

Contemporary college student anxiety:

The role of academic distress, financial stress, and support

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### Abstract

Mental health concerns, especially anxiety, are increasingly prevalent among college students. We analyzed data from the Center for Collegiate Mental Health (CCMH) 2013-2014 database to provide insight about student anxiety as reported by students and their therapists. Analyses showed that academic distress accounted for the largest amount of variance in anxiety, followed by financial stress, peer support, and family support. Sociodemographic variables had small effects, indicating a universality of anxiety across various types of students.

*Keywords:* anxiety, collegiate mental health, counseling

**Contemporary collegiate anxiety: academic distress, financial stress, and social support**

Anxiety is the most common mental health concern in college students (Center for Collegiate Mental Health [CCMH], 2015) and is becoming increasingly more prevalent (Kitzrow, 2003). In 2013, an unprecedented 12.4% of college students were diagnosed or received treatment for an anxiety disorder (Samuolis, Barcellos, LaFlam, Belson, & Berard, 2015). Anxiety-related concerns without a diagnosis or treatment are even more common: a large portion of college students reported feeling overwhelmed (84.3%), exhausted (79.1%), hopeless (46.5%), or having experiencing overwhelming anxiety (51.3%) while in school (Samuolis et al., 2015). This is particularly problematic as anxiety is related to attrition (Eisenberg, Golberstein, & Hunt, 2009), lower academic performance in general (Kitzrow, 2003), inferior job satisfaction (Faragher, Cass, & Cooper, 2005) and job burnout (Maslach, Schaufeli, & Leiter, 2001).

College counseling centers have been organized or expanded in many institutions to address increasing mental health problems among college students. However, many counseling centers continue to face increased demand for services (CCMH, 2015) without respective increases in staff. Given such trend, it is becoming more critical to understand the nature and causes of collegiate anxiety so that effective prevention and treatment can be carried out. Though there has been research done on collegiate anxiety, there has yet to be a study of collegiate anxiety that uses a national sample, and an updated, national sample would be helpful to understand current trends. Further, existing literature fails to explicitly address the degree to which unique factors account for anxiety in college students. Understanding the unique factors implicated in college student anxiety can help practitioners narrow the focus of treatment in students and develop appropriate interventions to be implemented through college counseling centers.

To provide an updated understanding of college student anxiety and explore possible factors that influence the experience of anxiety, we analyzed data from the Center for Collegiate Mental Health (CCMH) 2013-2014 database. After a review of the literature on college student anxiety, we theorized that academic distress (Beiter et al., 2015), financial stress (Roberts et al., 2000), and peer and family support (Hunt & Eisenberg, 2010) would be significantly related to anxiety.

### **The Link between Academic Distress and Anxiety**

When asked to list major concerns, college students indicated “academic performance,” “pressure to succeed,” and “post-graduation plans” as their top concerns (Beiter et al., 2015). With more students entering college and competing for a limited number of jobs (Uno, Mortimer, Kim, & Vuolo, 2010), many college students feel more pressure to set themselves apart from their peers by excelling academically. Consequently, it is not surprising that many college students report anxiety (Bishop, Bauer, & Becker, 1998) and hold a negative view toward academics (Felsten & Wilcox, 1992).

The relationship between academic distress and anxiety is bidirectional. Some degree of anxiety can be helpful for high academic achievement (Spielberger, 2013). However, too much anxiety may hinder academic performance, a mechanism most probably mediated through decreased capacity in central executive processes (Owens, Stevenson, Hadwin, & Norgate, 2012). Anxiety is also related to student attrition (Eisenberg et al., 2009) and failure in school (Ashcraft & Kirk, 2001), which can lead to even more anxiety, which leads to further decreases in GPA (Stallman, 2010).

### **The Link between Financial Stress and Anxiety**

Financial stress is also a major contributor that both directly and indirectly impacts student anxiety. For one, financial stress is associated with decreases in both mental and physical health, as well as increases in anxiety (Roberts, Golding, & Towell, 1998; Hodgson & Simoni, 1995; Archuleta, Dale, & Spann, 2013). A recent survey reported that up to 80% of students report shouldering the cost for “some” or “all of” their tuition (YouGov, 2013). Of entering college freshmen, 65.3% reported having either “some concern” or “major concerns” about being unable to complete their degree due to financial reasons (Higher Education Research Institute [HERI], 2002). Consequently, students work longer hours (Roberts et al., 1998), leaving less time for academic work, thereby leading to decreased academic performance (Joo, Durband, & Grable, 1995), which in turn is related to increased levels of anxiety (Misra & McKean, 2000). A lack of financial resources can also indirectly lead to increased stress through poor nutrition, housing, and insurance

Evidence suggests that students are poorer and under more financial pressure than ever, with poverty becoming an entrenched norm in higher education within the past few decades (Roberts et al., 1998). Tuition costs have gone up a staggering \$5,486 per semester between 1980 and 2010 for typical in-state full-time undergraduates and from \$9,535 to \$27,293 at private colleges and universities (Pew Research Center, 2011). It is not surprise that some have noted parallels between the increasing cost of education over the last two decades and an increase in student mental health concerns (Kitzrow, 2003). This trend makes a contemporary examination of the importance of financial variables’ effect on college student mental health both necessary and timely.

### **The Link between Social Support and Anxiety**

During a developmental period of marked uncertainties such as emerging adulthood, social support appears to mitigate the negative effects of distressing events (Cohen & Wills, 1985). It is well-established that social support has an inverse relationship with anxiety (Mahmoud, Staten, Lennie, & Hall, 2015), thus college students who feel more supported are likely to adjust to college more favorably (Demaray, Malecki, Davidson, Hodgson, & Rebus, 2005; Malecki, & Demaray, 2003). To more fully understand how social support buffers anxiety as well as academic and financial stress, we examine familial support and peer support.

Students rely on family for emotional support (Budescu & Silverman, 2016). Evidence demonstrates that family support offers emotional adjustment (Larose & Boivin, 1998), and in return leads to greater academic dedication and efficacy (Budescu & Silverman, 2016) as well as reduced test anxiety (Song, Bong, Lee & Kim, 2015). Though emerging adulthood is characterized by increased autonomy (Goldscheider & Davanzo, 1986), maintaining strong ties to family is important for adjustment to college (Wintre & Yaffe 2000). In fact, those who remain emotionally close to family find it easier to adjust to a new social environment and display increased help-seeking behavior (Holt, 2014)

As many college students live away from home, they often rely on other students for support (Thompson, 2008). Peers who understand the pressure of higher education may be more equipped to provide empathy relating to academics and financial stressors (Larose & Boivin, 1998). Students indicated that peers are often more successful at explaining or clarifying class contents than instructors, and that venting to peers was the most useful form of academic support that they received (Thompson & Mazer, 2009).

### **Research Questions**

When considered together, academic distress, financial stress, peer support, and family support likely all contribute to the manifestation of anxiety in college students. In the present study, we sought to gain a clearer insight into the role of each of these factors. We asked: (a) how much do each of these factors impact anxiety; and (b) how much of the variation in college student anxiety can be attributed to the combination of these factors? Understanding these relationships has practical clinical implications for how college counseling centers and counselors may help clients address the anxiety they experience.

## **Methods**

### **Participants**

Data for this study were drawn from the CCMH 2013-2014 data set, which is comprised of 101,027 unique clients at 140 college counseling centers in the United States, Canada, and the United Kingdom. All centers that contributed data to the CCMH received institutional review board approval from their respective boards prior to contributing data to the study. Institutional review board approval for the use of archival data was also obtained from the primary author's board for the present study.

Participants were included in the present study if they provided basic demographic information through the Standardized Data Set (SDS) and valid mental health outcome data through the 34- or 62-question version of the Counseling Center Assessment of Psychological Symptoms (CCAPS; Locke et al., 2011; Locke et al., 2012). Not all participating institutions administered all questions on the SDS. Participants who lacked a response for a specific SDS question were excluded from the analysis on a question-by-question basis, rather than being excluded from the entire study.

A total of 80,509 participants met inclusion criteria. Of these, 49,706 (61.7%) were women and 29,330 (36.4%) were men. The mean age of participants was 22.3 years of age with a standard deviation of 5.0 years. In terms of ethnicity, 8.4% of participants identified as African American/Black, 0.4% as American Indian or Alaskan Native, 6.2% as Asian American, 7.0% as Hispanic/Latino, 0.2% as Native Hawaiian or Pacific Islander, 4.3% as multiracial, 65.6% as White, 1.6% as other, and 6.3% of participants did not provide information about their ethnicity.

### **Measures**

**Standardized Data Set.** The Standardized Data Set (SDS; CCMH, 2011) is a set of questions typically administered upon intake in participating college counseling centers. The text of questions measuring gender, ethnicity, sexual orientation, housing, class standing, and enrollment status are as follows: “What is your gender identity?”, “What is your race/ethnicity”, “Do you consider yourself to be heterosexual, lesbian, gay, bisexual, questioning, or self-identify (please specify)?”, “What kind of housing do you currently have?”, “Current academic status: freshmen/first-year, sophomore, junior, senior, graduate/professional degree student, or other?”, “Are you an international student?”, “Are you the first generation in your family to attend college?”, and “Did you transfer from another campus/institution to this school?”. The SDS included a single item self-report for both peer support and family support: “Please indicate how much you agree with this statement: I get the emotional help and support I need from my social network (family).” Responses were recorded on a five-point Likert scale from strongly agree to strongly disagree. The SDS assessed financial stress with the question “How would you describe your financial situation right now?” Responses were recorded on a five-point Likert scale from “always stressful” to “never stressful.” Responses for financial stress were reverse coded for

analyses in order to accurately reflect the construct, with high financial stress represented by a higher score.

**Clinician Index of Client Concerns.** The Clinician Index of Client Concerns (CLICC), unlike the other questionnaires included in the SDS, is completed by the counselor, adding a useful comparison against self-report anxiety data. The CLICC consists of 43 check-box items, where the clinician is asked the following: “Please indicate your assessment of the client’s primary concerns (check those that apply),” and “Choose the top concern of those already selected.” Examples of primary concerns included anxiety, depression, stress, family, interpersonal functioning, self-esteem/confidence, and sleep. Due to the recency of the addition of the CLICC and it being used non-mandatorily in many centers, the sample available for analysis with the CLICC was greatly reduced. After screening for valid SDS, CCAPS, and CLICC data, only 564 participants remained. Because of this relatively small sample available, all 80,509 participants were used for analyses that did not directly involve the CLICC dataset. This reduced sample maintained relatively similar demographic trends as the larger sample (61.3% women, 37.8% men; 17.7% African-American/Black, 4.1% Asian American/Asian, 5.7% Hispanic/Latino, 4.4% Multiracial, 63.7% White, 3.7% Other; mean age 22.3 with standard deviation of 5.4).

**CCAPS-62 and -34.** The CCAPS-62 (Locke et al., 2012), and its shortened version, the CCAPS-34 (Locke et al., 2011), are multidimensional assessments of psychological symptoms frequently used in college populations. Both versions consist of seven subscales (Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Hostility, and Alcohol Use) that comprise a general Distress Index. As not all participants completed the CCAPS-62, we converted any CCAPS-62 data into CCAPS-34 data such that all mental health

outcome data could be analyzed together. Student anxiety level was measured using the CCAPS-34 Generalized Anxiety subscale. Student academic distress was measured using the CCAPS-34 Academic Distress subscale. Both Anxiety ( $\alpha = .83$ ) and Academic Distress ( $\alpha = .82$ ) demonstrated good internal consistency in the present sample.

### **Data Analysis**

Data were analyzed in three sets of analyses. First, the relationship between demographic variables and anxiety was assessed. Anxiety was measured through both the percentage of clients whose counselor reported anxiety as a top concern and the mean score on the CCAPS-34 generalized anxiety subscale. One-way ANOVAs of mean anxiety level were performed for each demographic group to assess the significance of relationships with the level of student anxiety. Second, key variables (anxiety, academic distress, financial stress, peer support, and family support) were analyzed through bivariate Pearson product-moment and semi-partial correlations. Finally, a regression analysis was conducted to examine how well each of the key variables as well as each of their interactions predicted variance in anxiety. Data met accepted standards for normality and homogeneity of variance.

## **Results**

### **Sociodemographic Characteristics**

*Table 1* presents general sociodemographic characteristics with comparisons made for the presence of anxiety and the mean level of anxiety for each sociodemographic subgroup.

[INSERT TABLE 1 HERE]

All ANOVA comparisons between sociodemographic groups were significant at the  $p < 0.01$  level. Given the large sample size, this is not surprising. Because of the high level of significance, it is more meaningful to examine the effect sizes of comparisons ( $\eta^2$ ).

Unsurprisingly, the largest effect was seen for gender ( $\eta^2 = .016$ ), with men experiencing the lowest levels of anxiety.

Among the sexual identity variables, heterosexuals displayed the lowest levels of anxiety, followed by lesbians and gays, with bisexual, questioning, and self-identified individuals displaying the highest anxiety levels ( $\eta^2 = .009$ ). Overall, the effect size for differences between ethnic groups was very small ( $\eta^2 = .004$ ). ANOVAs of the remaining variables: housing, year in school, first generation student, transfer student, and international student all resulted in relatively small effect sizes between groups.

### **Predicting Anxiety Correlations**

To analyze the key mental health variables in this study, we first constructed a correlation matrix including bivariate and semi-partial correlations to better understand the relationships between variables (see *Table 2*). Anxiety was most strongly related to academic distress ( $r = 0.446$ ), followed by financial stress ( $r = 0.204$ ), family support ( $r = -0.171$ ) and peer support ( $r = -0.155$ ). As expected, there was a moderate positive relationship between family support and peer support ( $r = 0.360$ ). Similarly, family support and financial stress were significantly related ( $r = -0.228$ ).

[INSERT TABLE 2 HERE]

### **Linear regression**

A simultaneous linear regression was performed to determine the relative influence of each key variable in predicting anxiety. Interaction effects were not included in the model due to the large number of possible interactions and the ambiguity inherent in their interpretation.

Consistent with correlation results, all relationships were significant, and academic distress had the largest beta effect size within the linear regression ( $\beta = 0.363$ ) followed by

financial stress ( $\beta = 0.085$ ), family support ( $\beta = -0.045$ ), and finally peer support ( $\beta = -0.039$ ). The complete model accounted for a medium to large amount of the variance in anxiety ( $R^2 = 0.206$ ).

### **Discussion**

The present study examined the relative impact of academic distress, financial stress, peer support, and family support on college student anxiety using a recent national sample of college students. With increasing numbers of students reporting anxiety and anxiety-related concerns (Kitzrow, 2003; Samuolis et al., 2015) and given that there has yet to be a national sample of collegiate anxiety, the current study provides updated and timely information that may be beneficial to college counseling centers and counselors. We found that academic distress, financial stress, peer support, and family support accounted for a large proportion of the variance in collegiate anxiety. All predictors significantly predicted anxiety with academic distress accounting for the largest proportion of variance, followed by financial stress, family support, and finally peer support. We now discuss ways to understand our findings and implications they have for college counseling centers and counselors.

### **Sociodemographic Characteristics**

The most impactful sociodemographic variable was gender, which is unsurprising given what is known about anxiety rates in general (Burstein et al., 2014). Sexual identity results aligned with the minority stress theory, with sexual minorities suffering above average rates of distress (Authors, 2016; Meyer, 2003). In the remaining variables, though significant differences emerged between groups, the effect sizes of these comparisons were very small ( $\eta^2 < .005$ ). Rather than interpreting the differences that emerged, we see this trend as an indicator that group differences were not substantial. For instance, it appears that college students of all ethnicities

suffer from similar levels of anxiety. In addition, there was little difference in anxiety among transfer students, international students, first generation students, students farther or less far along in school, and students living in various types of housing. This may indicate success in college programs designed to provide equal opportunities to all students. Further, the relative parity across demographic variables highlights that anxiety affects students from all orientations, genders, and ethnic groups. Though anxiety may be experienced differently based on cultural or identity factors, the present study indicates that anxiety is experienced at roughly equal rates by a variety of students.

### **Academic Distress**

Our results indicated that, of the variables measured, academic distress accounted for the most variance in anxiety. Though the link between academic distress and anxiety is not a novel finding, the extent to which academic distress predicted anxiety, especially relative to other well-known predictors of anxiety, is an important contribution to understanding collegiate anxiety. Several explanations of this phenomenon are plausible. First, the strength of this link could be best understood to be the result of increased pressure on college students to perform well academically (Crocker & Luhtanen, 2003) since academic performance is pertinent to future careers and employment status. With increased competition and number of college graduates (Uno et al., 2010), it is plausible that academic distress is overwhelming for many students, leading to rises in anxiety. Alternatively, it is plausible that rises in students' anxiety affect their academic distress more severely than their perception of support or level of financial stress. This may indicate that students' anxiety frequently takes the form of academic concerns.

### **Financial Stress**

We found that financial stress was significantly related to anxiety and accounted for the most unique variance in anxiety after academic distress. In our sample, 62.5% of students indicated their financial situation was at least "sometimes stressful", and 7.5% indicated that it was "always stressful". Financial stress was also significantly correlated with academic distress, which is unsurprising given that and nearly two thirds of students report some concern about finishing their degree due to financial reasons (HERI, 2002).

Though financial concerns and socioeconomic status have been linked to anxiety and negative outcomes consistently in the larger literature (e.g., Archuleta et al., 2013; Lund et al., 2010), little work has been done in this area specifically targeted toward college students in counseling. The relationships found between financial stress, anxiety, and academic distress indicate that financial stress are relevant for college students and may lead to negative outcomes.

### **Peer and Family Support**

Though family and peer support accounted for a smaller portion of the variance in anxiety relative to academic distress, both were significantly negatively related to anxiety. This negative relationship has been consistently found (Mahmoud et al., 2015; Malecki & Demaray, 2003) and may be explained by a number of factors including direct support for academics (Budescu & Silverman, 2016; Thompson & Mazer, 2009), emotional support navigating adjustment to college (Wintre & Yaffe, 2000), and buffering the effects of stress (Demaray et al., 2005). The finding that social and family support had small effect sizes and were smaller than financial stress and academic distress is novel. Though both were significantly correlated with academic distress, indicating overlap between variables, the proportion of unique variance in anxiety explained by social and family support together was less than 1%.

### **Implications for College Counseling**

Understanding the nature of anxiety in college students has immediate implications in the practice of college counseling. Given that 20% of the variation in anxiety in the present study was attributable to academic distress, counselors working with college students should be especially mindful to ask about academic stressors on intake and throughout treatment. Counselors may also use psychoeducation to help students understand the bidirectional nature of anxiety and academic distress (Mahmoud et al., 2015; Misra & McKean, 2000). Counselors may teach students study and time management skills to combat the proximal concern of academic performance and coping skills to resolve anxiety associated with the future plans may help them to feel more equipped to meet the high academic expectations.

In addition, students may benefit from increased outreach and prevention efforts focused on managing academic distress within college counseling centers. Presentations and workshops on effective stress management skills, distress tolerance, study skills, and planning may help students prevent and cope with academic distress so that it does not come to the point of intolerance. As anxiety is the top-rated concern for which college students seek mental health treatment (CCMH, 2015), these preventative efforts may help counseling centers more effectively reach a large number of clients, including the 82% of students who are theorized to suffer from mental health issues without seeking treatment (Blanco et al., 2008). In combination, counseling centers may form anxiety-themed groups that incorporate skills for managing academic distress in order to serve a larger number of clients with limited resources.

Financial stress accounted for the next largest proportion of variance after academic distress. Counselors and counseling centers alike could play a key role in mitigating the effects of difficult financial situations in students. If students are facing insolvency, poor housing, nutrition, or considering dropping out of school because of lack of financial resources, it is

unlikely that counseling will have a large effect on anxiety until these issues have been resolved. Colleges and counseling centers can provide support for students by offering financial workshops and bringing sources of financial aid to students' awareness to help students understand how to manage their finances and take advantage of available financial resources.

Surprisingly, the proportion of unique variance in anxiety explained by family support and social support together was less than 1%. This trend suggests that counselors may work most effectively in helping students reduce anxiety by focusing directly on academic distress. As academic distress and support variables showed great overlap, and support variables exhibited small to medium bivariate correlations with anxiety, focusing on support may still be helpful. However, focusing on support to reduce academic distress may be a more efficacious way to help students reduce anxiety.

### **Limitations**

There are some limitations to our findings that should be noted. Though the sample we used was national and diverse, it was not specifically designed to be nationally representative, and was a treatment-seeking sample. These factors make the findings less generalizable to the general public but maintain a well-suited portrayal of students who seek treatment at college counseling centers. Also, there was imparity in measurement that may have affected outcomes. We measured financial stress and both support variables using a single question, while anxiety and academic distress were measured using a series of questions. It is possible, that the disproportionately large influence of academic distress was influenced by the fact that the other variables were less statistically robust. Additional research using scales would be helpful to corroborate our findings. Finally, though we were able to demonstrate significant relationships between several variables and anxiety, we were not able to determine the causality of these

relationships or other factors that may have mediated these relationships. Additional research is needed to expand on these findings.

### **Conclusion**

The present study was designed to better understand the experience of anxiety in contemporary college students. We found that academic distress, financial stress, peer support, and family support were each significantly related to anxiety and together explained a large proportion of the variance ( $R^2 = 0.206$ ) in collegiate anxiety. Academic distress most uniquely predicted for anxiety with other factors accounting for little variation beyond academic distress. Sociodemographic variables accounted for surprisingly little variance in predicting anxiety. Counselors and counseling centers can best help students by focusing directly on their academic and financial concerns. Future studies could investigate how non-treatment-seeking sample of college students experience anxiety as well as steps to be taken to reduce anxiety in college students.

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Table 1  
*Demographics variables and relationship to anxiety*

	<i>N</i>	% of total sample	% anxious <sup>1</sup>	Mean anxiety level <sup>2</sup>	<i>SD</i>	<i>F</i>	$\eta^2$
Overall	80509	100.0	54.4	1.862	1.036		
Gender						435.189**	0.016
Woman	49706	61.7	59.5	1.959	1.031		
Man	29330	36.4	45.5	1.692	1.024		
Transgender	235	0.3	----	1.948	0.991		
Self-Identity	437	0.5	66.7	2.252	1.005		
Ethnicity						44.286**	0.004
Black/African American	6758	8.4	38.0	1.677	1.038		
American Indian or Alaskan Native	283	0.4	----	2.015	1.081		
Asian American/Asian	4997	6.2	34.8	1.790	0.976		
Hispanic/Latino/a	5672	7.0	50.0	1.834	1.022		
Native Hawaiian or Pacific Islander	171	0.2	----	1.746	1.034		
Multiracial	3483	4.3	56.0	1.899	1.034		
White	52810	65.6	59.6	1.895	1.043		
Other	1303	1.6	61.9	1.901	0.992		
Sexual Identity						139.956**	0.009
Heterosexual	66056	82.0	52.6	1.833	1.034		
Gay	1262	1.6	62.5	2.079	0.996		
Lesbian	2148	2.7	55.6	1.933	0.997		
Bisexual	3530	4.4	71.4	2.186	1.021		
Questioning	1594	2.0	55.6	2.143	0.986		
Self-Identity	1979	2.5	50.0	2.118	1.025		
Housing						56.228**	0.003
On campus (dorm/apartment)	25328	31.5	47.3	1.801	1.047		
Fraternity/Sorority	1471	1.8	50.0	1.771	1.068		

Off campus cooperative housing	681	0.8	66.7	1.850	1.017		
Off campus apartment/house	38304	47.6	49.3	1.919	1.028		
Other	820	1.0	62.5	1.999	1.050		
Year in School						30.374**	0.002
Freshman	15381	19.1	55.0	1.801	1.079		
Sophomore	15913	19.8	58.6	1.854	1.039		
Junior	17732	22.0	55.0	1.924	1.033		
Senior	17105	21.2	51.8	1.903	1.025		
Graduate student	10852	13.5	42.4	1.832	0.989		
Other	1237	1.5	40.0	1.844	1.011		
First generation student						86.014**	0.001
Yes	16008	19.9	50.4	1.938	1.040		
No	52364	65.0	56.5	1.851	1.031		
Transfer student						307.316**	0.004
Yes	15404	19.1	54.1	1.991	1.030		
No	58940	73.2	54.8	1.826	1.036		
International student						89.976**	0.001
Yes	3549	4.4	45.8	1.703	0.946		
No	72350	89.9	54.6	1.873	1.040		

Note.  $F$  and  $\eta^2$  values were calculated using one-way ANOVAs of mean anxiety level

<sup>1</sup>% anxious is based on available CLICC data in a reduced sample of 564 participants

<sup>2</sup>All other statistics are based on the full sample of 80,509 participants, exempting missing data

\* $p < 0.01$ , \*\* $p < 0.001$ , ---- Not enough data available for analysis

Table 2

*Correlations and regression analysis of academic distress, financial stress, and social support on anxiety*

	<i>Mean</i>	<i>SD</i>	1	2	3	4	Semi- partial	$\beta$	<i>SE</i>
1. Anxiety	1.862	1.036	—				—		
2. Academic distress	1.954	1.121	0.446**	—			0.378**	0.363**	0.004
3. Financial stress	3.180	1.143	0.204**	0.226**	—		0.090**	0.085**	0.004
4. Peer support	3.504	1.214	-0.155**	-0.187**	-0.136**	—	-0.042**	-0.039**	0.004
5. Family support	3.555	1.318	-0.171**	-0.191**	-0.228**	0.360**	-0.052**	-0.045**	0.004
<i>F</i>								2731.144**	
<i>R</i> <sup>2</sup>								0.206	

\* $p < 0.01$ , \*\* $p < 0.001$