Discontinuous college enrollment:  
Associations with substance use and mental health

MAJOR FINDINGS:

Discontinuous enrollment—a gap in college enrollment of one more semesters—is considered a negative outcome by education professionals because it represents a setback in one’s academic career and places one at risk for dropping out of college, even when the student transfers to a different school. Mental health problems and substance use—which impact well-being, safety, and productivity of individuals—have been found to be associated with academic problems among college students. In this study of 1,145 college students recruited at college entry, researchers examined whether psychiatric disorders and substance use are risk factors for discontinuous enrollment. Enrollment outcomes were divided into continuous enrollment, early discontinuity (during the first or second year of college), and late discontinuity (during the third or fourth year of college).

High scores on the Beck Depression Inventory (a measure of depressive symptoms) during the first year of college were associated with increased risk of early discontinuity, independent of other factors. Furthermore, a clinical diagnosis of depression during college tripled a student’s odds of early discontinuity and more than doubled odds of late discontinuity. However, students who already had a diagnosis of depression, anxiety, and/or ADHD when entering college were not at increased risk for discontinuity, after accounting for high school GPA and other background characteristics.

While substance use was not related to early discontinuity, both cannabis use frequency and number of drinks per drinking day predicted late discontinuity. Each additional 10 days of cannabis use per year predicted a 5% higher likelihood of late discontinuity and each additional drink per drinking day increased likelihood of late discontinuity by 9%. These findings were independent of demographic characteristics, high school GPA, and depression diagnosis.

Of major interest to:

☑ College Administrators
☑ Parents
☐ Educators
☑ Health Professionals
☑ Students
☐ Law and Policy Makers
Practice and Policy Suggestions: This study provides evidence that depressive symptoms, depression diagnosis, and substance use predict college retention problems. Thus, screening for drug use, heavy drinking, and depressive symptoms, especially during the first year of college, might be useful for identifying students at risk for discontinuous enrollment or dropping out. If the findings in this study are replicated, college administrators should consider screening for substance use and mental health problems in the context of academic advising. Interventions may help struggling students complete college on time or avoid dropping out of college. Further study is needed to evaluate the effectiveness of such approaches. Finally, parents should watch for signs of depression and substance use in their college-attending child and encourage early help-seeking if they suspect a problem.


About the College Life Study (CLS)

The CLS is a longitudinal study of 1,253 college students at a large, public, mid-Atlantic university. This study is one of the first large-scale scientific investigations that aims to discover the impact of health-related behaviors during the college experience. Any first-time, first-year student between 17 and 19 years old at the university in the fall of 2004 was eligible to participate in a screening survey. The researchers then selected students to participate in the longitudinal study, which consisted of two-hour personal interviews administered annually, beginning with their first year of college. A full description of the methods used is available. Inherent to all self-reporting research methods is the possibility for response bias. Because the sample is from one large university, the ability to generalize the findings elsewhere is uncertain. However, response rates have been excellent and attrition bias has been minimal.

For more information about the study, please visit www.cls.umd.edu or contact Amelia M. Arria at the University of Maryland School of Public Health at aarria@umd.edu.


This research brief was prepared by Olga Moshkovich.