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Mental Health and Mattering in UK University Students: A Comparison Between Continuing-Generation Students and First-Generation Students

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Abstract: The prevalence of poor mental health in university students is extremely concerning, and first-generation students (FGSs) may be more vulnerable to mental health problems than continuing-generation students (CGSs). Existing international research demonstrates that higher levels of mattering (how significant we feel we are to others) and lower levels of anti-mattering (how insignificant we feel we are to others) are associated with lower levels of mental health problems in university students, but this has not been investigated in the UK. This study aimed to investigate mental health problems and mattering in UK university students, comparing CGSs and FGSs. Students aged 18 or over from any university in the UK (N = 242; CGSs n = 124; FGSs n = 114) completed an online questionnaire containing measures of mental health problems (depression, eating concerns, substance use, generalised anxiety, frustration/anger, social anxiety, family distress, academic distress, total distress) and mattering (general mattering, anti-mattering, university mattering). The results showed that there were no statistically significant differences in levels of mental health problems and mattering between CGSs and FGSs. However, mattering appears to matter more for FGSs than CGSs: higher levels of mattering (general and university) and lower levels of anti-mattering were statistically significantly associated with lower levels of mental health problems for all students, but particularly for FGSs. The implications of these results are that mattering has potential as a basis for strategies and interventions to improve mental health in university students. Universities must consider how to increase mattering in their students, and more research in this area is urgently required.

Keywords: student mental health; mattering; first-generation students; university students

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1. Introduction

Student mental health is a pressing issue for UK universities. Data for the academic year 2021/2022 show that 30.4% of the UK undergraduate student population disclosed a mental health condition [1]. This is consistent with international data: a World Health Organisation study of eight countries, including the UK, found that over a third of first-year undergraduate students (N = 13,984) screened positive for a mental health disorder [2]. In terms of mental health problems—both diagnosable mental health disorders and general mental health challenges—a study of UK university students (N = 21,027) found that 42.3% had experienced a mental health problem requiring professional help [3]. This is grave cause for concern given the association between mental health problems and suicidality: Akram et al. [4] found that 37.3% of UK university students (N = 1273) were classified as high-risk for suicidal behaviour, 42.2% had contemplated suicide at least once within the past year, and suicide ideation was significantly associated with depression, stress, mania, and psychosis. It is clear that urgent action is required.

Some groups of students are disproportionately affected by mental health problems, for example, the UK Student Mental Health Charter states that first-generation students (FGSs; neither parent obtained a university degree) are likely to face greater challenges to their mental health [5]. Hence, the intersectionality of student identity must be considered

in approaches to mental health [6]. Some UK FGS research has been carried out using a sociological lens (e.g., [7,8]). However, a recent scoping review found no published empirical studies on mental health problems in UK FGSs [9], even though they constitute almost half of the UK university population [10]. Clearly, more research is needed to determine whether UK FGSs' mental health is worse and/or different to that of continuing-generation students (CGSs; one or both parents obtained a university degree) and hence whether a different or targeted approach is required. Moreover, evidence from international research [9] suggests that even when levels of mental health problems are similar for CGSs and FGSs, there may be differences between CGSs and FGSs in terms of relationships between mental health and other variables.

Mattering has potential as a basis for effective student mental health strategies and interventions because it is negatively associated with mental health problems [11,12]. Mattering is a cognitive evaluation of how significant we perceive ourselves to be to specific people (parents, friends, peers) and/or a community (school, university, workplace). It comprises five components: importance—feeling that others are invested in our welfare; attention—feeling that others notice us; being missed; ego extension—feeling that others would be proud of our achievements and disappointed in our failures; and dependence—feeling that others depend on us for emotional and physical support [13,14]. Mattering is associated with mental health because it is a vital part of our self-concept: how we view ourselves is informed by our interactions with others, so if others do not notice us, care about us, or depend on us, our sense of self is likely to be adversely affected [13]. Hence, the more someone feels they matter, the less likely they are to experience mental ill health.

A review of research studies concluded that mattering is essential for the mental health of university students and therefore universities should act to increase their students' sense of mattering [11]. Most studies of university students have measured general feelings of mattering to others using a scale developed by Marcus [15] and published by DeForge and Barclay [16]. For example, higher levels of general mattering predicted lower levels of social anxiety and depression in Canadian university students [12] and depression in US university students [17]. More recently, Flett et al. [18] formulated the distinct theoretical concept of anti-mattering—negative perceptions of not mattering to others (feeling insignificant, invisible, not cared about, marginalised) as opposed to merely the absence of positive feelings of mattering—and developed an Anti-Mattering Scale which has been used in several studies of university students. For example, higher levels of anti-mattering predicted higher levels of psychological distress (depression, anxiety, stress) in Maftei and Vrabi's [19] study of Romanian undergraduates and postgraduates. Although France and Finney [20] developed a scale specifically for the concept of mattering in the university context, much of the existing student mental health research has focussed on general mattering.

International research has demonstrated the potential of mattering in terms of its relationship with mental health in university students. However, the concept of mattering has been neglected in UK student mental health research thus far and is absent from the international literature on FGSs' mental health [9]. Moreover, there is little research internationally (US research: [21,22]) and none in the UK which has investigated mattering in FGSs compared to CGSs. Without this, we may be neglecting a potentially powerful means to improve FGSs' and indeed all students' mental health. Clearly, more research is required into the role of mattering in mental health problems in UK university students and FGSs/CGSs, respectively.

2. Aim of the Present Study

There is a lack of research on the role of mattering in mental health problems in UK university students. Yet, there is strong evidence that mattering is negatively associated with mental health problems and could form the basis of strategies and interventions to improve student mental health. The aim of this study was to explore mental health problems and mattering in a sample of UK university students, specifically (1) to investigate

levels of mental health problems and mattering for all students; (2) to compare levels of mental health problems and mattering between CGSs and FGSs; and (3) to compare the relationships between mental health problems and mattering for all students, CGSs and FGSs.

3. Method

3.1. Participants

Our participants comprised 242 UK university students aged 18 years or older. Table 1 contains frequencies for all demographic variables to demonstrate the characteristics of the participants.

Table 1. Characteristics of the participants (N = 242).

Variable	Category	Frequency	%
Gender Identity	Female	159	65.7
	Male	68	28.1
	Prefer to Self-Describe [a]	12	5.0
	Prefer Not to Answer	3	1.2
Age	18–25	169	69.8
	26–35	40	16.6
	36–45	6	2.4
	46–55	3	1.3
	56 or older	1	0.4
	Prefer Not to Answer	23	9.5
Level of Study	Undergraduate—Year 1	34	14.0
	Undergraduate—Year 2	70	28.9
	Undergraduate—Year 3	53	21.9
	Undergraduate—Year 4 or Above	8	3.3
	Postgraduate—Masters	33	13.6
	Postgraduate—PhD	41	16.9
	Other/Prefer Not to Answer	3	1.2
UK Region [b]	England—North East	20	8.3
	England—North West	65	26.9
	England—Yorkshire and The Humber	15	6.2
	England—East Midlands	25	10.3
	England—West Midlands	15	6.2
	England—East of England	11	4.5
	England—London	28	11.6
	England—South East	18	7.4
	England—South West	18	7.4
	Northern Ireland	1	0.4
	Scotland	13	5.4
	Wales	11	4.5
	Do Not Know/Prefer Not to Answer	2	0.8
Parental Education	Continuing-Generation Student [c]	124	51.2
	First-Generation Student [d]	114	47.1
	Do Not Know/Prefer Not to Answer	4	1.7

Note. [a] nonbinary = 8, 3.3%, genderfluid = 3, 1.2%, demigender = 1, 0.4%; [b] UK region = location of the participant's university; [c] continuing-generation student = one or both parents obtained a university degree; [d] first-generation student = neither parent obtained a university degree.

The sample of 242 participants was diverse and typical of the broader UK university student population. For example, according to Office for Students data for the academic year 2022–2023 [10], gender identity was 57.6% female and 42.1% male, and parental education was 52.2% CGSs and 47.8% FGSs. In addition, there was at least one participant from every region of the UK (all regions of England as well as Northern Ireland, Scotland, and Wales).

3.2. Procedure

Following ethical approval by the Faculty of Education, University of Cambridge, participants were recruited to this study (a cross-sectional survey in the Qualtrics online questionnaire platform) via advertisements on social media (Facebook and X/Twitter) and email circulation lists. Data collection was carried out from June to October 2023.

Participants gave their consent to participate by reading the participant information sheet and then selecting the relevant boxes on the consent form. Participants were informed that taking part in this study was voluntary and that they could withdraw at any point. Support information was signposted in the participant information sheet at the beginning of the questionnaire. At the end of the questionnaire, participants were issued with a debrief sheet (including information about this study and contact details for the researcher and supervisor) and support information was given again.

All participants remained anonymous throughout this study as no personally identifiable information was requested. As a token of appreciation, participants could choose to enter a prize draw to win one of four GPB 50 e-vouchers for a retailer of their choice. Participants were directed to a separate Google form to enter their email address so that their identity could not be linked with their responses to the questionnaire on Qualtrics.

3.3. Measures

The questionnaire contained demographic questions (gender identity, age, level of study, UK region, parental education) followed by scales to measure mental health problems and mattering.

3.3.1. Mental Health Problems

The Counseling Centre Assessment of Psychological Symptoms (CCAPS-62; [23,24]) was used to measure mental health problems. This is a non-diagnostic scale designed specifically for university students and used by US university counselling centres at the first intake session (the results are used to form a national dataset on student mental health). However, CCAPS-62 can also be used in studies of non-help-seeking students and non-clinical samples [25]. For example, in Krafft et al.'s [26] study of a non-clinical US university student population, Cronbach's alpha values ranged from 0.76 to 0.92. CCAPS-62 has been validated for use in UK university students; the subscales had Cronbach's alpha values of 0.81 to 0.89 in Broglia et al.'s study [27]. In this study, Cronbach's alpha values ranged from 0.75 to 0.93.

CCAPS-62 takes 7–10 min to complete and has eight subscales (depression, eating concerns, substance use, generalised anxiety, frustration/anger, social anxiety, family distress, academic distress) and a total distress index. Participants are asked to respond to statements such as 'I like myself', 'I feel tense', or 'I feel confident that I can succeed academically' using a 5-point Likert scale from '0 = not at all like me' to '4 = extremely like me'. Some items are reverse-scored and then a mean score is calculated for each subscale, ranging from 0 to 4. Higher scores indicate higher levels of psychological symptoms. Item 59 was amended for the UK student population: 'schoolwork' was changed to 'university work'. No adverse effects from completing the scale are reported.

The Collegiate Center for Mental Health reviewed the proposed study and its procedures (including how and when the CCAPS-62 would be administered, and how the CCAPS-62 data would be used) and granted permission for the use of CCAPS-62 in the manner described.

3.3.2. Mattering

Scales are available to measure many different types of mattering (to different people and in different contexts). Three types of mattering were deemed most suitable for this study: general mattering, anti-mattering, and university mattering.

General mattering was measured using the General Mattering Scale (GMS) developed by Marcus [15] and published in a study of homeless men [16]. The GMS is based on the

five dimensions of interpersonal mattering espoused by Rosenberg [13]—importance, attention, being missed, ego-extension, and dependence—and comprises five items: (1) 'How important do you feel you are to other people?'; (2) 'How much do you feel other people pay attention to you?'; (3) 'How much do you feel others would miss you if you went away?'; (4) 'How interested are people generally in what you have to say?'; and (5) 'How much do people depend on you?'. A 4-point Likert scale is used to rate each item from '1 = not at all' to '4 = very much', and the sum of these gives a general mattering score from 5 to 20. Higher scores indicate a greater sense of mattering to others. The GMS has been used in many studies of university students and found to be a reliable measure of mattering, for example, Cronbach's alpha value was 0.87 in Flett and Nepon's [12] study. In this study, Cronbach's alpha value for the GMS was 0.80.

Anti-mattering—feelings of not mattering to others—was measured using the Anti-Mattering Scale (AMS; [18]). The AMS contains five items: (1) 'How much do you feel like you don't matter?'; (2) 'How often have you been treated in a way that makes you feel like you are insignificant?'; (3) 'To what extent have you been made to feel like you are invisible?'; (4) 'How much do you feel like you will never matter to certain people?'; (5) 'How often have you been made to feel by someone that they don't care what you think or what you have to say?'. Participants respond using a 4-point Likert scale ranging from '1 = not at all' to '4 = a lot', and the sum of these gives an anti-mattering score from 5 to 20. Higher scores reflect greater levels of anti-mattering. The AMS has been used in samples of university students and found to be a reliable measure of anti-mattering; for example, Cronbach's alpha value was 0.88 in Shannon et al.'s study [28]. In this study, Cronbach's alpha value for the AMS was 0.86.

Mattering in the university context was measured using the University Mattering Scale (UMS; [20]). The UMS comprises 24 items based on 4 dimensions of mattering—awareness, importance, reliance, and ego-extension. Participants are asked to think about their university community as a whole and respond to statements such as 'The people of my university community do not ignore me', 'People of my university community tend not to remember my name', and 'People of my university community count on me to be there in times of need' using a 5-point Likert scale from '1 = strongly disagree' to '5 = strongly agree'. Some UMS items are reverse-scored, and the sum of all items gives a university mattering score ranging from 5 to 120. A high overall score indicates a high sense of university mattering. The original scale referred to 'the JMU community' (JMU; James Madison University) throughout, so this was changed to 'my university community' for this study as participants were from many different UK universities. In addition, the original instructions asked participants to think about students, faculty, administration, and other staff at JMU as the university community, but in this study, 'faculty' was changed to 'lecturers' to suit the UK university context. The UMS has been used in studies of US university students and found to be a reliable measure of mattering; for example, Cronbach's alpha value was 0.94 in Dueñas and Gloria's [22] study. The three-factor version of the UMS (importance and ego factors are combined to form one factor: university mattering—importance) was more reliable than the four-factor structure for the data in this study. In the four-factor version of the UMS, a much lower Cronbach's alpha coefficient of 0.66 was obtained for the subscale university mattering—ego. Using the three-factor structure in this study, Cronbach's alpha values for the subscales and total UMS ranged from 0.87 to 0.94.

Permission for use of the AMS and UMS in this study was obtained from the authors of these measures (the GMS originated from an unpublished manuscript).

3.4. Data Analysis

Data were inputted into IBM SPSS Statistics (Statistical Package for Social Sciences) Version 29 for analysis. Summated scales for mental health problems (depression, eating concerns, substance use, general anxiety, frustration/anger, social anxiety, family distress, academic distress, and total distress) and mattering (general mattering, anti-mattering, and university mattering) were created and missing data were replaced by the series mean

(total for the scale divided by the number of completed items), where less than 10 percent of data were missing.

The following statistical analyses were carried out: (1) descriptive statistics were produced to investigate levels of mental health problems and mattering for all students; (2) non-parametric Mann–Whitney U tests were performed to compare levels of mental health problems and mattering between CGSs and FGSs after the preliminary analyses established that data for some scales were not normally distributed; and (3) Spearman's Rho correlation analyses were performed to compare relationships between mental health problems and mattering for three groups—all students, CGSs, and FGSs.

4. Results

4.1. Descriptive Statistics

Descriptive statistics for all mental health variables are shown in Table 2.

Table 2. Descriptive statistics for mental health variables (N = 242).

Variable	Min	Max	Mean	SD	95% CI	Percentile
Depression	0.00	3.77	1.73	0.90	[1.62, 1.85]	50
Eating concerns	0.00	4.00	1.71	1.00	[1.58, 1.84]	81
Substance use	0.00	4.00	1.14	1.03	[1.00, 1.27]	76
Generalised anxiety	0.00	4.00	1.93	0.97	[1.81, 2.06]	58
Frustration/anger	0.00	3.86	1.18	0.85	[1.07, 1.29]	66
Social anxiety	0.14	4.00	2.31	0.87	[2.20, 2.42]	64
Family distress	0.00	3.83	1.49	1.00	[1.36, 1.61]	62
Academic distress	0.00	3.80	1.81	0.84	[1.70, 1.92]	50
Total distress index	0.00	3.85	1.80	0.84	[1.70, 1.91]	52

Note. SD = standard deviation; CI = confidence interval; percentile = mean score converted to percentile.

The mean scores for each mental health problem were converted to percentiles using the US Center for Collegiate Mental Health CCAPS-62 Scores to Percentiles Chart. This indicates the severity of psychological symptoms in this sample compared to the national dataset of CCAPS-62 scores for help-seeking university students in the US. The sample in this study is non-clinical so likely to range from participants with a diagnosed mental health disorder to those with low/no psychological symptoms. The mean scores for all mental health problems were in the 50th percentile or higher; eating concerns and substance use were in the highest percentiles, whereas depression and academic distress were lowest at 50.

Descriptive statistics for all mattering variables are shown in Table 3.

Table 3. Descriptive statistics for mattering variables (N = 242).

Variable	Min	Max	Mean	SD	95% CI
General mattering	5.00	20.00	12.28	3.24	[11.85, 12.71]
Anti-mattering	5.00	20.00	12.63	3.99	[12.07, 13.18]
University mattering—awareness	8.00	40.00	24.17	6.97	[23.20, 25.13]
University mattering—importance	10.00	45.00	29.17	7.88	[28.08, 30.26]
University mattering—reliance	6.00	30.00	16.34	5.69	[15.55, 17.13]
University mattering total	26.00	106.00	69.68	18.63	[67.10, 72.26]

Note. SD = standard deviation; CI = confidence interval.

By comparing the mean scores for this sample of UK university students to other studies, we obtain the following: (1) general mattering is lower in UK students than in studies of Canadian students; for example, mean scores ranged from 14.92 to 15.79 in Flett et al.'s [18] studies and 14.86 in Shannon et al.'s [28] study; (2) anti-mattering is higher in UK students than in studies of Canadian students; for example, mean scores ranged from 10.27 to 11.18 in Flett et al.'s [18] study and 12.28 in Shannon et al.'s [28] study; and

(3) university mattering is lower in UK students than in Dueñas and Gloria's [22] study of US undergraduates, where the mean score was 81.12.

4.2. Mann–Whitney U Tests

Mann–Whitney U tests were conducted to compare mean scores for all variables between CGSs and FGSs. The results are shown in Table 4.

Table 4. Results of Mann–Whitney U tests for all variables.

Variable	Mean Rank		U	z	p
	CGSs n = 124	FGSs n = 114			
Depression	119.39	119.62	7054.50	−0.03	0.980
Eating concerns	118.17	120.95	6903.00	−0.31	0.756
Substance use	113.98	125.50	6384.00	−1.30	0.195
Generalised anxiety	117.23	121.97	6786.00	−0.53	0.595
Frustration/anger	119.76	119.22	7036.00	−0.06	0.952
Social anxiety	119.55	119.44	7061.50	−0.01	0.990
Family distress	113.88	125.61	6371.00	−1.32	0.188
Academic distress	118.00	121.13	6882.00	−0.35	0.725
Total distress index	117.52	121.65	6823.00	−0.46	0.644
General mattering	108.41	107.57	5727.00	−0.10	0.921
Anti-mattering	96.50	101.91	4558.00	−0.67	0.505
University mattering—awareness	96.17	104.36	4523.50	−1.00	0.317
University mattering—importance	101.42	98.38	4778.50	−0.37	0.710
University mattering—reliance	101.60	98.17	4759.00	−0.42	0.674
University mattering—total	99.76	100.27	4903.50	−0.06	0.950

Note. CGSs = continuing-generation students (one or both parents obtained a university degree); FGSs = first-generation students (neither parent obtained a university degree); U = Mann–Whitney statistic; z = z score; p = probability.

Differences in mean ranks for mental health variables between CGSs and FGSs were not statistically significant. However, a general trend of higher levels of mental health problems in FGSs than CGSs was noted (depression, eating concerns, substance use, generalised anxiety, family distress, academic distress, and total distress), with only frustration/anger and social anxiety being lower in FGSs than CGSs.

Differences in mean ranks for mattering variables between CGSs and FGSs were not statistically significant. There were minimal differences in general mattering and university mattering (total) between CGSs and FGSs; however, FGSs had higher levels of anti-mattering than CGSs.

4.3. Spearman Rank Order Correlation Analyses

Spearman's rank order correlations coefficients were computed for associations between all mental health and mattering variables for the whole sample of UK university students and then for CGSs and FGSs separately. The results are shown in Table 5.

As expected, almost all mental health variables (depression, eating concerns, substance use, generalised anxiety, frustration/anxiety, social anxiety, family distress, academic distress, total distress) were significantly associated with each other for all three groups (all students, CGSs, FGSs). Correlations were positive; hence, higher levels of one mental health problem were related to higher levels of other mental health problems. The strongest associations were between depression and total distress and generalised anxiety and total distress. The weakest associations were between substance use and all other mental health variables. Substance use and social anxiety were not significantly correlated for any of the three groups (all students, CGSs, FGSs), and for CGSs, there were no significant correlations between eating concerns and family distress, frustration/anger and social anxiety, and social anxiety and family distress.

Table 5. Spearman's Rho correlation coefficients for all variables.

Variable		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Depression	All	-														
	CGSs	-														
	FGSs	-														
2. Eating concerns	All	0.46 **	-													
	CGSs	0.30 **	-													
	FGSs	0.58 **	-													
3. Substance use	All	0.26 **	0.27 **	-												
	CGSs	0.26 **	0.29 **	-												
	FGSs	0.27 **	0.24 **	-												
4. Generalised anxiety	All	0.75 **	0.41 **	0.25 **	-											
	CGSs	0.68 **	0.29 **	0.28 **	-											
	FGSs	0.78 **	0.50 **	0.24 *	-											
5. Frustration/anger	All	0.56 **	0.37 **	0.34 **	0.49 **	-										
	CGSs	0.47 **	0.23 **	0.42 **	0.40 **	-										
	FGSs	0.65 **	0.50 **	0.28 **	0.56 **	-										
6. Social anxiety	All	0.61 **	0.37 **	0.06	0.55 **	0.27 **	-									
	CGSs	0.61 **	0.28 **	0.02	0.50 **	0.16	-									
	FGSs	0.61 **	0.43 **	0.08	0.60 **	0.37 **	-									
7. Family distress	All	0.56 **	0.25 **	0.28 **	0.47 **	0.48 **	0.26 **	-								
	CGSs	0.55 **	0.13	0.29 **	0.39 **	0.50 **	0.18	-								
	FGSs	0.59 **	0.36 **	0.26 **	0.56 **	0.47 **	0.35 **	-								
8. Academic distress	All	0.56 **	0.31 **	0.27 **	0.45 **	0.37 **	0.34 **	0.32 **	-							
	CGSs	0.51 **	0.20 *	0.19 *	0.42 **	0.31 **	0.28 **	0.29 **	-							
	FGSs	0.61 **	0.41 **	0.33 **	0.50 **	0.46 **	0.41 **	0.33 **	-							

Table 5. *Cont.*

Variable		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
9. Total distress	All	0.91 **	0.49 **	0.30 **	0.88 **	0.63 **	0.63 **	0.55 **	0.65 **	-						
	CGSs	0.89 **	0.35 **	0.31 **	0.85 **	0.55 **	0.61 **	0.51 **	0.63 **	-						
	FGSs	0.93 **	0.59 **	0.29 **	0.90 **	0.70 **	0.65 **	0.59 **	0.69 **	-						
10. General mattering	All	−0.51 **	−0.24 **	−0.04	−0.27 **	−0.26 **	−0.48 **	−0.31 **	−0.36 **	−0.43 **	-					
	CGSs	−0.43 **	−0.15	−0.06	−0.16	−0.13	−0.49 **	−0.27 **	−0.24 *	−0.34 **	-					
	FGSs	−0.56 **	−0.29 **	−0.01	−0.34 **	−0.37 **	−0.44 **	−0.32 **	−0.49 **	−0.50 **	-					
11. Anti-mattering	All	0.59 **	0.32 **	0.22 **	0.53 **	0.38 **	0.52 **	0.40 **	0.32 **	0.60 **	−0.43 **	-				
	CGSs	0.46 **	0.20 *	0.23 *	0.46 **	0.36 **	0.46 **	0.29 **	0.27 **	0.52 **	−0.48 **	-				
	FGSs	0.68 **	0.41 **	0.21 *	0.58 **	0.42 **	0.57 **	0.49 **	0.37 **	0.65 **	−0.36 **	-				
12. University mattering—awareness	All	−0.46 **	−0.29 **	0.00	−0.34 **	−0.25 **	−0.52 **	−0.15 *	−0.36 **	−0.44 **	0.50 **	−0.49 **	-			
	CGSs	−0.47 **	−0.23 *	0.00	−0.32 **	−0.19	−0.54 **	−0.12	−0.34 **	−0.42 **	0.45 **	−0.45 **	-			
	FGSs	−0.40 **	−0.32 **	0.02	−0.32 **	−0.28 **	−0.47 **	−0.19	−0.40 **	−0.42 **	0.54 **	−0.51 **	-			
13. University mattering—importance	All	−0.52 **	−0.26 **	−0.13	−0.38 **	−0.29 **	−0.48 **	−0.27 **	−0.42 **	−0.49 **	0.51 **	−0.54 **	0.78 **	-		
	CGSs	−0.54 **	−0.22 *	−0.09	−0.32 **	−0.18	−0.53 **	−0.22 *	−0.42 **	−0.47 **	0.53 **	−0.51 **	0.81 **	-		
	FGSs	−0.47 **	−0.28 **	−0.17	−0.40 **	−0.38 **	−0.41 **	−0.32 **	−0.45 **	−0.49 **	0.46 **	−0.53 **	0.74 **	-		
14. University mattering—reliance	All	−0.29 **	−0.13	−0.02	−0.18 **	−0.22 **	−0.35 **	−0.11	−0.38 **	−0.29 **	0.40 **	−0.27 **	0.64 **	0.70 **	-	
	CGSs	−0.35 **	−0.11	0.05	−0.20 *	−0.20 *	−0.42 **	−0.12	−0.41 **	−0.34 **	0.47 **	−0.33 **	0.71 **	0.72 **	-	
	FGSs	−0.22 *	−0.12	−0.09	−0.13	−0.22 *	−0.24 *	−0.09	−0.37 **	−0.23 *	0.30 **	−0.19	0.55 **	0.66 **	-	
15. University mattering—total	All	−0.48 **	−0.25 **	−0.07	−0.34 **	−0.29 **	−0.51 **	−0.21 **	−0.44 **	−0.46 **	0.52 **	−0.50 **	0.90 **	0.93 **	0.85 **	-
	CGSs	−0.49 **	−0.19 *	−0.02	−0.30 **	−0.20 *	−0.53 **	−0.17	−0.44 **	−0.44 **	0.53 **	−0.48 **	0.92 **	0.93 **	0.88 **	-
	FGSs	−0.45 **	−0.28 **	−0.10	−0.37 **	−0.35 **	−0.46 **	−0.25 *	−0.47 **	−0.47 **	0.50 **	−0.50 **	0.87 **	0.93 **	0.80 **	-

Note. * $p < 0.05$. ** $p < 0.01$. All = the whole sample of university students (N = 242); CGSs = continuing-generation students (n = 124); FGSs = first-generation students (n = 114).

Mattering variables (general mattering, anti-mattering, university mattering) were also significantly associated with each other for all three groups (all students, CGSs, FGSs). Correlations between general mattering and university mattering were positive: higher levels of general mattering were related to higher levels of university mattering. Anti-mattering was negatively correlated with general mattering and university mattering: higher levels of anti-mattering were related to lower levels of general mattering and university mattering. Most associations between mattering variables were of moderate strength. Correlation coefficients of −0.36 to −0.43 for general mattering and anti-mattering were similar to those found in Flett et al.'s [18] study, indicating that these are distinct concepts rather than opposite ends of a mattering continuum. On the other hand, very high correlation coefficients of 0.80 to 0.93 between university mattering (total) and university mattering subscales (awareness, importance, reliance) indicated that university mattering (total) is representative of all the university mattering subscale constructs.

In terms of correlations between mattering and mental health variables, firstly for all students, (1) general mattering was significantly associated with all mental health variables except substance use; (2) anti-mattering was significantly associated with all mental health variables; and (3) university mattering (total) was significantly associated with all mental health variables except substance use.

Secondly, for CGSs, (1) general mattering was significantly associated with depression, social anxiety, family distress, academic distress, and total distress but not eating concerns, substance use, generalised anxiety, and frustration/anger; (2) anti-mattering was significantly associated with all mental health variables; and (3) university mattering (total) was significantly associated with all mental health variables except substance use and family distress.

Thirdly, for FGSs, (1) general mattering was significantly associated with all mental health variables except substance use; (2) anti-mattering was significantly associated with all mental health variables; and (3) university mattering (total) was significantly associated with all mental health variables except substance use.

Correlations between general mattering and mental health variables were negative—higher levels of general mattering were associated with lower levels of mental health problems—and of weak to moderate strength. Almost all correlations were stronger for FGSs than for CGSs or all students; for example, the correlation between general mattering and total distress was moderate for FGSs but weak for CGSs. The correlation between general mattering and social anxiety was the only one that was stronger for CGSs than FGSs. Correlations between anti-mattering and mental health variables were positive—higher levels of anti-mattering were associated with higher levels of mental health problems—and most were of weak to moderate strength. Again, almost all correlations were stronger for FGSs than for CGSs or all students; for example, the correlation between anti-mattering and depression was strong for FGSs but only moderate for CGSs. The correlation between anti-mattering and substance use was the only one that was stronger for CGSs than FGSs. Correlations between university mattering and mental health variables were negative—higher levels of university mattering were associated with lower levels of mental health problems—and most were of weak to moderate strength. Again, almost all correlations were stronger for FGSs than for CGSs or all students; for example, the correlation between university mattering and frustration/anger was weak for FGSs but very weak for CGSs. Correlations between university mattering and depression, and university mattering and social anxiety, were the only ones that were stronger for CGSs than FGSs.

5. Discussion

This study aimed to investigate mental health problems (depression, eating concerns, substance use, generalised anxiety, frustration/anger, social anxiety, family distress, academic distress, total distress) and mattering (general mattering, anti-mattering, university mattering) in UK university students, comparing CGSs with FGSs.

The first key finding was that there were no statistically significant differences in the mean levels of mental health problems and mattering between UK CGSs and FGSs. This is perhaps unexpected given the focus of existing research on FGSs' deficits, challenges, and compromised academic performance [29–31]. However, whilst there is no previous empirical research on mental health in UK FGSs to compare with the results of this study, a scoping review of the international research [9] also found inconsistent results: some studies found that FGSs had worse mental health than CGSs but some found no difference. Moreover, in US studies where CCAPS-62 was used, there were significant differences between CGSs and FGSs for some mental health problems but not for others [32–34]. Similarly, there is no previous empirical research on mattering in UK students generally, or mattering in CGSs and FGSs specifically, to compare with the results of this study. However, a US study by Dueñas and Gloria [22] found similar results: FGSs had lower levels of mattering than CGSs, but the differences were not statistically significant. It is clear that further investigation is required, for example, to ascertain whether this study failed to find differences between CGSs and FGSs due to sample characteristics (mean levels of mental health problems were similar to or higher than US help-seeking students and mean levels of mattering were lower than in studies of US/Canadian students) or whether there was a genuine lack of difference.

The second key finding in this study was that mattering was significantly associated with many mental health problems for the three groups (all students, CGSs, FGSs). This was expected given the results of Flett et al.'s [11] review of the research in this area which concluded that mattering is vital for student mental health. For example, general mattering was associated with lower levels of stress and depression in US university students [17] and lower levels of social anxiety in Canadian university students [35]. However, this study also demonstrates some key differences between the three groups, specifically that mattering appears to matter more for mental health in FGSs than CGSs. Mattering variables were significantly associated with more mental health variables for FGSs than CGSs, and most correlations between mattering and mental health variables were stronger for FGSs than CGSs. Previous international research on mattering in FGSs and mental health in FGSs has not focussed on the relationship between them [9] and clearly this is an area which warrants much more investigation given the promising results of this study.

In summary, whilst there were no statistically significant differences in levels of mental health problems and mattering between CGSs and FGSs, the relationship between mattering and mental health problems differed between CGSs and FGSs. Specifically, correlation analyses showed that mattering matters for mental health in all university students, but mattering appears to matter more for FGSs' mental health than CGSs' mental health.

This study makes a significant contribution to existing student mental health research by demonstrating the associations between mattering and mental health problems in UK university students, both CGSs and FGSs, and building on previous international research on FGSs' mental health which had neglected the concept of mattering. Mattering shows great promise as a basis for effective strategies and interventions to improve mental health in students, particularly FGSs. These findings have the potential to make a great impact because, thus far, it has proven extremely difficult to develop effective student mental health interventions: a review by Robertson et al. [36] found strong evidence for psychological interventions but weaker evidence for recreation (yoga, Tai Chi), peer support, and physical activity. Moreover, targeted strategies and interventions risk problematising students and reinforcing a deficits approach to certain identities, such as FGSs [31]. On the other hand, mattering could form the basis of highly effective universal strategies which do not require sign up, engagement, or attendance and are non-stigmatising because the onus is on the university to adapt its environment, not the student to improve or correct their deficits. In addition, it is extremely difficult for universities to address systemic factors in mental health such as social inequality, but mattering is a factor which

is more malleable and amenable to change than entrenched systemic factors which require fundamental reform.

The implications of the results of this study are that universities must consider urgently how they can increase feelings of mattering and decrease feelings of not mattering in their students. Flett et al. [11] discuss the paucity of research in this area but point out that a huge overhaul of existing strategies and policies may not be necessary; universities should make the message that students matter more explicit in their existing ones. In US studies, Cole et al. [37] found that staff care and support predicted mattering, and Costello et al. [21] found that supportive staff, peers, sense of community, positions of responsibility, and recognition made students feel that they mattered, whilst feelings of not mattering came from a lack of support (mental health, disability, financial). It is clear that much more research needs to be carried out on what makes students feel that they matter and do not matter to inform future strategies and interventions.

5.1. Future Research

This study of mental health and mattering in UK university students has laid the foundations for further research in this field. Given the potential of mattering to improve student mental health, much more research needs to be undertaken. It would be prudent to conduct further studies using the mattering and mental health measures used in this study to investigate whether these results replicate in different samples, both UK and worldwide. Whilst the focus here was on FGSs, it is clear that student identities intersect with mental health, and therefore more research to investigate the potential of mattering for different groups of students, particularly those who are more vulnerable to mental health problems, should be undertaken. It is also important that we learn from students themselves what the factors are which lead to them feeling that they do or do not matter, particularly from qualitative studies, so that university strategies and policies can be adapted accordingly and have the best chance of success.

5.2. Strengths and Limitations

A strength of this study is that it was the first time CCAPS-62 had been used in a UK non-clinical sample. This study comprised participants in the general student population and, as such, included those who are not help-seeking or diagnosed with a disorder who would not be included in a clinical sample (although some may well meet diagnostic criteria even though they have not approached mental health services). Therefore, this study was more likely to capture the true prevalence of mental health problems from both clinical and non-clinical student populations. In addition, by using CCAPS-62, a greater number of mental health problems were studied than is usually the case; often, studies focus on a more limited range of mental health problems, typically stress, anxiety, and/or depression [9]. Further strengths of this study are that it involved multiple UK universities whereas many surveys are institution-specific, and that this was the first time these mattering constructs—general mattering, anti-mattering, and university mattering—had been investigated in a UK student population (to the best of our knowledge).

The limitations of this study are that it was cross-sectional, so this does not allow us to infer causality, and that the focus on mental health may make it more prone to self-selection bias; hence, it may not be representative of the student population as a whole. The context in which this study took place should also be noted: post-COVID-19 pandemic, in the midst of a cost of living crisis, and considerable social and political upheaval (Ukraine, Gaza, climate emergency).

6. Conclusions

The aim of this study was to investigate mental health problems and mattering in UK university students, comparing CGSs and FGSs. The results demonstrated that whilst levels of mental health problems and mattering were not statistically significantly different between CGSs and FGSs, there were differences in the relationships between mattering

and mental health problems for CGSs and FGSs. Higher levels of mattering (general and university) and lower levels of anti-mattering were significantly associated with lower levels of mental health problems in UK university students, consistent with international research, and this was particularly the case for FGSs. The importance of these results is that they demonstrate the potential of general mattering, anti-mattering, and university mattering constructs to form the basis of strategies and interventions to improve mental health in students—students who feel that they matter have less mental health problems. This study makes a valuable contribution to existing international research in this field and lays the foundations for further UK research. Universities must now consider how to increase feelings of mattering and decrease feelings of not mattering in their students. Formulating effective mattering strategies requires much more research, specifically focussing on insights from students themselves about what makes them feel they matter and/or do not matter. Moreover, this research is urgent given that student mental health appears to be worsening and existing approaches are often ineffective.

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References

1. Neves, J.; Freeman, J.; Stephenson, R.; Sotiropoulou, P. Student Academic Experience Survey 2024. Higher Education Policy Institute. 2024. Available online: https://www.hepi.ac.uk/wp-content/uploads/2024/06/SAES-2024.pdf (accessed on 15 November 2024).
2. Auerbach, R.P.; Mortier, P.; Bruffaerts, R.; Alonso, J.; Benjet, C.; Cuijpers, P.; Demyttenaere, K.; Ebet, D.D.; Greif Green, J.; Hasking, P.; et al. WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. *J. Abnorm. Psychol.* **2018**, *127*, 623–638. [CrossRef] [PubMed]
3. The Insight Network. University Student Mental Health Survey 2020. 2020. Available online: https://assets.website-files.com/602d05d13b303dec233e5ce3/60305923a557c3641f1a7808_Mental%20Health%20Report%202019%20 (accessed on 15 November 2024).
4. Akram, U.; Ypsilanti, A.; Gardani, M.; Irvine, K.; Allen, S.; Akram, A.; Drabble, J.; Bickle, E.; Kaye, L.; Lipinski, D.; et al. Prevalence and psychiatric correlates of suicidal ideation in UK university students. *J. Affect. Disord.* **2020**, *272*, 191–197. [CrossRef] [PubMed]
5. Hughes, G.; Spanner, L. The University Mental Health Charter. Student Minds. 2019. Available online: https://www.studentminds.org.uk/uploads/3/7/8/4/3784584/191208_umhc_artwork.pdf (accessed on 15 November 2024).
6. Office for Students. Mental Health: Are All Students Being Properly Supported? 2019. Available online: https://www.officeforstudents.org.uk/publications/mental-health-are-all-students-being-properly-supported/ (accessed on 15 November 2024).
7. Hindle, C.; Boliver, V.; Maclarnon, A.; McEwan, C.; Simpson, B.; Brown, H. Experiences of first-generation scholars at a highly selective UK university. *Learn. Teach.* **2021**, *14*, 1–31. [CrossRef]
8. McCafferty, H.; Tomlinson, M.; Kirby, S. 'You have to work ten times harder': First-in-family students, employability and capital development. *J. Educ. Work* **2024**, *37*, 32–47. [CrossRef]
9. Smith, D.; McLellan, R. Mental health problems in first-generation university students: A scoping review. *Rev. Educ.* **2023**, *11*, e3418. [CrossRef]

10. Office for Students. Student Characteristics Data. 2024. Available online: https://www.officeforstudents.org.uk/data-and-analysis/student-characteristics-data/population-data-dashboard/ (accessed on 15 November 2024).
11. Flett, G.L.; Khan, A.; Su, C. Mattering and psychological well-being in college and university students: Review and recommendations for campus-based initiatives. *Int. J. Ment. Health Addict.* **2019**, *17*, 667–680. [CrossRef]
12. Flett, G.L.; Nepon, T. Mattering versus self-esteem in university students: Associations with regulatory focus, social feedback, and psychological distress. *J. Psychoeduc. Assess.* **2020**, *38*, 663–674. [CrossRef]
13. Rosenberg, M. Self-concept and psychological well-being in adolescence. In *The Development of the Self*; Leahy, R., Ed.; Academic Press: Orlando, FL, USA, 1985; pp. 205–246.
14. Rosenberg, M.; McCullough, B.C. Mattering: Inferred significance and mental health among adolescents. *Res. Community Ment. Health* **1981**, *2*, 163–182.
15. Marcus, F.M. *General Mattering Scale*, [Database record]; APA PsycTests, 1991. [CrossRef]
16. DeForge, B.R.; Barclay, D.M. The internal reliability of a general mattering scale in homeless men. *Psychol. Rep.* **1997**, *80*, 429–430. [CrossRef]
17. Dixon, S.K.; Robinson Kurpius, S.E. Depression and college stress among university undergraduates: Do mattering and self-esteem make a difference? *J. Coll. Stud. Dev.* **2008**, *49*, 412–424. [CrossRef]
18. Flett, G.L.; Nepon, T.; Goldberg, J.O.; Rose, A.L.; Atkey, S.K.; Zaki-Azat, J. The Anti-Mattering Scale: Development, psychometric properties and associations with well-being and distress measures in adolescents and emerging adults. *J. Psychoeduc. Assess.* **2022**, *40*, 37–59. [CrossRef]
19. Maftei, A.; Vrabie, T. Factors associated with students' psychological distress: The roles of creativity, cognitive flexibility and educational (anti)mattering. *Br. J. Educ. Stud.* **2024**, 1–22. [CrossRef]
20. France, M.K.; Finney, S.J. Conceptualization and utility of university mattering: A construct validity study. *Meas. Eval. Couns. Dev.* **2010**, *43*, 48–65. [CrossRef]
21. Costello, M.; Ballin, A.; Diamond, M.R.; Gao, L. First generation college students and non-first-generation college students: Perceptions of belonging. *J. Nurs. Educ. Pract.* **2018**, *8*, 58–65. [CrossRef]
22. Dueñas, M.; Gloria, A. ¿Pertenezco a esta Universidad?: The mediating role of belonging for collective self-esteem and mattering for Latin@ undergraduates. *J. Coll. Stud. Dev.* **2017**, *58*, 891–906. [CrossRef]
23. Locke, B.D.; Buzolitz, J.S.; Lei, P.; Boswell, J.F.; McAleavey, A.A.; Sevig, T.D.; Dows, J.D.; Hayes, J.A. Development of the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62). *J. Couns. Psychol.* **2011**, *58*, 97–109. [CrossRef]
24. McAleavey, A.A.; Nordberg, S.S.; Hayes, J.A.; Castonguay, L.G.; Locke, B.D.; Lockard, A.J. Clinical validity of the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62): Further evaluation and clinical applications. *J. Couns. Psychol.* **2012**, *59*, 575–590. [CrossRef]
25. Locke, B.D.; McAleavey, A.A.; Zhao, Y.; Lei, P.; Hayes, J.A.; Castonguay, L.G.; Li, H.; Tate, R.; Lin, Y. Development and initial validation of the Counseling Center Assessment of Psychological Symptoms-34. *Meas. Eval. Couns. Dev.* **2012**, *45*, 151–169. [CrossRef]
26. Krafft, J.; Haeger, J.A.; Levin, M.E. Comparing cognitive fusion and cognitive reappraisal as predictors of college student mental health. *Cogn. Behav. Ther.* **2019**, *48*, 241–252. [CrossRef]
27. Broglia, E.; Millings, A.; Barkham, M. The Counseling Center Assessment of Psychological Symptoms (CCAPS-62): Acceptance, feasibility, and initial psychometric properties in a UK student population. *Clin. Psychol. Psychother.* **2017**, *24*, 1178–1188. [CrossRef]
28. Shannon, A.; Flett, G.L.; Goldberg, J.O. Feelings of not mattering, perceived stigmatization for seeking help, and help-seeking attitudes among university students. *Int. J. Ment. Health Addict.* **2020**, *18*, 1294–1303. [CrossRef]
29. Adamecz-Völgyi, A.; Henderson, M.; Shure, N. Is 'first in family' a good indicator for widening university participation? *Econ. Educ. Rev.* **2020**, *78*, 1–18. [CrossRef]
30. Jury, M.; Smeding, A.; Stephens, N.M.; Nelson, J.E.; Aelenei, C.; Darnon, C. The experience of low-SES students in higher education: Psychological barriers to success and interventions to reduce social-class inequality. *J. Soc. Issues* **2017**, *73*, 23–41. [CrossRef]
31. Spiegler, T.; Bednarek, A. First-generation students: What we ask, what we know and what it means: An international review of the state of research. *Int. Stud. Sociol. Educ.* **2013**, *23*, 318–337. [CrossRef]
32. Cadaret, M.C.; Rieder Bennett, S. College students' reported financial stress and its relationship to psychological distress. *J. Coll. Couns.* **2019**, *22*, 225–239. [CrossRef]
33. House, L.A.; Neal, C.; Kolb, J. Supporting the mental health needs of first generation college students. *J. Coll. Stud. Psychother.* **2020**, *34*, 157–167. [CrossRef]
34. Keefe, K.M.; Hammersley, J.; Sizemore, S.; Gorsuch Bainter, T.; Najdek, R. Presenting symptoms and psychological treatment outcomes among first-generation and non-first-generation college students. *J. Coll. Stud. Psychother.* **2022**, *36*, 135–148. [CrossRef]
35. Flett, G.L.; Goldstein, A.L.; Pechenkov, I.G.; Nepon, T.; Wekerle, C. Antecedents, correlates and consequences of feeling like you don't matter: Associations with maltreatment, loneliness, social anxiety, and the five-factor model. *Personal. Individ. Differ.* **2016**, *92*, 52–56. [CrossRef]

36. Robertson, A.; Mulcahy, E.; Baars, S. What Works to Tackle Mental Health Inequalities in Higher Education? 2022. Available online: https://cdn.taso.org.uk/wp-content/uploads/Report_What-works-to-tackle-mental-health-inequalities-in-higher-education_AW-Secured-1.pdf (accessed on 15 November 2024).
37. Cole, D.; Newman, C.B.; Hypolite, L.I. Sense of belonging and mattering among two cohorts of first-year students participating in a comprehensive college transition program. *Am. Behav. Sci.* **2020**, *64*, 276–297. [CrossRef]

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