard, M. Q. (2002). An outreach framework for retaining nontraditional students at open-admissions institutions. *Journal of College Counseling*, 5, 60–73. <https://doi.org/10.1002/j.2161-1882.2002.tb00207.x>
- National Center for Education Statistics. (2002). *Nontraditional undergraduates* (NCES 2002-012). U.S. Department of Education. <https://nces.ed.gov/pubs2002/2002012.pdf>
- National Center for Education Statistics. (2014). *Digest of education statistics 2012* (NCES 2014-015). U.S. Department of Education. <https://nces.ed.gov/pubs2014/2014015.pdf>
- National Center for Education Statistics. (2015). *Demographic and enrollment characteristics of nontraditional undergraduates: 2011–2012* (NCES 2015-025). U.S. Department of Education. <https://nces.ed.gov/pubs2015/2015025.pdf>
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40, 879–891.
- Roberts, R., Golding, J., Towell, T., Reid, S., Woodford, S., Vetere, A., & Weinreb, I. (2000). Mental and physical health in students: The role of economic circumstances. *British Journal of Health Psychology*, 5, 289–297. <https://doi.org/10.1348/135910700168928>
- Roberts, R., Golding, J., Towell, T., & Weinreb, I. (1999). The effects of economic circumstances on British students' mental and physical health. *Journal of American College Health*, 48, 103–109. <https://doi.org/10.1080/07448489909595681>
- Spitzer, T. M. (2000). Predictors of college success: A comparison of traditional and nontraditional students. *NASPA Journal*, 38, 82–98. <https://doi.org/10.2202/1949-6605.1130>
- Trenz, R., Ecklund-Flores, L., & Rapoza, K. (2015). A comparison of mental health and alcohol use between traditional and nontraditional students. *Journal of American College Health*, 63, 584–588. <https://doi.org/10.1080/07448481.2015.1040409>
- Witkowsky, P., Mendez, S., Ogunbowo, O., Clayton, G., & Hernandez, N. (2016). Nontraditional student perceptions of collegiate inclusion. *Journal of Continuing Higher Education*, 64, 30–41. <https://doi.org/10.1080/07377363.2016.1130581>
- Wyatt, L. G. (2011). Nontraditional student engagement: Increasing adult student success and retention. *The Journal of Continuing Higher Education*, 59, 10–20. <https://doi.org/10.1080/07377363.2011.544977>
- Zacharakis, J., Steichen, M., Diaz de Sabates, G., & Glass, D. (2011). Understanding the experiences of adult learners: Content analysis of focus group data. *Adult Basic Education and Literacy Journal*, 5, 84–95.