

4-2012

# Factores Involved in College Students' Use of Counseling Services

Terri Flansburg  
*St. Catherine University*

---

## Recommended Citation

Flansburg, Terri. (2012). Factores Involved in College Students' Use of Counseling Services. Retrieved from Sophia, the St. Catherine University repository website: [https://sophia.stkate.edu/msw\\_papers/23](https://sophia.stkate.edu/msw_papers/23)

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact [amshaw@stkate.edu](mailto:amshaw@stkate.edu).

## Factors Involved in College Students' Use of Counseling Services

Submitted by Terri Flansburg  
May, 2012

### MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work  
St. Catherine University & University of St. Thomas and  
St. Paul, Minnesota

Committee Members:  
Carol F. Kuechler, MSW, Ph.D., LISW (Chair)  
Don Johnson, PhD.  
Krista Larson, MSW, LICSW

Abstract

The purpose of this study was to identify key factors associated with students' use of college counseling services. Six common factors were seen throughout the available related research: stigma, gender, culture, experience & knowledge, fear and accessibility. In order to ascertain if and to what extent these factors influence college students' decision to seek counseling, students at an urban Catholic university were invited to take part in an anonymous online survey through their school-sponsored daily e-news. The survey included questions related to the six factors drawn from the literature, and was completed using Qualtrics, an online survey tool. There were 46 students who completed the survey, and the data collected from the surveys was analyzed primarily using descriptive statistics. Each of the six factors had an impact on students' use of counseling services, however the manner and extent to which each one affected an individual was not always congruent with previous research. The qualitative data consisted of voluntary comments and illustrated participants' personal experiences and points of view. Given the findings from this and previous studies, college counseling centers may need to consider increasing their hours of availability, offering more information about their services online, staffing the center with counselors who match the student body demographically, and increasing education about counseling and therapy to students. It would also be valuable for more comprehensive research to be done on each of the six factors presented here, specifically the change in stigma over time.

### Acknowledgements

It is important for me to acknowledge everyone who has played an active role in my successful completion of this project. First, my husband, who I can always count on as a consistent encourager and optimist. Also, I cannot be more grateful for my daughters who help me to keep everything in perspective. On the most frustrating days, their innocent silliness and pure joy reminds me of what is truly important in life. I also want to thank the chair of my research committee for sharing with me her research expertise and eye for detail. I am also thankful for my other research committee members as they took time out of their personal lives to read and critique my project and share their knowledge with me. Lastly, I am thankful to my heavenly father for being God of the small and large things in life, and for caring about this little project of mine.

## Table of Contents

|                                       | Page  |
|---------------------------------------|-------|
| Abstract                              | i     |
| Acknowledgements                      | ii    |
| List of Tables                        | iv    |
| Introduction                          | 1-6   |
| Incidence                             |       |
| Impact on Population                  |       |
| Application to Social Work            |       |
| Purpose of Study                      |       |
| Review of the Literature              | 7-24  |
| Overview                              |       |
| Stigma                                |       |
| Gender                                |       |
| Culture                               |       |
| Experience & Knowledge                |       |
| Fear                                  |       |
| Accessibility                         |       |
| Application to Social Work            |       |
| Conceptual Framework                  | 25-27 |
| Methods                               | 28-33 |
| Research Design                       |       |
| Sample                                |       |
| Protection of Human Subjects          |       |
| Data Collection                       |       |
| Data Analysis                         |       |
| Strengths and Limitations             |       |
| Findings                              | 34-42 |
| Discussion                            | 43-49 |
| References                            | 50-54 |
| Appendices:                           |       |
| Permission from the university        | 55    |
| the daily e-news announcement         | 56    |
| Survey information and consent letter | 57-58 |
| Survey                                | 59-61 |

List of Tables

Page

---

Tables:

|   |    |
|---|----|
| 1. Ecological Model v.s. Factors Associated with Use of Counseling Services | 27 |
| 2. Demographic Information  | 34 |
| 3. Mental Health or Counseling Services Use                                 | 35 |
| 4. Percieved Stigma from Others for Seeking Help (PSOSH)                    | 38 |
| 5. Likely to Seek Help For Specific Concerns                                | 39 |
| 6. Religious Affiliation and Concerns                                       | 40 |

## Introduction

Personal, social and emotional challenges, rather than struggles related to academic performance may lead to college students' decisions to leave school . Yet, on college campuses, where students have the option to seek help at their campus counseling center, it has been shown that only a percentage of individuals who could benefit from such services, actually make use of them (Vogel, Wester, & Larson, 2007; Nam, Chu, Lee, Lee, Kim, & Lee, 2010; Bathe & Prior, 2011).

A number of factors can lead individuals within the general population and college students to avoid or use mental health services. Counseling and psychotherapy are viewed by many college students as uncomfortable, upsetting, risky, and generally tough for them to engage in (Kushner & Sher, 1989). These ideas can stem from a variety of internal and external factors. Students may be fearful about disclosing personal information about themselves with a stranger, or feel embarrassed if their social circle becomes aware that they are seeing a therapist (Komiya, Good, & Sherrod, 2000). Likewise, students may not want to discuss emotional subject matter for fear of re-experiencing deeply painful emotions (Vogel, Wester, & Boysen, 2005). For others, the anticipated risk of the perceived difficulty of the process and the stigma associated with it does not outweigh the usefulness, or benefits, associated with the services rendered (Vogel et al., 2005).

In addition to fears about risk and embarrassment, it has been shown that individuals simply may not know much about counseling and psychotherapeutic services (Jorm, 2000; Dubow, Lovko, & Kausch, 1990). They may think these services are only for people with severe mental illness, that they are too costly, or they may be unaware of the professional helping agencies available to them (Dubow, et al., 1990). Such perceptions and lack of knowledge can lead to underutilization of beneficial counseling services (Dubow et al., 1990).

Various demographic features have also been shown to play a role in decisions to use or avoid counseling and therapy among the general population and among college students. Studies have reported gender differences in attitudes about and use of mental health services, and most have concluded that men are less likely to use psychological services than women (Nam et al., 2010; Vogel et al., 2007; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). Factors like cultural and social norms, masculine identity, gender role conflict, etc. all play a role in men's attitudes toward help-seeking and the degree to which they are inclined to seek help (Nam et al., 2010, Vogel et al., 2011; Steinfeldt, Steinfeldt, England, & Speight, 2009).

In addition to the effect of gender on potential clients' help-seeking behavior, researchers have also identified culture as an influence. Caucasian people are the most likely to use mental health services, and Latino individuals are least likely to seek services (Leong, Kim, & Gupta, 2011; Kearney, Draper, & Baron, 2005). Leong et al. (2011) and Kearney et al. (2005) found that Asian Americans are far less likely than white people or black people to engage in counseling. Other cultural factors such as messages received from family members, as well as faith and belief systems also play a role in avoidance or use of psychological services (Angermeyer, Matschinger, & Riedel-Heller, 2001; Cameron, Leventhal, & Leventhal, 1993; Johnson & Hayes, 2003).

### **Incidence**

To understand how people choose to use mental health services, such as counseling services within a college campus, one must rely on research that is mostly based on the rates of mental illness and utilization percentages of mental health services. One in four adults experience a mental health disorder each year (National Alliance for Mental Illness). Of adults who experience chronic mental illness, 50 percent begin having symptoms by the age of 14, and 75 percent of adults who experience chronic mental illness begin having symptoms by age 24 (Kessler et al., 2005). Despite the effectiveness



of early intervention, Wang et al., (2005) found that people do not seek treatment when they first start experiencing symptoms. Long periods of time can pass between the onset of symptoms and intervention.

Utilization rates vary among the general population. In a study by Wang et al., (2005), 41.1 percent of participants, all of whom were adults with a DSM IV diagnosis, received outpatient treatment. In 2008, however, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that 13.4 percent of adults in the United States sought help for a mental health problem. SAMHSA concluded that this only accounted for 58.7 percent of adults actually living with serious mental illness. These mental illnesses include diagnoses such as major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder (National Alliance for Mental Illness).

Outpatient treatment, however, is not only for people with a serious mental illness. Psychological distress can occur for a number of reasons, such as, the death of a loved one, relationship issues, adjustment to major life changes, sexual identity concerns, etc., which may eventually lead to a DSM IV diagnosis (National Institute of Mental Health, 2010). Unfortunately, many potential clients believe that such issues are not severe enough to warrant counseling or therapy, leading them to deal with their issues on their own (Hinson & Swanson, 1993).

Statistics related to college students are less common, however, The National Survey of College Counseling Directors provides valuable information related to counseling center use (Gallagher, 2007). This survey included data provided by the directors of 272 college and university counseling centers in the United States and Canada. According to Gallagher, in 2007 8.5 percent of students sought counseling, which was approximately 325,000 students. The average "no-show" rate for counseling centers was 12%.

A recent trend toward a greater number of students with severe psychological problems was reported by 91.5 percent of directors. Furthermore, 87.5 percent of directors believed that there was an increase in the number of students coming to campus who already had a mental health diagnosis and were on psychiatric medication. Students' self-injurious behaviors, suicidality (attempted and completed), and threat to others were concerns raised by many directors. Directors reported 105 student suicides in 2007. While 22 percent of these students were current or former clients at the college or university's counseling center, most of them had not used counseling services. To the extent that it was known, 63 percent of the students who committed suicide were depressed, 24 percent had relationship problems, 12 percent had academic problems, 32 percent used psychiatric medication, and 15 percent were known to have had previous psychiatric hospitalization (Gallagher, 2007).

### **Impact on Population**

There are two main concerns related to the impact of counseling services on college students: retention and student well-being. Most college administrators are concerned with the impact various college services have on retention, so there are many studies linking student use of counseling services to retention rates (Sharkin, 2007; Lee et al., 2009; Wilson et al., 1997). Studies have indicated that there is a positive association between the two, and retention rates are higher for students who make use of the mental health services available to them (Sharkin, 2007; Lee et al., 2009). Not all counseling centers offer the same services to students. Some offer academic and vocational counseling in addition to psychological counseling, whereas others only offer psychological counseling (Lee et al., 2009). Thus, the data regarding the positive association between students remaining in school and their use of counseling services, is not always based on uniform information (Wilson et al., 1997). That said, studies show that students receiving only psychological counseling in campus counseling centers may have higher rates of continuation and graduation (Sharkin, 2007; Lee et al., 2009; Turner & Berry, 2000).

While utilization of counseling services may impact students by keeping them in school, studies are quick to point out that higher retention rates are not due to increased academic performance or higher GPA (Lee, et al., 2009; Wilson et al., 1997). Rather this retention advantage is more closely linked with counseled students being better able to adjust to college, handle their personal, relational, and mental health struggles, and navigate through other critical periods during which they might be susceptible to dropping out (Wilson et al., 1997). Furthermore, counselors serving in campus counseling centers have argued that social and emotional adjustment along with overall well-being, is their primary focus, rather than keeping students in school (Sharkin, 2007; Lee, et al., 2009).

With an increase in social and emotional adjustment and student well-being comes a decrease in severe and often damaging behaviors associated with psychological distress (DeStefano, Mellott, Peterson, 2001). Suicide, eating disorders, sexual identity crises, and addiction issues are common among young people on college campuses (NIMH; Kelly and Achter, 1995; Lucas and Berkel, 2005; Hooyman and Kramer, 2006). These are serious struggles that should not be taken lightly or ignored, and research shows that seeking help for such issues from counselors either on or off campus, dramatically reduces symptoms and saves lives (DeStefano et al., 2001; Hooyman and Kramer, 2006).

### **Application to Social Work**

Factors leading to the avoidance of beneficial and necessary mental health services among college students should be a concern of social workers as they are a part of the professional make-up of counseling services on college campuses (Vonk et al., 2000). This professional make-up has evolved over time. In an interesting, yet dated, article on the inclusion of social workers in college counseling, Jones and Donovan (1986) point out that up until that era, if a social worker wanted to work with students in a school setting, their options were limited to elementary, middle and high school. As more social workers began moving into the college setting, Jones and Donovan (1986) observed the benefit of

having college social workers. They acknowledged their propensity to promote positive change within the structures and environment of a university in order to better serve the needs of the students, particularly those who were most vulnerable.

More recently, Vonk et al. (2000), highlighted the roles of social workers within colleges and universities, and pointed out the benefits of having them on campuses. While social worker's roles vary from campus to campus, most are a part of the counseling services staff and function in a traditional counseling role providing psychotherapeutic, psychoeducational, crisis intervention, and outreach serves to college students (Vonk et al., 2000). Social workers, however, also serve as advocates for specific students who, after experiencing a crisis, need assistance negotiating with various offices on campus and navigating the resources available to them (Vonk et al., 2000). The benefit of this is a more holistic and comprehensive treatment plan, which serve the immediate and long-term needs of students (Vonk et al., 2000).

### **Purpose of the Study**

The purpose of this study was to identify and explore the relationships among the key factors associated with college students' use of counseling services on campus through an online survey of college students at an urban Catholic university in the Midwest. The hope was that this information, which will come directly from students rather than faculty, staff, or administration, will be helpful to social workers who work with college students on and off the college campus environment, in order to serve current clients and reach out to potential clients as effectively as possible.

## Literature Review

### **Overview**

Patterns and attitudes regarding help-seeking among college and university students, are similar to those found in the general adult population (Kearney et al., 2005). Thus, both areas of research will be addressed. Many researchers have sought to discover the factors involved in the decision to use or avoid mental health services, and six common themes can be seen throughout many of their findings: stigma, gender, culture, experience & knowledge, fear and accessibility. While many of these factors are interrelated and not mutually exclusive, they will be addressed separately to highlight the pertinent findings and ideas related to each one. In addition, the role of social work within college counseling centers will also be addressed.

### **Stigma**

Stigma is one of the most cited reasons for avoidance of seeking help from a mental health professional (Vogel, Wade, & Aschemam, 2009). Researchers have categorized the concept of stigma in three main areas: stigma associated with mental illness, social (or public) stigma, and self (or personal) stigma (Vogel et al., 2009; Bathje & Pryor, 2011; Corrigan et al., 2005). Studies continue to point to the effect that attitudes about counseling have on college students' intentions to seek help when experiencing some sort of psychological distress, and students' attitudes are perhaps most severely impacted by perceived social stigma and self stigma (Vogel et al., 2007; Leong et al., 2011).

In addition to these three categories of stigma associated with help-seeking, there is also stigma within various populations based on culture, ethnicity, race, gender, faith practice, familial role, etc (Leong et al., 2011; Vogel, et al., 2009; Bathje & Prior, 2011). Because each of these demographic

characteristics also carries with it other qualities that contribute to avoidant behavior, each characteristic will be covered in more detail in subsequent sections.

### *Stigma Associated with Mental Illness*

Stigma associated with a mental illness relates to the negative attitudes, opinions, and beliefs society has placed on such individuals (Corrigan et al., 2005). This stigma influences stigma toward help-seeking, so it is important to investigate what researchers have to say about stigma associated with mental illness today (Bathje & Pryor, 2001; Leong et al., 2011; Eisenberg et al., 2011). While views of mental illness have changed overtime due to increased knowledge about mental illness as well as more exposure to individuals who experience mental illness, such stigma still exists (Corrigan et al., 2005).

Within the general population, people with a mental illness are aware of and sensitive to stereotypes about mental health issues. In a study by Link et al. (1989) a modified labeling theory was conceived in response to the claim by Scheff's (1984) labeling theory that labeling produces mental illness. This modified labeling theory was tested with adults ranging from psychiatric patients to untreated people in the general population. In short, Link et al., (1989) concluded that individuals within the general population who have a mental illness were aware of the social stigma that exists prior to seeking professional help and receiving a diagnosis. Once the mental illness label was placed upon people, Link et al. found they often employed coping techniques such as secrecy and withdrawal from many of their social networks. According to this theory, such isolation and other coping behaviors can often exacerbate an individual's mental health symptoms, leading to more severe problems and creating a kind of cyclical issue. More recently, researchers have confirmed this theory, but found that while there is a connection between a psychiatric diagnosis (label), self and social stigma, and exacerbated symptoms, the connection is more complicated than a simple cause and effect relationship (Kroska & Harkness, 2006). Nonetheless, Kroska and Harkness (2006) suggested that there is a correlation

between the two which has resulted in individuals avoiding therapy altogether, in an attempt to avoid the label or diagnosis that leads to stigmatization.

As labeling relates to college students, Feldman and Crandall (2007) found that within the category of mental illness, various ranges of severity and functionality associated with different diagnoses (labels), produced different levels of stigma. They attempted to rank the level of stigma associated with various disorders among college students and found three factors which are essential in determining stigma: *personal responsibility, dangerousness, and rarity* (Feldman & Crandall, 2007). In Feldman and Crandall's framework, *personal responsibility* referred to the degree to which a person with a mental illness was perceived to be responsible for their symptoms. *Dangerousness* referred to the degree that people thought that a person with a mental illness put them at risk, and they defined *rarity* as the degree to which respondents believed the diagnoses to be uncommon. Given these factors, illnesses such as antisocial personality disorder, pedophilia, and factitious disorder were ranked high in social rejection, whereas autism, social phobia, post traumatic stress disorder and narcolepsy ranked low (2007).

#### *Public or Social Stigma*

Public stigma, as it is associated with help-seeking, is a common negative societal reaction to people who seek help for psychological distress (Bathje & Pryor, 2011). It was not until the late 1970's and into the 1980's that researchers began noticing that stigma went beyond mental illness and touched help-seekers as well (Sibicky & Dovidio, 1986). Sibicky and Dovidio noticed this trend as they investigated whether negative perceptions about individuals who sought help at the university's counseling center existed among university students. They included 68 male and 68 female participants who were randomly assigned a partner from within the study group. The partners were to get acquainted through a conversation and questionnaire. Some students were led to believe their partners

were recruited from an introductory psychology course, and other participants were led to believe their partners were recruited from the university's counseling center. Sibicky and Dovidio's hypotheses were confirmed when they found that college students had less favorable impressions of peers whom they perceived to be clients in the counseling center, than peers who were assumed to be non-clients.

More recently, studies have indicated that public stigma toward help-seeking has an impact on whether or not an individual will seek psychotherapy or other mental health services when necessary. Vogel et al., (2007) found that, among college students, this perception of public stigma by clients or potential clients limited or inhibited their help-seeking behavior in a kind of chain reaction. Public stigma toward individuals seeking help was the first domino to fall. Public stigma lead to personal or self stigma, which in turn contributed to a negative attitude toward counseling, and then decreased a potential client's willingness to seek counseling (Vogel et al., 2007).

Public or social stigma among college students includes the perception or views of the larger society (i.e. their college community and society in general) toward those seeking psychological help, and the views of an individual's small social or familial circle (i.e. their groups of friends at school and the members of their family) (Vogel et al., 2009, Bathje & Prior, 2011). Both of these public sectors have a unique impact on an individual in terms of his or her avoidant behavior. Vogel et al., (2009) pointed out that students who perceived that the larger community surrounding them had negative or discriminatory opinions about an individual seeking mental health counseling, but their close social circle was sympathetic and supportive of such treatment, were more apt to seek help. If, on the other hand, a college community viewed help-seeking in a positive, non-stigmatizing way, but a student's family and friends viewed it negatively, that person was less apt to voluntarily seek help (Vogel et al., 2009). Likewise, if a college community and social circle both felt negative and unsympathetic about seeking help, a student would be highly unlikely to seek therapeutic help, whereas if both circles were



supportive, a student may be quite likely to seek help in counseling services (Vogel, et al., 2009). This concept was also demonstrated in a study by Bathje and Prior (2011). They gave 211 participants surveys to measure their awareness of public stigma, endorsement of public stigma, self stigma, and help-seeking attitudes and their intentions to seek counseling. They compared scores across surveys in order to identify the mediating relationships between each. As it related to the influence of the larger society versus a student's small social circle, Bathje and Prior found that the more sympathy students perceived from their social circles, the more willing they were to seek help (2011).

### *Self Stigma*

Vogel et al. (2006) stated, "Self-stigma is the reduction of an individual's self-esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable" (p. 325). As is the case with research on stigma associated with mental illness, studies about self-stigma have incorporated modified labeling theory as one explanation for the avoidance of help-seeking (Link et al., 1989; Wade et al., 2011). Link et al. (1989) applied modified labeling theory to the general adult population, with the hypothesis that the social stigma surrounding mental illness (label) would have a negative impact on a person's view of themselves leading to increased feelings of inferiority, inadequacy, and overall low self-esteem. Their findings confirmed their hypothesis (Link et al., 1989).

In a later study, it was demonstrated that in an attempt to avoid such self-stigma, individuals may avoid counseling or mental health treatment altogether (Wade et al., 2011). This was demonstrated with college students in a study by Vogel et al., (2006). The 10 item Self Stigma of Seeking Help (SSOSH) scale was distributed to 217 college student participants. Based on the findings Vogel et al. concluded that self stigma had an even stronger impact on college students' avoidance of counseling services than did an individual's discernment of the anticipated risks and benefits of seeking psychological help.

Wade et al. (2011) also used the SSOSH scale with group of 263 randomly selected college students. The researchers administered the SSOSH questionnaire prior to and after participating in one session of group therapy and found that after one session of group therapy students had decreased levels of self stigma. Wade et al. postulated that this change in self stigma could have been due to a few different factors, such as, experiencing first-hand that there was not much to be feared, that their self-worth was not likely to be challenged, and that they might actually feel better about themselves after engaging in therapy (2011). In other words, the benefits of therapy outweighed the risks. These findings were congruent with the notion raised by Vogel et al., (2007) that self stigma is an internal perception often based on fear and the opinions of one's social circle rather than real, personal experiences of counseling and therapy.

### **Gender**

While stigma is one of the most cited factors associated with the use of mental health services, researchers have also been interested in the role of gender as it relates to help-seeking (Moller-Leimkuhler, 2002; Vogel et al., 2007; Nam et al., 2010). Researchers have found that females have more positive attitudes toward seeking help regarding mental health concerns than males (Nam et al., 2010; Vogel et al., 2007). Differences between men and women in the general adult population related to help-seeking vary based on the nature of specific psychological issues for which individuals seek help. Women have a higher rate of seeking help for less severe illnesses, such as depression, than men (Moller-Leimkuhler, 2002). Men have a higher rate of help-seeking for more severe psychiatric illnesses, such as schizophrenia, but it is difficult to discern if women are simply more at risk of developing these less severe disorders (Leaf & Bruce, 1987). It is also possible that, coupled with other demographic and cultural characteristics, men are prone to "non-perception, undervaluation and denial of symptoms, thus producing barriers to help-seeking" for less severe issues (Moller-Leimkuhler, 2002, p. 5).

While attitudes do not always lead to a specific action, according to Vogel et al. (2007), in the case of help-seeking, college students' attitudes are strong predictors of whether or not they will seek psychological help: negative attitudes often keep students from seeking help, whereas positive attitudes induce help-seeking behavior. Studies have sought to explain and quantify the gender differences associated with seeking psychological help with no definitive answers; most point to a combination of preexisting attitudes, perceived social stigma, and the influence of societal and cultural norms (Nam et al., 2010; Vogel et al., 2007; Vogel et al., 2011).

Nam et al. (2010) sought to examine the effects of gender on college students' attitudes toward seeking help, and found that men had more negative attitudes toward counseling, and that these attitudes existed across all racial groups in the study. Gender differences were more noticeable and stronger, however, among people from certain cultural or ethnic backgrounds, faith traditions, social circles, and sexual orientations (Nam et al., 2010, Vogel et al., 2011). For instance, men from a more masculine or individualistic society tended to have stronger negative attitudes toward psychological help-seeking than men who grew up in collective or feminine cultures. College athletes, specifically football players, who reported high levels of athletic identity and gender role conformity, viewed help-seeking as highly stigmatizing and a sign of weakness (Steinfeldt et al., 2009).

While all of these findings suggest that gender plays an important role in the use of mental health services, other research indicates that the interplay between gender, and other defining characteristics, such as culture, family, norms, demographics, and personality, may be a stronger and more accurate predictor of one's help-seeking tendencies (Moller-Leimkuhler, 2002; Leaf & Bruce, 1987; Drapeau et al., 2009; Steinfeldt et al., 2009; Nam et al., 2010, Vogel et al., 2011). The role of these characteristics will be explored further.

## **Culture**

The definition of culture is quite broad, but for the purposes of this study and review of the literature, culture will include not only one's race and ethnicity, but also family and social norms, and faith. These are the most cited cultural factors associated with the use of college counseling services (Leong et al., 2011; Nam et al., 2010; Guiffrida & Douthit, 2010).

### *Race and Ethnicity*

Research indicates that race, and more specifically college students' ethnicity, has an impact on the decisions they make and the way in which they interact with the world around them (Nam et al., 2010). Often the values and messages sent by students' ethnic heritages are contradictory to the values and standards upheld by many mental health services and practitioners (client disclosure of private information, therapist commitment to confidentiality, etc.), which can make it difficult for some students to make the decisions to seek and follow through with counseling (Vogel et al., 2010; Leong et al., 2011).

Diala et al. (2001) found that although depression rates are quite similar among African Americans (9.3%) and Caucasian Americans (9.8%) in the general population, African Americans were much more likely to seek counseling. Not all studies have had similar findings because of reported mistrust among African American's toward white practitioners, including a sense that they will not be fully understood (Diala et al., 2001; Kearney et al., 2005). Kearney et al. (2005) found that African American college students less were likely to seek services than Caucasian students, but more likely to do so than any other ethnic minority groups. In addition to the notion of mistrust or being misunderstood Guiffrida and Douthit (2010) presented an alternative explanation in their summative research article on black student experiences at predominately white colleges. They stated that because black students tend to have strong relational bonds and ties to family and friends, they may be more

likely to seek help or support from these relationships rather than from a professional counselor (Guiffrida & Douthit, 2010).

While findings differ on whether or not Caucasian or African American students are more likely to seek mental health services (Diala et al., 2001; Kearney et al.; Vogel et al., 2010), both groups are more likely than Asian college students to seek psychological services (Leong, et al., 2011). Nam et al. posit that since the Asian culture is more collectivistic than traditional Caucasian western culture, Asian individuals would typically go to family members for help with their issues (Nam et al., 2010). Seeking help outside the family, especially from mental health practitioners, can actually be the source of shame or loss of face on the individual and the family (Nam et al., 2010; Leong, et al., 2011). Nam et al. (2010) found that Asian American college students were more likely to seek counseling than Asian students but were less likely than Caucasian students to seek counseling.

Like African American and Asian American individuals, Latino college students may also be more apt to use family members or friends when they need help because counselors are often seen as outsiders who do not belong to their group (Vogel et al., 2007). They are encouraged to keep personal matters within the family, and the effects of such cultural messages are clearly seen in a study by Kearney, Draper, and Baro'n (2005) where Latino students were the least likely ethnic group to seek psychological services from a university counseling center.

Researchers have also made an effort to explore the effect that having counselors from various ethnic backgrounds has on the help-seeking behavior of ethnic minority students. Findings differ between studies, however, as to whether ethnically matching clients to practitioners makes a big difference in help-seeking behavior (Nam et al., 2010; Kearney et al, 2005). Sue, Fujino, Hu, Takeuchi, and Zane (1991) found that clients in the general population who met with professionals of a similar ethnicity tended to have greater length of treatment, higher rates of participation in therapy, and better

therapeutic outcomes. Kearney et al. (2005) found no significant differences in the effectiveness or ineffectiveness of racially matching clients and counselors in their study of college students; additionally they found no negative impact on therapeutic process. Other cultural factors that impact students' help seeking behavior are their family and social norms.

### *Family and Social Norms*

The messages received from one's family and friends regarding mental health have a powerful effect on a person's perceptions of, attitudes towards, and propensity to use mental health services (Angermeyer et al., 2001; Cameron et al., 1993). This was evidenced in the literature as it related to ethnicity, but it is also true apart from ethnic and racial factors (Vogel et al., 2007; Kearney et al., 2005; Nam et al., 2010).

Cameron et al. (1993) found that 92 percent of individuals in the general population who were included in their study talked to a family member or friend about their mental health issue prior to making a decision to seek help. Additionally, 50 percent of the people who sought help were encouraged by someone in their social circle to do so.

In their qualitative study with 1564 participants, Angermeyer et al. (2001) sought to determine how and under what circumstances individuals would recommend professional help-seeking to a friend or family member experiencing psychological distress. They found that serious disorders, such as schizophrenia, prompted more referrals to professional psychological services. Disorders that were considered less severe, such as depression, were less likely to be seen as needing professional help. When participants were supportive of the use of professional mental health services, Angermeyer et al. (2001) found they played a significant role in providing practical information about mental health services, helping their friend or family member formulate normative expectations of services, and offering encouragement and support as they made a decision to seek help. Overall, Angermeyer et al.

concluded that friends and family have a powerful influence on an individual's propensity to seek professional services. In accord with these findings, other studies have suggested that individuals who are surrounded by family members and friends who send negative messages about and are unsupportive of counseling and therapeutic services are much less likely to seek help (Vogel, et al., 2009; Bathje & Prior, 2011).

### *Faith*

The role of faith is another cultural factor that has been associated with college students' help-seeking behavior. It has been shown that one's faith tradition or belief system affects the way a potential client views seeking professional mental health services (Johnson & Hays, 2003). A few studies with the general population and with college students have explored these relationships.

Among the general population, some studies have found that religious individuals (people who ascribe to a particular faith) typically consult with friends, family, and pastors before contacting a counselor or therapist (Sell & Goldsmith, 1988; McClure, 1987). When they did seek help, they preferred to see a mental health professional who shared their belief system because they believed they would see greater improvement when working with a therapist who understood and supported their values (Keating & Fretz, 1990; Morrow, Worthington, & McCullough, 1993).

Keating and Fretz (1990) found that religious individuals from the general population had a much more negative attitude toward mental health services than individuals without any belief system. Among Christians, in particular, this negativity may be related to their past counseling experiences with unprofessional (lay) counselors (Garzon, Worthington, Tan, & Worthington, 2009). Many churches and faith communities employ what they refer to as, "lay" people to counsel and help people whom pastors and other trained ministers simply do not have enough time to help (Garzon et al., 2009). While well-intentioned and often quite helpful, lay counselors, may give individuals the idea that seeking help from

a mental health professional will be similar to their time with a lay counselor (Garzon et al., 2009).

Garzon et al. pointed out that even receiving counsel from a minister can give potential clients false expectations about professional mental health services.

Among university students, Johnson and Hays (2003) found that students with deep spiritual convictions may not differ from non-spiritual or non-religious people on rates of depression or feelings of shame, however, they were much more prone to guilt. This had a powerful impact on how they viewed their distress and the cause of it, as well as how open they were to sharing it with others, including mental health professionals (Johnson & Hays, 2003). Johnson and Hays also found that university students with a strong belief system had higher levels of distress about incidents and struggles such as sexual assault, homesickness, suicidal ideation, unplanned pregnancy, and the death of loved one than students without deep spiritual convictions. These researchers attributed this increased distress to the students' higher levels of guilt. In addition, even though their distress levels were higher, they were less likely to seek help at their university's counseling center (Johnson & Hays, 2003).

### **Experience & Knowledge**

In addition to the role of race, family, and faith in college students' decisions to use counseling services, young people's past experiences with and overall knowledge about counseling and other mental health services also impacts their likelihood to seek help in the future (Gulliver, Griffiths, & Christensen, 2010). Gulliver et al. conducted a systematic review of qualitative and quantitative research on barriers and facilitators to help-seeking among adolescents (12-17 years old) and young adults (18-25 years old), and found that young people who had negative experiences with a therapist or counselor were less likely to employ such services in the future if and when the need arose. A study by Wilson and Deane (2001) demonstrated similar findings among male and female participants between the ages of 14-17. In their study, successful past therapeutic experiences were strong predictors of



peoples' future help-seeking behaviors (Wilson, & Deane, 2001). Gulliver et al. expanded on the role of past experiences to suggest that past experiences "may also act as a form of knowledge or mental health literacy, a topic deemed important in the help-seeking process" (Gulliver et al., 2010, p. 7).

While some people within the general population and college students have experienced mental health services, and therefore have increased knowledge about such services, overall, studies show that people do not know much about counseling or psychotherapy (Jorm, 2000; Dubow et al., 1990). Thus, they are hesitant to seek such help, and they may be unaware that it is available to them or applicable to their situation (Jorm, 2000). Some individuals think, for example, that their situation is not severe enough to seek counseling from a mental health professional; likewise, they may fear that their problem(s) will not be taken seriously (Kushner & Sher, 1989; Gulliver et al., 2010). People compare their struggles or the source of their distress with others' issues, leading them to believe that they should be able to get through it on their own or with help from informal resources (friends, family, mentors, etc.) (Vogel et al., 2007). Likewise, Vogel et al. also proposed that many people's perception of what goes on in therapy is inaccurate and based on what they have heard from media, family members, friends, and other sources. These misperceptions and lack of knowledge all contribute to treatment avoidance and fear of using counseling services (Vogel et al., 2007).

### **Fear**

Most college students go into counseling with some sort of preconceived notion about what the experience is going to be like. Such expectations may provoke fear in an individual based on past counseling experiences, messages received from one's social circle, or ideas, myths, and facts adopted throughout a person's life (Vogel et al., 2007). Fears about treatment have been defined as a "subjective state of apprehension arising from aversive expectations surrounding the seeking . . . of mental health services" (Kushner & Sher, 1989, p. 251). More specifically, the types of fears that are

identified throughout literature are: fear of experiencing and expressing painful emotions, fear of self-disclosure, fear related to counselor trustworthiness and confidentiality, fear of not relating to the counselor, and fear about the dual roles of a college counselor (Vogel et al., 2007; Gulliver et al., 2010; Guiffrida & Douthit, 2010). These fears have been shown to lead to avoidance or hesitation in seeking help for psychological distress, as individuals anticipate that the risks associated with help-seeking are higher than the perceived benefit (Vogel et al., 2007).

Among the general adult population, Vogel et al. (2007) found in their review of the literature related to the avoidance of help-seeking that many people have a profound fear of re-experiencing painful emotions and outwardly expressing their distress in a therapeutic environment. They noted that individuals who are less skilled at dealing with their emotions are also less likely to seek professional help for their concerns (2007).

College and university students can have fears about a number of different aspects of therapeutic process. One fear is related to the disclosure of highly personal information. Kushner and Shur (1989) found that the more pain that was associated with clients' presenting problems, the more fear potential clients had about sharing their suppressed concerns and emotions with a counselor or therapist. In a later study, Cepeda-Benito and Short (1996) also found that the content or source of students' distress had a profound effect on the level of fear they had about disclosing their concerns. Likewise, Vogel et al. (2005) found that college students who sought counseling after a particularly distressing event were much more wary of disclosing information and sharing emotions with a therapist, than people who went to counseling for more general concerns. They also found that negative attitudes toward counseling services had a negative effect on students' intentions to seek help (Vogel et al., 2005).

Kelly and Achter (1995) had contradictory findings, however. They did a study with 257 college students in an effort to find out more about the relationship between self-concealment, attitudes toward seeking psychological help, and intentions to seek counseling. They used the Self Concealment Scale (SCS), developed by Larson and Chastain (1990), which measures the likelihood of an individual disclosing personal information with other people. They found that students who scored high on this scale had less favorable attitudes toward counseling than low self-concealers. Despite having more negative attitudes about mental health services, however, high self-concealers were more likely to actually seek counseling.

Fear that confidentiality will be breached and that a counselor or therapist will not be trustworthy are other factors involved in students' help-seeking behavior (Gulliver et al., 2010). In their systematic review of 22 studies related to perceived barriers to help-seeking in young people, Gulliver et al. (2010) found that many people between the ages of 12-25, would rather confide in a trusted friend or family member about emotional and painful information, than seek professional help from a stranger. Gulliver et al. also found that potential clients between the ages of 12-25 feared that what they said to their counselor in therapy would somehow get out to friends and family causing embarrassment and misunderstandings (Gulliver et al., 2010), highlighting a lack of understanding regarding the role of confidentiality and privacy within mental health services.

In addition, a person may fear that a particular counselor will not be able to relate to him or her due to race, age, gender, and the counselor's role as a staff member (Gulliver et al., 2010). Gulliver et al. (2010) found these differences triggered young people to see counselors as too far removed from their situation to understand the challenges they were facing. Furthermore, as it relates to a counselor's position or role within a school, Gulliver et al. (2010) found that potential clients were also concerned about dual roles. For example, students seeking counseling at their school saw counselors as staff

members, authority figures, or enforcers of rules, in addition to their roles as counselors or therapists. This significantly affected the decision to disclose personal or potentially incriminating information (issues related to drugs, gangs, etc.) (Gulliver et al., 2010; Guiffrida & Douthit, 2010).

### **Accessibility**

Accessibility, which refers to cost, distance/location, and hours of operation, is a factor that potential clients consider when deciding whether or not use mental health services (Gulliver et al., 2010). While research has not addressed the extent to which accessibility effects college students' decisions to use counseling services, Gallagher (2007) does offer information regarding the accessibility of 272 college counseling centers. According to this study, most colleges and universities are open during normal business hours (8:00 a.m.- 4:30 p.m.). While most universities do not charge a fee for using counseling services, Gallagher (2007) found that 22 of 272 colleges did charge a fee for personal counseling, and 6 of 272 accepted third party payments. Of the colleges that did not charge a fee, 46 percent had a counseling services fee for all students which was included in their annual student health fee or student services fee.

### **Application to Social Work**

In addition to understanding the factors that affect decisions about help-seeking, mental health professionals must go one step further to understand how to eliminate the influence of such factors (Vogel et al., 2007; Gulliver et al., 2010). It is clear from the literature that avoidance of help-seeking, as well as factors that contribute to use, are often the result of systemic influences (social stigma, cultural norms, familial messages, faith traditions, etc.), as well as individual issues (self-stigma, gender, fear, etc.) (Bathe & Pryor, 2011; Nam et al., 2010; Eurelings-Bontekoe, Zock, & Jonke, 2007; Vogel et al., 2006; Steinfeldt et al., 2009; Jonker, 2010). Both of these dimensions are integral components of the person-in-environment practice perspective adopted by many, if not all, social workers (Miley, O'Melia, &

DuBois, 2011). Thus, social workers have the expertise needed to address barriers to help-seeking by students in colleges and universities.

The benefit of such a perspective within the college community was demonstrated in a study by Jones and Donovan (1986). In their research, a social worker's role in a counseling center was examined and a model for practice, which focused on the person in the environment, was assessed. Their study focused on comparing the integration, adjustment, and retention of students who were offered two years of subsidized college education and students who enrolled in college on their own. They concluded that, while a student's background and motivation to attend college effected their integration into college, the structural make-up and other environmental and social factors related to the college itself were just as important, if not more influential, in their ability to adjust and assimilate into college (Jones & Donovan, 1986).

A later study by Vonk et al. (2000) also recognized the importance of a traditional clinical model of counseling, which promotes individual change, and a person-in-environment model, which includes system change. In this study, the roles of two social workers from two different universities' counseling services were examined. They found that even though the services offered at the universities' campus counseling centers differed, the models of practice by each social worker were quite similar. One university counseling center (University A) only offered individual clinical counseling, whereas the other (University B) was also involved in academic and vocational support, as well as other student services (Vonk et al., 2000). Both social workers stressed the importance of working with and examining the system as well as the individual, and advocated on behalf of specific clients, who were experiencing crises, with school administrators, student affairs staff, and faculty members when necessary. For instance, when the social worker from University A provided services to a student who have been raped, she not only offered clinical counseling, but also worked with residence hall staff to make alternative

living arrangements for the student and spoke with professors to get extensions on assignment deadlines. In addition, she worked with administrators to revise the school's conduct codes to focus on rape prevention and to protect rape victims on campus; she also proposed reaching out to other victims by way of a support group (Vonk et al., 2000).

In Vonk et al.'s (2000) study, the social worker from University B, while serving a student who had attempted suicide, worked with the university's health services and student affairs offices. She also worked closely with the local hospital where the client was treated, the student's roommates and friends, as well as the student's parents. This social worker provided ongoing clinical counseling with the student up until graduation, which had been identified as the primary source of the student's anxiety and psychological distress. The social worker also arranged for the student to meet with an off-campus social worker after graduation in order to aid in her transition out of college. Lastly, she pushed for a senior seminar designed to assist students in making the transition from college to career. Vonk et al. (2000) concluded that at both universities, the social workers' expertise and propensity to take into account individual as well as systemic and community factors when working with clients proved to have extremely positive impact on the effectiveness and reach of counseling services as was evidenced by these two cases.

In reviewing these studies and the multiple factors associated with help-seeking decisions in college students, it is clear that there is a need for social workers to continue to develop their understanding of help-seeking in order to be more responsive to the needs of students and to address the barriers that exist. It is with this purpose in mind that this study is designed to identify key factors associated with college students' use of counseling services on campus.

### Conceptual Framework

A person in environment approach is characteristic of social workers' work within college or university counseling centers (Jones & Donovan, 1986; Vonk et al., 2000). This concept is rooted in an ecological practice model (Miley et al., 2011). Given the multi-dimensional nature of the factors involved in college students' decisions to seek or avoid help, this study will be formulated and conducted through an ecological lens. Ecological theorists assume that individuals transact with a variety of environmental contexts throughout their lifetime, each one affecting them uniquely and in unpredictable and diverse ways (Forte, 2007). Forte posits that, unlike other theories that attempt to categorize various stages in life, assuming individuals will all travel through the same psychological and developmental phases, ecological theory insists that demographic characteristics, as well as life circumstances produce non-uniform human development.

The basic concepts of the ecological model include: development, person, environment or context, process, and time (Forte, 2007). As it relates to college students, development refers to students' propensity to evolve and adapt according to their surrounding environment and their relationship to it (their growing up experience as well as current college experience). The person refers to the inherent qualities of a student (gender, temperament, age, etc.). The physical environment or context includes the microsystem (dorm room, classroom, home, etc.), mesosystem (college, residence hall, counseling center, etc.), and macrosystem (college administration, faith/belief system, college policies, etc.) in the students' ecosystem. Process refers to way in which students interact with other individuals in their environment (friends, parents, professors, etc.). Lastly, according to Forte (2007), time can refer to a number of temporal elements. It can refer to life transitions, such as transitioning into college, or the effects of living at a particular time in history, such as living through the terrorist attacks on September 11, 2001. Time can also refer to the social norms relative to a particular

generation, such as social networking and the technology students have come to rely on. Finally, time can refer to the choices a student makes that impact the flow of his or life, such as, getting married while in college, or waiting to start college until the student is 27 (Forte, 2007).

Table 1 illustrates how the characteristics of the ecological model apply to this study, with examples of questions from the survey and the rationale based on the literature review. For example, the literature suggests that gender and race have an impact on students' ideas about and decisions to use counseling services. Since these are inherent qualities of an individual, they reflect the importance and influence of the *person* category of ecological theory. Likewise, the ecological model suggests various *ecosystems* (micro, meso and macro) have an impact on people's development, so the survey will address these systems by asking participants to indicate their faith (*macrosystem*), share about their interactions with college counseling services (*mesosystem*), and indicate the likelihood of them seeking counseling for concerns related to their *microsystems* such as: self, family, friends, academics, etc. Reference the following table for more specific linkages between this theory and the current research.

A college student's decision to utilize or avoid counseling services cannot be predicted or explained by looking at one aspect of a student's life or experience. Rather, a student's decision is influenced by a unique combination of a number of factors: stigma, gender, culture, experience & knowledge, fear, and accessibility. The ecological model of human development also acknowledges the importance of viewing an individual and situation holistically by considering all of the factors at work and the interactions among them.



Table 1- Conceptual Framework

| Theoretical Category         | Survey Question   | Rationale  |
|------------------------------|---|--|
| Development                  | 17. I know quite a bit about counseling and therapy.<br>18. I know what types of issues are appropriate to see a counselor about.<br>20. My family would not understand the need to seek help in counseling services.<br>21. Growing up, mental health concerns were not relevant to my family, so they were not discussed.   | All of these questions are related to the messages received and knowledge during students' present and past experiences, which impact their use of counseling services.  |
| Person                       | 1. What is your gender?<br>2. What is your age?<br>3. What is your race (indicate all that apply)?<br>9. If you were struggling with depression, anxiety, suicidal ideation, friend/family/roommate issues, academic problems, addiction, sexual issues, etc. how likely is it that you would seek help at UST Counseling Services?<br>6. Have you ever used mental health services such as counseling services prior to coming to the University of St. Thomas?<br>7. Have you ever used UST Counseling Services?<br>8. Are you currently using UST Counseling Services? | These demographic questions are related to the inherent qualities of the student, all of which impact help-seeking behavior.<br>While this question also fits in the person and process categories, student struggles are often associated with aspects of their microsystem.<br>These questions are all related to the mesosystem of counseling services, and the way in which students interact or have interacted with this system. |
| Environment/Context          | 4. What is your current religious affiliation?  | Faith and belief systems are a part of students' mesosystems and they have a profound impact on the way in which a student views seeking help.   |
| Process                      | 11. I would be afraid to disclose sensitive information about myself to a counselor in counseling services.<br>13. If I sought help in counseling services, I would have fears about being misunderstood by the counselor.<br>14. I have doubts about whether I would feel a connection with a counselor in counseling services.<br>19. I would be more likely to seek help from someone other than a professional counselor in counseling services.  | These questions are all related to expectations students have about their interactions with counselors and other help-givers, which affects their propensity to use counseling services.   |
| Time                         | 10. Imagine you had an issue that you could not solve on your own. If you sought counseling services for this issue, to what degree do you believe that the people you interact with would: react negatively to you, see you as seriously disturbed, think of you in a less favorable way, think you posed a risk to others?<br>22. I would be more likely to use counseling services if they offered late afternoon, evening, or weekend appointments.   | This question relates to perceived social stigma associated with help-seeking, which also impacts self stigma, and is influenced by the norms that exist within a student's social group.<br>This question addresses how an individual uses their time and prioritizes their tasks.  |
| Availability (accessibility) |   |  |

## Methods

### **Research Design**

The purpose of this study was to identify and explore the relationships among the factors associated with college students' use of counseling services on campus through an online survey of college students at an urban Catholic university in the Midwest. The hope was that this information, which came directly from students rather than faculty, staff, or administration, would be helpful to social workers who work with college students on and off the college campus environment, in order to serve current clients and reach out to potential clients as effectively as possible.

### **Sample**

The participants invited to take part in this study were from an urban Catholic university located in a major metropolitan area in the Midwest. Permission to invite students was granted by the daily e-news editor (Appendix A). Students were invited to complete an online survey using Qualtrics through an announcement in the university's the daily e-news, a school-sponsored daily email update (Appendix B). All students who chose to participate were asked to verify that they are 18 years of age or older. Respondents were informed that all findings and results of the surveys were anonymous, and no identifying information was attached to or collected from the surveys (Appendix C).

### **Protection of Human Subjects**

The proposal for this study was reviewed by a research committee, the Institutional Review Boards at the university. The respondents chose to participate and were offered nothing in return for their participation (Appendix C). As noted in the information to the student (Appendix B & C), the findings from surveys completed by the student participants was anonymous, and there was no link between the identification of the students and the data collected from their surveys (Appendix D). While participants were not asked to give any identifying information, they were asked to confirm that they were 18 years of age or older. Data was collected using Qualtrics, a web-based survey and research

tool (Appendix D). A link was provided in daily e-news announcement to students (Appendix B), which brought them to the survey on the Qualtrics website. Because the survey was not embedded in their email and was completed on a separate website and because the design of the survey in Qualtrics anonymized all results, there was no connection between students' email addresses and their survey data. Completion of the survey implied consent and that the participants were 18 years of age or older. All data collected was stored in a password protected personal computer at the researcher's home and was destroyed on June 1, 2012.

## **Data Collection**

### *Instrument Development*

The survey used in this study was formulated by the researcher using the content derived from the review of the available applicable literature. The research indicates that students' gender, ethnicity, and faith may play a role in their decision to utilize counseling services, thus, participants were asked to indicate their gender, ethnicity and religious affiliation (survey items 1-4) (Nam et al., 2010; Heimerdinger-Edwards, 2011, Johnson & Hayes, 2003). In order to distinguish users from non-users of counseling services, participants were asked to indicate whether they have utilized counseling services at any point throughout their time as a student at the university or prior to coming to the university (survey items 6-8). In order to identify students who may exhibit avoidant behavior, participants were asked to rate how likely they would be to seek help for various issues (i.e. depression, anxiety, family issues, death of a loved one, chemical dependency, etc.) (survey item 9).

The next section related to stigma. According to the literature, stigma exists in multiple forms and is thought to be one of the primary factors involved in a student's decision to utilize counseling services (Vogel et al., 2009). Vogel et al. (2009) developed the five point Perception of Stigmatization by Others for Seeking Help (PSOSH) scale, which was used in this study to measure social and self stigma (survey item 10).

In the final section of questions about fears, knowledge and norms, the following Likert options were given for participants to choose from: *Strongly Agree, Agree, Disagree, Strongly Disagree*.

Research indicates treatment fear may be a factor involved in a student's use of counseling services (Cepeda-Benito & Short, 1996; Kelly & Achter, 2005; Gulliver et al., 2010). Thus, students were asked about their fear related to disclosing personal information about themselves, feeling misunderstood, and connecting with the counselor. Likewise, students were also asked if they would be more likely to see a counselor who was of their same gender or ethnicity. While matching clients and counselors racially, is a topic addressed in the literature, gender matching is also known to be a factor involved in students' decisions to seek help in counseling services (Sue et al., 1991; Kearney et al, 2005; K. Larson & D. Johnson, personal communication, October 25, 2011).

Lack of knowledge about counseling services and mental health services in general may also be involved in a student's avoidance or non-use of beneficial services (Jorm, 2000, Kushner & Sher, 1989; Gulliver et al., 2010; Vogel, Wester, & Larson, 2007). To address this, participants were asked to respond to the statements: "I know a lot about counseling" and "I know what types of issues are appropriate to see a counselor about." Norms and messages within students' families and social circles are cited as another potential factor involved in their help-seeking behavior (Angermeyer et al., 2001; Cameron et al., 1993). Related to this, participants were asked to respond to the statements: "I would be more likely to seek help from someone other than a professional counselor in counseling services", "My family would not understand the need to seek help in counseling services", and "Growing up, mental health concerns were not relevant to my family, so they were not discussed" (survey items 11-21). Lastly, accessibility has been shown to affect an individual's use of mental health services within the general adult population as well as among college students (Gulliver et al., 2010; Gallagher, 2007). To address this, respondents were asked to respond to the statement: "I would be more likely to use counseling services if the offered late afternoon, evening, and weekend appointments" (survey item 22)

### *Data Collection Process*

Students were invited to take the survey via the daily e-news (Appendix B). Once students decided to participate in the study, they clicked on a link that brought them to the Qualtrics site, where they first viewed a consent letter (Appendix C). They were informed of the anonymity of the survey and guaranteed that no identifying information was gathered, nor was there a connection between their survey data and their email address due to the design of the survey in Qualtrics, which anonymized all results. They were also informed that they could skip questions or exit the survey at any point without penalty. If they consented to participate in the study, they were directed to the survey (Appendix D), and once completed, the data stored in a password protected database in Qualtrics.

### **Data Analysis**

A total of 60 students began the survey and 46 students completed it. Students had the option to skip questions they were uncomfortable answering, and some chose to do so. Thus, the total number of participants varies throughout the survey. As indicated in the findings, for most variables  $n=46$ , and  $n=44$  and  $n=37$  for others. The quantitative data collected from the survey was imported into and minitab 15.0 in order for statistical tests to be performed. Frequency distributions, measures of central tendency, and cross tabulation were used to describe data and find associations between variables. Relationships that were examined in order to explore associations between factors were: Gender, stigma, fears, faith, family and the use of mental health and college counseling services; religious affiliation and likelihood of using counseling services for various concerns; past experience with mental health services and current use of college counseling services; preference for counselor gender and ethnic matching and participants' gender and ethnicity; religious affiliation and preference to seek help from someone other than a professional counselor in counseling services; and stigma and gender and ethnicity. The qualitative data, which consists of voluntary comments from participants in response to various survey items, is presented in the findings section in italics.

The data sets were split for some of the variables. First, in response to the statement *If you were experiencing any of the following concerns, how likely is it that you would seek help in counseling services*, most participants chose *unlikely* or *somewhat likely* for the majority of the concerns listed. Very few participants chose *likely* or *very likely* for any of the concerns listed. Because of this, the data set was split, and those who responded *unlikely* were categorized as “unlikely”, and those who responded *somewhat likely*, *likely*, or *very likely* were grouped together and categorized as, “at least somewhat likely”. The data set was also split into *agree* and *disagree* for questions 11-21. Those who responded *agree* and *definitely agree* were categorized as “agree”, and those who responded *disagree* and *definitely disagree* were categorized as “disagree”. The variables regarding a participant’s current and past use of college counseling services were combined into one variable indicating they had some experience, either past or present, using college counseling services.

### **Strengths and Limitations**

Data was collected using an anonymous online survey (Appendix D). One advantage to this was the ability to collect more data in an inexpensive and efficient manner (Monette, Sullivan & DeJong, 2008). Surveys also allow questions of a personal or sensitive nature to be answered anonymously, which tends to elicit more honest responses (Monette et al., 2008). Surveys eliminate the issue of interviewer bias, which can be an issue in interviewing (Monette et al., 2008). An important strength of this survey in particular was that the data came directly from students who had access to counseling services rather than from service providers (counselors and therapists). Thus, the findings are based on first-hand experience, rather than interpretations and assumptions.

Surveys have limitations as well, such as not getting a representative sample or a low response rate, which was the case with this study. There were far fewer men who completed the survey than women, which is incongruent with the overall male to female ratio on this university campus. Also, some students may have seen the invitation and chose not to take the survey and some chose to take

the survey, both of which will affect response rate (Monette et al., 2008). In order to combat a low response rate, announcements were placed in the daily e-news on three separate occasions. Another limitation is the inability for respondents to ask for clarification on any questions in the survey. Thus, questions will have to be extremely easy to understand, in order to gain accurate findings. Lastly, surveys eliminate the ability of the researcher to probe for more information or hear further explanation. Thus, space was made available following each question where participants had the option to write in comments or explanations for their responses. This ensured that participants who did not understand a question or felt the question did not allow them to respond in the way they desired, could clarify the meaning or intention of their response.

## Findings

**Demographic Information**

The 46 participants included 9 males and 37 females ranging in age from 18 to 54 with a median age of 21 (Table 2). The majority of the participants fell between the ages of 18-24 (63%), and only 7 participants (13%) were over the age of 30. Almost all of the participants were Caucasian (n=41, 89%). Two of the participants did not indicate their religious affiliation; of the 44 who did, about half were Catholic (n=21, 47.7%) and a third were Protestant (n=13, 29.5%).

Table 2  
Demographic information

|                  |                  | Count | Percent |
|------------------|------------------|-------|---------|
|                  |                  | n=46  |         |
| <b>Gender</b>    |                  |       |         |
|                  | Female           | 37    | 80.4    |
|                  | Male             | 9     | 19.6    |
| <b>Age</b>       |                  |       |         |
|                  | 18-21            | 24    | 52.2    |
|                  | 22-25            | 6     | 13      |
|                  | 26-29            | 9     | 19.6    |
|                  | 30+              | 7     | 15.2    |
| <b>Ethnicity</b> |                  |       |         |
|                  | Caucasian        | 41    | 89.1    |
|                  | Asian            | 4     | 8.7     |
|                  | African American | 1     | 2.2     |
| <b>Religion</b>  |                  |       |         |
|                  |                  | n=44  |         |
|                  | Catholic         | 21    | 47.7    |
|                  | Protestant       | 13    | 29.5    |
|                  | None             | 5     | 11.4    |
|                  | Other            | 4     | 9.1     |
|                  | Muslim           | 1     | 2.3     |

**Students' Use of Services Prior to and During College**

There were a total of 26 participants who utilized mental health services prior to coming to college, and 10 participants who have used counseling services at their university (Table 3). Of the 26 students who used services prior to college, 22 found the experience helpful and 4 of these individuals went on to use counseling services at their college. Of the 4 participants who did not find their prior experience helpful, 3 went on to use counseling services at their college.



Table 3  
Mental Health or Counseling Services Use

|   | Overall<br>Count (%) | Prior to college<br>Count (%) | During College<br>Count (%) |
|---|----------------------|-------------------------------|-----------------------------|
| Gender: (n= 46)                                       |                      |                               |                             |
| Female  | 37 (80.4)            | 22 (59.4)                     | 8 (21.6)                    |
| Male  | 9 (19.6)             | 4 (44.4)                      | 2 (22.2)                    |
| Participants who had fears and concerns about: (n=46) |                      |                               |                             |
| Feeling a connection with the counselor               | 31 (67.4)            | 18 (58.1)                     | 9 (29)                      |
| Being misunderstood                                   | 17 (37)              | 8 (47.1)                      | 6 (35)                      |
| Disclosing sensitive information                      | 16 (34.8)            | 6 (37.5)                      | 3 (18.8)                    |
| Confidentiality                                       | 8 (17)               | 4 (50)                        | 1 (12.5)                    |
| Religion: (n=44)                                      |                      |                               |                             |
| Catholic  | 21 (47.7)            | 11 (52.4)                     | 8 (38.1)                    |
| Protestant  | 12 (29.5)            | 11 (84.6)                     | 1 (7.7)                     |
| None  | 5 (11.4)             | 3 (60)                        | 1 (20)                      |
| Other   | 4 (9.1)              | 1 (25)                        | 0 (0)                       |
| Muslim  | 1 (2.3)              | 0 (0)                         | 0 (0)                       |
| Family: (n=46)  |                      |                               |                             |
| Mental health issues were not relevant or discussed   | 22 (47.8)            | 11 (50)                       | 5 (10.9)                    |
| Family would not understand need for counseling       | 8 (17.4)             | 6 (75)                        | 2 (25)                      |
| Stigma (PSOSH score): (n= 37)                         |                      |                               |                             |
| 5   | 14 (37.8)            | 8 (57.1)                      | 3 (21)                      |
| 6-9   | 11 (29.7)            | 4 (36)                        | 5 (45)                      |
| 10-14   | 8 (21.6)             | 5 (62.5)                      | 1 (12.5)                    |
| 15+   | 4 (26.7)             | 3 (75)                        | 0 (0)                       |

Gender analysis revealed that 4 of the male respondents and 22 of the female respondents indicated they had utilized mental health services prior to coming to college. Regarding their use of college counseling services, 2 of the male respondents and 8 of the female respondents indicated that they have in the past or are currently utilizing college counseling services (Table 3).

Participants were asked about a number of fears and doubts related to counseling services such as whether or not they had doubts about feeling a connections with a counselor in counseling services, and 31 (67.4%) indicated they did. Of these 31 students, 9 (29%) had used college counseling services and 18 (58.1%) used mental health services prior to coming to college (Table 3). In response to this question, one participant stated *I have trouble connecting with people quickly*. Also, 17 (37%) indicated they would have fears about being misunderstood by a counselor. Of these 17 participants, 6 (35%) had

used college counseling services and 8 (47.1%) used mental health services prior to college. One respondent stated *these fears stem from my experience with [counseling services] because the counselor didn't understand my troubles or anxieties*. Participants were also asked whether or not they would be afraid to disclose sensitive information about themselves to a counselor. Of the 46 participants, 16 (34.8%) indicated that they would. Of these 16 individuals, 3 (18.8%) had used college counseling services, and 6 (37.5%) used mental health services prior to coming to college. Regarding the fear of disclosing sensitive information, one participant explained he or she would be afraid *if the counselor is at [my college] counseling center*, but he or she would not be afraid *if it's an outside counselor*. A smaller percentage (n=8, 17%) of respondents indicated they would have concerns about confidentiality when using counseling services (Table 3). Of these 8 respondents, 1 (12.5%) had used college counseling services and 4 (50%) used mental health services prior to coming to college. One participant commented that he or she would have concerns about confidentiality *if a student worker was involved, especially if I knew of him/her*.

When comparing the participants' religious affiliation to their past use of mental health services, the results indicate that 11 of 21 Catholics, 11 of 13 Protestants, 4 of 10 other participants had used some sort of mental health services prior to coming to college. In response to the question about their use of counseling services at their university 8 of 21 Catholics, 1 of 13 Protestants, 1 of 10 other participants indicated they had used the services (Table 3).

There were two questions on the survey that addressed familial perception and use of mental health services. Of the 46 participants, 8 indicated that their families would not understand the need for counseling. Of these 8 participants, 2 have used counseling services at their university (Table 3). One participant commented *I have a history of mental illness so my mom understands I sometimes need to see a counselor but my dad has never understood why I seek help in "complete strangers" (his words-not mine)*. Another student stated that *They [family] would raise doubts based on extra cost/is it*

*covered by insurance/do you really NEED it?* One last comment was *This would be the hardest thing to overcome, since I'm living at home.* Regarding whether the participants grew up in families where mental health issues were not relevant and therefore not discussed, 22 participants indicated they were not relevant, while 24 indicated such services were relevant to their family (Table 3). Of the 22 participants who indicated mental health issues were not relevant to their families growing up, 5 have used college counseling services. Also, of the 8 individuals who felt their families would not understand if they needed to use counseling services, 6 grew up in households where mental health services were not relevant so they were not discussed. Participants were also asked whether they felt they knew quite a bit about counseling and therapy, and 34 participants indicated they did. Of the 12 participants who felt they did not know very much about counseling and therapy, 1 has used counseling services at college.

The scores for the Perception of Stigmatization by Others for Seeking Help (PSOSH) scale used in this survey were calculated by summing 5 items. Higher scores reflect a stronger perception of stigma by ones close the individual seeking psychological help (Table 4). The highest possible score was 25 and the lowest possible score was 5. For this portion of the survey 37 participants chose to complete the items. The average score for the PSOSH was 8.6 (SD=3.9) with a median score of 7. While most of the scores were relatively low, it is interesting to note that no one who scored above an 11 has chosen to use the university's counseling services (Table 3). In regards to social stigma, one participant stated:

*I understand that counseling services is tucked away and "hidden" so that people can have privacy/confidentiality when seeking help, but I also think it gives the impression that people should feel ashamed or like an outcast if they seek help at counseling services on campus. In this sense, counseling services on campus are adding to the negative stigma surrounding mental/emotional health.*

Of the 37 respondents who completed the items in this scale, their highest score was 20 and their lowest score was 5. Separating the scores by gender (Table 4) reveals that 1 male scored above a 10, and 11 females scored above a 10.

Table 4  
Perceived Stigma from Other for Seeking  
Help (PSOSH)

| Score Range | Male<br>n=7 | Female<br>n=30 |
|-------------|-------------|----------------|
| 5           | 2           | 12             |
| 6-9         | 4           | 7              |
| 10-14       | 1           | 7              |
| 15+         | 0           | 4              |

While gender, fears and concerns, religions affiliation, family, and perceived stigma may have an impact on a student's past and present use of counseling services, it is also thought that students' presenting problems may impact their use of counseling services on campus.

#### **Use or Non-use of Counseling Services for Specific Concerns**

Participants were asked to indicate the likelihood that they would seek counseling for specific concerns (depression, anxiety, death of a loved one, etc.). The results for this portion of the survey were examined based on gender, race and ethnicity, and religious affiliation (Table 5 and 5)

#### *Gender*

There were areas of the survey in which there was notable variance in the responses of males and females, and there were areas where the responses were quite similar. The highest number of women indicated they would be likely to seek help for concerns related to depression (n=24) (Table 5). The highest number of men indicated they would be likely to seek help in counseling services for concerns related to self harm (n=6). Similar percentages of male and female respondents indicated they would be likely to seek help for depression. Few female and male respondents would be likely to seek counseling for friendship issues (n=8 and n=1). An equally low number of men were likely to seek counseling for the death of a loved one (n=1) and concerns about homesickness (n=1). Half of the male and half of the female participants indicated they would be likely to seek help from counseling services for concerns about an unplanned pregnancy. More women than men indicated they would be likely to

seek counseling for concerns related to anxiety and the death of a loved one. More men than women indicated they would be likely to seek counseling for academic concerns (Table 5).

Table 5  
Likely to seek help for specific concerns

|                      | Female<br>n=37 (%) | Male<br>n=8 (%) |
|----------------------|--------------------|-----------------|
| Depression           | 24 (64.9)          | 5 (62.5)        |
| Self-harm            | 23 (62.2)          | 6 (75)          |
| Anxiety              | 20 (54)            | 2 (25)          |
| Death of a loved one | 19 (51.4)          | 1 (12.5)        |
| Unplanned pregnancy  | 19 (51.4)          | 4 (50)          |
| Academic Issues      | 15 (40.5)          | 5 (62.5)        |
| Chemical use         | 13 (38.2)          | 2 (25)          |
| Gender identity      | 12 (32.3)          | 2 (25)          |
| Family concerns      | 12 (32.3)          | 2 (25)          |
| Sexual orientation   | 12 (32.3)          | 2 (25)          |
| Homesickness         | 11 (29.7)          | 1 (12.5)        |
| Friendship Issues    | 8 (21.6)           | 1 (12.5)        |

On the PSOSH scale, the range of possible scores is 5-25, and the lower the score, the lower the amount of perceived stigma. About three fourths of the male respondents (n= 6) and over half of the female respondents (n=19) scored a 10 or lower. This indicates that the perceived stigma for seeking help among may be low among these respondents (Table 4).

The participants were asked whether or not they would be more likely to seek counseling from someone who was of the same gender. Of the 33 participants who indicated they agreed with the statement, 4 of them were male, and 29 of them were female. Two females commented on this question. One wrote: *it's just easier to talk to someone who is also a female*; and another commented that *women understand women's issues better*.

#### *Race and Ethnicity*

The individuals who chose to participate in this study were primarily Caucasian, so data that is representative of ethnic diversity is lacking. That said, when asked whether or not they would be more likely to seek help from a counselor of the same ethnicity, 41.3 % (n=19) respondents indicated they would.

*Faith*

When comparing responses based on participants' religious affiliation, 3 categories of religions were used (Table 6). Since there were a low number of respondents who indicated they were Muslim, not religious, or affiliated with a religion other than one listed on the survey, these 3 religious categories were combined into an "other" religious affiliation category on Table 6. There were variables in which there was disparity in the results and others that were quite similar (Table 6).

Table 6  
Religious Affiliation and Concerns

|  | Catholic<br>n=21 | Protestant<br>n=13 | Other<br>n=10 |
|--|------------------|--------------------|---------------|
| Likely to seek help for:                                   |                  |                    |               |
| Depression   | 15               | 6                  | 7             |
| Anxiety  | 13               | 5                  | 4             |
| Self Harm  | 13               | 6                  | 9             |
| Unplanned Pregnancy  | 13               | 5                  | 4             |
| Death of a loved one                                       | 12               | 5                  | 2             |
| Family Concerns  | 11               | 3                  | 0             |
| Academic Issues  | 9                | 5                  | 5             |
| Friendship Issues  | 7                | 2                  | 0             |
| Sexual Orientation   | 7                | 3                  | 3             |
| Gender Identity  | 7                | 3                  | 3             |
| Chemical Use   | 7                | 3                  | 6             |
| Homesickness   | 6                | 3                  | 3             |
| Fears and concerns about:                                  |                  |                    |               |
| Feeling a connections with the counselor                   | 16               | 7                  | 6             |
| Being misunderstood by the counselor                       | 9                | 4                  | 3             |
| Disclosing sensitive information                           | 7                | 3                  | 4             |
| Would rather seek help from someone other than a counselor |                  |                    |               |
|  | 12               | 5                  | 5             |

When asked to rate their likelihood of seeking counseling for specific concerns, more Catholic respondents indicated they would be likely to seek help for depression (n=15), and fewer indicated they would be likely to seek help for concerns related to friendships, sexual orientation, gender identity, and chemical use (n=7). Of the protestant respondents, more were likely to seek help for depression, and self-harm (n=6). Fewer protestants were likely to seek help for concerns related to family issues, sexual

orientation, gender identity, and chemical use (n=3) (Table 6). Of the respondents in the "other" religion category (n=10), more of them were likely to seek help for concerns related to self-harm (n=9) and fewer were likely to seek help for friendship issues and family concerns (n=0).

Over half of the participants from each religious category had doubts about feeling a connection with a counselor, and 12 Catholic, 5 Protestant, and 5 other participants were more likely to seek help from someone other than a counselor in counseling services (Table 6). Some of the respondents' comments were: *I Would likely go to personal authority figure first; I talk to friends when I need help; I'd seek out a counselor I had seen previously; I would seek a priest; I would also utilize my supports: dad, sister, friends, and fiancé; friends for situational, counselor to work on resiliency and perspective; I have just been to see an independent professional, I would rather spend the money on someone I feel is less likely to be biased towards the catholic tradition.* When asked whether or not they had a fear of being misunderstood by a counselor, 6 Catholics, 4 Protestants, and 3 other participants indicated they did. When asked whether or not they had a fear of disclosing sensitive personal information with a counselor, 7 Catholic participants, 3 protestants, and 4 of the other participants indicated they did (Table 6).

### **Accessibility**

When asked whether or not they would be more likely to seek help from counseling services if they offered late afternoon, evening, or weekend hours, 29 participants (63%) agreed or strongly agreed with the statement, and of these 29 students, 21 of them (72.4%) had not used counseling services. Some comments from the respondents regarding this statement were: *Definitely!; Meeting with counselors, academic advisors and career center personnel is hard when you have to juggle work and school; ABSOLUTELY; counseling has to be a priority so I make time.* Another participant ended the survey by commenting that counseling services is *helpful, but has limited availability.*

There were also some comments from participants related to confusion about cost of counseling on campus. One student stated *On the website it is unclear if just the initial meeting is free for full time undergrad students or if all subsequent ones are free as well;*



## Discussion

### **Demographic Information**

In this study, the participants were college students from an urban Catholic university in the Midwest who ranged in age from 18-54 (Table 3). While not all previous studies related to this topic used college students, the age range of the participants is similar to previous research. Such as those that addressed adolescents (Gulliver et al., 2010), college students (Vogel et al., 2006; Wade et al., 2011), and the general adult population (Vogel et al., 2007; Diala et al., 2001). The Catholic affiliation of the college in this study is different from the college campuses used in previous research, as most of them were large state colleges and universities (Nam et al., 2010; Vogel et al., 2007; Vogel et al., 2011; Kearney et al., 2005). Neither the male to female ratio, nor the ethnicities of participants was representative of this university's population. There were far more females (n=37) who completed the survey than males (n=9), and only 3 non-white individuals participated. Each previous study differs in terms of the gender and ethnic identities of respondents, however, much of the research is based on more ethnic and gender diversity (Vogel et al., 2010; Leong et al., 2011; Nam et al., 2010).

### **Use of Services Prior to and During College**

According to the findings from the current study as well as those found in previous research, stigma, gender, faith, experience and knowledge, fear, and accessibility might impact a college student's willingness to use counseling services on campus.

#### *Stigma*

The Perception of Stigmatization by Others for Seeking Help (PSOSH) scale was used to measure stigma associated with help seeking, and the majority of the respondents scored quite low on this portion of the survey (see Table 5). A low score means that respondents do not sense that there is a

stigma around seeking help on campus. However, among the respondents who scored higher on the scale, none of them have chosen to use counseling services on campus. This would be congruent with previous research in that those who perceive a higher amount of stigma by others may be less likely to seek help (Vogel, Wade, & Aschemam, 2009).

### *Gender*

It is difficult to draw conclusions regarding gender and the use of counseling services, given the low number of male participants. According to this study however, few male respondents used mental health services prior to coming to college and during college. Results from previous studies did not address how often men and women sought help, rather they indicated that men were more likely to have negative attitudes toward help seeking (Nam et al., 2010; Vogel et al., 2007). Previous research also indicated that the use of services by males and females is highly affected by preexisting attitudes, perceived social stigma, and the influence of societal and cultural norms (Nam et al., 2010; Vogel et al., 2007; Vogel et al., 2011).

Participants were asked to rate their likelihood of seeking help for specific concerns in order to gauge their avoidant and utilization behavior relative to their presenting problem. As shown on Table 3, male and female participants were both likely to seek help for depression and concerns about self harm. Results varied for most of the other concerns. These results are congruent with previous studies, as researchers have indicated that the likelihood of men and women seeking counseling may differ based on their presenting problems (Moller-Leimkuhler, 2002; Leaf and Bruce, 2987).

### *Faith*

According to this study, more Protestants had utilized mental health services prior to coming to college than the other religious affiliations. More Catholics, however, had utilized counseling services

on their college campus (see Table 3). Given the Catholic affiliation of the institution, these findings could indicate that seeing a counselor of the same religion is important to clients. While not all counselors at this university are Catholic, there may be a perceived bias by students on campus. Such a finding would be congruent with previous research which indicates that individuals prefer to see a mental health professional who shares their belief system (Keating & Fretz, 1990; Morrow, Worthington, & McCullough, 1993).

#### *Experience and Knowledge*

As indicated in the findings, over half of the participants used some sort of mental health service prior to coming to college. Only 4 of the 22 participants who found their previous experience helpful went on to use counseling services at their college, while 3 of the 4 individuals who found their previous experience not at all helpful went on to use college counseling services. This is incongruent with previous research which indicates that individuals who have a negative experience with mental health services are less likely to use similar services in the future (Gulliver et al., 2010). It is possible that the participants in the current study who did not have helpful past experiences, still felt they needed professional help to deal with current struggles. It could also mean that these individuals felt that a different setting with different counselors might yield more helpful results.

#### *Fear*

The current study seems to indicate that fear and concern related to the counseling experience plays a role in an individual's willingness to seek help. A relatively low number of individuals who indicated they had fears related to self-disclosure, feeling misunderstood, connecting with a counselor, and confidentiality actually used counseling services at their college (see Table 3). Concerns related to confidentiality seemed to have the most effect on an individual's willingness to seek help. These findings are congruent with the literature, as similar fears—fear of experiencing and expressing painful

emotions, fear of self-disclosure, fear related to counselor trustworthiness and confidentiality, fear of not relating to the counselor, and fear about the dual roles of a college counselor— have been shown to lead to avoidance or hesitation in seeking help for psychological distress (Vogel et al., 2007; Gulliver et al., 2010; Guiffrida & Douthit, 2010).

### **Implications for Practice**

#### *Education*

Some participants in this study indicated they had fears and concerns about seeking help in counseling services on campus. This suggests that it might be valuable for counseling centers to increase education to the student body regarding counseling and therapy in order to combat misperceptions and calm fears of students who may benefit from their services. In addition, counseling services within colleges could work to offer more group therapy options based on the needs of the student body, as research suggests that group work can also reduce misperceptions, fear, and stigma surrounding counseling (Wade et al., 2011).

#### *Previous Experience*

Many students come to college having already had experience using mental health services. Some have had helpful experiences and others have not. According to this study, the level of helpfulness of one's past help-seeking experience was not a strong predictor of whether or not counseling would be sought again. Counselors are seeing students who had good and bad experiences with mental health services prior to college. Because of this, it may be beneficial for counselors to ask their clients about their previous experiences in order to gauge client expectations, avoid repeating unhelpful approaches, and build upon strategies that have proven to be effective.

### *Gender*

The results of this study indicated that a low number of men were willing to seek help in counseling services for struggles related to anxiety and the death of a loved one. While the reason for this is unclear, it is important for counselors to be aware of this and think about ways to reach out to these men. For example, male support groups, such as an all male grief and loss group, may be a beneficial component of a college counseling center.

### **Implications for Policy**

#### *Access*

Previous research does not address the issue of availability and hours of operation beyond identifying that it is a factor in an individual's decision to seek help. The results of this study indicate that the hours of operation of college counseling services may affect students' willingness and ability to utilize the services. Thus, increasing the hours of availability of counseling centers by offering late afternoon, evening, and weekend appointments may be beneficial and allow them to serve more students.

As noted in the findings, one participant commented that the sometimes "hidden" location of counseling centers on college campuses may add to the perceived negative stigma surrounding its use. It may be beneficial for colleges and universities to consider placing their counseling centers in areas that are convenient for students and present an unashamed image of their services (i.e. student centers, residence halls, etc.).

#### *Staffing*

Previous research as well as the current study have pointed to the importance of staffing college counseling services with counselors and therapists who match the student body demographically. While

results were not clear due to the low number of male participants, research suggests that it is important to staff counseling centers with both male and female counselors. Research also indicates that race and ethnicity play a role in an individual's willingness to seek help. Thus, staffing centers with non-white counselors or counselors such as social workers, whose education prepares them to work with culturally diverse clients, may be a valuable asset to college counseling services.

#### *Online Resources*

It may benefit students for counseling centers to offer detailed information regarding their services online. Participants mentioned they were unsure how to make an appointment, whether or not the services were free, what issues were appropriate to see a counselor about, etc. It would be valuable for this information to be readily available on the counseling services portion for a university's website. It may also be valuable to give students the ability to schedule an individual appointment online, and to see what groups are available and sign up for those as well.

#### **Implications for Research**

##### *Stigma*

This study points to the importance of studying each factor individually in order to assess the current impact it has on users and non-users of college counseling services. Stigma, in particular, stands out as a factor that has changed and evolved over time. It would be interesting and beneficial to study how the impact of stigma has changed and the extent to which it currently effects college students' help-seeking decisions.

##### *Social Work*

It would be valuable for more research to be done on the current role of clinical social workers in college settings. While some social workers have identical roles as other "helping professionals" on

campus (psychologists, marriage and family therapists, professional counselors, etc.), others have unique roles which other colleges and universities could benefit from knowing more about. Much of the literature currently available is dated, and given the changing climate of college campuses, it would be beneficial for current experiences to be documented.

*Qualitative and Existing Data*

While only minimal qualitative data was collected from this study, the comments gathered suggest that college students have valuable and insightful opinions about the counseling services offered on campus. Research similar to the current study yet focused on collecting qualitative results may yield valuable in depth information for college counseling centers. Likewise, many counseling centers undoubtedly have a reservoir of existing data gathered at client intake which could be analyzed in order to further document the in vivo experiences of service delivery on college campuses.

## References

- Angermeyer, M. C., Matschinger, H., & Riedel-Heller, S. (2001). What to do about mental disorder help-seeking recommendations of the lay public. *Acta Psychiatrica Scandinavica*, *103*(3), 220-225. doi:10.1034/j.1600-0447.2001.103003220.x
- Ben-Porath, D. (2002). Stigmatization of individuals who receive psychotherapy: An interaction between help-seeking behavior and the presence of depression. *Journal of Social and Clinical Psychology*, *21*(4), 400-413. doi:10.1521/jscp.21.4.400.22594
- Cepeda-Benito, A., & Short, P. (1998). Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help. *Journal of Counseling Psychology*, *45*(1), 58-58-64. doi:10.1037/0022-0167.45.1.58
- Corrigan, P. W., Watson, A. C., Byrne, P., & Davis, K. E. (2005). Mental illness stigma: Problem of public health or social justice? *Social Work*, *50*(4), 363-368. Retrieved from <http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=swh&AN=52458&site=ehost-live>
- Deane, F. P., & Todd, D. M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy*, *10*(4), 45-59. doi:10.1300/J035v10n04\_06
- Diala, C. C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., & Leaf, P. (2001). Racial/ethnic differences in attitudes toward seeking professional mental health services. *American Journal of Public Health*, *91*(5), 805-807. doi:10.2105/AJPH.91.5.805
- Doherty, D. T., & Kartalova-O'Doherty, Y. (2010). Gender and self-reported mental health problems: Predictors of help seeking from a general practitioner. *British Journal of Health Psychology*, *15*(1), 213-228. doi:10.1348/135910709X457423
- Drapeau, A., Boyer, R., & Lesage, A. (2009). The influence of social anchorage on the gender difference in the use of mental health services. *Journal of Behavioral Health Services & Research*, *36*(3), 372-384. doi:10.1007/s11414-009-9168-0
- Dubow, E. F., Lovko, K. R., & Kausch, D. F. (1990). Demographic differences in adolescents' health concerns and perceptions of helping agents. *Journal of Clinical Child Psychology*, *19*(1), 44-54. doi:10.1207/s15374424jccp1901\_6
- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, *66*(5), 522-541. doi:10.1177/1077558709335173
- Feldman, D. B., & Crandall, C. S. (2007). Dimensions of mental illness stigma: What about mental illness causes social rejection? *Journal of Social and Clinical Psychology*, *26*(2), 137-154. Retrieved from



<http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=swh&AN=55893&site=ehost-live>

- Gallagher, R. P. (2007). National survey of counseling center directors. Alexandria, VA: International Association of Counseling Services.
- Garzon, F., Worthington, E. L., Jr., Tan, S., & Worthington, R. K. (2009). Lay christian counseling and client expectations for integration in therapy. *Journal of Psychology and Christianity, 28*(2), 113-120.
- Gloria, A. M., & Rodriguez, E. R. (2000). Counseling latino university students: Psychosociocultural issues for consideration. *Journal of Counseling & Development, 78*(2), 145-154. Retrieved from <http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=tfh&AN=2995867&site=ehost-live>
- Guiffrida, D. A., & Douthit, K. Z. (2010). The black student experience at predominantly white colleges: Implications for school and college counselors. *Journal of Counseling & Development, 88*(3), 311-318. Retrieved from <http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=swh&AN=80530&site=ehost-live>
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry, 10*, 113-121. doi:10.1186/1471-244X-10-113
- Holmes, D. S., & Jacobs, E. E. (1972). Comparison of students who sought help and their expectations of counselors in a university dormitory and counseling center. *Journal of Consulting and Clinical Psychology, 39*(2), 269-272. doi:10.1037/h0033421
- Jones, J. A., & Donovan, R. (1986). Counseling college students: A new arena for social work practice. *Social Service Review, 60*(2), pp. 251-271. Retrieved from <http://www.jstor.org.ezproxy.stthomas.edu/stable/30012341>
- Jorm, A. F. (2000). Mental health literacy. Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry, 177*, 396-401.
- Kahn, J. H., & Williams, M. N. (2003). The impact of prior counseling on predictors of college counseling center use. *Journal of College Counseling, 6*(2), 144-154.
- Kearney, L. K., Draper, M., & Barón, A. (2005). Counseling utilization by ethnic minority college students. *Cultural Diversity and Ethnic Minority Psychology, 11*(3), 272-272-285. doi:10.1037/1099-9809.11.3.272
- Kelly, A. E., & Achter, J. A. (1995). Self-concealment and attitudes toward counseling in university students. *Journal of Counseling Psychology, 42*(1), 40-46. doi:10.1037/0022-0167.42.1.40

- Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, & Walters, E. (2005) Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Co-morbidity Survey Replication (NCSR). *General Psychiatry*, 62, 593-602.
- Kroska, A., & Harkness, S. K. (2006). Stigma sentiments and self-meanings: Exploring the modified labeling theory of mental illness. *Social Psychology Quarterly*, 69(4), 325-348. doi:10.1177/019027250606900403
- Kushner, M. G., & Sher, K. J. (1989). Fear of psychological treatment and its relation to mental health service avoidance. *Professional Psychology: Research and Practice*, 20(4), 251-251-257. doi:10.1037/0735-7028.20.4.251
- Leaf, P. J., & Martha Livingston Bruce. (1987). Gender differences in the use of mental health-related services: A re-examination. *Journal of Health and Social Behavior*, 28(2), pp. 171-183. Retrieved from <http://www.jstor.org.ezproxy.stthomas.edu/stable/2137130>
- Lee, D., Olson, E. A., Locke, B., Michelson, S. T., & Odes, E. (2009). The effects of college counseling services on academic performance and retention. *Journal of College Student Development*, 50(3), 305-319.
- Leong, F. T. L., Kim, H. H. W., & Gupta, A. (2011). Attitudes toward professional counseling among asian-american college students: Acculturation, conceptions of mental illness, and loss of face. *Asian American Journal of Psychology*, 2(2), 140-140-153. doi:10.1037/a0024172
- Link, B. G., Cullen, F. T., Struening, E. L., Shrout, P. E., & al, e. (1989). A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review*, 54(3), 400-423. doi:10.2307/2095613
- Lucas, M. S., & Berkel, L. A. (2005). Counseling needs of students who seek help at a university counseling center: A closer look at gender and multicultural issues. *Journal of College Student Development*, 46(3), 251-266. doi:10.1353/csd.2005.0029
- Möller-Leimkühler, A. M. (2002). Barriers to help-seeking by men: A review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, 71(1-3), 1-9. doi:10.1016/S0165-0327(01)00379-2
- National Alliance on Mental Illness. *Mental Illness: Facts and Numbers*. Retrieved from [http://www.nami.org/Template.cfm?Section=About\\_Mental\\_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155](http://www.nami.org/Template.cfm?Section=About_Mental_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155)
- National Institute of Mental Health. (2010). *NIMH: The numbers count—Mental disorders in America*. Retrieved from [http://www.nami.org/Template.cfm?Section=About\\_Mental\\_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155](http://www.nami.org/Template.cfm?Section=About_Mental_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155)

- Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology, 54*(4), 373-373-384. doi:10.1037/0022-0167.54.4.373
- Sharkin, B. S. (2004). College counseling and student retention: Research findings and implications for counseling centers. *Journal of College Counseling, 7*(2), 99-108.
- Sibicky, M., & Dovidio, J. F. (1986). Stigma of psychological therapy: Stereotypes, interpersonal reactions, and the self-fulfilling prophecy. *Journal of Counseling Psychology, 33*(2), 148-148-154. doi:10.1037/0022-0167.33.2.148
- Steinfeldt, J. A., Steinfeldt, M. C., England, B., & Speight, Q. L. (2009). Gender role conflict and stigma toward help-seeking among college football players. *Psychology of Men & Masculinity, 10*(4), 261-261-272. doi:10.1037/a0017223
- Substance Abuse and Mental Health Services Administration (2008). *National Survey on Drug Use and Health*. Retrieved from [http://mentalhealth.gov/statistics/3USE\\_MT\\_ADULT.shtml](http://mentalhealth.gov/statistics/3USE_MT_ADULT.shtml).
- Vogel, D. L., Heimerdinger-Edwards, S., Hammer, J. H., & Hubbard, A. (2011). "Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology, 58*(3), 368-382. doi:10.1037/a0023688
- Vogel, D. L., Wade, N. G., & Ascheman, P. L. (2009). Measuring perceptions of stigmatization by others for seeking psychological help: Reliability and validity of a new stigma scale with college students. *Journal of Counseling Psychology, 56*(2), 301-301-308. doi:10.1037/a0014903
- Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325-325-337. doi:10.1037/0022-0167.53.3.325
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*(1), 40-40-50. doi:10.1037/0022-0167.54.1.40
- Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology, 50*(3), 351-361. doi:10.1037/0022-0167.50.3.351
- Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling & Development, 85*(4), 410-422.
- Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The role of outcome expectations and attitudes on decisions to seek professional help. *Journal of Counseling Psychology, 52*(4), 459-459-470. doi:10.1037/0022-0167.52.4.459

- Vonk, M. E., Markward, M. M., & Arnold, E. (2000). Social work practice in higher education: Two case studies. *Journal of Social Work Education, 36*(2), 359-371. Retrieved from <http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=sw&AN=68507&site=ehost-live>
- Wade, N. G., Post, B. C., Cornish, M. A., Vogel, D. L., & Tucker, J. R. (2011). Predictors of the change in self-stigma following a single session of group counseling. *Journal of Counseling Psychology, 58*(2), 170-170-182. doi:10.1037/a0022630
- Wang P.S., Lane M., Olfson M., Pincus H.A., Wells K.B., Kessler R.C. (2005). Twelve-month use of mental health services in the United States: results from the National Comorbidity Survey Replication. *Arch Gen Psychiatry, 62*(6), 629-40.
- Wilson, C. J., & Deane, F. P. (2001). Adolescent opinions about reducing help-seeking barriers and increasing appropriate help engagement. *Journal of Educational & Psychological Consultation, 12*(4), 345-364. doi:10.1207/S1532768XJEPC1204\_03
- Wilson, S. B., Mason, T. W., & Ewing, M. J. M. (1997). Evaluating the impact of receiving university-based counseling services on student retention. *Journal of Counseling Psychology, 44*(3), 316-320. doi:10.1037/0022-0167.44.3.316
- Yakushko, O., Davidson, M. M., & Sanford-Martens, T. (2008). Seeking help in a foreign land: International students' use patterns for a U.S. university counseling center. *Journal of College Counseling, 11*(1), 6-18.

Appendix A

**Permission from the University's the daily e-news staff**

To the daily e-news:

*Hi there. I'm a graduate student in the Master's of Social Work program at [the university], and I'm doing research on factors associated with college students' use of counseling services. I'm wondering what steps I would need to take in order to get a posting in the bulletin inviting students to complete an optional anonymous online survey. The posting would be a brief statement about the project and survey, with a link to more information and the survey itself.*

*I'm more than willing to give you my proposed methods, a sample consent form, and sample survey if need be. Let me know what you would need. Thanks!*

*Terri*

From the daily e-news:

*Hi Terri,*

*It's pretty simple, really. First, it needs the OK of the university committee that OKs surveys, and then just write up what you want the story to say in news style as best you can.*

*Send it to [email address]. Include who, what, when, where, how, why, contact info, etc.*

*Regards,*

*~Tom Couillard  
Bulletin Today*

To the daily e-news:

*Excellent. I assume you mean going to the IRB for approval.  
Thanks for your quick response!*

*Terri*

From the daily e-news:

*Yes, it's the IRB.*

*~Tom C.*

**Appendix B**

**Daily e-news announcement:**

You are invited to participate in an online survey conducted by a graduate student in the School of Social Work program here at the university. The purpose of the survey is to understand how students think about and use counseling services on a college campus. The link below will take you to a Qualtrics webpage where you can get more information and complete the survey if you choose. Your responses will be anonymous, so no email or account information will be recorded. You must be 18 years of age or older to participate. Your participation will be greatly appreciated!

For more information and to participate in the survey, [click here](#).

## **Students' Ideas about Using University Counseling Services**

### **INFORMATION AND CONSENT FORM**

I am conducting a study about students' decisions to use counseling services on college campuses. I invite you to participate in this research. You were selected as a possible participant because you are a college student, responded to a posting on the daily e-news, and have access to such services. Please read this note and ask any questions you may have before agreeing to be in the study.

This study is being conducted by a graduate student in the School of Social Work at the university and is supervised by a faculty member at the school.

#### **Background Information:**

The purpose of this study is to identify and explore the interactions among the factors associated with college students' use of counseling services on campus through an anonymous online survey of college students at an urban Catholic university in the Midwest. This information, which will come directly from you as students rather than from faculty, staff, or administration, will be helpful to professionals who work with college students on and off campus, in order to serve current clients and reach out to potential clients as effectively as possible. Approximately 100-200 people are expected to participate in this research.

#### **Procedures:**

If you decide to participate in this study, you will be asked to complete this online survey via Qualtrics. Following the link at the bottom of this form will bring you directly to the survey. This study will take approximately ten to fifteen minutes to complete. Your completion of the survey implies consent and that you are 18 years of age or older.

#### **Risks and Benefits of Being in the Study:**

This study may have minimal risks because of questions related to use of counseling services. However, if thinking about the topic of mental health becomes uncomfortable for you, you can stop the survey, take a break, or skip a question at any point without penalty. If you choose to stop answering questions and exit the survey, your answers will be discarded and will not be included in the research results. If you would like to talk with someone about your experiences after taking the survey, or any emotions that come up for you, you can call the university's Counseling and Psychological Services office. There are no direct benefits to you for participating in this study.

#### **Confidentiality:**

Participation in this study will be completely anonymous. You will not be asked for any personally identifying information. The survey will be completed on a separate website called Qualtrics which is a

web-based surveying tool, and it will not be connected to your email address. Additionally, the survey will be designed in Qualtrics in a way that all responses and results will be anonymized and there will be no possible link between your identity and your responses. All anonymous results will be held in a password protected computer at the researcher's home. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. Only I and my advisor will have access to the anonymous records while I work on this project. I will finish analyzing the data and will destroy all original reports by June 1, 2012.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the university. If you decide to participate, you are free to withdraw at any point without affecting those relationships.

**Contacts and Questions**

If you have any questions now or later, please feel free to contact me by email. If you have any additional questions in the future, you can contact my faculty advisor. You may also contact the university's Institutional Review Board with any questions or concerns.

**Completion of this survey implies consent and that you are 18 years of age or older.**

**Please click here to continue.**



## Appendix D

## Survey

1. What is your gender? Male Female
2. What is your age? \_\_\_\_\_
3. What is your race (indicate all that apply)? Caucasian African American Asian Hispanic  
Other: \_\_\_\_\_
4. What is your current religious affiliation?  
None Catholic Jewish Muslim Protestant (please specify): \_\_\_\_\_  
Other (please specify): \_\_\_\_\_
5. How would you describe your college setting? Small Medium Large
6. Have you ever used mental health services such as counseling services *prior to coming* to this university? Yes No
  - a. If yes, how helpful was it?  
1- Not helpful at all 2- Somewhat helpful 3- Helpful 4- Very helpful
7. Have you ever used the university's Counseling Services? Yes No
  - a. If yes, how helpful was it?  
1- Not helpful at all 2- Somewhat helpful 3- Helpful 4- Very helpful
8. Are you currently using the university's Counseling Services? Yes No
  - a. If yes, how helpful is it?  
1- Not helpful at all 2- Somewhat helpful 3- Helpful 4- Very helpful
9. For each of the following concerns, how likely is it that you would seek help at the university's Counseling Services?
  - a. Depression  
1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
  - b. Anxiety  
1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
  - c. Thoughts about hurting yourself  
1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
  - d. Friendships issues  
1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
  - e. Family issues  
1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
  - f. Academic concerns (grades)  
1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
  - g. An unplanned pregnancy  
1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
  - h. The death of a loved one  
1- Not likely 2- May be likely 3- Likely 4- Very likely
  - i. Homesickness  
1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
  - j. Sexual orientation concerns

- 1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
- k. Gender identity issues
  - 1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
- l. Chemical use
  - 1- Not likely 2- Somewhat likely 3- Likely 4- Very likely
- m. Alcohol use
  - 1- Not likely 2- Somewhat likely 3- Likely 4- Very likely

10. Imagine you had an issue that you could not solve on your own. If you sought counseling services for this issue, to what degree do you believe that the people you interact with would:
- a. React negatively to you
    - 1- Not at all 2- A little 3- Some 4- A lot 5- A great deal
  - b. Think bad things of you
    - 1- Not at all 2- A little 3- Some 4- A lot 5- A great deal
  - c. See you as seriously disturbed
    - 1- Not at all 2- A little 3- Some 4- A lot 5- A great deal
  - d. Think of you in a less favorable way
    - 1- Not at all 2- A little 3- Some 4- A lot 5- A great deal
  - e. Think you posed a risk to others
    - 1- Not at all 2- A little 3- Some 4- A lot 5- A great deal

Please indicate the extent to which you agree or disagree with the following statements, and write in comments or explanations as you desire:

11. I would be afraid to disclose sensitive information about myself to a counselor in counseling services.
- |                            |       |          |                     |
|----------------------------|-------|----------|---------------------|
| Definitely Agree           | Agree | Disagree | Definitely Disagree |
| Comment/Explanation: _____ |       |          |                     |
12. I would have concerns about confidentiality when using counseling services on campus.
- |                            |       |          |                     |
|----------------------------|-------|----------|---------------------|
| Definitely Agree           | Agree | Disagree | Definitely Disagree |
| Comment/Explanation: _____ |       |          |                     |
13. If I sought help in counseling services, I would have fears about being misunderstood by the counselor.
- |                            |       |          |                     |
|----------------------------|-------|----------|---------------------|
| Definitely Agree           | Agree | Disagree | Definitely Disagree |
| Comment/Explanation: _____ |       |          |                     |
14. I have doubts about whether I would feel a connection with a counselor in counseling services.
- |                            |       |          |                     |
|----------------------------|-------|----------|---------------------|
| Definitely Agree           | Agree | Disagree | Definitely Disagree |
| Comment/Explanation: _____ |       |          |                     |
15. I would be more likely to seek counseling from someone who is of the same gender as me.
- |                            |       |          |                     |
|----------------------------|-------|----------|---------------------|
| Definitely Agree           | Agree | Disagree | Definitely Disagree |
| Comment/Explanation: _____ |       |          |                     |
16. I would be more likely to seek counseling from someone who is of the same ethnicity as me.
- |                  |       |          |                     |
|------------------|-------|----------|---------------------|
| Definitely Agree | Agree | Disagree | Definitely Disagree |
|------------------|-------|----------|---------------------|

Comment/Explanation: \_\_\_\_\_

17. I know quite a bit about counseling and therapy.

Definitely Agree                      Agree                      Disagree                      Definitely Disagree

Comment/Explanation: \_\_\_\_\_

18. I know what types of issues are appropriate to see a counselor about.

Definitely Agree                      Agree                      Disagree                      Definitely Disagree

Comment/Explanation: \_\_\_\_\_

19. I would be more likely to seek help from someone other than a professional counselor in counseling services.

Definitely Agree                      Agree                      Disagree                      Definitely Disagree

Who (Friend, pastor, professor, family member, etc.)? \_\_\_\_\_

20. My family would not understand the need to seek help in counseling services.

Definitely Agree                      Agree                      Disagree                      Definitely Disagree

Comment/Explanation: \_\_\_\_\_

21. Growing up, mental health concerns were not relevant to my family, so they were not discussed.

Definitely Agree                      Agree                      Disagree                      Definitely Disagree

Comment/Explanation: \_\_\_\_\_

22. I would be more likely to use counseling services if they offered late afternoon, evening, or weekend appointments.

Definitely Agree                      Agree                      Disagree                      Definitely Disagree

Comment/Explanation: \_\_\_\_\_

23. Is there anything else that you would like to share about your experience with, perceptions of, concerns about, etc. counseling services on campus?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please click "submit" to save and submit your responses. Thank you for taking the time to participate in this research! If you would like to talk with someone about your experiences after taking the survey, or any emotions that came up for you, you can call the university's Counseling and Psychological Services office.