

Mixing Coping Strategies, Healthy and Risky Behaviors Co-Occurrence Among College Students



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BACKGROUND

Mental health problems remain common among college students, with substantial levels of depression and anxiety reported.

Students often use multiple coping behaviors at once, so a coping-profile approach may be more informative than examining single behaviors in isolation (Connor-Smith et al., 2021). Adaptive coping behaviors include sleep, exercise, activities, and belonging; maladaptive behaviors include binge drinking, nicotine or vaping, cannabis or drug use, and eating disorder risk.

Prior literature suggests that coping quality and social connection are important for student well-being (Lipson et al., 2022; Keyes, 2022).

This study aims to examine how coping profiles are associated with depression severity, anxiety severity, and positive mental health among college students.

METHODS

Data source: Healthy Minds Study (student survey), weighted national sample of U.S. postsecondary students (Healthy Minds Network et al., 2025).

Design: Cross-sectional secondary analysis.

Coping profiles: Constructed from healthy coping behaviors (sleep, exercise, activities, belonging) and maladaptive behaviors (binge drinking, nicotine or vaping, cannabis use, eating disorder risk).

Outcomes: Depression, anxiety, and positive mental health.

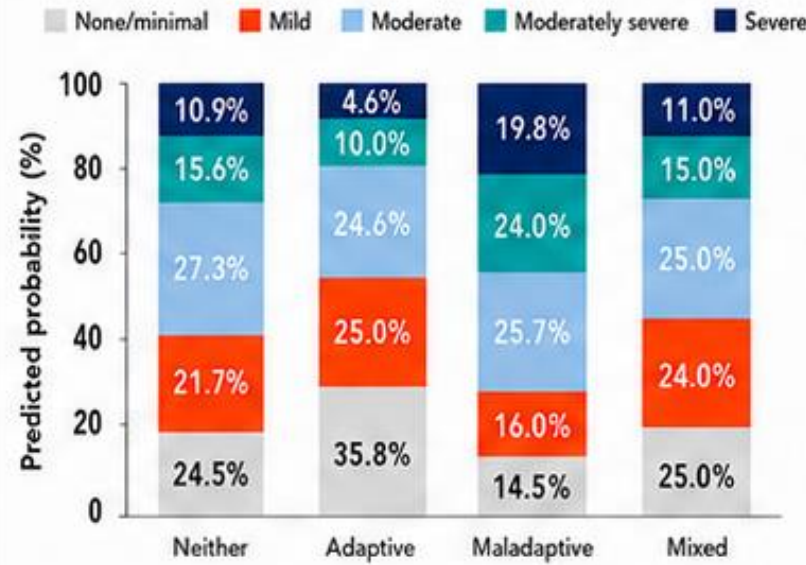
Covariates: Age, birth year, gender, race/ethnicity, sex assigned at birth, current and childhood financial situation, and age.

Analysis: Weighted 5-stage tests, ordinal regression for depression/anxiety, and binary logistic regression for positive mental health.

References: Connor-Smith et al., 2021; Lipson et al., 2022; Keyes, 2022; Healthy Minds Network et al., 2025.

RESULTS

Figure 1. Adjusted predicted probability of depression severity by coping profile



Coping profile was significantly associated with all three outcomes.

Adaptive only coping showed the most favorable pattern: 36.9% nonminimal depression, 44.9% minimal anxiety, and 43.8% positive mental health.

Maladaptive only coping showed the least favorable pattern: 56.0% moderate to severe depression, 47.3% moderate anxiety, and only 24.9% positive mental health.

Mixed coping outperformed neither coping on positive mental health (38% vs 30%) but did not match healthy only.

Adjusted models controlled for age, gender, race/ethnicity, sex assigned at birth, current and childhood financial situation, and age.

Figure 3. Positive mental health by coping profile

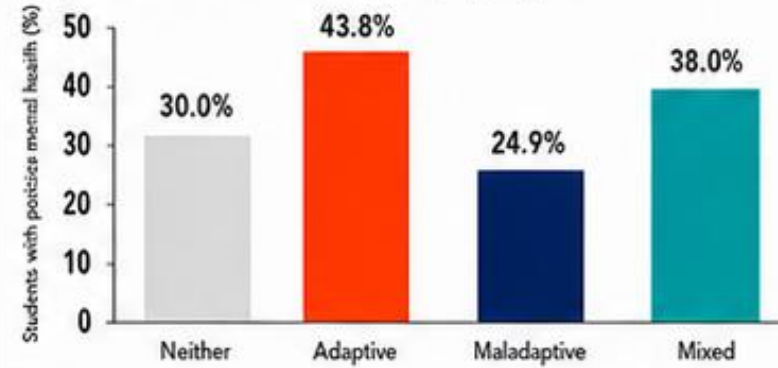
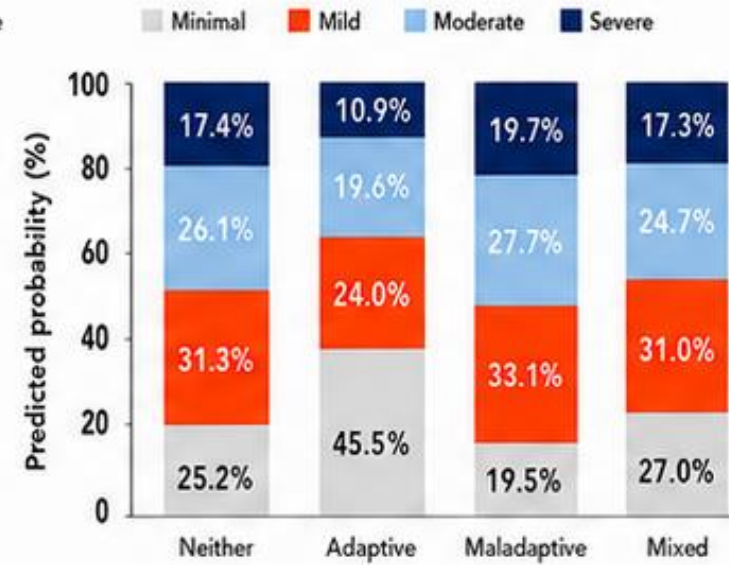


Figure 2. Adjusted predicted probability of anxiety severity by coping profile



Selected adjusted results		
Outcome	Key statistic	Main adjusted finding
Depression	$\chi^2(12)=43.45$, $p < .001$	Adaptive only lowest moderate to severe: 30.0% Maladaptive only highest: 56.0%
Anxiety	$\chi^2(9)=304.47$, $p < .001$	Adaptive only lowest moderate to severe: 37.3% Maladaptive only highest: 47.3%
Positive MH	Adjusted OR: vs neither	Healthy only OR=1.73 Mixed OR=1.54 Maladaptive only OR=0.80

MH = mental health; OR = odds ratio

CONCLUSION

Interpretation: Healthy coping was associated with the lowest symptom severity and the highest positive mental health. Maladaptive-only coping had the poorest outcomes. Mixed coping performed better than maladaptive-only coping, but did not match healthy-only coping.

Public health implications: Universities should promote strength-based coping strategies such as sleep, exercise, meaningful activities, and belonging. Programs that identify at-risk coping, including substance use and eating disorder risk, early can prevent escalation and support student well-being.

Limitations: This study is cross-sectional, relies on self-reported data, and uses broad coping indicators, which may introduce measurement error and residual confounding.

Future research: Future work should examine temporal patterns of coping and mental health to clarify direction of effects and test targeted interventions that build healthy coping skills and reduce risky behaviors.

Key takeaway:

The co-occurrence of healthy and risky coping reflects a partial resilience profile: adaptive coping appears to support student well-being despite the presence of risky behaviors, but the most favorable outcomes were observed among students who relied on healthy coping alone.

What these results mean:



Healthy coping strategies are linked to lower distress and higher well-being.



Avoiding maladaptive behaviors matters, but adding healthy behaviors matters more.