Mental Health Symptoms Predicting American College Students’ Academic Performance: The Moderating Role of Peer Support

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ABSTRACT. For the current study, we examined the effects of anxiety and depressive symptoms on college students' academic performance, as moderated by peer support. An online survey was completed by 174 college students (75.3% women, 57.3% White) at a university in the southeast United States, targeting their symptoms of anxiety and depression, perceptions of peer support, and self-report GPA. Utilizing multiple regression analyses to test for moderation, it was found that, although anxiety and depression each negatively predicted students' college GPA, these connections were moderated by perceived peer support. When students perceived having higher levels of peer support, this buffered against the negative effects of anxiety and depression on their GPA. These findings can contribute to our knowledge of how to support college students’ academic performance in the face of mental health experiences.

Keywords: anxiety, depression, academic performance, peer support, and college students.

The typical age range of college students (18–25) is when most individuals first experience distress due to a mental health-related concern (Antunes & Langmuir, 2021). In fact, almost 15–23% of college students with mental health problems have said their disorders have negatively impacted their academic performance (Bruffaerts et al., 2018). The purpose of this study was to determine whether students who experience symptoms of mental health concerns perform better in their academics when supported by their peers. We specifically looked at anxiety and depression given the high prevalence rates of the two diagnoses in college-aged students (Asher BlackDeer et al., 2021; Hart Abney et al., 2019; Ketchen Lipson et al., 2021). According to the American Psychological Association (n.d.), anxiety is “an emotion characterized by worried thoughts and tense feelings.” The National Alliance on Mental Illness (2022) further describes a variety of symptoms related to anxiety (i.e., restlessness, irritability, sweating, stomach clenching) that impact an individual's day-to-day functioning. Depression is a common mental disorder typically characterized by feelings of worthlessness and a lack of interest in activities (American Psychological Association, n.d.). According to NAMI, depression is a “devastating” disorder that has the potential to only occur once in an individual's lifetime or to recur periodically. There have been a variety of conceptualizations for peer support, usually defined either as perceived social support (i.e., having the perception that one will have support if one needs it) or received social support (i.e., objectively receiving the actual support itself when needed; Altermatt, 2019). The current study draws upon both these definitions in examining the connections between college students’ mental health, peer support, and academic performance.

Factors That Impact Anxiety and Depression in College Students

College as a Period of Transition
One of the major reasons why college students, in particular, experience high rates of anxiety and/or depression is because they go through an overall period of transition, particularly first-year students and seniors (Beiter et al., 2015; Mahmoud et al., 2015). This transition is one filled with many “firsts” and new experiences. One of those being moving out of the family home and into the “real world,” or emerging into adulthood, which is typically the onset of mental health concerns (Duffy et al., 2020).

There are even more specific transitions that take place for a college student. Attending college is a major
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Based on previous research, college is a time of many transitions and changes, such as moving out of the family home and learning how to take care of oneself. A combination of these factors can affect college students’ mental health.

**Academics as a Stressor**

In addition to the multiple transitions associated with entering college, the stress and pressure of college-level academics can also take a toll on the mental health of college students. Compared to their time in high school, college students experience an increase in their academic demands and workload (Saeed et al., 2018), which according to the World Health Organization is a risk factor for mental health disorders because it tends to lead to academic failure (Bahmani et al., 2018). An increase in the prevalence of anxiety and depression was also found to be due to the fact that colleges are becoming more competitive and demanding than they once were (Alsubaie et al., 2019). In fact, 33% (N = 461) of university student participants were found to have experienced depressive symptoms (Alsubaie et al., 2019). Another study was able to identify that one of the top 10 sources of stress for college students was academic performance (Beiter et al., 2015). All participants (N = 374) identified academic performance as a top-10 stressor, and 40.1% of them went on to report academic performance as an extreme stressor. It is also important to note that the Depression Anxiety Stress Scale-21, used in the study, was not given to participants during midterm or final exam periods to account for the extra stress during these times (Beiter et al., 2015).

**Lack of Coping Strategies**

One way college students can respond to these multiple transitions and stresses is to adopt appropriate coping skills (Al-Qaisy, 2011). The Transactional Model of Coping addresses one form of appropriate coping skills (Lazarus & Folkman, 1984), and Mahmoud et al. (2012) expanded on this model and described how two different forms of coping are identified in the model: adaptive and maladaptive. Adaptive coping is the most appropriate and it is when someone names the source of stress and tries to find a solution to the stressor. On the other hand, maladaptive coping is when someone tries to ignore the stressor and decides to not find a solution. Mahmoud et al. (2012) had 508 undergraduate participants complete the Brief COPE Inventory, which consist of 28-items related to adaptive and maladaptive coping strategies. It was found that participants who reported using more maladaptive coping strategies (e.g., denial and substance abuse) experienced higher levels of depression compared those who used more adaptive coping strategies (e.g., planning and positive reframing). Mahmoud et al.
(2012) found that maladaptive coping strategies also significantly predicted symptoms of anxiety. There is some evidence that college students’ use of adaptive coping strategies may increase over time (Wongtongkam, 2019), but even so, college-aged students are more likely to use maladaptive coping strategies (Mahmoud et al., 2015), putting them at greater risk.

**Peer Support and Mental Health**

As stated earlier, one of the major transitions college students experience is a shift in their social life (Al-Qaisy, 2011). Typically, college students come into their new schools with fewer friends than they once had in high school, and this lack of a social environment has been linked to higher prevalence rates of anxiety and/or depression (Eldeleklioglu, 2006). Two models take into account the effects of social support on mental health: the Main Effect Model and the Buffering Model. The Main Effect Model states that the relationship between social support and mental health is direct. Eldeleklioglu (2006) explained how the model shows that, when a person receives positive social support, this creates stability within their life and lessens the negative impact of mental health symptoms. On the other hand, the Buffering Model shows how social support actually serves as a preventive measure against detrimental health concerns, such as anxiety and/or depression. In this model, social support actually decreases the negative consequences.

The impact of different forms of social support, such as peer support, on mental health symptoms was examined in another study (Alsubaie et al., 2019). The Multidimensional Scale of Perceived Social Support was used to assess the 462 participants’ perceived levels of social support in this study. Alsubaie et al. (2019) determined that social support was a negative predictor of the onset of symptoms for depression, meaning that, as social support increased, depressive symptoms decreased. Peer support (i.e., the social support you receive from friends) was also found to be the most effective for college-aged participants out of the different forms of social support (Alsubaie et al., 2019).

More recently, studies have examined how peer support predicts college students’ mental health during the COVID-19 pandemic. In a review of the current literature, Suresh et al. (2021a) found that peer support positively bolstered mental health symptoms for college students throughout the pandemic. Further, it is important that college students form relationships with their peers because it can decrease the chance of developing a mental health problem in the future (Beiter et al., 2015). For example, Suresh et al. (2021b) found that students who utilized a student-led peer support center felt understood, better equipped to face their challenges, and that their mental health was well-supported. However, students who already experience symptoms of anxiety struggle to form relationships with their peers (Mahmoud et al., 2015). Thus, it is important for universities to encourage peer support on their campuses to help reduce students’ current and future mental health concerns (Beiter et al., 2015).

**Factors That Impact Academic Performance in College Students**

**Mental Health Concerns**

Additionally, mental health concerns have the potential to impact college students’ academic performance. Luca et al. (2016) found that college students who experience symptoms of mental health disorders are at an increased risk of performing poorly in their academics, especially first-year students and sophomores. More specifically, those students, whether upperclass or lowerclass students, with a higher prevalence of mental health symptoms had lower GPAs compared to their peers. It is important to note that Luca et al. (2016) found significant results for participants with higher severity rates. The results are consistent with what Antunes and Langmuir (2021) and Asher BlackDeer et al. (2021) noted in their studies, which is that mental health concerns are related to lower academic performance.

In another study, Svanum and Zody (2001) collected a sample of 169 participants who met the criteria for an Axis I disorder, which includes anxiety and depression, and found that 142 students withdrew from their courses entirely. Based on this observation, it is understood that college students who experience higher rates of anxiety and/or depressive symptoms perform more poorly in their academics (Svanum & Zody, 2001). For college students to minimize the impact of stress due to academics, it is important that they find a way to create a positive attitude in response to their academics (Beiter et al., 2015).

A decrease in college students’ GPA was also found in Bruffaerts et al. (2018) study. The Global Appraisal of Individual Needs Short Screener was used to determine any existing mental health concerns within the study’s 4,921 participants. The study determined that 23.7% of participants were experiencing internalizing mental health symptoms, which include those of anxiety and/or depression. Bruffaerts et al. (2018) also found that first-year college students across 38 departments had a decrease in GPA of 0.2 to 0.3 points. They concluded that symptoms of mental health can have far worse consequences for a college student than only poor academic performance; they can actually lead to an increase in risk for dropping out entirely. Although the transitional
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period can take a toll on college students’ mental health, which further results in negative consequences within academic performance, peer support may reduce these negative consequences.

**Peer Support as a Solution**

Peer support can also have a major impact on academic performance (Altermatt, 2019). One of the main explanations for this is that peers can relate to the stress of academics compared to any other form of social support (Jones et al., 2018), such as parental support. Altermatt (2019) showed that the quality of the peer support is far more important than the peer support itself: For students to perform well academically, it is important that they feel supported when they are both struggling and succeeding.

Rosenkranz (2012) further showed how a mentor program that was developed at a university for first-year students had a moderate impact on improving their academic skills. These students were led through a 12-week mentoring program by senior students in their final year. The students participated in small-group workshops that ranged in topics and a brief mentoring session at the end of the semester to recap what they had learned. Overall, students felt that their academic writing skills were improved but that they required more time to improve all other academic skills (Rosenkranz, 2012). Therefore, peer support has the potential to positively support college students’ academic performance as well as their mental health.

**The Current Study**

Although extensive research has examined how anxiety and depression predict academic performance (e.g., Antunes & Langmuir, 2021; Bruffaerts et al., 2018; Luca et al., 2016) and how peer support predicts academic performance (Altermatt, 2019; Rosenkranz, 2012), limited research has explored the interaction of the two in predicting college students’ academic performance. More specifically, a dearth of research has examined how peer support may interact with students’ mental health to predict their academic performance. For the current study, we aimed to look at whether the relationship between mental health (anxiety and/or depression) and academic performance (GPA) depended on the level of college students’ perceived peer support (e.g., availability, assistance, and reliance on peers). This study evaluated the role of peer support in increasing academic performance for students with mental health symptoms through a correlational, single time-point design. Based on previous research and theory, we hypothesized that students who experience a lack of peer support would also experience greater symptoms of anxiety and/or depression, and therefore perform lower in their academics. We also hypothesized that, when students who experience symptoms of anxiety and/or depression perceive having higher levels of peer support, it would buffer their symptoms and positively impact their academic performance.

**Method**

**Participants**

A total of 174 undergraduate students at a public university in southeast Georgia participated in the current study and completed the survey in full. Of this sample, 134 participants identified as women (75.3%), 39 participants identified as men (21.9%), and 1 participant identified as nonbinary/third gender (0.6%). The participants were college-aged students ($M = 19.19$, $SD = 1.22$). More than half of the participants identified as White/European American ($N = 102, 57.3$%). The remaining participants identified as follows: Black/African American ($N = 51, 28.7$%), Hispanic ($N = 9, 5.1$%), Asian/Pacific Islander ($N = 4, 2.2$%), and Other ($N = 8, 4.5$%). The sample mainly consisted of first-year students ($N = 92, 51.7$%) and sophomores ($N = 56, 31.5$%) but did include some juniors ($N = 18, 10.1$%) and seniors ($N = 5, 2.8$%).

**Measures**

To measure academic performance, participants were asked to self-report their GPAs. The responses ranged from 0.21 to 4.00 ($M = 3.12, SD = 0.74$).

Anxiety and depression were measured by using the Depression Anxiety Stress Scale-21 (Lovibond & Lovibond, 1995), which is a shortened version of the original 42-item scale. Participants were shown a prompt that asked them to indicate how much the statement applied to them over the past month. Example survey statements include, “I felt that I had nothing to look forward to” and “I felt I was close to panic.” The Depression and Anxiety subscales were the only ones analyzed in the study. Participants rated each item on a 4-point scale from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time). Levels of depression ranged from 0 to 21 ($M = 6.14, SD = 5.14$) with lower scores indicating lower levels of depression. Participants’ levels of anxiety also ranged from 0 to 21 ($M = 5.19, SD = 5.22$) with lower scores indicating lower levels of anxiety. Both the Depression and Anxiety subscales demonstrated good internal reliability ($\alpha = .91$ for both subscales); this is consistent with previous studies which have found good reliability and validity for these scales ($\alpha = .82–.97$; Lovibond & Lovibond, 1995).

The study measured peer support by utilizing the Perceived Social Support Friend Scale (Procidano &
Heller, 1983), which consisted of 20 items. Example survey items included, “My friends are good at helping me solve problems” and “I rely on my friends for emotional support.” Participants responded by selecting either “Yes,” “No,” or “Don’t know.” Levels of perceived peer support ranged from 0 to 20 (M = 13.46, SD = 5.32) with higher scores indicating higher levels of peer support. Peer support demonstrated good internal reliability (α = .88) consistent with previous reliability and validity estimates for this measure (α = .88; Procidano & Heller, 1983). All descriptive statistics for each measure can be found in Table 1.

Procedure
The Georgia Southern Institutional Review Board approved the study prior to the start of data collection. The survey was made available to students from January 2022 to March 2022, during which the university was fully reopened from the COVID-19 pandemic with limited social distancing and mask guidelines. Depending on their classes and course schedules, participants might have completed the survey before, during, or after midterm exams. A computer or laptop was needed to complete the survey. Participants were able to find the survey through SONA (an online system to find and complete the survey). Participants were able to find the survey through SONA (an online system to find and complete the survey). A Qualtrics link was provided to potential participants to take the survey, and they began the survey by reading an informed consent form and some background information on the study. After consenting, the participants completed several survey questions. Finally, when the survey was completed, the participants were provided with a brief debriefing page and contact information for the university’s counseling center and a Crisis Hotline.

Results
Preliminary analyses were conducted to determine whether GPA, depression, anxiety, and peer support correlated with one another before running a multiple regression moderation analysis. All data was analyzed using Pearson’s correlation coefficient. Correlations between all variables were statistically significant and the pattern of interrelations was as expected (see Table 2). Anxiety and depression were both positively related to one another, but each was negatively correlated with peer support and GPA. In other words, the more depressed students were, the more anxious they also tended to be; and the more depressed or anxious students were, the lower their levels of peer support and GPA were. Peer support, however, was positively correlated with students’ GPA; as participants’ perceived levels of peer support increased, their GPA also increased.

To address the main hypotheses of the current study, a series of multiple regression analyses were conducted (see Tables 3 and 4). First, a multiple regression model was analyzed with depression, peer support, and the interaction between these two variables (Depression x Peer Support) as predictors of college students’ GPA. Peer support was re-coded as a categorical variable based

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<th>TABLE 1</th>
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<td><strong>Means, Standard Deviations, Minimums, and Maximums for Depression, Anxiety, Peer Support, GPA, and Age</strong></td>
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<td><strong>Measure</strong></td>
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Note: Depression and Anxiety were on a scale from 0–28. Peer Support was on a scale from 0–20. GPA could range from 0.00 to 4.00. Age was reported in years.

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<td><strong>Correlations Between GPA, Depression, Anxiety, and Peer Support</strong></td>
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*p < .05, **p < .01.

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<td><strong>Moderation Analysis: Depression, Peer Support, and GPA</strong></td>
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Note: R² = .09. ***p < .01. **p < .001.

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<td><strong>Moderation Analysis: Anxiety, Peer Support, and GPA</strong></td>
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<td>Peer Support</td>
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<td>Anxiety x Peer Support</td>
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Note: R² = .11. ***p < .01. **p < .001.
on tertile splits of high (peer support = 2), medium (peer support = 1), and low (peer support = 0) levels of peer support. All predictors were centered (depression was mean-centered, peer support was centered at the low group). The overall model was statistically significant, $F(3, 162) = 5.31, p = .002$. Depression was a statistically significant predictor of GPA ($\beta = -.41, p = .001$), but peer support was not a statistically significant predictor ($\beta = .05, p = .52$). However, the interaction between depression and peer support was found to be a statistically significant predictor of GPA ($\beta = .31, p = .006$). As can be seen in Figure 1, peer support buffered against the negative connections between depression and GPA for college students. For highly depressed students, low levels of peer support were associated with lower levels of GPA. However, high levels of peer support corresponded with higher GPAs. This suggests that peer support, for this sample of college students, may help students with depression remain successful in school.

A multiple regression moderation analysis was also conducted with anxiety, peer support, and the interaction between these two variables (Anxiety x Peer Support) as predictors of college students’ GPA. All predictors were re-coded and centered as in the previous model. The overall model was statistically significant, $F(3, 162) = 6.83, p < .001$. Anxiety was a statistically significant predictor of GPA ($\beta = -.48, p < .001$), but peer support was not a statistically significant predictor of GPA ($\beta = .07, p = .393$). Although, the interaction between anxiety and peer support was found to be a statistically significant predictor ($\beta = .39, p = .001$). Figure 2 depicts this statistically significant interaction, which was a buffering interaction like in the previous model. In other words, students who were highly anxious and had high levels of peer support had higher GPAs than their similarly anxious peers who had low levels of peer support. Again, these findings suggest the benefits of peer support in potentially offsetting the negative impacts of anxiety on students’ academic performance.

### Discussion

**Summary of Findings**

For the current study, we sought to examine the connections between mental health, peer support, and college students’ academic performance. Based on previous research, we hypothesized that peer support would buffer against the negative associations between anxiety and/or depression and academic performance. The results of the study did indicate support for these hypotheses. In line with previous research, we found that GPA and feelings of depression were negatively related, meaning that as participants’ GPA increased in value, their feelings of depression decreased (e.g., Antunes & Langmuir, 2021; Bruffaerts et al., 2018; Luca et al., 2016). However, peer support buffered this connection. When students perceived having higher levels of peer support, this buffered against the negative effects of depression on academic performance. This falls in line with previous research that has suggested that peer support can positively bolster both students’ mental health (Alsubaie et al., 2019; Beiter et al., 2015) and academic performance (Altermatt, 2019; Rosenkranz, 2012). Similarly, GPA and feelings of anxiety were also found to be negatively related, meaning that, as participants’ GPA increased in value, their feelings of anxiety seemed to decrease. Peer support also had a buffering effect in this case. Students’ who perceived having higher levels of peer support were buffered against the negative effects of anxiety on academic performance. Although college students’ mental health can threaten their performance in school, support from peers may help to reduce this threat. Across both depression and anxiety, students who
perceived higher levels of support from their peers had greater academic performance in school, even in the face of challenges to their mental health.

Limitations and Recommendations
In addition to adding evidence on the buffering role of peer support, the current study has several limitations that should be considered in future work examining college students’ mental health and academic performance. The current study used self-report scales for all measures, including participants’ GPA, so there is no way to know if these reports were accurate. Although the current study was unable to, we recommend that future researchers verify participants’ grades and GPA through official college records or transcripts, and consider expanding beyond GPA as the only marker of academic performance to also include other relevant constructs, such as dropout and class withdrawal rates. The study was also unable to verify if participants were actually experiencing anxiety and/or depression or a number of symptoms of these conditions. It is recommended that future researchers analyze data from participants with clinically diagnosed anxiety and/or depression.

Another limitation was that the tertile split levels of peer support re-coded as a categorical moderating variable were sample specific (upper third of sample, middle third of sample, lower third of sample) rather than scale specific (objective values of high, medium, and low levels of peer support). Sample-specific splits allowed for the examination of three distinct groups of peer support with roughly equal numbers of participants across the groups. However, these three groups may not generalize to other samples in other studies. We recommend that future researchers consider using a more objective categorization for levels of peer support that are scale specific and will more readily generalize to other samples.

With regard to generalizability, the study’s participants were also limited to only college students at a single university in southeast Georgia who had access to SONA, most of whom were mainly psychology majors. Future research should consider expanding the study across multiple universities and several different majors to include a more diverse sample. The study’s participants were also limited to traditional college students and did not explicitly sample from those students who might identify as nontraditional (e.g., enrolling several years after high school graduation, commuter). Future studies should consider examining the effects of mental health symptoms and the impact of peer support on nontraditional college students. In addition, research with more diverse samples across race, ethnicity, gender, age, generation status, socioeconomic status, and status or ability status (i.e., physical and mental disabilities) could help inform colleges on the unique challenges and educational barriers students face, and the ways in which peer support/peer support programs can promote the mental health and academic success of students from varied backgrounds and experiences. For example, a more diverse sample would not only allow the results of the study to be more readily generalizable, but could also allow for the examination of how same or cross-ethnic peer relationships might buffer symptoms of mental health (e.g., Kawabata & Crick, 2015).

Because data was collected during the COVID-19 pandemic (although after the university fully reopened with limited social distancing or mask guidelines), the interconnections between college students’ mental health, peer support, and academic performance could be further exacerbated by the effects of the pandemic in this sample. This could also impact the generalizability of findings to pre- or postpandemic college students’ experiences. Initial research suggests that college students’ mental health (e.g., anxiety, burnout, stress), academic motivation (e.g., engagement, attention, self-efficacy), and academic performance have been negatively impacted by the pandemic, transitions between in-person and virtual learning, and exacerbated further by socioeconomic status and less access to resources (Garris & Fleck, 2020; Gonzalez-Ramirez et al., 2021; Hicks et al., 2021; Katz et al., 2021; Kinsky et al., 2021; Means & Neisler, 2021; Ober et al., 2021; Tasso et al., 2021; Usher et al., 2021; von Keyserlingk et al., 2021). Future studies should continue examining how mental health and peer support affect college students’ academic performance before, during, and after the effects of the pandemic have dissipated.

Finally, the current study drew upon a correlational, single time point design which did not allow us to determine the temporal ordering of predictors and outcomes or how these patterns of relations unfold over time throughout the college experience. Future research should consider completing a longitudinal study with multiple check-in periods to have a more accurate understanding of how mental health symptoms predict academic performance and the buffering role of peer support.

Implications
The current study’s results indicate that college students who perceived having support from their peers and who also experienced symptoms of anxiety and/or depression were able to maintain higher levels of academic performance than their peers who did not perceive having peer support. These results show some of the benefits that peer support can have for students that experience
mental health symptoms, especially in buffering the commonly seen negative connections with GPA and academic performance. In particular, it seems that both perceiving peer support (i.e., “My friends give me the moral support I need” and “There is a friend I could go to if I were just feeling down, without feeling funny about it later”) and actually receiving peer support (i.e., “My friends are good at helping me solve problems” and “I’ve recently gotten a good idea about how to do something from a friend”) are both valuable when it comes to buffering against the negative connections between mental health and academic performance. As mentioned earlier, research on the interaction of anxiety and/or depression symptoms with peer support in predicting college students’ academic performance is limited. The findings of this study denote the importance of college students’ perceived levels of peer support and the need for further research on these interactions.

The current study’s findings will also hopefully educate college administrators and leadership about the importance of providing students with different opportunities to form connections with their peers. Based on the findings of this study, colleges may want to consider implementing mentoring or peer support programs like the ones examined by Rosenkranz (2012) and Suresh et al. (2021b) in order to buffer against the negative connections between mental health symptoms and academic performance. Finally, the findings and limitations of the current study demonstrate that college students’ mental health, peer support, academic performance, and the interactions between these constructs should be further investigated in order to best support college students’ mental and academic well-being.

References


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We have no conflicts of interest to disclose.

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