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College Student Mental Health and Use of Counseling Center Services

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by

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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 the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The purpose of this study was to learn how students at a small Midwestern college were utilizing the school's counseling center. This quantitative study used a survey to learn about the mental health concerns and distress levels of students who had not used the college's counseling center ($n = 127$). The survey results revealed that the overwhelming majority of "non-counseled" students were aware of the counseling center and that it provided free counseling services. However, many of these students had recently experienced significant levels of concern with various problem areas, including anxiety, depression, relationships, and eating/body image. These problem areas were further examined through the lens of gender, race/ethnicity, and sexual orientation. This study also explored reasons why students had not sought counseling and whether they intended to do so in the future. This study also utilized secondary data reported by the college's counseling center indicating problem areas reported by student clients ("counseled students") on intake forms. This study compared non-counseled and counseled students and found that the difference in rates of reported problem types between these two groups was statistically significant for anxiety, depression, relationships, family, and victimization—indicating that students with significant concerns in those areas were most likely to utilize the counseling center. The study concludes with implications for practice, policy, and research.

Acknowledgments

I wish to thank my daughters, Chloe and Ella, for their patience and inspiration. I also thank my research committee members for their valuable time and insights. I especially want to thank my research committee chair for her guidance, encouragement, and positive energy. Finally, I thank my counseling center colleagues for their commitment to clients and interns.

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Introduction

Untreated mental illness is a major problem in the United States. Approximately one in four adults—about 59 million Americans—experience a mental health disorder in a given year (National Institute of Mental Health [NIMH], 2012), and one-half of all Americans will meet the criteria for a Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) diagnosis sometime within their life (Kessler et al., 2005). At the same time, it is estimated that only 41.1% of those with a mental health disorder are receiving some form of treatment, and only 13.4% are receiving "minimally adequate treatment" (NIMH, 2012). Other research regarding utilization rates of mental health services in the general public indicates that 70% of individuals with a diagnosable mental health disorder do not receive treatment, and only 13% receive treatment from a mental health professional (Howard et al., 1996). Thus, in any given year, about 50 million Americans do not receive minimally adequate treatment for a mental disorder.

There has been widespread recognition that lack of access to mental health care is a significant barrier to treatment. In 2001, the Surgeon General reported that racial and ethnic minorities have less access to care, receive generally poorer quality mental health services, and experience a greater disability burden from unmet mental health needs (United States Department of Health and Human Services, 2001). More recently, federal laws have been enacted to increase access by mandating parity for health insurance coverage for treatment of both mental conditions and physical conditions. In 2010, rules went into place under the *Wellstone-Domenici Bill* (signed into law in 2008) requiring parity with respect to group health plans. *The Patient Protection and Affordable Care Act* (signed into law in March 2010) extended mental health insurance parity to include

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people with individual health insurance policies and small businesses. This expansion of parity will eventually cover 32 million currently uninsured Americans (Mannino, 2010).

Access to mental health care does not, by itself, result in treatment, of course. In order for mental disorders to be treated, people with disorders must still choose to utilize available services, including therapy or counseling services. This leads to the question, why do some people with mental health symptoms or disorders choose to seek available mental health services while others do not? Many researchers have studied the postsecondary student population to explore this question.

College Student Population

College and university populations have special significance for mental health policy because the potential benefits for identifying and treating students with mental disorders are substantial (Eisenberg, Golberstein, & Gollust, 2007). Three-fourths of all lifetime cases of mental disorders start by age 24 (Kessler et al., 2005). Currently, roughly 21 million American young adults—approximately two-thirds of all 18 to 24 year-olds—attend postsecondary schools (National Center for Education Statistics, n.d.). More broadly, young adulthood is when many individuals struggle with issues related to identity, separation from parents, relationships, sexuality, career, and lifestyle choices.

The mental health needs of college students are quite substantial, and there appears to be a large gap between their needs and utilization of professional mental health services. According to the Spring 2012 National College Health Assessment, nearly 47% percent of students reported that they had felt things were hopeless at some point within the last year; 51.3% reported that they had felt overwhelming anxiety; and 31.6% reported that they had felt so depressed that it was difficult to function (NCHA, 2012). At the same time, only 10.6% of students reported having been diagnosed or treated for

depression by a professional within the last twelve months, and only 11.6% for anxiety (7.0% were diagnosed or treated for both depression and anxiety) (NCHA, 2012). A national survey of counseling center directors reported 87 suicides among reporting institutions; 80% of those had not utilized on-campus counseling services (Gallagher, 2011). Finally, a research study of several thousand students at a large university found that, of the students with positive screens for depression or anxiety, the proportion who did not receive any mental health services ranged from 37% to 84%, depending on the disorder (Eisenberg et al., 2007). Eisenberg et al. concluded that "Even in an environment with universal access to free short-term psychotherapy and basic health services, most students with apparent mental health disorders did not receive treatment" (p. 594).

To help meet the mental health needs of students, many postsecondary institutions provide free on-campus mental health services in the form of school counseling centers. For example, one survey of 212 small colleges showed that 89% were committed to having an on-campus counseling center (Vespia, 2007). The two associations representing directors of college and university counseling centers collectively represent about 1,000 institutions serving millions of students (Barr, Krylowicz, Reetz, Mistler, & Rando, 2011; Gallagher, 2011). Virtually all of these counseling centers provide individual counseling/psychotherapy; most of them also provide couples counseling, group counseling, crisis intervention, and some form of psychiatric services (Barr et al., 2011).

Counseling services have been found to be effective in assisting student adjustment to college, in improving academic performance, retention and graduation rates (Bishop & Walker, 1990; Lee, Olson, Locke, Michelson, & Odes, 2009; Sharkin, 2004; Turner & Berry, 2000; Wilson, Mason, & Ewing, 1997). This retention advantage is

typically not due to better academic performance, but 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). Improved social and emotional adjustment and student well-being results in 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 (Barr et al., 2011, Kelly & Achter, 1995; Lucas & Berkel, 2005). 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).

Although many counseling centers were established primarily to assist with personal growth, adjustment, and other developmental concerns, there has been widespread reporting of increasingly severe psychological problems among college students and increasing numbers of students seeking counseling services. For example, Gallagher (2011) reported that 91% of counseling center directors indicated that there has been an increase in students arriving at their counseling center with serious psychological problems. Likewise, Barr (2011) reported that 93% of counseling center directors concurred that the number of students with significant psychological problems is a growing concern in their center or on their campus. Numerous research studies have supported the argument that postsecondary students are seeking counseling for increasingly severe problems (Beamish, 2005; Benton, Robertson, Tseng, Newton, & Benton, 2004; Kitzrow, 2003; Smith et al., 2007; Stone, Vespia, & Kanz, 2000; Stukenberg et al., 2006). It has been speculated that this change may be caused by shifts

in cultural norms moving towards greater comfort in openly discussing psychological problems with counselors, increased levels of psychopathology in society generally, and increasingly diverse student bodies (Stukenberg et al., 2006). Others have suggested that psychiatric medications have allowed people to attend postsecondary school despite serious mental health issues (Rudd, 2003), and a greater willingness of students to seek treatment (Sharkin, 2003).

A number of researchers have disputed the claim that postsecondary students are becoming less psychologically healthy compared to earlier years. These researchers say that studies showing increasing student psychopathology focused solely on counseling center director, therapist or client perceptions of psychopathology rather than objective data (Much & Swanson, 2010; Sharkin, Plageman, & Coulter, 2005). Moreover, other longitudinal studies have found no increase in psychopathology over time (Cornish, Kominars, Riva, McIntosh, & Henderson, 2000; Hoeppner, Hoeppner, & Campbell, 2009; Kettman et al., 2007; Schwartz, 2006). The literature postulates several reasons why counseling center directors and therapists might perceive a trend of increasing psychopathology among clients in spite of evidence to the contrary. Clinicians could be feeling more stress due to an increase in demand for services without corresponding staffing increases (Kettman et al., 2007). The greater access to college in recent decades may have resulted in a marginal increase of very sick students who may place a disproportionate demand on clinicians' time, giving the impression of a significant increase in overall psychopathology (Kettman et al., 2007). Finally, as clinicians have become more adept at assessment and diagnosis, they could be mistaking improved detection for an increase in pathology (Schwartz, 2006).

Whether or not their psychological condition is worsening, there is little dispute that the postsecondary student population, like the broader population, has substantial mental health needs. Despite their unique struggles and potentially greater access to mental health services, patterns and attitudes regarding help-seeking among college and university students are similar to those found in the general adult population (Kearney, Draper, & Barón, 2005), making this an ideal group to study for their own benefit and for application to the broader population.

Application to Social Work

Social workers have an important perspective into the issue of college students' mental health and their utilization of on-campus mental health services. Social workers have traditionally served as school-based mental health workers at the primary and secondary levels. Although college and university counseling centers have been staffed primarily by psychologists (Vonk, Markward, & Arnold, 2000), there is a need for a model of college counseling that utilizes the established social work person-in-environment approach (Jones & Donovan, 1986). A social work approach can promote positive change within the structures and environment of a college or university in order to better serve the needs of students, particularly those who are most vulnerable (Jones & Donovan, 1986).

Social workers are being utilized in postsecondary settings, although there is very little literature exploring this topic. One older study reported that 8.2% of college counselors were trained social workers, and that 25% of college and university counseling centers employ social workers on a full or part-time basis (Steiner & Moore, 1979). Vonk et al. (2000) highlighted the roles of social workers within the colleges and university setting, and pointed out the benefits of having them on campuses. While social

workers' roles vary, most are a part of the counseling services staff and function in a traditional counseling role providing psychotherapeutic support, psychoeducation, crisis intervention, and outreach services to college students. Social workers may also serve as advocates for students who, after experiencing a crisis, need assistance negotiating with various offices on campus and navigating the resources available to them. The benefit of this is a more holistic and comprehensive treatment plan, which serves the immediate and long-term needs of students (Vonk et al., 2000).

Purpose of the Present Study

There is a limited body of research examining the mental health status of postsecondary students. This research includes a semiannual national college health survey (ACHA, 2012) and two annual surveys of college counseling center directors (Barr et al., 2011; Gallagher, 2011). Several articles contain more in-depth research focusing on mental health needs of postsecondary students at the school level (Bishop, Bauer, & Becker, 1998; Eisenberg et al., 2007), and which discuss presenting concerns at individual counseling centers (Cairns, Massfeller, & Deeth, 2010). However, only one study directly compares mental health symptoms and concerns of college students who have used their school counseling center with students who have not used their counseling center (Green, Lowry, & Kopta, 2003). There is substantial need for more research in this area.

This study will compare students who utilize on-campus counseling services ("counseled students") with those who do not use such services ("non-counseled students") at a small Midwestern college with respect to a standard list of mental health symptoms and concerns. The purpose of the study is to determine whether there is a significant difference in concerns and distress levels of counseled versus non-counseled

students. Further, the study seeks to learn about non-counseled students' attitudes toward their potential use of the counseling center. The goal is to learn more about the mental health needs of non-counseled students and, if there are significant unmet mental health needs, gain some understanding of how to better meet those needs.

Literature Review

This review examines published literature addressing mental health needs of postsecondary students, with particular focus on differences between students who utilize on-campus counseling services ("counseled students;" the literature may similarly use the terms "students in counseling," "counseling center clients" or "client students") and those who do not utilize such services ("non-counseled students;" the literature may similarly use the terms "students not in counseling," "non-client students" or, more generally, "students"). Specifically, this review covers literature that surveys student mental disorders and personal concerns along with aspects of students' use of available counseling center resources. It starts by briefly describing the history, function and current makeup of college counseling centers. It continues reviewing literature covering the general student population, moves to literature focusing on counseled students specifically, and discusses one study directly comparing counseled versus non-counseled students. Finally, it contains a review of literature examining student perceptions and attitudes toward on-campus counseling centers. It concludes with a proposal for additional research that will extend the current body of research.

Counseling Centers

Since the research examined here focuses on student utilization of college counseling centers, it is worth briefly examining the history, role, and makeup of counseling centers. Vonk et al. (2000) divided the historical development of postsecondary counseling centers into three periods. Before 1945, there were no "counseling centers," but rather, counseling duties were shared by various college personnel, including deans, advisors and faculty members. During the period of 1945 to 1955 counseling centers began to emerge, and counseling began to be seen as a separate

area of college personnel. During this time the emphasis was on career-related counseling. During 1955 to 1970, counseling centers expanded in numbers and in roles. In addition to career counseling, they expanded into personal counseling. Since 1970, counseling centers have become established campus entities with multiple roles including, but often not limited to, individual counseling (Vonk et al., 2000).

Today, all counseling centers provide individual counseling and psychotherapy to students. Most counseling centers also provide couples and group counseling, structured groups, crisis intervention, and referral to a psychiatrist. A substantial minority also provide career counseling (many schools now provide this service via a separate career center), workshops, and training (Barr et al., 2011). The goals of counseling centers have generally expanded from treatment oriented work, such as counseling students on vocational or personal issues, to include preventative and outreach work, including pyschoeducation (Vonk et al., 2000). For most colleges and universities, the counseling center plays a vital role in student adjustment, academic performance and retention, psychological wellbeing and safety, as well as personal growth and development.

Counseling centers are staffed primarily by professional mental health clinicians. Licensed professionals, from most represented to least represented, are psychologists, counselors, social workers, and physicians (Vonk et al., 2000). Of these, about two-thirds are women and two-thirds are Caucasian (Gallagher, 2011). About two-thirds of counseling centers have access to on-campus psychiatric consultation (Gallagher, 2011). College counselors can be viewed as a type of "specialist" in mental health due to five characteristics they typically hold in common. First, they primarily work with 18-22 year olds. Second, their clients belong to a closed interpersonal system, where the interactional group is established and relatively impermeable. Third, the counselor must be someone

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who is a generalist due to the wide variety of presenting problems. Fourth, most counseling centers use relatively brief forms of treatment. Fifth, the center and counselors operate within a host organization whose purpose is educational (Gilbert, 1989).

General Student Population

While the importance of periodically assessing the identifiable mental health needs of college and university students is well established (Gallagher, 1992; Kuh, 1982; Upcraft & Schuh, 1996), relatively few studies have been conducted doing just that. College and university counseling centers generally have not conducted such assessments (Bishop et al., 1998). This might be because college counseling center personnel do not view themselves as having the necessary research skills and experience (Skibbe, 1986) or because college counselors simply do not have the time or funds to conduct research. Based on surveys, Barr et al. (2000) reported that only 2.6% of college counseling centers conducted research. Nonetheless, such assessments could be valuable to establish institutional support for such services, to identify changes in student needs over time, and to understand and meet students' mental health needs on a given campus, which could be different than needs on other campuses (Bishop et al., 1998). Published research in this area is limited to one semiannual national survey and several school-based research studies.

The American College Health Association conducted a National College Health Assessment in 2011 surveying the general college and university student population on a variety of health topics, including mental health. (The survey also covered alcohol, tobacco and other drug use; sexual health; weight, nutrition and exercise; and personal safety and violence.) The assessment was based on completed surveys from 76,481 undergraduate students attending 141 postsecondary institutions (ACHA, 2012). A

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substantial number of students reported that, within the last twelve months, they had felt

things were hopeless at some point within the last year (46.5%); had felt overwhelming

anxiety (51.3%); or had felt so depressed that it was difficult to function (31.6%; ACHA,

2012). Many students also reported that academics (46.5%) and/or intimate relationships

(32.7%) had been traumatic or very difficult to handle within the past twelve months

(ACHA, 2012). At the same time, only 10.6% of students reported having been

diagnosed or treated by a professional within the last twelve months for depression, and

only 11.6% were diagnosed or treated for anxiety (7.0% were diagnosed or treated for

both depression and anxiety) (ACHA, 2012). This survey did not use any assessment

instruments to screen students for depression or anxiety or any other mental disorder.

Rather, it simply asked students whether they had felt "depressed" or "overwhelming

anxiety." It was up to the student respondents to determine for themselves what those

terms meant. As a result, it is possible that student self-assessments resulted in inaccurate

reporting of these distressed states.

In another study, Eisenberg et al. (2007) examined the mental health status and

corresponding mental health service utilization of university students. An online survey

was completed by 2,785 randomly selected graduate and undergraduate students at a

large, Midwestern, public university in fall 2005. The study used validated instruments to

screen for depression and anxiety. It also assessed whether students had received mental

health services, measured as having received psychotropic medication or psychotherapy

within the past year. The results showed that approximately 17% of students screened

positive for some form of depression and/or anxiety. This research further found that,

within the group of students with positive screens for depression and/or anxiety, the

proportion who had not received any mental health services ranged from 37% to 84%,

depending on the disorder. Eisenberg et al. (2007) concluded that "even in an environment with universal access to free short-term psychotherapy and basic health services, most students with apparent mental health disorders did not receive treatment" (p. 594). The Eisenberg et al. (2007) study is significant because, unlike other studies, it screened participants for mental disorders—rather than using self-reports—and found that most students with depression and/or anxiety did not utilize available mental health services.

Another university-based study conducted by Bishop et al. (1998) surveyed 803 students at the University of Delaware to assess identified student needs and fears about the future. The survey instrument was the Survey of Student Needs, a needs assessment that includes 51 items that address personal, career development and learning skills concerns, as well as possible fears about the future. The survey included several more overtly mental health concerns, such as "feelings of depression," "feeling anxious and panicked," and "feeling suicidal" along with other many personal concerns that could potentially be addressed with counseling. These include relationships, loneliness, and career uncertainty. The study found that 37.3% of respondents reported feelings of depression, 36.1% reported feeling anxious and panicked, and 6.5% reported feeling suicidal (Bishop et al., 1998). The time-frame for these feelings was not stated in the research. Unlike Eisenberg et al. (2007), Bishop et al. (1998) did not use validated instruments to screen for mental disorders such as depression and anxiety. However, it is a good example of a broad-based needs assessment customized for a college or university population. It provides a snap-shot of personal needs and concerns for this particular student population at this particular time.

Counseled Students

There was also relatively little research focusing on the mental health status of students who are clients within college counseling centers. Probably most, if not all, counseling centers have collected some form of data on student clients, such as number served, total sessions, presenting concerns, and so on. Relatively little of this data has been studied in published research, however. Much of the published data concerning counseling center clients was contained in reported annual surveys of counseling center directors. These reports, which are not theoretical or research-based in nature, nonetheless add value to the existing body of knowledge because they reflect the current mental health status of students who use college counseling centers as well as trends over time.

The surveys were completed by hundreds of counseling center directors representing many different sizes and types of postsecondary institutions spread across the country and even the world. One survey, *The Association for University and College Counseling Center Directors Survey* collected responses from 417 directors from the United States, Canada, Europe, the Middle East, Asia, and Australia (Barr et al., 2011). Similarly, the National Survey of Counseling Center Directors reported survey results from 228 responding directors who were members of the American College Counseling Association (Gallagher, 2011). Thus, the reports represented broad averages and were not highly focused. Also, much of the survey data regarding student mental health represented the subjective opinions of counseling center directors and their staff, rather than objective facts. For example, Gallagher (2011) reported that surveyed directors reported that 37.4% of their clients have "severe psychological problems," with 5.9% of these having impairment so serious that they could not remain in school or could do so

only with extensive psychological/psychiatric help (p. 5). There were no objective criteria

stating exactly what the operative terms "severe psychological problems" or

"impairment" or "extensive psychological/psychiatric help" mean, and there is no data,

per se, behind these claims. Researchers have pointed out that, although the surveys have

the advantage of covering a large geographic area and many types of institutions, there

was no standard reporting protocol, and the retrospective nature of the reports made them

vulnerable to subjective, biased reporting (Cairns et al., 2010). With that caveat, the

surveys represent a pulse on the body of "counseled" students, and they are widely

referenced in the research literature.

A significant portion of the student body seeks counseling at school counseling

centers. Barr et al. (2011) reported that, depending on school size, between about 15%

(schools with under 2,500 students) and 4.87% (schools sizes ranging from 30,000 to

35,000 students) of the entire student body was served by counseling centers. Likewise,

Gallagher (2011) reported the percentage of students who sought counseling ranged from

17.8% (schools with under 2,500 students) to 6.3% (schools with over 15,000 students),

depending on school size. Both studies showed a pattern with significantly greater

percentages of students receiving counseling in smaller schools as compared to larger

schools. In fact, in both studies, the ratio of percentages of students served by counseling

centers was three to one in favor of smaller schools.

Why do students seek counseling? Barr et al. (2011) reported that the most

common presenting problems in students using surveyed counseling centers were anxiety

(40.94%), depression (37.18%), relationship issues (35.47%); 25% of clients were taking

psychotropic medication. A study of presenting concerns at a single university in Canada,

Cairns et al. (2010) found the same top three concerns, but in different proportions:

relationship (62.8%), anxiety/stress (43.7%), and depression/grief (35.8%). Gallagher (2011) lacked data regarding presenting problems; however Gallagher (2011) did report that 23% of counseled students were on psychiatric medication, up from 20% in 2003, 17% in 2000, and 9% in 1994. Gallagher (2011) further reported that, of the students served, 37.4% had "severe problems" (p. 14).

Counseled Versus Non-Counseled Students

The literature revealed that college students in counseling and students not in counseling expressed similar concerns that included relationship issues, anxiety and depression, along with concerns over academics and studying and career-related issues (Green et al., 2003). This raised the question: If college students in general and counseling center clients indicated similar problems, why did some seek counseling while others did not? Green et al. (2003) explored this question by directly comparing the body of counseling center clients to the body of students who did not utilize their institution's counseling center. The study compared presenting concerns and distress levels of the two populations. It sought to identify similarities and differences between the two groups. This information indicated whether there were significant numbers of students in distress who were not availing themselves of the counseling center. It also yielded clues as to why some students used available mental health resources while others did not.

Green et al. (2003) compared non-client students to client students with respect to self-identified problems and scales measuring distress and functionality levels. The study was conducted at a small, mid-Atlantic liberal arts college. The non-client student participants ($n = 138$) were recruited from psychology classes in 1998. Data regarding client students ($n = 208$) was obtained from the same college's counseling center. Non-client students were given the same 42-item problem checklist used by the counseling

center during intake. A series of self-report scales used during the counseling center intake process were likewise administered to non-client students. These assessed well-being, psychological symptoms, life functioning, and global mental health (Green et al., 2003).

With respect to presenting concerns, Green et al. (2003) found that client students more frequently endorsed depression and anxiety. In contrast, non-client students were more concerned with body image, uncertainty about life after college, finances, academic issues, decisions about career/major, and procrastination/motivation. That is, non-client students were primarily concerned with developmental issues, while client students were more concerned with mental health issues. Green et al. (2003) also found that, not surprisingly, client students were more distressed and dysfunctional than non-counseled students. Client severity levels were higher for global mental health, well-being, symptoms, and life-functioning.

The Green et al. (2003) study was limited because the sample size was relatively small, and the non-counseled student sample was a non-randomized convenience sample biased toward psychology students who volunteered and received extra class credit for participating. Nonetheless, this study supported the idea that non-clients and counseling center clients have different self-reported concerns, as well as different levels of distress and functionality. Green et al. (2003) concluded that, "severity of well-being, psychological symptoms, and life functioning may be influential in a college student's decision to enter treatment" (p. 35). Green et al. (2003) advanced the literature by directly comparing counseled and non-counseled students using the same criteria to determine problem type, distress levels and functionality. This study, however, did not survey (non-counseled) student awareness of, and attitudes toward, mental health services generally or

college counseling center services in particular. Although the study results hinted at why some students used counseling services while others did not, it did not directly explore why some distressed students did not use counseling services.

Student Perceptions of Counseling Services

There is a large body of research examining help-seeking traits among college and university students. Many researchers have sought to discover the factors involved in the decision to use or avoid mental health services (i.e., help-seeking behaviors). These factors can be interrelated and are not mutually exclusive; however, research tends to isolate the factors for study. Many of these studied help-seeking factors would be difficult to overcome vis-à-vis students' use of available counseling center services, however. These more entrenched factors include stigma associated with mental illness (Corrigan, 2004; Eisenberg, Downs, Golberstein, & Zivin, 2009; Vogel, Wade, & Ascheman, 2009; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007); avoidance factors such embarrassment, fear of treatment, desire to avoid painful feelings during therapy, and discomfort from self-disclosure (Kushner & Sher, 1989; Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005); gender (Johnson, 2001; Nam et al., 2010; Sheu & Sedlacek, 2004); race/ethnicity/culture (Liao, Rounds, & Klein, 2005; Leong, Kim, & Gupta, 2011; Loya Reddy, & Hinshaw, 2010; Masuda et al., 2009); tendency to self-conceal (Cramer, 1999, Kelly & Achter, 1995; Vogel & Armstrong, 2010); previous experience with counseling (Gulliver, Griffiths, & Christensen, 2010; Vogel et al., 2005); and existence of social supports (Cramer, 1999; Vogel et al., 2005).

Several studies identified more practicable reasons why students may not seek counseling. A basic factor in whether a student may not seek counseling is knowledge of the existence of the counseling center and its services (Eisenberg et al., 2007; Kahn,

Wood, & Wiesen, 1999). In the more recent study, Eisenberg et al. (2007) administered a web-based survey to a random sample of 2,785 undergraduate and graduate students at a large, Midwestern university with a demographic profile similar to the national student population. The study screened for various forms of depression and anxiety using professionally validated screening tools. Eisenberg et al. (2007) found that only 59% of the general student population knew that the university provided free counseling. Among students who screened positive for depression and/or anxiety and who did not receive mental health services within the past year, 53% knew that the university provided free counseling. Among students who screened positive for depression and/or anxiety and who did receive mental health services within the past year, 76% knew that the university provided free counseling. Of students with at least one psychotherapy/counseling visit within the past year, 38% received services at the student counseling center, 17% at other university clinics, and 61% at non-university providers (Eisenberg et al., 2007).

In another study, Kahn et al. (1999) researched student knowledge and perceptions of their campus-based counseling center. Kahn et al. (1999) surveyed 597 students at the University of Maine at Orono. The paper-based survey was not random; rather it used residence life staff to distribute surveys in residence halls, and it also distributed surveys in psychology classes and various outreach programs. The study found that while 72% of students were aware that a counseling center existed on campus, student awareness of counseling center services was relatively poor. Awareness of counseling center services ranged from awareness of support groups (61%), psychotherapy (47%), crisis intervention (47%), psychiatric services (25%), couples counseling (24%), and testing (19%). Even among students who were aware of the

counseling center, the majority were unaware of most of the services it provided, including those clinical services most used by students (Kahn et al., 1999).

Even if students were aware of available counseling center services, they may not have been willing to use those services. Eisenberg et al. (2007) found that, among students identified as having apparently unmet mental health needs (students with positive screens for depression and/or anxiety who did not receive therapy or medication in the prior 12 months), 51% responded that they did not seek treatment because stress was normal at college/graduate school; 45% responded that they did not have any need; 37% said that the problem would get better by itself; and 32% responded that they don't have time. Likewise, Kahn et al. (1999) reported that 37% of students responded that they would utilize counseling services for moderate concerns (e.g., relationship problems), and only 27% said they would use the counseling center for severe concerns (e.g., depression, suicidal thoughts). This body of research suggests that "education and awareness campaigns may be especially effective for reducing unmet needs for mental health services, because factors related to knowledge and beliefs were strongly associated with perceived need and service use…." (Eisenberg et al., p. 600). The research suggests that there are many reasons why postsecondary students may not use available counseling resources, and that, at a basic level, students' lack of use may be understood as either lack of knowledge regarding the existence or services provided by counseling centers or a lack of intent to use known counseling resources.

Proposed Further Research

A review of the literature revealed that there is a need for more research on the mental health status of college students and their utilization of on-campus counseling services. In particular, there is very little research assessing and comparing the mental

health needs of both counseling center client students and non-client students. Likewise, there is very little research comparing counseling center client students and non-client students regarding their knowledge and willingness to utilize a counseling center. No study was found that does both of these things.

My proposed research study will take place at a small Midwestern liberal arts college. I will use a random survey to gather data from the non-client student population. The survey will ask students to assess themselves using the problem checklist items used by the counseling center as part of the intake process. Using intake data collected and compiled by the on campus counseling center, I will compare counseling center client students and non-client students in regards to the problem checklist items. The survey will also ask students questions about their knowledge and willingness to use the counseling center to address personal concerns. This proposed study will help determine whether there is a significant difference in concerns and distress levels of counseling center client students versus non-client students. It is further hoped that this study will identify potential remediable barriers to counseling center utilization by distressed students.

Conceptual Framework

College students face many challenges that impact their mental health and well-being. It his helpful to understand these personal challenges and mental health issues—as well as the work of college counseling centers—through the lens of appropriate organizing theories used by social workers—in particular developmental theory and ecological theory.

Theoretical Lenses

Developmental theory. Development theory in this context is best understood as articulated by Erik Erikson in his psychosocial model of human development, *Eight Stages of Man* (Erikson, 1963). Building on Freud's *Psychosexual Stages of Development*, Erikson articulated eight psychosocial stages sequenced in a predictable fashion across the lifespan. He saw human development as both a biological process and as the product of reciprocal relations between the developing person and the agents of socialization. Each developmental stage presents a specific life task, a particular dilemma or challenge typical of that stage. Mastery of the challenges of a stage leads to the ego strength or virtue specific to that stage, which in turn forms a strong foundation for further stage mastery and ego development. Failure to accomplish the stage-specific task leads to ego weakness and personality vulnerabilities. The emergence of all the ego strengths results in the formulation of a fully functioning and whole personality.

College students are in a transitional time of life; they are confronted with two of Erikson's stages. The stage of *identity versus identity diffusion* marks adolescent development during the teenage years (Erikson, 1963; Erikson, 1959/1980). During this stage, a person is developing his or her identity. It is a time to synthesize earlier identifications, try new ones, and ultimately answer the question, "Who am I?" This is a

time for gradually moving away from parents and towards peers. At this stage, ego strength results from acquiring the capacity for adhering to an identity and for fidelity to others that affirm this identity. According to this stage theory, failure to meet this challenge could result in identity confusion leading to indifference, or it could result in formation of negative identity and defiance.

The other psychosocial stage impacting college students is *intimacy versus isolation*, a stage typical of young adults during their early twenties (Erikson, 1963; Erikson, 1959/1980). During this stage the developing person is challenged to find intimacy with friends and sex partners, and learn to affiliate with members of cooperative and competitive groups. Mastery of this stage results in capacity for healthy love relationships, close friendships, and positive group affiliations. Failure to complete this developmental task can result in distancing from others, avoidance of sexual intimacy, and prejudice against those who seem foreign. Failure to meet this stage's challenges can also result in low self esteem, and feelings of despair and a sense of alienation.

Most college students are probably wrestling with both of these stages to some extent. Lunardi, Webb and Widseth (2006) observed that:

> …late adolescents are in transition, moving out and away from what is typically a familiar family situation, and are filled with hope and expectation that 'out there' in a new context, a context external to them, they will find solutions to issues of identity and other psychological concerns. Hence, undergraduate students step away 'to live life.' (p. 16)

Lucas and Berkel (2005) further noted that the challenges of college students "range from leaving home physically as well as psychologically, establishing intimate relationships,

and planning a career, to more concrete issues such as maintaining an adequate grade point average, managing time, learning study skills, and dealing with financial stressors" (p. 251). Whether or not these developmental challenges lead to diagnosable mental illness, college students face numerous developmental challenges that can cause significant distress and reduced functionality.

Ecological theory. The other conceptual framework relevant to clinical social work in the college setting is ecological theory. This theory incorporates the person-in-environment approach that typifies social work practice. *Ecological theory* understands 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). Unlike developmental theories that attempt to categorize various stages in life, ecological theory insists that demographic characteristics as well as life circumstances produce non-uniform human development (Forte, 2007).

Applied ecological theory helps social workers examine the nature and consequences of transactions between people and their physical and social environments (Forte, 2007). It looks at transactions in terms of person-environment fit and adaptation. Positive transactions indicate a favorable fit, allowing the individual (or client system) to develop continuously and function effectively while the environment is sustained and enhanced. Negative transactions indicate unfavorable fit between the individual and the environment, impairing the health, functionality and development of the individual while also damaging the environment (Forte, 2007).

Bronfenbrenner (1992) described a developmental approach building on the ecological model. His proposed ecological model of human development understood that human development is a function of the interrelationships of person, physical

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environment, process, and time (Bronfenbrenner, 1992; Bronfenbrenner, 1979). As this

model relates to college students, *development* is students' evolving ability to conceive of

their environment, and adapt and relate to it. This includes their current college

experience as well as their greater life experience outside of college. *Person* refers to

attributes that influence subsequent development, including students' gender,

temperament, body type, etc. *Physical environment* describes various level systems in

which the individual participates, including *microsystem* (life spaces, such as dorm room,

classroom, student center), *mesosystem* (relationships between settings, such as home,

school, hangouts), and *macrosystem* (generalized patterns at the level of culture and

ideology, such as college administration and policies, religion, regional and national

culture). *Process*, or "proximal process," includes activities that others engage in with or

near the developing person that stimulate development (learning in college by listening to

and interacting with professors, coaches, students). Finally, *time* concerns life transitions

that occur in particular times in the life course (moving from parents' home to college).

Viewed through Bronfenbrenner's complex, multisystem ecological model of human

development, colleges and universities could be seen as highly designed and relatively

controlled environments where similarly situated people, at a unique life transition time,

adapt and relate to highly designed and relatively controlled physical spaces and proximal

processes to further their personal and cultural development.

Consistent with the ecological theory, Jones and Donovan (1986) explained that a

primary role of the college counselor is assisting with goodness of fit by helping students

adapt to the college environment, with interventions focusing on the transactions between

the student and the college. This is especially true with the influx of "nontraditional"

students to colleges and universities, including low-income, minority and foreign students

who are often the first in their families to attend college and are thus less likely to be familiar with the norms, expectations and demands of college (Jones & Donovan, 1986). Vonk et al. (2000) further emphasized that social workers are especially qualified to "competently provide services to college students, particularly non-traditional students and those who are members of disenfranchised minority groups" (p. 370).

Professional Lens

My clinical internship involves working with a college student population as a graduate intern at a college counseling center. In that capacity, I provide counseling and therapy to students. Their concerns typically involve issues related to relationships, identity, family, depression, victimization, anxiety/panic attacks, academics, grief and loss, socialization/isolation, food/body image or chemical use/abuse. About 15% of the student body takes advantage of counseling center services. I have wondered about the other 85%. Do they have the same concerns as our clients? Are their distress levels similar to or different from the distress levels of students I see? If non-client students indicate that they are distressed, have they failed to visit the counseling center because of a lack of awareness of the center and its services or for some other reason? In my view, there is no way to really answer these questions short of surveying non-counseled students and comparing them to counseled students.

My professional bias is reflected in the focus of my proposed survey. I am not inquiring about most of the many possible reasons—developed through a large body of research—why college students may choose not to seek counseling. While reasons such as race, culture, gender, tendency to self-conceal, fear, and discomfort are interesting and worthy of study, from my point of view these reasons for not seeking counseling are not as easily addressable as simple lack of awareness. Unlike the other factors, lack of

awareness can be remedied by relatively practicable educational and promotional efforts. It is much more difficult to conceive of "correcting" long-standing racial, cultural, personal, and even biological reasons why someone might choose not to utilize a counseling center. Because my proposed study is in some sense an agency evaluation, it is my preference to produce results that can be used by the agency and the college in a practical way.

Finally, I have a preference for quantitative research, especially when assessing the mental health of a population. This approach is supported by the research literature: Virtually all of the published research in the area of assessing mental health and reasons for non-use of mental health services is qualitative research. I feel that a well-designed study using a sufficiently large sample will yield results that are not only interesting; they will be useful to my agency and the larger college community.

Personal Lens

I was once a college student myself of course. Thinking back, I could have benefitted from counseling during some part of my college years. Counseling might have helped me to develop my academic and career direction sooner, as well as improve my relationships and better understand my identity. In other words, I probably would have experienced more growth and had an overall better college experience had I utilized the kind of services the counseling center provides. I did not seek counseling, however. In fact, I spent 4-1/2 years in college and never knew that a counseling center existed.

I once again am part of that same college community—this time as a counselor. While the counseling center understandably is focused primarily on serving students with serious mental health needs, it is my hope that we continue to have room for students who seek psychological growth and development as part of their college experience as

they mature into adulthood and make decisions that increasingly affect the direction of their lives.

Methods

Research Design

The purpose of this study was to learn how students at a small Midwestern college were utilizing the school's free on-campus counseling center. To that end, this study sought to learn about the mental health concerns and distress levels of students who had not used the college's counseling center ("non-counseled students") and compare those findings to data collected from students who have used the college's counseling center ("counseled students"). The goal was to learn how mental health concerns and distress levels compared between non-counseled students and counseled students. Furthermore, this study sought to learn reasons why students with significant mental health concerns had not used the counseling center and whether those students had used off-campus resources. Finally, this study explored the likelihood that non-counseled students would use the counseling center in the future.

A quantitative survey was developed using themes identified in the literature review (see Appendix A). The survey collected data regarding demographics, problem areas and distress levels, awareness of and attitudes toward the counseling center, and use of off-campus counseling services. The "problem area" portion of the survey was designed to use the same list of problem areas used by the counseling center in its standard intake form. This included 17 potential areas of concern such as anxiety, depression, relationships, and chemical use/abuse.

Surveyed students were asked to rank the severity of their distress in each of the listed problem areas. Results from the problem areas portion of the survey was then compared to summary data collected by the counseling center covering all students who

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had accessed services (i.e., received counseling) from June 1, 2011 through May 31, 2012 (the most recent academic year for which data was available).

The study further examined non-counseled students' awareness of and attitudes toward the counseling center. To that end, the survey asked students whether they were aware of the counseling center and its services, and whether they knew its services were free to all students. The survey also inquired whether students had used the counseling center or another off-campus provider for mental health needs, and the likelihood that they would use the counseling center in the future to deal with personal issues. Finally, the survey asked why students had not used the counseling center. Participants were given a list of potential reasons from which to select (such as "My problems are not serious enough" or "My problems will get better on their own" or "I have friends or family who can help me with my problems"); participants were also permitted to write their own reason for not using the counseling center.

The research methods and content validity of the survey were strengthened by having the research methods and content of the survey reviewed by the committee that oversaw this proposed research study. The committee for this research study consisted of a Licensed Independent Clinical Social Worker (LICSW) with experience working as a college counselor, a professor of social work employed by the college where the study was conducted, and a professor of social work with research expertise. The survey methods and content were also reviewed by the director of the counseling center. The survey was created using the electronic survey software, Qualtrics, made available through the University of St. Thomas. The survey results were anonymous, and the records for this study were kept confidential. Computer records were protected by a password.

The underlying purpose of the proposed study is to gain a better overall understanding of those students who do not use the on-campus counseling center. How closely do non-counseled students resemble counseled students? Is there a problem with student awareness of the counseling center and its services? Are distressed students choosing off-campus counseling instead of on-campus counseling, or are they choosing no counseling at all? What reasons do distressed students have for not utilizing counseling? It is hoped that this information will be useful to counseling center staff—social workers and psychologists—as well as college administrators as they strive to meet students' mental health needs.

Sample

The research used data sampled from the population of students enrolled at a residential liberal arts college located in the Midwest. Specifically, the study used data collected from two samples. Survey data was collected from students who had not used the counseling center (non-counseled students). The other set of data was drawn from the entire population of students who had used the counseling center during the 2011-2012 academic year (counseled students).

Student survey. The non-counseled student sample for this research study was drawn from a random sample of the entire population of enrolled students at the College. Permission to survey students was granted on November 13, 2012 by the Vice President for Student Life, who authorized the research on behalf of the Dean of Students Office (see Appendix B). According to the Director of Institutional Research at the College, (who is a member of the College Institutional Review Board (IRB)), it was not necessary to seek approval for this research from the College IRB so long as approval was granted by the College Dean of Students Office and the University of St. Thomas IRB (see

Appendix C). The University of St. Thomas IRB granted permission for this research on

December 27, 2012 (see Appendix D). The director of the College's counseling center

also provided a permission letter permitting the researcher to use aggregated secondary

data published within the counseling center's annual report (see Appendix E).

Simple random sampling was used to draw a probability sample of students to be

surveyed. Simple random sampling is a method of sampling whereby each element in the

population has an equal probability of inclusion in the sample (Monette, Sullivan, &

DeJong, 2008). The college's Director of Institutional Research generated a randomized

sample of 1,000 students to be surveyed. Approximately 3,125 students were enrolled at

the College at the time of the survey, so the sample size comprised about 32% of the

entire student population. The random sample was generated by inserting email addresses

of all enrolled students into an Excel spreadsheet, sorting that spreadsheet several times

in order to randomize the list, and finally deleting all but the first one-third of the entries

from the spreadsheet. This email list was given an alias name, which was utilized by the

researcher to contact the survey via an email solicitation.

Surveys were distributed to the sample by way of an email invitation distributed

on March 8, 2013, requesting students to participate in this research by accessing a

Qualtrics online survey tool (see Appendix F). The email included a link to an informed

consent form (see Appendix G). Students were required to click on a link at the bottom of

the consent form to participate in the survey. A follow-up email was distributed on March

14, 2013 once again requesting students to take the survey (see Appendix H). The survey

was open from March 8, 2013 to March 21, 2013. Inclusion criteria required that

participants (1) be 18 years old or older, (2) be enrolled college students, and (3) have not

utilized the college's on-campus counseling center. The first set of questions in the

survey instrument inquired about each of the inclusion criteria. If a respondent answered an eligibility question in a manner indicating that he or she should be excluded, the survey's skip function took that respondent to a screen informing the respondent that he or she is not eligible to take the survey.

A total of 199 students accessed the survey tool, and of that number, 129 students met the inclusion criteria and completed the survey ($n = 129$). Nearly all of the excluded students answered that they had used on-campus counseling services. The response rate for completed surveys was 12.9%.

Counseling Center. Online survey sample results regarding reported problem types were compared to summary data published in the most recent annual report of the counseling center, produced by its director. Data within this report consists of anonymous summary data representing all student clients of the counseling center within the 2011-2012 academic year covering June 1, 2011 through May 31, 2012 ($n = 506$). This data is collected annually by the counseling center as a component of its standard operating procedure. Much of the data summarized in the annual report is collected by the counseling center via intake forms completed by student clients as part of the standard intake process. The annual report is available to the entire College community upon request. The researcher obtained a letter of permission from the director of the counseling center to use information published in the annual report as part of this research study (see Appendix D).

Protection of Human Subjects

The proposal for this study was reviewed by a research committee, the Vice President for Student Life from Dean of Students office, and the Director of Institutional

Research. This research proposal was further reviewed by the Institutional Review Board (IRB) at the University of St. Thomas.

The consent form that accompanied the survey informed sampled students that it was their choice whether to participate, and that they were being offered nothing for their participation (see Appendix E). The informed consent also assured potential participants that the surveys and associated findings would be completely confidential, and that there would be no link between participating students and the data collected from surveys. Participants would not be asked any identifying information other than to confirm that they were at least 18 years of age, their class year, gender, race, and sexual orientation. Students were informed that by completing any portion of the survey they were giving informed consent to participate in the study. Students were further informed that they could skip survey questions if they wish; however they must answer questions concerning eligibility criteria. At the conclusion of the survey, participants were referred to the college counseling center and the Crisis Connection should the survey process have provoked a desire to speak with someone about their personal concerns. Finally, all collected data was stored in a password-protected Qualtrics account.

Data Collection

Instrument. The survey to be used in this proposed study was formulated by the researcher using content derived in part from the review of the applicable literature (see Appendix A).

The first section of the survey concerned eligibility criteria to ensure that survey participants were 18 years of age or older, that they were enrolled students at the college, and that they were not current or former counseling center clients. Because this research study was premised in part on comparing a sample of students who have not used the

counseling center to students who have used the counseling center, it was imperative that current and past counseling center clients be excluded from the survey.

The demographic portion of the survey inquired about participants' gender, ethnicity, class year, and sexual orientation. These variables (other than ethnicity and sexual orientation) correspond with data collected by the counseling center via the intake form completed by new clients. These variables provided data to help determine whether there were differences in problem type, distress levels, and counseling center utilization based on demographic factors.

The personal issues survey question asked participants to indicate which of 17 potential problem areas had been a concern within the last 60 days. The list of personal concerns corresponded to the list of concerns student clients select from on the counseling center's intake form. Concerns include depression, anxiety, relationships, and chemical use/abuse. Participants indicated their distress level for each problem area by selecting from a three-point Likert-type scale: little or no concern, moderate concern, or significant concern. These variables were used to measure areas of concern and levels of distress of non-counseled students. They were also used to compare non-counseled students to counseled students.

The last portion of the survey concerned student knowledge of, and attitudes toward, the counseling center. It asked whether, prior to the survey, the participant was aware of the counseling center and its services and whether they know those services were free to all students. Participants were asked how likely they would be to use the counseling center to deal with personal concerns in the future, whether they have used off-campus counseling services in lieu of the counseling center, and whether they would prefer an off-campus provider to deal with personal concerns. Finally, the survey asked

why students had not used the counseling center. Participants were given a list of potential reasons from which to select (such as "My problems are not serious enough" or "My problems will get better on their own" or "I have friends or family who can help me with my problems"); participants were also permitted to write their own reason for not using the counseling center. The variables in this section of the survey will provide data that will allow for better understanding of why students do not seek counseling.

Process. Sampled students were invited to take the survey via an email that contained a letter explaining the survey and soliciting their participation (Appendix E). To take the survey, students clicked on a link that brought them to the Qualtrics site, where they first viewed a consent letter (Appendix F). Students were informed of the confidentiality of the survey. It was explained that there there would be no connection between survey data and participants' e-mail address due to the design of the survey in Qualtrics, which would anonymize all results. If students consented to participate in the study, they were directed to the survey (Appendix A).

Survey data was kept in a secured location. All data was stored in a password protected database in Qualtrics. All stored survey data will be destroyed after completion of Applied Research Seminar (GRSW 682).

Data Analysis

The quantitative data from the survey was collected and tabulated in Qualtrics. All data collected from the survey was at either nominal or ordinal level of measurement. Nominal measures classify measures into mutually exclusive and exhaustive categories (e.g., variables such as gender or class year); ordinal measures also have mutually exclusive and exhaustive categories, but the categories also have a fixed order (e.g.,

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scaled variables such as little or no concern/moderate concern/significant concern) (Monette et al., 2008).

Survey data was analyzed using descriptive statistics to show sample demographics, including total numbers and percentages broken down by class year, gender, racial/ethnic group, and sexual orientation (survey items four through seven). Analysis included total numbers and percentages of student participants regarding their knowledge of the counseling center (survey items eight and nine) and use of off-campus counseling (survey item 10). Analysis of survey data also included descriptive statistics including total numbers and percentages of student participants regarding their given reasons as to why that had not used the counseling center to address their problems (survey item 14). Associations were also made by specific problems of anxiety and depression, again limited to survey responses of "significant" level of concern. Finally, analysis of survey data included descriptive statistics including total numbers and percentages of student participants regarding their stated likelihood to use the counseling center in the future (survey item 12). Associations were further determined between likelihood to use level and each specific problem type, limited to survey responses of "significant" level of concern.

A key part of the analysis was comparing non-counseled students (from survey data) to counseled students (from aggregated data supplied by the counseling center) with respect to the list of problem areas taken from the standard problem check list used by the counseling center (survey item 11). For data analysis purposes, only survey responses of "significant concern" were counted as a positive indicator for having a personal concern; responses of "little or no concern" or "moderate concern" were counted as a negative indicator for having a concern. Data from survey participants was presented in

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comparison to the same descriptive statistics for counseled students (per counseling center aggregated data). Using survey data, associations were determined between listed problem areas and the variables of race/ethnicity and sexual orientation. Associations were further determined between listed problem areas and gender; these gender results were further compared to results from the same analysis performed by the counseling center with respect to counseled students.

Finally, chi square statistical analysis was performed to study the association between counseled and non-counseled students in relation to rates of reported problem types. This analysis was done be inputting survey data and counseling center aggregate data into the chi square calculator tool provided on the website Social Science Statistics (www.socscistatistics.com). These results were put into a table listing problem types, numbers and percentages of students endorsing each problem type for both non-counseled students (from survey data) and counseled students (from counseling center data), and the chi square statistic and P value for each problem type.

Findings

One thousand randomly selected students were invited to take an online survey as part of this research. The survey inclusion criteria required that student participants have no prior experience receiving counseling services from the counseling center. While 199 students accessed the survey, 129 students met the inclusion criteria and completed the survey ($n = 129$). The response rate for completed surveys was 12.9%.

The research findings first covered the demographics of the study participants. The findings next covered student knowledge of on-campus counseling services and use of off-campus counseling. The findings went on to include problem areas reported by surveyed students. Finally, the findings covered reasons why students had not used the counseling center and the reported likeliness that students would use the counseling center in the future.

Description of Participants

Demographics for study participants included variables of gender, race/ethnicity, sexual orientation, and class year (see Table 1). Nearly three-fourths of the respondents were female ($n = 95$; 74%), and one-quarter of the respondents were male ($n = 33$; 26%). The ethnic makeup of respondents was largely Caucasian (n = 115; 89%). The majority of respondents identified their sexual orientation as straight ($n = 116$; 90%); however, other sexual orientations were represented among respondents, including gay/lesbian ($n = 5$; 4%), bisexual (n = 5; 4%), and any other sexual orientation ($n = 7$; 5%). Finally, respondents were roughly evenly spread among class years: 23% ($n = 30$) first year students, 25% ($n = 32$) second year students, 26% ($n = 34$) third year students, and 25% ($n = 32$) fourth year students.

Table 1

Demographics of Survey Participants

	n = 129 (%)
Gender	
Female	95 (73.6%)
Male	33 (25.6%)
Other	1 (0.8%)
Ethnicity	
Caucasian	115 (89.1%)
Asian	5 (3.9%)
Hispanic	1 (0.8%)
African American	1 (0.8%)
Other	7 (5.4%)
Sexual Orientation	
Straight	116 (89.9%)
Gay/lesbian	5 (3.9%)
Bisexual	5 (3.9%)
Other	3 (2.3%)
Class Year	
First	30 (23.3%)
Second	32 (24.8%)
Third	34 (26.4%)
Fourth	32 (24.8%)
Other	1 (0.8%)

Knowledge of Counseling Services

A large majority of survey respondents, all of whom had never utilized on-campus counseling services, nevertheless indicated they were aware that such a service existed and that it was available to them free of charge (see Table 2). The large majority of respondents (*n* = 124; 96%) claimed that they were previously aware of their school's on-campus counseling center; only one respondent (1%) did not know about the counseling center. Nearly as many respondents were aware that on-campus counseling services were provided free of charge (*n* = 119; 93%); the remaining participants either did not know or were not sure. The lowest percentage of student awareness by class was the first year class, which had a 90% (*n* = 27) rate of awareness that the counseling

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service existed, and an 86.7% rate of awareness that counseling center services were free.

Other classes were in the mid-to-upper ninety percents for both questions.

Table 2

Non-Counseled Students' Knowledge of Counseling Center

	Class year				
Aware of	First	Second	Third	Fourth	All
service	*n* = 30 (%)	*n* = 32 (%)	*n* = 34 (%)	*n* = 32 (%)	*n* = 129 (%)
Yes	27 (90.0%)	3 (96.9%)	33 (97.1%)	32 (100%)	124 (96.1%)
No	0 (0%)	0 (0.0%)	1 (3.0%)	0 (0.0%)	1 (0.8%)
Not sure	3 (10.0%)	1 (3.1%)	0 (0.0%)	0 (0.0%)	4 (3.1%)
Aware service					
is free	*n* = 30 (%)	*n* = 31 (%)	*n* = 34 (%)	*n* = 32 (%)	*n* = 128 (%)
Yes	26 (86.7%)	29 (93.5%)	32 (94.1%)	31 (96.9%)	119 (93.0%)
No	1 (3.3%)	2 (6.4%)	2 (5.9%)	1 (3.1%)	6 (4.7%)
Not sure	3 (10.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (2.3%)

Note. This table reflects respondents' answers to the questions: Prior to this survey, were you aware that a counseling center exists on campus? Prior to this survey, were you aware that on-campus counseling services are available free of charge?

Use of Off-Campus Counseling Services

A relatively small portion of survey respondents (*n* = 8; 6.3%) indicated that they had used off-campus counseling while in college (see Table 3). There was little variation between class years. The percentages for having used off-campus counseling ranged from 2.9% (*n* = 1) for the group of third year students to 9.7% (*n* = 3) for the second year group. First and fourth year students groups were both used off-campus counseling at a rate of 6.7% (*n* = 2).

Table 3

Non-Counseled Students' Use of Off-Campus Counseling

	Class year				
	First	Second	Third	Fourth	All
	n = 30 (%)	*n* = 31 (%)	*n* = 34 (%)	*n* = 32 (%)	*n* = 127 (%)
Have used	2 (6.7%)	3 (9.7%)	1 (2.9%)	2 (6.3%)	8 (6.3%)
Have not used	27 (90%)	27 (87.1%)	33 (97.1%)	28 (87.5%)	116 (90.6%)
Not sure	1 (3.3%)	1 (3.2%)	0 (0.0%)	2 (6.3%)	4 (3.1%)

Note. This table reflects respondents' answers to the question: Have you used off-campus counseling services for mental health or personal concerns since you became a college student?

Problem Areas

The survey of non-counseling center users provided findings regarding student distress levels for 17 areas of potential problem areas (these will later be compared to problem areas reported by counseling center users). Survey participants indicated their level of concern for each problem type by indicating their level of concern over the prior 60 days, choosing from "little or none," "moderate" or "significant." Demographic data collected in the survey further provided data by which to examine reported problem areas according to demographic groups such as gender, race/ethnicity, and sexual orientation.

Problems by level of concern. As previously noted, the survey used three-point Likert Scale questions to assess the level of concern students had experienced during the previous 60 days for each type of concern. Table 4 sets out the numbers and percentages of respondents for each problem type according to level of concern. The findings indicated a wide range of distress levels among the problem types. The most prominent reported problem areas for non-counseled students were academics, relationships and anxiety. Three-fourths (75.6%) of respondents indicated moderate or significant levels of concern with academics. Two-thirds (66.9%) of respondents indicated moderate or significant level of concern with relationships, and over half (55.9%) indicated the same level of concern with anxiety. Students also reported relatively high levels of concern with socialization/isolation, depression, and eating/body image. Few surveyed students expressed significant concern with family, grief/loss, identity, self-injurious behavior, attention deficit disorder/attention deficit and hyperactivity disorder (ADD/ADHD), gay/lesbian/bisexual/transgender (GLBT), or chemical use/abuse; no students reported significant cultural, victimization, or perpetrator concerns.

Table 4

Non-Counseled Students – Problem Types by Level of Concern

| | Level of Concern | | |
| | Significant | Moderate | Little or none |
Problem/Concern	*n* = 127 (%)	*n* = 127 (%)	*n* = 127 (%)
Relationships	27 (21.3%)	58 (45.7%)	42 (33.1%)
Academics	23 (18.1%)	73 (57.5%)	31 (24.4%)
Anxiety [a]	20 (15.6%)	51 (40.2%)	57 (44.5%)
Socialization/isolation	15 (11.8%)	48 (37.8%)	64 (50.3%)
Depression [a]	14 (10.9%)	45 (35.2%)	69 (53.9%)
Eating/body image	13 (10.2%)	45 (35.4%)	69 (54.3%)
Family	10 (7.9%)	31 (24.4%)	86 (67.8%)
Other personal issues	10 (7.9%)	24 (18.9%)	93 (73.2%)
Grief/loss	7 (5.5%)	14 (10.9%)	106 (83.5%)
Identity	5 (3.9%)	23 (18.1%)	99 (78.0%)
Self-injurious behavior	5 (3.9%)	3 (2.4%)	119 (93.7%)
ADD/ADHD [b]	4 (3.1%)	7 (5.5%)	116 (91.3%)
GLBT [c]	4 (3.1%)	4 (3.1%)	119 (93.7%)
Chemical use/abuse	3 (2.4%)	7 (5.5%)	117 (92.1%)
Cultural	0 (0%)	10 (7.9%)	117 (92.1%)
Victimization	0 (0%)	4 (3.1%)	123 (96.9%)
Perpetrator	0 (0%)	3 (2.4%)	124 (97.6%)

Note. [a]*n* = 128. [b]Attention deficit disorder/attention deficit and hyperactivity disorder. [b]Gay / lesbian / bisexual / transgender. This table is ranked by problem type from highest to lowest percentages of significant concern.

Problems by gender. The survey findings allowed comparison of problem types of significant concern as reported by gender. Table 5 shows the numbers and percentages for male and female students who reported significant concern level for the listed problem area (responses of little or none or moderate levels of concern were excluded from this table). The findings showed that a greater proportion of male students had significant concerns in only three specific problem areas compared to female students. Those problem areas were relationships (29.0% male versus 18.9% female), grief/loss (15.5% male versus 5.3% female), and chemical use/abuse (3.2% male versus 2.1% female). Problem areas where female students reported higher rates of significant concern included eating/body image (13.7% female versus 0% male), depression (12.7% female versus 3.2% male), and family (8.4% female versus 8.2% male).

Table 5

Non-Counseled Students – Problems of Significant Concern by Gender

Problem/Concern	Male n = 31 (%)	Female n = 95 (%)
Relationships	9 (29.0%)	18 (18.9%)
Depression	1 (3.2%)	12 (12.7%)
Socialization/isolation	3 (9.7%)	12 (12.7%)
Family	1 (3.2%)	8 (8.4%)
Anxiety	4 (12.9%)	16 (16.9%)
Identity	1 (3.2%)	3 (3.2%)
Academics	5 (16.1%)	18 (18.9%)
Victimization	0 (0%)	0 (0%)
Grief/loss	2 (15.5%)	5 (5.3%)
Eating/body image	0 (0%)	13 (13.7%)
Chemical use/abuse	1 (3.2%)	2 (2.1%)
Perpetrator	0 (0%)	0 (0%)
ADD/ADHD [a]	1 (3.2%)	3 (3.2%)
Self-injurious behavior	0 (0%)	4 (4.2%)
GLBT [b]	1 (3.2%)	2 (3.2%)
Cultural	0 (0%)	0 (0%)
Other	2 (15.5%)	7 (7.4%)

Note. This table lists only survey respondents who reported a significant level of concern for a problem type; respondents reporting little or none or moderate levels of concern were excluded. [a] Attention deficit disorder/attention deficit and hyperactivity disorder. [b] Gay/lesbian/bisexual/transgender.

Problems by race/ethnicity. The survey findings further showed how the levels of concern for problem areas compared according to race/ethnicity. Table 5 shows the numbers and percentages for Caucasian and "non-Caucasian" students who reported significant concern level for the listed problem area (for purposes of this table, non-Caucasian students includes respondents who identified as Asian, Hispanic, African-American, or "other"). A greater proportion of Caucasian students reported having significant levels of concern with relationships (22.8%) compared to non-Caucasian students (7.7%). A greater percentage of Caucasian students reported significant concern with socialization/isolation (12.3%), compared to non-Caucasian students (7.7%). Conversely, non-Caucasian students reported experiencing greater concern with grief/loss (23.1%) compared to Caucasian students (3.5%). Likewise, non-Caucasian students

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expressed a higher proportion of significant concern with academics (23.1% compared to 17.5% for Caucasians), depression (15.4% compared to 10.5% for Caucasians), and eating/body image (15.4% compared to 9.6% for Caucasians). The two groups were roughly comparable for anxiety (15.8% for Caucasians; 15.4% for non-Caucasians) and family (7.9% for Caucasians; 7.7% for non-Caucasians). All other problem areas (excluding "other") were not ranked as significant by any non-Caucasian students, and were ranked as significant by less than 4.5% of Caucasian students.

Table 6

Non-Counseled Students – Problems of Significant Concern by Race/Ethnicity

Problem/Concern	Caucasian $n = 114$ (%)	Non-Caucasian [a] $n = 13$ (%)
Relationships	26 (22.8%)	1 (7.7%)
Depression	12 (10.5%)	2 (15.4%)
Socialization/isolation	14 (12.3%)	1 (7.7%)
Family	9 (7.9%)	1 (7.7%)
Anxiety	18 (15.8%)	2 (15.4%)
Identity	5 (4.4%)	0 (0%)
Academics	20 (17.5%)	3 (23.1%)
Victimization	0 (0%)	0 (0%)
Grief/loss	4 (3.5%)	3 (23.1%)
Eating/body image	11 (9.6%)	2 (15.4%)
Chemical use/abuse	3 (2.6%)	0 (0%)
Perpetrator	0 (0%)	0 (0%)
ADD/ADHD [b]	4 (3.5%)	0 (0%)
Self-injurious behavior	5 (4.4%)	0 (0%)
GLBT [c]	4 (3.5%)	0 (0%)
Cultural	0 (0%)	0 (0%)
Other	10 (8.8%)	0 (0%)

Note. This table lists only survey respondents who reported a significant level of concern for a problem type; respondents reporting little or none or moderate levels of concern were excluded. [a] "Non-Caucasian" includes respondents who identified as Asian, Hispanic, African-American, or other. [b] Attention deficit disorder/attention deficit and hyperactivity disorder. [b] Gay/lesbian/bisexual/transgender.

Problems by sexual orientation. The survey findings further revealed how levels of concern for problem areas compare according to sexual orientation. Table 6 shows the numbers and percentages for self-identified heterosexual and "non-heterosexual" students who reported significant concern level for the listed problem area (for purposes of this

table, "non-heterosexual" includes respondents who identified as gay, lesbian, bisexual, transgender, or other). There are several differences between the two groups. A higher percentage of non-heterosexual students reported experiencing significant level of concern with GLBT issues (30.8%) compared to heterosexual students (0.0%). Non-heterosexual students also reported higher rates of significant concern compared to heterosexuals for issues of identity (23.1% compared to 1.8%), relationships (38.5% compared to 19.3%), depression (23.1 % compared to 9.6%), anxiety (23.1% compared to 14.9%), socialization/isolation (23.1% compared to 10.5%), and self-injurious behavior (15.4% compared to 2.6%). The two groups reported relatively similar amounts of significant distress in all other problem areas.

Table 7

Non-Counseled Students – Problems of Significant Concern by Sexual Orientation

Problem/Concern	Heterosexual $n = 114$ (%)	Non-heterosexual [a] $n = 13$ (%)
Relationships	22 (19.3%)	5 (38.5%)
Depression	11 (9.6%)	3 (23.1%)
Socialization/isolation	12 (10.5%)	3 (23.1%)
Family	9 (7.9%)	1 (7.7%)
Anxiety	17 (14.9%)	3 (23.1%)
Identity	2 (1.8%)	3 (23.1%)
Academics	21 (18.4%)	2 (15.4%)
Victimization	0 (0%)	0 (0%)
Grief/loss	7 (6.1%)	0 (0%)
Eating/body image	11 (9.6%)	2 (15.4%)
Chemical use/abuse	2 (1.8%)	1 (7.7%)
Perpetrator	0 (0%)	0 (0%)
ADD/ADHD [b]	4 (3.5%)	0 (0%)
Self-injurious behavior	3 (2.6%)	2 (15.4%)
GLBT [c]	0 (0%)	4 (30.8%)
Cultural	0 (0%)	0 (0%)
Other	8 (7.0%)	2 (15.4%)

Note. This table lists only survey respondents who reported a significant level of concern for a problem type; respondents reporting little or none or moderate levels of concern were excluded. [a] "Non-heterosexual" includes respondents who identified as gay, lesbian, bisexual, transgender, or other. [b] Attention deficit disorder/attention deficit and hyperactivity disorder. [b] Gay/lesbian/bisexual/transgender.

Reasons Why Students Have Not Used Counseling Center

The survey inquired about reasons why students had not used free on-campus counseling. Participants were given a list of potential reasons to choose from (they could choose any number of reasons); they were also permitted to write in their own reasons. Table 8 displays the listed reasons according to the number and percentage of students who identified each reason ($n = 128$). Table 8 also includes separate entries for students who self-identified as having significant concerns with anxiety ($n = 20$) and/or depression ($n = 14$). Students with these concerns are especially worthy of study because of the clinical implications of anxiety and depression.

The most cited reason for all study participants combined was that the student had friends or family who could help them deal with their concerns ($n = 104$; 81.3%). The other top reasons were "I can deal with my problems myself" ($n = 99$; 77.3%), "My problems are not serious enough" ($n = 94$; 73.4%), and "I believe my problems will get better in time without counseling" ($n = 86$; 67.2%). Several comments echoed these reasons. One student wrote, "I have experienced these things before, and I have gotten through them myself before." Another student said, "I already receive substantial support for any of my concerns through our Christian community." Very few students believed that counseling was not effective at helping with personal problems, however ($n = 6$; 4.7%). Several students commented that they used an off-campus therapist.

A concern of many college counseling centers is availability—the reality or perception that the wait is prohibitively long to see a counselor. About one-fifth of the respondents cited that reason for not seeking on-campus counseling ($n = 27$; 21.1%). Several written comments referred to perceived difficulty accessing counseling center services. One student commented, "The [counseling center] is SO backed up I don't

know if I can even get in." Another student complained that "[The counseling center] takes WAY too long to get any help/appointment." Yet another student wrote:

The [counseling center] is so understaffed, while campus/student needs are so high that there is not enough time for the people working there to see everyone who really needs it. . . . If there was less of a shortage I would definitely use the [counseling center] and wish that I could.

A related accessibility comment concerned the counseling center's location. The student commented, "[The counseling center] is not located in the heart of campus. It is located [just off campus], a bit out of the way for most people who live and spend all day on campus."

Students with significant anxiety and depression concerns differed in several ways from the combined group with respect to reasons they had not used the counseling center. While 73.4% of the combined group indicated that their problems were not serious enough to warrant counseling, 35.0% of the anxiety group and 7.1% of the depression group cited that reason. Students reporting significant concerns with anxiety and/or depression groups more often cited discomfort with self-disclosure (37.5% for combined group compared to 60% for anxiety group and 71.4% for depression group), concern about the perception of others (29.7% for combined group compared to 60% for anxiety group and 42.9% for depression group), and concern they would have to wait too long to see a counselor (21.1% for combined group compared to 40% for anxiety group and 57.1% for depression group).

For students with significant anxiety concerns, the most cited reasons they had not sought counseling were because they felt they could deal with their problems by themselves (75%), because they had friends or family who could help them (70.0%), and

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because they did not have time for counseling (70.0%). For students with significant depression concerns, the most cited reason for not seeking counseling was that they were not comfortable with self-disclosure (71.4%). As noted above, a major difference between the anxiety group and the depression group was in the area of perceived seriousness of their problems (7.1% of students in the depression group indicated that their problems were not serious enough for counseling compared to 35% of the anxiety group). Students with serious depression concerns were also less likely than the other groups to believe that they could deal with their problems themselves (42.9% for the depression group compared to 75% for the anxiety group and 77.3% for the combined group). Finally, a higher percentage of students with serious anxiety concerns cited perception of others (60% for anxiety group compared to 29.7% for combined group and 42.9% for depression group) and self-perception (50% for anxiety group compared to 30.5% for combined group and 37.5% for depression group) as reasons to avoid counseling.

Table 8

Reasons Why Non-Counseled Students Have Not Used the Counseling Center

Reasons	All [a] n = 128 (%)	Anxiety [b] n = 20 (%)	Depression [c] n = 14 (%)
Friends or family can help me	104 (81.3%)	14 (70.0%)	8 (57.1%)
I can deal with problems myself	99 (77.3%)	15 (75.0%)	6 (42.9%)
My problems are not serious enough	94 (73.4%)	7 (35.0%)	1 (7.1%)
My problems will get better in time without counseling	86 (67.2%)	13 (65.0%)	7 (50.0%)
I don't have time for counseling	59 (46.1%)	14 (70.0%)	8 (57.1%)
I am uncomfortable with self-disclosure	48 (37.5%)	12 (60.0%)	10 (71.4%)
I don't want to perceive myself as having a mental health problem	39 (30.5%)	10 (50.0%)	5 (37.5%)
I don't want others to perceive me as having a mental health problem	38 (29.7%)	12 (60.0%)	6 (42.9%)
I am embarrassed about my problems.	31 (24.2%)	7 (35.0%)	6 (42.9%)
I am concerned I will have to wait too long to see a counselor	27 (21.1%)	5 (40.0%)	8 (57.1%)
Other reasons	15 (11.7%)	4 (25.0%)	3 (21.4%)
I tried counseling elsewhere and it was not a good experience	10 (7.8%)	1 (5.0%)	2 (11.8%)
I was not aware of on-campus counseling services	8 (6.3%)	0 (0.0%)	1 (7.1%)
I believe that counseling is not effective	6 (4.7%)	1 (5.0%)	2 (11.8%)

Note. [a] The "all" column includes all survey participants who answered the question why they had not used the college counseling center to deal with personal problems. [b] The "anxiety" column is limited to respondents who reported having significant concern for anxiety. [c] The "depression" column is limited to respondents who reported having significant concern for anxiety.

Future Counseling Center Utilization

Another issue the survey explored was the likelihood that students who had not previously used the counseling center would do so in the future. Table nine describes the students' answer to the survey question: How likely would you be to use the college counseling center to deal with personal concerns? The survey allowed students to select from a five-point Likert Scale: very likely, likely, undecided, likely, and very likely. The "all combined" row described groups the responses of all participants. Few students responded that they were "very likely" to use the counseling center (*n* = 5; 3.9%). However, combining very likely and likely responses, nearly one five (*n* = 25; 19.5%)

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non-users thought they likely would use the counseling center to deal with their personal concerns. Nonetheless, the majority ($n = 66$; 51.6%) of students responded that they were either very unlikely ($n = 22$; 17.2%) or unlikely ($n = 44$; 34.4%) to use the counseling center in the future.

The survey data further allowed a detailed breakdown of findings according to problem type. Table 10 shows the likelihood of future counseling center utilization by students who identified having problems at a significant level of concern. To simplify the findings, Table 10 combined results for unlikely with very unlikely, and likely with very likely, and omitted undecided entries (all results are set out in Table 9). Among the problem types with at least thirteen respondents, only the problem type "relationship" ($n = 27$) had a greater percentage of students who were likely or very likely to use the counseling center (40.7% combined) versus unlikely or very unlikely (33.3% combined). Conversely, more students reporting significant concerns in areas of academics, anxiety, socialization/isolation, and eating/body image indicated that they were unlikely or very unlikely to use the counseling center in the future compared to those who were likely or very likely. The largest discrepancy was in the area of academics, where 8.7% of students with that concern reported they would be likely or very likely to use the counseling center compared to 56.5% who reported that they were unlikely or very unlikely to do so. Similarly, 13.3% of students reporting significant concern with socialization/isolation indicated they were likely or very likely to use the counseling center compared to 53.3% who were unlikely or very unlikely to do so.

Table 9

Non-Counseled Students with Significant Concerns by Problem Type – Likeliness to Use Counseling Center in the Future

Problem/Concern	Likeliness of future counseling center utilization				
	Very unlikely	Unlikely	Undecided	Likely	Very likely
All combined ($n = 128$)	22 (17.2%)	44 (34.4%)	37 (28.9%)	20 (15.6%)	5 (3.9)
Relationships ($n = 27$)	0 (0%)	9 (33.3%)	7 (25.9%)	8 (29.7%)	3 (11.1%)
Academics ($n = 23$)	3 (13.0%)	10 (43.5%)	8 (34.8%)	2 (8.7%)	0 (0%)
Anxiety ($n = 20$)	4 (20.0%)	6 (30.0%)	7 (35.0%)	3 (15.0%)	0 (0%)
Socialization isolation ($n= 15$)	2 (13.3%)	6 (40.0%)	5 (33.3%)	1 (6.7%)	1 (6.7%)
Depression ($n = 14$)	3 (21.4%)	3 (21.4%)	4 (28.6%)	4 (28.6%)	0 (0%)
Eating/body image ($n = 13$)	1 (7.7%)	5 (38.5%)	4 (30.8%)	2 (15.4%)	1 (7.7%)
Family ($n = 10$)	1 (10.0%)	5 (50.0%)	3 (30.0%)	1 (10.0%)	0 (0%)
Other ($n = 10$)	1 (10.0%)	2 (20.0%)	2 (20.0%)	4 (40.0%)	1 (10.0%)
Grief/loss ($n = 7$)	0 (0%)	2 (28.6%)	2 (28.6%)	3 (42.9%)	0 (0%)
Identity ($n = 5$)	2 (40.0%)	2 (40.0%)	0 (0%)	0 (0%)	1 (20.0%)
Self-injurious behavior ($n = 5$)	2 (40.0%)	2 (40.0%)	1 (20.0%)	0 (0%)	0 (0%)
Chemical use/abuse ($n = 3$)	1 (33.3%)	0 (0%)	0 (0%)	2 (66.6%)	0 (0%)
ADD/ADHD [a] ($n = 4$)	0 (0%)	2 (50.0%)	1 (25.0%)	1 (25.0%)	0 (0%)
GLBT [b] ($n = 4$)	2 (50.0%)	0 (0%)	1 (25.0%)	0 (0%)	1 (25.0%)
Victimization ($n = 0$)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Perpetrator ($n = 0$)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Cultural ($n = 0$)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Note. This table lists only survey respondents who reported a significant level of concern for a problem type; respondents reporting little or none or moderate levels of concern were excluded. [a] Attention deficit disorder/attention deficit and hyperactivity disorder. [b] Gay/lesbian/bisexual/transgender.

Table 10

Non-Counseled Students with Significant Concerns by Problem Type – Likeliness to Use Counseling Center in the Future – Combined Scaling

Problem/Concern	Unlikely or very unlikely n (%)	Likely or very likely n (%)
All (*n* = 128)	66 (51.6%)	25 (19.6%)
Chemical use/abuse (*n* = 3)	1 (33.3%)	2 (66.7%)
Other (*n* = 10)	3 (30.0%)	5 (50.0%)
Grief/loss (*n* = 7)	2 (28.6%)	3 (42.9%)
Relationships (*n* = 27)	9 (33.3%)	11 (40.7%)
Anxiety (*n* = 20)	10 (50.0%)	3 (30.0%)
Depression (*n* = 14)	6 (42.9%)	4 (28.6%)
Eating/body image (*n* = 13)	6 (46.2%)	3 (23.1%)
ADD/ADHD [a] (*n* = 4)	2 (50.0%)	1 (25.0%)
GLBT [b] (*n* = 4)	2 (50.0%)	1 (25.0%)
Identity (*n* = 5)	4 (80.0%)	1 (20.0%)
Socialization/isolation (*n* = 15)	8 (53.3%)	2 (13.3%)
Family (*n* = 10)	6 (60.0%)	1 (10.0%)
Academics (*n* = 23)	13 (56.5%)	2 (8.7%)
Self-injurious behavior (*n* = 5)	4 (80.0%)	0 (0%)
Victimization (*n* = 0)	0 (0%)	0 (0%)
Perpetrator (*n* = 0)	0 (0%)	0 (0%)
Cultural (*n* = 0)	0 (0%)	0 (0%)

Note. This table lists only survey respondents who reported a significant level of concern for a problem type; respondents reporting little or none or moderate levels of concern are excluded. This table combines "unlikely" and "very unlikely" responses along with "likely" and "very likely" responses. It omits "undecided" responses, which is why the n for each problem type often does not equal the addend of the n for the two listed columns, and why the total percentages for each problem type often does not equal 100%.
[a] Attention deficit disorder/attention deficit and hyperactivity disorder. [b] Gay/lesbian/bisexual/transgender.

Discussion

The purpose of this research study was to learn how students at a small Midwestern college were utilizing the school's free on-campus counseling center. To that end, this study used a survey to learn about the mental health concerns and distress levels of students who have not used the college's counseling center (non-counseled students) and compare those findings to data collected from students who have used the college's counseling center (counseled students). The goal was to learn how mental health concerns and distress levels compared between non-counseled students counseled students. Furthermore, this study sought to learn why students with significant mental health concerns had not used the counseling center. Finally, this study explored the likelihood that non-counseled students with significant mental health concerns would use the counseling center in the future.

The literature review found that there was a limited body of research examining the mental health status of postsecondary students and their use of school counseling center resources. Only two research studies broadly examined both the mental health status of postsecondary students and their use of mental health services including campus-based counseling centers (Eisenberg et al., 2007; Green et al., 2003) and only two studies researched student knowledge and perceptions of their campus-based counseling center (Eisenberg et al., 2007; Kahn et al., 1999). The present study sought to extend the existing body of research by taking a multi-faceted approach to studying the mental health status of counseled and non-counseled students, and exploring non-counseled students' knowledge and attitudes about their school's counseling center.

In the following discussion, data analysis will be integrated with previous research to assess the findings of the student survey as well as data provided by the

college's counseling center. The discussion will cover demographics of the study participants, their knowledge of on-campus counseling services and use of off-campus counseling services, expressed problem areas and comparison with problem areas identified by counseling center users, reasons why students have not used the counseling center, and their likelihood to utilize the counseling center in the future. The discussion will also include implications for social work practice, policy, further research, and strengths and limitations of this study.

Description of Participants

The demographic profile of the participants in the college counseling center utilization survey was comparable to participants in previous research studies on college student mental health (see Table 11). Three-fourths of the survey participants were women (74%), and one-quarter were men (26%). Women likewise made up the majority of counseling center users (66.2% women, 33.8% men) and the greater proportion of the larger college population (55.9% women, 44.1% men). The racial/ethnic makeup of study participants was overwhelmingly Caucasian (89%). This was roughly consistent with the larger student body which was also overwhelmingly Caucasian (81%). Finally, survey participants were spread relatively evenly among class years (College Counseling Center Utilization Survey, 2013).

By way of comparison, the Spring 2012 national college health survey of undergraduates conducted by the American College Health Association (ACHA; $n =$ 76,481) consisted of 65.5% females and 33.4% males. The racial/ethnic makeup of the ACHA sample was 74.5% White, 8.8% Hispanic, 11.2% Asian, 6.8% Black or African American (ACHA, 2012). Likewise, participants in the Green et al. (2003) study ($n =$ 138) were mostly Caucasian (88%) females (63%). The Eisenberg (2007) study ($n =$

2,785) had a more varied demographic representation with 48% female and 52% male participants, and a racial profile of 60.6% Caucasian, 19.9% Asian, 6.6% African American, 3.5% Hispanic, and 9.0% other races.

The demographic profile of College Counseling Center Utilization Survey participants was roughly congruent with the demographics of the college's counseling center users as well as the college's entire student body; however survey participants skewed more heavily female. The survey had 73.6% female participants (College Counseling Center Utilization Survey, 2013). This compares to 66.2% female counseling center users (Counseling Center, 2012) and 55.9% females in the entire student body (College Profile, 2012). The ethnicity of survey participants was skewed slightly more Caucasian than the entire student body (the counseling center did not college race/ethnicity data). Caucasian students comprised 89.1% of survey participants (College Counseling Center Utilization Survey, 2013) whereas Caucasian students comprised 81.9% of the entire student body (College Profile, 2012). Finally, survey participants were evenly spread among the four class years, whereas fewer counseling center users were first year students (20.9%) and more were second year students (29.7%) (Counseling Center, 2012).

Table 11

Demographics – Comparison of Survey Participants to Counseling Center Users and College Population

	Survey Participants $n = 129$ (%)	Counseling Center $n = 506$ (%)	College $n = 3,125$ (%)
Gender			
Female	95 (73.6%)	335 (66.2%)	1,747 (55.9%)
Male	33 (25.6%)	171 (33.8%)	1,378 (44.1%)
Other	1 (0.8%)		
Ethnicity			
Caucasian	115 (89.1%)		2,558 (81.9%)
Asian	5 (3.9%)		148 (4.7%)
Hispanic	1 (0.8%)		126 (4.0%)
African American	1 (0.8%)		57 (1.8%)
Other	7 (5.4%)		236 (7.6%)
Sexual Orientation			
Straight	116 (89.9%)		
Gay/lesbian	5 (3.9%)		
Bisexual	5 (3.9%)		
Other	3 (2.3%)		
Class Year			
First	30 (23.3%)	106 (20.9%)	
Second	32 (24.8%)	150 (29.7%)	
Third	34 (26.4%)	121 (23.9%)	
Fourth	32 (24.8%)	126 (24.9%)	
Other	1 (0.8%)	3 (0.6%)	

Note. Counseling center data taken from the counseling center's annual report for 2011-2012 academic year. Demographic data for the college taken from the college's website; it is dated fall, 2012. Items left empty when data was not available.

Knowledge of Counseling Service

The College Counseling Center Utilization Survey revealed a high degree of awareness of the counseling center among students who had not used its services. The survey revealed that nearly all (96.1%) students were aware of the counseling center, and nearly as many were aware that counseling services were provided free of charge (93.0%) (College Counseling Center Utilization Survey, 2013; see Table 2).

This result differed substantially from the results of two prior studies that researched student awareness of on-campus counseling services. Eisenberg et al. (2007)

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found that only 59% of the general student population at a large Midwestern university was aware that the university provided free counseling. Likewise, Kahn et al. (1999) found that 72% of surveyed students at a mid-sized Northeastern university were aware that a counseling center existed on campus, and only 47% of students were aware that the counseling center provided psychotherapy. It appears that the college that was the site of the present study has done well overall in educating students about the counseling center and its services. It could also be that students may have better knowledge of school services in relatively small four-year colleges compared to large to mid-sized universities.

These survey results indicated that lack of awareness was not a reason that these students had not utilized the counseling service, even though a substantial number of them expressed significant personal concerns. The survey results further indicated that if any group if students could benefit from additional education about the counseling center and its services it would be first year students (keeping in mind that first year students are typically barraged with information about college resources).

Use of Off-Campus Counseling

If students with mental health problems are not utilizing the counseling center, it is worth knowing to what extent they may have been obtaining therapy and even psychiatric services from off-campus providers, either in the community or from hometown providers. Other published research studies in this area have not collected data on student use of off-campus counseling services; the data collected in this survey appeared to be unique (see Table 3). The survey results indicated that very few non-counseled students had received counseling from off-campus providers ($n = 8$; 6.3%). This result indicates that, while off-campus providers were an option used by some

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students, it was not the case that a substantial proportion of students who did not use the counseling center were obtaining counseling services elsewhere.

It should also be noted that it is possible that more than 6.3% of all enrolled college students had used off-campus providers for mental health services. That is because the College Counseling Center Utilization Survey did not include students who had used the counseling center and had also used off-campus counseling services (sometimes by way of referral). Given the national issue of limited counseling center capacity, student use of off-campus mental health resources is a topic worthy of additional research.

Problem Areas

College students experience many concerns and problems to varying degrees. Some students experience mental health symptoms and some do not. Some students who experience concerns seek help from mental health professionals and some do not. The present study surveyed students from one college who had not used their college counseling center (the College Student Utilization Survey, 2013). In this survey, students were asked to report on listed areas of concern by indicating whether each area was of little or no concern, moderate concern, or significant concern. Findings from the present survey were compared to a large national survey of student health which reports student mental health symptoms (the Spring 2012 National College Health Assessment). Findings from the present survey were also compared to data for counseling center users as provided by the annual report counseling center at the same college where the College Student Utilization Survey took place (the Counseling Center Annual Report, 2012). This comparison of data for non-counseled and counseled students at the same college was compared to similar findings reported in the literature—primarily by Green et al. (2003).

Data collected in the College Student Utilization Survey allows additional comparative analysis in terms of gender, race/ethnicity, and sexual preference.

Non-counseled students. It is interesting to compare College Student Utilization Survey findings, which are limited to non-counseled students at one college, to Spring 2012 National College Health Assessment (NCHA) findings, which covers 76,481 undergraduate students at 141 institutions. The NCHA reported that 31.4% of surveyed students had felt "overwhelming anxiety" within the last 30 days, and 15.8% of surveyed students had felt "so depressed it was difficult to function" within the last 30 days (NCHA, 2012). The NCHA findings are not directly comparable to findings in the present study mainly because the NCHA surveyed all students, not just non-counseled students, and because the survey questions differed. However, it could be interpreted that greater levels of students in the national study had experienced serious anxiety and depression symptoms compared to students in the present study.

Students who completed the College Student Utilization Survey, all of whom had never sought on-campus counseling, nonetheless reported high levels of concern in a number of areas. The highest levels were in areas that seem to go with the territory of being a college student: A majority of students reported moderate or significant levels of concern within the last 60 days in the areas of academics (75.6%) and relationships (66.9%). A large percentage of students reported moderate to significant levels of concern within the last 60 days in areas of particular clinical concern. More than half non-counseled students reported moderate or significant anxiety (55.9%) and almost half reported moderate or significant depression (46.5%). Probably more important is the percentage of non-counseled students who indicated they had a *significant* level of concern with anxiety (15.6%) and depression (10.9%) within the last 60 days (College

Counseling Center Utilization Survey, 2013). This finding suggests that a moderate proportion of students had recently experienced significant levels of anxiety and depression yet had not utilized the counseling service.

      Comparing non-counseled and counseled students. In order to better understand why some students utilize on-campus counseling services and some do not, it was helpful to compare problem types and distress levels reported by both groups of students. Only one reported study, Green et al. (2003), directly compared mental health symptoms and concerns of college students who have used their school counseling center with students who have not used their counseling center. Green et al. (2003) surveyed students recruited from undergraduate psychology classes and excluded students who had used the college counseling center. Each surveyed student completed a problem checklist and several mental health assessment scales. These results were compared against data from counseling center users, all of which had completed the same assessment tools. Green et al. (2003) reported that the mostly frequently reported problems endorsed by non-counseled students were "developmental" concerns such as academic performance/study skills (66%), body image (43%), uncertainty about life after college (38%), procrastination/motivation (36%), and decisions about career/major (36%). By contrast, the most frequently reported problems endorsed by counseled students were primarily "mental health" concerns such as depression (39%), anxiety (28%), and self-esteem (23%); 32% of counseled students also reported concern with academic/study skills (Green et al., 2003). Green et al. (2003) concluded that "counseling clients were found to be more distressed and dysfunctional than [non-client] students" and that non-client students were more likely to endorse issues related to developmental concerns,

while "clients were more likely to endorse problems that are characteristic of an adult outpatient population" (Green et al., 2003, pp. 34-35).

Similar to Green et al. (2003), the present research study compared data for non-counseled students to data for counseled students who were attending the same institution. The non-counseled student data was collected in an online survey of students who had not utilized the counseling center—the College Student Utilization Survey, 2013. The counseled student data was collected by the college counseling center via intake forms and summarized in its annual report—Counseling Center Annual Report, 2012. The survey and the counseling center used the same list of 17 problem types. The survey asked students to indicate the level of concern for each problem type: little or no concern, moderate concern, or significant concern. For comparison purposes, this research reported only findings limited to students who reported levels of significant concern for a problem type. This approach provided a more equal comparison between the two groups in terms of reported problem types.

In the present study, patterns of problem endorsement also differed between the non-counseled student group and the counseled student group (see Table 12). Non-counseled students more frequently reported significant concerns with relationships (21.3%), academics (18.1%), anxiety (15.6%), socialization/isolation (11.8%), and depression (10.9%) (College Student Utilization Survey, 2013). Counseled students identified distress primarily in the areas of anxiety (46.8%), relationships (36.4%), depression (36.2%), family (22.7%), and academics (17.0%) (Counseling Center Annual Report, 2012). These results were somewhat consistent with Green et al. (2003); however the distinction between developmental and mental health concerns was less clear in the present study. Similar to Green et al. (2003), counseled students in the present study were

primarily concerned with mental health issues of anxiety and depression, but they were also very concerned with relationships and family—developmental issues. Likewise, non-counseled students were most concerned with relationships and academics, but they also reported relatively high levels of concern with anxiety and depression—mental health issues.

In the present study, rates of problem endorsement differed significantly between the two groups in several important areas. As expected, a greater percentage of counseled students reported distress in nearly all problem areas. A much higher percentage of counseled students were concerned with anxiety and depression compared to non-counseled students. Anxiety was a significant issue for 46.8% of counseled students compared to 15.6% of non-counseled students. Depression was a significant issue for 36.2% of counseled students compared to 10.9% of non-counseled students (College Student Utilization Survey, 2013). This finding was comparable to that of Green et al. (2003), which found that counseled students reported about three times the rate of depression compared to non-counseled students, and two times the rate of anxiety. Green et al. (2003) however found that non-counseled students reported a much higher rate of "romantic partner concerns" than did counseled students (27% compared to 19%). The present study found that a larger proportion of both groups reported significant relationship distress, but that a higher percentage of counseled students indicated relationship distress compared to non-counseled students (36.4% compared to 21.3%) (College Student Utilization Survey, 2013).

Inferential statistics. The present study was designed to not only identify problem areas and levels of concern by non-counseled students (see Table 4), but also to allow direct comparison of the two groups according to problem type (see Table 12). For this

comparison, the data for non-counseled students was limited to survey respondents

reporting a significant level of concern for a problem type (i.e., respondents reporting

little or none or moderate levels of concern were excluded from this calculation). The

data for counseling center users reflected the total number of counseling center clients

who reported that problem on a checklist contained in the counseling center's intake

form. A premise of this research study was that non-counseled students ranking a

problem area as a significant concern were roughly comparable to counseling center users

who identified that same problem area on the counseling center's intake form.

Chi square statistical analysis was performed to study the association between

counseled and non-counseled students in relation to rates of reported problem types. The

chi square analysis found that the difference in rates of reported problem types between

these two groups was statistically significant ($p < 0.001$) for several problem types, but

not statistically significant ($p > 0.05$) for most problem types. The problem types for

which the difference between these groups was statistically significant were anxiety,

depression, relationships, family, and victimization. This result can be interpreted to

mean that students feeling a great deal of distress in the areas of anxiety, depression,

relationships, family, and victimization were significantly more likely to seek counseling

center services. Conversely, students feeling distress in other areas were not significantly

likely to seek counseling center services. This mixed result suggested that in several

important areas with clinical mental health implications—such as anxiety and depression

and victimization—students tend to seek counseling. This result also suggested that

students who experienced distress in other areas were much less likely to seek

counseling.

These results differed slightly from Green et al. (2003), which performed a similar statistical analysis comparing reported problems endorsed by counseling center users and non-users. Green et al. (2003) likewise reported statistically significant differences between groups in with respect to depression and anxiety. Unlike the present study, Green et al. (2003) also found statistically significant differences in the areas of academics and body image. Another difference is that Green et al. (2003) did not find a statistically significant difference between groups regarding "romantic partner concerns" whereas the present study found a statistically significant difference between groups in the area of "relationships." Although Green et al. (2003) and the present study found some differences, a key result of both studies was a statistically significant percentage of students reporting depression and anxiety has utilized counseling center services for those problems.

Estimating numbers. Although a significant portion of students in distress had sought counseling center services, the findings revealed that large numbers of students had not done so. The findings indicate that in areas with important mental health implications most students with significant distress levels were not using the counseling center. To get a sense of the numbers, in the 2011-2012 year approximately 2,619 students did utilize the counseling center (that number represents the number of total enrolled students minus the number of students who had used the counseling center during that academic year. Multiplying 2,619 students by percentages of non-counseled students reporting significant concerns for anxiety (15.6%), depression (10.9%), and self-injurious behavior (3.9%) yielded these estimated numbers of students who have had significant concerns but have not received counseling, compared to numbers of students who have presented at the counseling center with those same concerns: anxiety (409

estimated non-counseled versus 237 counseled), depression (285 non-counseled versus 183 counseled), and self-injurious behavior (102 non-counseled versus 15 counseled). These particular problem types are noteworthy because of their clinical mental health implications. Expanding to more situational and development concerns such as relationships (21.3%) and academics (18.1%) yielded even greater numbers of non-counseled students who have not used the counseling center: relationships (559 non-counseled versus 184 counseled), and academics (474 non-counseled versus 86 counseled). These numbers indicate that potentially large numbers of students with significant mental health concerns are not utilizing on-campus counseling services. Accounting for students who may have received counseling from off-campus providers (estimated at 6.3% of total non-counseled students; see Table 3) does not greatly alter these estimates.

Table 12

Comparison of Non-Counseled Students and Counseled Students by Problem Type

Problem/concern	Non-counseled students (per survey) [a] $n = 127$ (%)	Counseled students (per annual report) [b] $n = 506$ (%)	X^2	P
Anxiety	20 (15.6%)	237 (46.8%)	40.69	0.00 [e]
Depression	14 (10.9%)	183 (36.2%)	31.62	0.00 [e]
Relationships	27 (21.3%)	184 (36.4%)	10.42	0.00 [e]
Family	10 (7.9%)	115 (22.7%)	14.13	0.00 [e]
Victimization	0 (0%)	30 (5.9%)	7.90	0.00 [e]
Eating/body image	13 (10.2%)	75 (14.8%)	1.78	0.18
ADD/ADHD [c]	4 (3.1%)	37 (7.3%)	1.87	0.17
Identity	5 (3.9%)	40 (7.9%)	2.42	0.12
Chemical use/abuse	3 (2.4%)	29 (5.7%)	2.40	0.12
Grief/loss	7 (5.5%)	40 (7.9%)	0.85	0.36
Other personal issues	10 (7.9%)	48 (9.5%)	0.32	0.57
Cultural	0 (0%)	6 (1.2%)	1.52	0.22
GLBT [d]	4 (3.1%)	10 (2.0%)	0.65	0.42
Self-injurious behavior	5 (3.9%)	15 (3.0%)	0.31	0.58
Perpetrator	0 (0%)	4 (0.8%)	1.01	0.31
Socialization/isolation	15 (11.8%)	62 (12.3%)	0.02	0.89
Academics	23 (18.1%)	86 (17.0%)	0.09	0.77

Note. [a] The data for non-counseling center users was derived using only the number of survey respondents reporting a significant level of concern for a problem type; respondents reporting little or none or moderate levels of concern were excluded from this calculation. [b] The data for counseling center users reflects the number of counseling center clients who reported that problem on a checklist contained in the counseling center's intake form. [c] Attention deficit disorder/attention deficit and hyperactivity disorder. [d] Gay / lesbian / bisexual / transgender. [e] The chi-square P value is statistically significant at $p < 0.05$.

Comparing problems by gender. Prior comparative studies examining college student utilization of counseling center resources have not focused on gender differences. However, many studies using a college population have examined gender difference as a component of help-seeking behavior (Johnson, 2001; Nam et al., 2010; Sheu & Sedlacek, 2004). For example, researchers have found that females have more positive attitudes toward seeking help for mental health concerns compared to males (Nam et al., 2010).

The survey findings showed that a greater proportion of male non-counseled students had significant concerns in only three specific problem areas compared to female non-counseled students. Those problem areas were relationships (29.0% male versus

18.9% female), grief/loss (15.5% male versus 5.3% female), and chemical use/abuse (3.2% male versus 2.1% female). Problem areas where females reported higher rates of significant concern included eating/body image (13.7% female versus 0% male), depression (12.7% female versus 3.2% male), and family (8.4% female versus 8.2% male). Counseling center data further permitted comparison of the non-counseled students to counseled students. It also allows comparisons within the same gender between user groups (see Table 13).

Gender differences were sometimes consistent between counseled and non-counseled groups and sometimes not. For example, in both groups the percentage of women was much higher who identified eating/body image (20.9% women versus 2.9% men in counseled group; 13.7% women versus 0% men in non-counseled group), and family (27.5% women versus 13.5% men in counseled group; 8.4% women versus 3.2% men in non-counseled group). Conversely, the percentage of men was much higher than women with respect to ADD/ADHD in the counseled group (12.9% for men versus 4.5% for women) but there was no gender difference in the non-counseled group (3.2% for both men and women). Likewise, in the area of alcohol use/abuse, the percentage of men was much higher than women in the counseled group (11.1% for men versus 3.0% for women) but there was little difference between men and women in the non-counseled group (3.2% for men versus 2.1% for women). This suggests that men that experience problems with ADD/ADHD and chemical use/abuse are more inclined to use the counseling center than women. A higher percentage of women in both groups seem to experience significant distress in almost all problem areas, suggesting need for further study to explore why female college students are more distressed compared to male students.

One striking gender difference between the non-counseled and counseled groups was that in the non-counseled group a much higher percentage of men identified relationships as a significant concern compared to women (29.0% of men versus 18.9% of women). This compares to counseling center users, where a higher percentage of women identified relationship as a significant concern compared to men (39.4% of women versus 30.4% of men). One inference of these findings is that women with relationship distress appear to have sought counseling at a much higher rate than men with relationship problems. The finding that 39.4% of women who sought counseling identified relationships compared to 30.4% of men who sought counseling supports this inference. Further research could be conducted to understand why men are less comfortable seeking counseling for relationship problems.

Another difference between the groups was in the area of academics. Among non-counseled students, a greater percentage of women identified academics as a significant concern compared to men (18.9% of women versus 16.1% of men), whereas among counseling center users, a greater percentage of men identified academics compared to women (20.5% of men versus 15.2% of women). Perhaps unlike the area of relationships, men felt more comfortable than women seeking counseling for academic concerns.

Finally, the findings provided comparisons within the same gender between user groups. The most striking example is in the area of depression. Thirty-one percent of men in the counseling center user group identified depression as a presenting concern, whereas only one tenth of that number (3.2%) of men in the non-counseled group identified depression as a significant concern. This supports the idea that a relatively high proportion of men with depression symptoms sought counseling. Conversely, the percentage of women identifying socialization/isolation was less in the counseled student

group (11.0%) compared to the non-counseled group (12.7%). This seemed to indicate

that a large portion of women who felt isolated did not seek counseling.

Table 13

Comparison of Non-Counseled Students and Counseled Students by Gender

	Non-counseled [a]		Counseled [a]	
	Male	Female	Male	Female
Problem type	*n* = 31 (%)	*n* = 95 (%)	*n* = 171 (%)	*n* = 335 (%)
Relationships	9 (29.0%)	18 (18.9%)	52 (30.4%)	132 (39.4%)
Depression	1 (3.2%)	12 (12.7%)	53 (31.0%)	130 (38.8%)
Socialization/isolation	3 (9.7%)	12 (12.7%)	25 (14.6%)	37 (11.0%)
Family	1 (3.2%)	8 (8.4%)	23 (13.5%)	92 (27.5%)
Anxiety	4 (12.9%)	16 (16.9%)	69 (40.4%)	168 (50.1%)
Identity	1 (3.2%)	3 (3.2%)	16 (9.4%)	24 (7.2%)
Academics	5 (16.1%)	18 (18.9%)	35 (20.5%)	51 (15.2%)
Victimization	0 (0%)	0 (0%)	4 (2.3%)	26 (7.8%)
Grief/loss	2 (15.5%)	5 (5.3%)	5 (2.9%)	35 (10.4%)
Eating/body image	0 (0%)	13 (13.7%)	5 (2.9%)	70 (20.9%)
Chemical use/abuse	1 (3.2%)	2 (2.1%)	19 (11.1%)	10 (3.0%)
Perpetrator	0 (0%)	0 (0%)	3 (1.8%)	1 (0.3%)
ADD/ADHD [c]	1 (3.2%)	3 (3.2%)	22 (12.9%)	15 (4.5%)
Self-injurious behavior	0 (0%)	4 (4.2%)	3 (1.8%)	12 (3.6%)
GLBT [d]	1 (3.2%)	2 (3.2%)	9 (5.3%)	1 (0.3%)
Cultural	0 (0%)	0 (0%)	3 (1.8%)	3 (0.9%)
Other	2 (15.5%)	7 (7.4%)	21 (12.3%)	27 (8.1%)

Note. [a] The data for non-counseling center users was derived using only the number of survey respondents reporting a significant level of concern for a problem type; respondents reporting little or none or moderate levels of concern were excluded from this calculation. [b] The data for counseling center users reflects the number of counseling center clients who reported that problem on a checklist contained in the counseling center's intake form. [c] Attention deficit disorder/attention deficit and hyperactivity disorder. [d] Gay/lesbian/bisexual/transgender.

Problems by race/ethnicity. Prior comparative studies examining college student

utilization of counseling center resources have not focused on racial/ethnic differences.

Many studies using a college population have examined race/ethnicity/culture as a

component of help-seeking behavior (Leong et al., 2011; Liao et al., 2005; Loya et al.,

2010; Masuda et al., 2009). For example, researchers have reported that Caucasian and

African American students are more likely to seek psychological services than Asian

students (Leong et al., 2011). The survey for this research collected demographic data to

allow comparison of Caucasian and non-Caucasian student groups with respect to reported problem types.

It is difficult to draw strong conclusions from this study with respect to "non-Caucasian" students because the number of survey participants who identified as belonging to a racial/ethnic group that is not Caucasian was so small ($n = 13$). Nonetheless, there are indications that non-counseled racial minority students experience relatively higher rates of significant concern in the areas of grief/loss, academics, eating/body image, and depression. Caucasian students reported notably higher levels of significant concern in the areas of relationships and socialization/isolation. It appears that even though minority students experience more difficulties in many areas compared to their Caucasian counterparts, they feel less isolated and have few problems with relationships. This possible racial/ethnic difference in relationships and isolation (which may be related problems) may be worthy of additional research.

Problems by sexual orientation. Past research studies examining college student utilization of counseling center resources have not focused on differences in sexual orientation. This survey for this research collected demographic data to allow comparison of heterosexual and non-heterosexual student groups with respect to reported problem types. Not surprisingly, a higher percentage of non-heterosexual students reported experiencing significant level of concern with GLBT and identity issues compared to heterosexual students. Perhaps more notably, non-heterosexual students reported much higher rates of significant concern compared to heterosexuals for a host of additional problem areas, including of relationships, depression, anxiety, socialization/isolation, and self-injurious behavior. It is not known (for lack of data) at what rates non-heterosexual students have utilized the counseling center. From the data collected in this study it seems

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evident that many of these students have experienced significant distress and have not

sought counseling. Future research could explore why this may be so.

Reasons Why Students Have Not Used Counseling Center

If large numbers of students who have experienced significant personal concerns

have not tried free on-campus counseling, why not? A large body of research has

explored reasons why individuals in need do not seek mental health services; these

studies have typically each focused on one aspect of help-seeking behaviors and have

used college and university students as research participants. Unlike most of these

narrowly focused studies, Eisenberg et al. (2007) used a survey to collect data to more

broadly study college student help-seeking and access to mental health care. The survey

included a list of 22 potential reasons why students "with apparent unmet needs" (based

on assessment tools included in survey) had not received medication or therapy within

the past 12 months. The College Counseling Center Utilization Survey drew from this

large body of literature, including Eisenberg et al. (2007), to create a list of 13 potential

reasons for survey respondents to select from (see Appendix A).

Students reported many reasons for not utilizing the college counseling center

(see Table 8). The most cited reasons were: "I have friends or family that can help me"

followed by "I can deal with problems myself" followed by "My problems are not serious

enough" followed by "My problems will get better in time without counseling." The large

majority of students cited all of these reasons. These findings are congruent with

Eisenberg at al. (2007) which reported reasons why students with "apparent unmet

needs" had not received medication or therapy within the past twelve months. The top

three cited reasons were: "Stress is normal in college/graduate school" followed by

"Have not had any need" followed by "The problem will get better by itself" (Eisenberg

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et al., 2007). A positive interpretation is that none of these most common reasons indicates a strong barrier preventing a student from seeking counseling. Rather, many of these reasons are indicative of resiliency. For example, resilient students would tend to use family and friends to help them with their personal problems. Resilient students would tend to believe—perhaps based on experience— that they can handle distress on their own or that their problems tend to get better in time without counseling. These reasons indicate that students can cope by accessing internal and external resources other than professional counselors.

Other reasons for not using the counseling center are potentially more problematic and are less indicative of resiliency. For example, nearly half of non-counseled students reported that they did not have time for counseling; over half of students with significant depression concerns felt they did not have time for counseling; a large majority of students with significant anxiety concerns felt they did not have time. This result is also consistent with Eisenberg at al. (2007) which found the fourth ranked reason for not seeking mental health services to be "I don't have time" (Eisenberg at al., 2007). Perceived lack of time is not in itself indicative of resiliency. It could indicate that busy students do their own cost-benefit analysis and many decide that the time they would potentially spend in counseling would not be of sufficient benefit to them.

Other reasons for not seeking counseling are based on discomfort and stigma. A large portion of students agreed that they have not used counseling because they were not comfortable with self-disclosure, did not want to perceive themselves has having a mental health problem, did not want others to perceive them as having a mental health problem, or were embarrassed about their problem. Eisenberg at al. (2007) likewise reported that 20.0% of students in need had not sought mental health services because

they were worried what others would think of them. (Eisenberg did not report on students' self-perceptions or on discomfort with disclosure.) An important finding was that a much larger proportion of students with significant anxiety or depression concerns cited discomfort and stigma reasons for not seeking counseling. A very high percentage of the depression group (71.4%) did not seek counseling in part because they were not comfortable with self-disclosure (37.5% of all respondents cited that reason). A disproportionately high percentage of the anxiety group (60.0%) did not seek counseling in part because they did not want others to perceive that they had a mental health problem (29.7% of all respondents cited that reason). These findings indicate that students with specific mental health concerns tend to have specific barriers attached to their specific concerns. In any case, these attitudinal barriers to seeking counseling are less indicative of resiliency. It is more likely that students expressing these reasons could benefit from counseling but would first have to overcome their real or imagined discomfort and real or perceived stigma. These students could perhaps be helped by informational messages designed to overcome their discomfort and stigma barriers.

Student access to the counseling center is another potential barrier. How many students in distress are not using the counseling center because of the reality or perception that they cannot get a counseling appointment within a reasonable time? About one-fifth of students indicated that they were concerned they would have to wait too long to see a counselor. A much larger proportion of anxiety (40.0%) and depression (57.1%) students cited that reason. This suggests that students who potentially have mental disorders tend, more than other students, to exaggerate perceived accessibility barriers. Students with significant depression concerns especially seem to perceive the wait time to see a counselor as a barrier. It is not clear whether depression students

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believe that the wait is longer than other students, or whether they feel that any amount of waiting is too long. These findings suggest that, while accessibility is not a large barrier to most students, it is a much larger barrier for depression and anxiety students.

Future Counseling Center Utilization

What is the likelihood that students who had not previously used their college counseling center would do so in the future according to the students themselves? The survey for this research found that nearly one-fifth (19.6%) of participating students indicated that they were likely or very likely to use the counseling center to deal with personal concerns (see Tables 9 and 10). This result is nearly twice that found by Eisenberg (2007) which reported that only 10% of students "with apparent unmet needs" (i.e., students who had screened positive for anxiety or depression disorders) had not accessed mental health services within the past twelve months for the reason that they "haven't had the chance but plan to go" (p. 600). It is also a surprisingly high percentage given that 15.9% of enrolled students actually used the counseling center in the academic year 2011-2012.

More non-counseled students reporting having significant concerns with relationships (40.7%), anxiety (30.0%) and depression (28.6%) indicated that they were likely or very likely to use the counseling center in the future. These figures suggest that many students who had recently experienced relatively high levels of distress in areas of relationships, anxiety and depression and who have not yet sought counseling nonetheless believed they will do so in the future. This is a positive indication that students in need who have not yet sought counseling were at least open to the idea of doing so in the future. Students indicating they were very unlikely or unlikely to access the counseling center in spite of reporting significant personal concerns may either have sufficient

personal resources indicative if resiliency or experience personal barriers relating to discomfort and stigma around counseling.

One problem type stands out as particularly resistant to future counseling center utilization. Nearly half of students who reported significant concern with eating/body image ($n = 13$) indicated that they were unlikely or very unlikely to use the counseling center ($n = 6$; 46.2%). Conversely, 23.1% ($n = 3$) students reporting a severe level of that problem type indicated that they were likely or very likely to use the counseling center in the future. This perhaps is indicative of a problem type that is more resistant to help-seeking. This result perhaps also indicates a need for better outreach to students who may have eating disorders and/or body images concerns.

Implications for Practice

This study found that the vast majority of non-counseled students were aware of the counseling center and its services and yet many of these students had significant mental health concerns. Practitioners naturally spend most if not all of their time seeing students who come to the counseling center (or seek off-campus counseling services). This study suggests that college counselors should look for opportunities to engage students in contexts outside of the counseling center. This engagement could include speaking to classes and other groups of students on topics that the research shows is a concern of many non-counseled students—such as relationships, anxiety, and academics. This kind of engagement could promote mental health by itself, and could also provide a welcoming bridge to students who may not otherwise feel comfortable reaching out to the counseling center.

Another practice implication relates to reasons given for not seeking counseling. Even students who do seek counseling may nonetheless be struggling with the same

reasons—this could eventually contribute to early termination of counseling. Counselors should be cognizant that students in counseling may be ambivalent about the experience. It may be helpful to be sensitive to any of these issues coming up with a student, particularly at the outset of counseling. Counselors may want to inquire with new clients about reasons why they may be ambivalent and address those reasons directly.

Finally, clinicians should be particularly aware of the heightened mental health concerns within particular groups, particularly for GLBT students and non-Caucasian students.

Implications for Policy

Survey results revealed that the overwhelming majority of students who had not utilized the campus counseling center were aware of the counseling center and that it provided free counseling services. However, the group that knew relatively less about the counseling center was first year students. It would be helpful for the college to better educate first year students about the counseling center and its services, perhaps during first year orientation.

This study also found that many non-counseled students had recently experienced significant levels of concern with various problem areas, particularly in the areas of relationships, academics, anxiety, socialization/isolation, depression, and eating/body image. Although inferential statistics revealed that a statistically significant proportion of students with these concerns did seek counseling, a substantial number of students did not. Many students provided reasons for not seeking counseling that indicated resiliency, such as discussing problems with friends and family and the belief that their problems are not serious enough or will get better with time. Other reasons were indicative of discomfort and stigma around counseling. The college could consider "public service

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advertising" aimed at destigmatizing use of the counseling center. Such a campaign should creatively challenge negative perceptions about using counseling services.

The location of the counseling center in this study—on the edge of campus—could also be a factor contributing to students not utilizing the counseling center. Would it make a difference if counseling services were located within the administration building in the center of campus? For example, a large portion of students reported that one reason they had not used counseling was because they felt that they did not have time. A centrally located counseling resource would be more convenient for time-pressed students. Further, many students reported that they did not use the counseling center because of concern that others would perceive that they had a mental health problem. A centrally-located facility that mixed student clients with students utilizing other resources—such as medical services—could potentially help destigmatize use of counseling services. Moreover, there may be less concern by stigma-prone students that other students might see them accessing mental health services. Finally, a more centrally located counseling center would simply have a greater presence on campus. It would literally be "in the mainstream" rather than appearing shunted to the margins.

Another reason many students gave for not using the counseling center was their concern that they would have to wait too long to see a counselor. This barrier—or perception of a barrier—was held by a large portion of students with significant depression and anxiety concerns. The college could respond to this barrier by determining whether the wait to see a counselor really is "too long." If the wait is an actual barrier, the college should consider increasing staffing. If the wait problem is really a perception issue, the college should consider how to communicate that to students so as to dispel this widespread belief.

This study also found particularly high levels of distress among certain demographic groups related to certain areas of concern—this raises the possibility of campaigns to target these populations. For example, among non-counseled students a much higher percentage of men than women reported having significant relationship concerns, while a much higher percentage of women reported eating/body image concerns. The survey further found that students who identified as GLBT reported much higher levels of significant concern in the areas of relationship, depression, socialization/isolation, anxiety, identity, and self-injurious behavior. Perhaps the college or the counseling center could partner with the GLBT student community to promote mental health and to overtly offer counseling services to members of that community.

Finally, given the high levels of reported anxiety, depression, eating/body image concern, and other problem areas, it would greatly benefit the college community for the college to look for better ways to promote mental health, help students to identify mental health problems in themselves and their friends, and encourage the use of all available mental health services, including the counseling center.

Implications for Research

Much research has been done on specific aspects of help-seeking using college and university students; however little research has been published broadly focusing on college counseling center utilization. Only one other study was found that specifically compared counseling center users to non-users according to areas of concern. This study was limited to a single moderately sized college in the Midwest with a largely Caucasian population. Similar studies should be done using other types and sizes of post-secondary institutions, other geographic locations, and with more diverse populations.

The present study included a small component of qualitative data collection regarding reasons college students had not utilized their counseling center. Nearly all published studies on this topic are qualitative in nature. Future research could include a greater qualitative component in order to better understand students' potentially complex individual reasons for not seeking counseling when they are in distress.

Future research could be conducted around the efficacy of college efforts to promote or improve its counseling center, as well as efforts to promote and encourage mental health generally.

Finally, there is little in the literature concerning the role of clinical social workers in post-secondary settings. It is not clear at present how many clinical social workers are working in this field, what their roles are, and how they may differ from other mental health professionals serving college and university students.

Strengths and Limitations

There were multiple strengths to this study. Data was collected using an anonymous online survey (Appendix A). The survey method allowed data to be collected from over one hundred participants in an inexpensive and efficient manner (Monette et al., 2008). A relative large sample size (about one-third of the entire student body) was sampled using random sampling. This method and sample size produced a representative sample and statistically significant results ($n = 129$). The online survey format also allowed questions of a personal nature to be answered privately and anonymously, which tends to illicit more honest responses (Monette et al., 2008). Surveys also eliminated interviewer bias, which can be an issue in interviewing (Monette et al., 2008). Finally, all data in this study came directly from students, rather than from third parties such as

administrators or counselors. Thus, the findings were based on reported first-hand experience rather than based on interpretations or assumptions.

Potential limitations of this study included not getting a representative sample based on response rate for various groups (for example, women were over-represented in the survey results). Another limitation was the inability for respondents to ask for clarification on any of the survey questions. To address this concern and to achieve valid results, the survey questions were designed to be very easy to understand; they were also reviewed by research committee members prior to administering the survey. One potential limitation of the survey was that respondents could be biased in favor of those indicating more distress (i.e., with positive responses to listed personal concerns) or, conversely, respondents could be biased in favor of those not indicating distress with respect to listed personal concerns. The study did not include any method to determine the existence of any such bias. Finally, the proposed study was limited to students at a single Midwestern undergraduate liberal arts college. The results are not necessarily generalizable to other student populations or to broader populations.

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Appendix A:

Survey

1) Are you 18 years old or older?
    [ ] Yes
    [ ] No
    [If no, then skip function took respondent to exclusion message, below.]

2) Are you an enrolled student at College?
    [ ] Yes
    [ ] No
    [If no, then skip function took respondent to exclusion message, below.]

3) Have you ever used counseling services provided by the College Counseling Center?
    [ ] Yes *[If yes, then skip function took respondent to exclusion message, below.]*
    [ ] No

4) What is your current class year?
    [ ] First year
    [ ] Second year
    [ ] Third year
    [ ] Fourth year
    [ ] Other _____*(specify)*_____

5) Which gender do you primarily identify with?
    [ ] Male
    [ ] Female
    [ ] Transgender
    [ ] Other _____*(specify)*_____

6) Which racial/ethnic group do you primarily identify with?
    [ ] White (not Hispanic)
    [ ] Asian
    [ ] Hispanic
    [ ] African American
    [ ] Other _____*(specify)*_____

7) Which sexual orientation do you primarily identify with?

      [ ] Straight

      [ ] Gay / lesbian

      [ ] Bisexual

      [ ] Other _____*(specify)*_____

8) Prior to this survey, were you aware that a counseling center exists on campus?

      [ ] Yes

      [ ] No

      [ ] Not sure

9) Prior to this survey, were you aware that counseling services are available free of charge to all students?

      [ ] Yes

      [ ] No

      [ ] Not sure

10) Have you used off-campus counseling services for mental health or personal issues since you became a student at College?

      [ ] Yes

      [ ] No

      [ ] Not sure

11) Indicate which types of personal concerns, if any, have been a concern for you within the last 60 days by indicating the level of concern.

	Little or no concern	Moderate concern	Significant concern
Relationships	[ ]	[ ]	[ ]
Depression	[ ]	[ ]	[ ]
Socialization/isolation	[ ]	[ ]	[ ]
Family	[ ]	[ ]	[ ]
Anxiety	[ ]	[ ]	[ ]
Identity	[ ]	[ ]	[ ]
Academics	[ ]	[ ]	[ ]
Victimization	[ ]	[ ]	[ ]
Grief / loss	[ ]	[ ]	[ ]
Eating/body image	[ ]	[ ]	[ ]
Chemical use/abuse	[ ]	[ ]	[ ]
Perpetrator	[ ]	[ ]	[ ]
ADD ADHD	[ ]	[ ]	[ ]
Self-injurious behavior	[ ]	[ ]	[ ]
GLBT	[ ]	[ ]	[ ]

| Cultural | [ ] | [ ] | [ ] |
| Other personal issues | [ ] | [ ] | [ ] |

12) How likely would you use the College Counseling Center to deal with personal concerns such as those listed above?

Very Unlikely	Unlikely	Undecided	Likely	Very Likely
[ ]	[ ]	[ ]	[ ]	[ ]

13) If you were to seek professional services to deal with personal concerns such as those listed above, would you prefer to use an off-campus provider rather than the College Counseling Center?

      [ ] Yes
      [ ] No
      [ ] Not sure

14) If you have had personal concerns such as those listed above while a student at College, why have you not used counseling services provided by the Counseling Center? Indicate all that apply.

I was not aware of on-campus counseling services.	[ ]
My problems are not serious enough.	[ ]
I can deal with my problems by myself.	[ ]
I have friends and/or family who can help me deal with my problems.	[ ]
I don't have time for counseling.	[ ]
I believe my problems will get better in time without counseling.	[ ]
I don't want to perceive myself as having a mental health problem.	[ ]
I am concerned about others perceiving me as having a mental health problem.	[ ]
I am uncomfortable with self-disclosure.	[ ]
I am embarrassed about my problems.	[ ]
I have tried counseling before and it was not a good experience.	[ ]
I don't believe that counseling is effective at helping with personal problems.	[ ]
I am concerned that I will have to wait too long to see a counselor.	[ ]

Other reason(s): _____ *(specify)* _____

Please click "submit" to save and submit your responses. Thank you for taking the time to participate in this research!

End of survey message:
Thank you for taking this survey! If you would like to talk with someone about personal concerns, you can call the College Counseling Center at [phone number] to make an appointment to see a counselor; the Counseling Center is open from 8 a.m. to 5

p.m. on weekdays while school is in session. You can also call the CrisisConnection at 612-379-6363 to speak with a counselor on the phone; CrisisConnection answers calls 24 hours a day, 365 days a year.

Exclusion Message:
Due to your answer to the previous question you are not eligible to complete this survey. This survey is intended only for College students who are at least 18 years old and who have never used counseling services provided by the College Counseling Center. Thank you for being willing to participate in this research.

Appendix B:

**Authorization to Contact Prospective Participants
For a Project With Human Subjects**

*In order to use mailing lists, email aliases, membership lists, or other means of
contacting prospective participants for a project with human subjects, investigators must
obtain written authorization from an appropriate person as indicated on the list at the
end of this form. If the project will be reviewed by the Institutional Review Board (IRB)
or other reviewer for purposes of human subjects protection, this completed and signed
form must be attached to the application for review.*

Investigator's name and email address:
Daniel J. Hinderaker

For student projects:
Instructor or faculty/staff adviser:
Course, student organization, or other context for project:

For faculty or staff projects:
Department or office: College Counseling Center

Note: I am a graduate intern at the Counseling Center. This proposed research project is a
component of my Master of Social Work Program at the University of St. Thomas. I have
a committee overseeing my research project. It consists of Mary Carlsen, professor in the
Social Work and Family Studies department at St. Olaf College; Donna Blazis, a local
therapist who has worked for Carleton College's counseling center; and Kari Fletcher,
professor at the University of St. Thomas, the chair of my committee.

Project title: College student mental health and use of on-campus counseling services

**Project abstract; please indicate the role of the human subjects data you will collect
in accomplishing your project goals:**

In my study, I want to compare the mental health needs of students who have not used the
Counseling Center to students who have used the Counseling Center. To accomplish this,
I will use two sources of data.

One source will be summary data produced by the Counseling Center via its annual
report. This data contains no identifying information; rather, it summarizes Counseling
Center utilization by a number of factors, such as total number of student clients, problem
type, gender, class year, and so on.

I also want to use a survey to collect data from a random selection of students who have
not used the Counseling Center. The online survey would include the same list of
concerns used by the Counseling Center on its intake form (anxiety, depression,
academics, and so on). The survey will collect non-identifying demographic information

such as gender, ethnicity and class year. The survey will also inquire about student knowledge of, and attitudes toward, the Counseling Center. With this research I hope to gain an understanding of the scope of students with self-identified mental health distress who are not accessing Counseling Center services. I also hope to gain some understanding of why students experiencing distress are not accessing counseling services.

Please describe the list or other information you are requesting to contact prospective participants in your project:

My plan is to contact a random sample of several hundred students. They would be sent an email containing a letter explaining the research project, asking for their participation, and asking for their informed consent. If they agree to taking the survey, they would click on a link which would take them to the online survey tool on Qualtrics. All survey responses would be anonymized; there would be no possible link between survey responses and the participant.

My hope is that I could use resources at the College to select my sample and send a mass email.

When do you plan to submit this project for review by the IRB or other reviewers?

I plan on submitting my research proposal to the University of St. Thomas IRB in late November or early December. I have been in contact with [the Director of Institutional Research and the Chair of the College IRB]. In an email to me on November 12, 2012, Susan informed me that I did not have to seek College IRB approval for my project so long as I received approval from the St. Thomas IRB and from the appropriate College department via this form.

When do you hope to begin contacting prospective participants?

I plan to contact prospective students in January or February of 2013.

How will you contact them? Check all that apply:
- ❑ Email
- ❑ Campus mail
- ❑ US mail
- ❑ Telephone
- ❑ Other: _____

For student projects:
I have reviewed this student's project plans, and I support this request for authorization to contact prospective subjects.

Signature of course instructor or faculty/staff supervisor
            Date

Authorization

The investigator is authorized to use the list(s) or other information requested on this form for the purposes described above. Any additional conditions for this use are indicated below or on the attached sheet.

Signature	*Printed name and title*	*Date*

Signature	*Printed name and title*	*Date*

Individuals who can provide authorization

To contact current students:	
Random sample of all students	Dean of Students or designated staff
Lists or aliases for a specific class year	Dean of Students or designated staff
Residents of a residence hall	Dean of Students or designated staff
Lists or aliases for majors or concentrators	Department chair or program director
Course aliases for specific course rosters	Faculty member teaching the course (or taught)
Membership lists or aliases for student organizations	Faculty or staff adviser
To contact faculty:	
Lists or aliases for the faculty as a whole	Assistant Provost
Lists or aliases for a specific Faculty	Associate Dean for that Faculty
Lists or aliases for a specific department or program	Department chair or program director
To contact staff:	
Lists or aliases for staff in a specific division	Director of Human Resources
Lists or aliases for staff in a specific office	Director of the Office
To contact alumni:	
Lists or aliases for any alumni groups	Director of Alumni and Parent Relations, Assoc. VP for Advancement & College Relations, and Alumni Data Services Assistant *(give form to Alumni Director)*

To contact prospective participants who are not members of the College community:	
Elementary or secondary schools	School principal or principal's designate
Non-profit organizations	Director or director's designate
Membership-based organizations	Director or director's designate
Other organizations or groups	Chair, director, or other individual in a leadership position

If the above table does not include the group for whom you are requesting contact information, please consult the IRB Chair to determine the individual who can authorize your request.

Correspondence Regarding College Institutional Review Board Approval

Nov 12, 2012

From: Daniel Hinderaker

To: [Director of Institutional Research]

Hello,

I am a graduate intern at the College Counseling Center. I am currently in my third year of the MSW program at St. Thomas University. As part of my program, I am working on a research project. My hope is to research student mental health wellness and counseling center utilization here at College. I have mostly developed a research proposal, which includes electronically surveying a subset of students and also using data published by the Counseling Center. I have a committee overseeing my research project, including Professor Mary Carlsen, Donna Blazis (a therapist I know in town who has worked part time at Carleton's counseling center), and Professor Kari Fletcher (St. Thomas School of Social Work and Chair of my research committee). I am also in touch with the College Counseling Center director about this project.

At this point my research proposal is developed to the point where I need to initiate the process of working with the right people/bodies at College to gain needed permissions and to help facilitate data collection. Of course, if I need to make changes to my proposed study to make it work at College I can hopefully do that, too.

Would it be possible for me to meet with you informally to talk about how to go about this?

Thanks for your help.
Dan Hinderaker

Nov 12, 2012

From: [Director of Institutional Research]

To: Daniel Hinderaker

Daniel –

Thank you for contacting me. You had also contacted my colleague, the IRB chair, so I'm replying on behalf of both of us, having just conferred with her.

If we're understanding this correctly, you should be working through the IRB at St. Thomas for human subjects' protection approval of your MSW research. You are asking

to use research subjects at College, in which case you need permission from the appropriate people/offices here to contact our students. Who needs to grant permission depends on what that subset of students is and how you intend to contact them - and they should request evidence that your research has been approved by the St. Thomas IRB before providing access to our students. The College IRB does not need to review this project. We do provide a form for you to obtain appropriate approval here at College, and the St. Thomas IRB would likely want to see that you have obtained the appropriate approvals here, so you could give them a copy of this completed authorization:

Authorization to Contact Prospective Participants

If we have misunderstood any parts of this, please let us know!

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Director, Institutional Research
Institutional Research & Evaluation

Nov 13, 2012

From: Daniel Hinderaker

To: [Director of Institutional Research]

Hi Susan,

Thanks for the helpful response. I am seeing [the Vice President for Student Life] today, and will have him sign off on the College authorization form. I hope to work through his office regarding data collection. I am also meeting with the director of the Counseling Center. I will be going through the St. Thomas IRB in December. I hope to do data collection in January or February.

Thanks again,
Dan

Appendix D:

Approval Letter from University of St. Thomas Institutional Review Board

[University of St. Thomas Institutional Review Board letter head]

DATE: December 27, 2012
TO: Daniel Hinderaker

PROJECT TITLE: [404608-1] College Student Mental Health and Use of On-
                             Campus Counseling Center Services
REFERENCE #:
SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: December 27, 2012
EXPIRATION DATE: December 27, 2013
REVIEW TYPE: Exempt Review

REVIEW CATEGORY: Expedited review category #

Thank you for your submission of New Project materials for this project. The University of St. Thomas Institutional Review Board has APPROVED your submission. This approval is based on appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Exempt Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and the research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

ALL UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be   project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of December 27, 2013.

Please note that all research records must be retained for a minimum of three years after completion of the project.

If you have any questions, please contact [the University of St. Thomas IRB office]. Please include your project title and reference number in all correspondence with this committee.

Best wishes to you as you begin your research.

[Signature]

Appendix E:

Permission Letter from Director of College Counseling Center

[College Counseling Center Letterhead]

[Date]

[Addressee representing the University of St. Thomas Institutional Review Board]

Dear Daniel,

Thank you for contacting me regarding your proposed research as a Master's of Social Work student at the University of St. Thomas. I am pleased to inform you that you have the support of the College Counseling Center to use data published on our annual report in support of your research project: College student mental health and use of on-campus counseling services.

I understand that your study is a quantitative research project that will compare data concerning students who have used the Counseling Center with survey data collected from students who have not used the Counseling Center. I also understand that the Dean's Office has given authorization to conduct a survey of students, and that my permission concerns only the use of information supplied in the Counseling Center's annual report, which is completely anonymous and does not include any information to identify individual students.

I understand that you will not proceed with your research until you have received the approval of your research committee and the Institutional Review Board at the University of St. Thomas. I understand that your research will ultimately result in a research paper that will be published in a public forum.

I do not anticipate any direct benefit or risk to the Counseling Center. However, I do believe that your research will add to the body of knowledge in this important area of study.

Sincerely,

[Signature of Director of the College Counseling Center]

Appendix F:

Email Letter Soliciting Participation in Survey

Dear Student,

You are invited to participate in a short online survey to support research to learn about students' mental health and use of on-campus counseling services. The survey is completely voluntary. The link below will take you to a Qualtrics web page where you can get more information and complete the survey if you choose. Your responses will be anonymous, so no e-mail or account information will be recorded.

In order to participate, you must:
·   Be 18 years of age or older;
·   Be an enrolled College student; and
·   Have not used services provided by the College Counseling Center.

I am an intern at the Counseling Center and also a graduate student in the School of Social Work program at the University of St. Thomas and St. Catherine University in St. Paul, Minnesota. It is hoped that the results of this research will be utilized by the College to better meet the needs of students. Your participation will be greatly appreciated!

For more information and to participate in the survey, click here:

[Link to survey]

Thank you,
Dan Hinderaker

Appendix G:

Consent Form

Students' Mental Health and Use of On-Campus Counseling Services
IRB Tracking # 404608-1

This survey is part of a study to learn about College students' mental health and use of on-campus counseling services. You were randomly selected as a possible participant in this study because you are a College student. Please read this consent form and ask any questions you may have before agreeing to participate in the study.

This study is being conducted by Daniel J. Hinderaker, a graduate student at the School of Social Work at the University of St. Thomas and St. Catherine University, and a graduate intern at the College Counseling Center. The study is supervised by Professor Kari L. Fletcher, PhD, LICSW.

Background Information:
The purpose of this study is to gain a better understanding of the mental health needs of students as well as their potential use of the on-campus counseling services provided by the College Counseling Center.

Procedures:
If you agree to participate in this study, you will be asked to complete an online survey created using the electronic survey software Qualtrics. Following the link at the bottom of this form will bring you directly to the survey. This survey will take approximately 5 to 15 minutes to complete.

Risks and Benefits of Being in the Study:
This study may have minimal risks because of questions related to personal mental health concerns and 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. 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 College Counseling Center at 507-786-3062 to make an appointment to see a counselor; the Counseling Center is open from 8 a.m. to 5 p.m. on weekdays while school is in session. You can also call the CrisisConnection at 612-379-6363 to speak with a counselor on the phone; CrisisConnection answers calls 24 hours a day, 365 days a year. There are no direct benefits to you for participating in this study. Your participation in this study will contribute to a better understanding of mental health needs of students.

Confidentiality:
Participation in this study will be completely confidential. The data is being collected via Qualtrics, which is a web-based surveying tool, and it will not be connected to your e-mail 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 direct link between your identity and your responses. All survey results will be stored both on my computer and on the University of St. Thomas's computer in a password protected file. In any written reports or publications, no one will be identified or identifiable, and only group data will be presented. Only I, Daniel Hinderaker, and my advisor, Professor Kari Fletcher, 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, 2013.

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 College, the University of St. Thomas or St. Catherine University. If you decide to participate, you are free to withdraw at any point prior to completion of the survey.

Contacts and Questions:
If you have any questions now or later, please feel free to contact me, Daniel Hinderaker, by email at --. You may also contact my advisor, Professor Kari Fletcher, at 651-962-5807 or at flet1660@stthhomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

Statement of Consent:
Participation in the online survey implies that you have read and understood the above information, that you are 18 years of age or older, and that you consent to participate in the study.

You can print this form for your records.

To participate in the survey, please click on the >> button, below.

Appendix H:

Email Reminder Soliciting Participation in Survey

Dear Student,

This is a friendly follow up to the email I sent you last week asking you to take a short online survey regarding student mental health and use of on-campus counseling services. If you have already taken the survey, thank you! If you have not yet done so, I want to invite you once more to take a few minutes to do so. Your participation is important. Please know that the survey is completely voluntary and that your responses will be anonymous; no e-mail or account information will be recorded.

The link below will take you to a Qualtrics web page where you can get more information and complete the survey.

In order to participate, you must:
· Be 18 years of age or older;
· Be an enrolled College student; and
· Have not used services provided by the College Counseling Center.

I am an intern at the Counseling Center and also a graduate student in the School of Social Work program at the University of St. Thomas and St. Catherine University in St. Paul, Minnesota. It is hoped that the results of this research will be utilized to better meet the needs of students.

To participate in the survey, click here:

[Link to survey]

Thank you,
Dan Hinderaker