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Today's College Students and Their Mental Health Needs Are Requiring a Change in the Way College Campuses Address Mental Health Issues

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Abstract

The purpose of this research project is to determine whether or not today's college students are seeking counseling services when they feel they are experiencing mental health issues or concerns. This paper will discuss the mental health and wellness of today's college students, as well as the overall increase in diagnosed mental health illness among college students. A survey was created by the student researcher and will consist of questions pertaining to any mental health issues or concerns the residential life students are experiencing. The results of the survey will then be discussed and recommendations will be given. Based on my literature review and data collection, this information will be useful in determining if there is a need for providing counseling services in the Residence Halls.

Today's College Students and their Mental Health Needs Are Requiring a Change in the

Way College Campuses Address Mental Health Issues

Literature Review

Much of the current research on today's college students focuses on how

dramatically they have changed in the last few decades. In order to understand who are

today's college students; this paper will examine student demographics of age, race,

nationality, gender, and sexual orientation. The mental health needs and issues for each

of these demographic categories will also be examined. This paper will also discuss the

overall increase in diagnosed mental health illness among college students and the

correlating factors which contribute to this increase and the level of student willingness to

seek mental health services. The demographic categories used in this paper to describe

students who attend college are not rigid or exclusive, but are overlapping and fluid.

Demographics of Today's College Student

Perhaps one of the greatest changes in higher education is the demographics of

today's college student population (Levine & Cureton, 1998a). Compared to earlier

generations, college students are older and more diverse. They have been shaped by

different social and political events. They socialize differently and are more

psychologically damaged. According to the U.S Department of Education, by 1994, 44

percent of all college students were over twenty-five years of age and living off campus.

Fifty-four percent were working, 55 percent were female, and 43 percent were attending

part-time. This is in comparison to the traditional college student profile of being 18-22

years of age, living on campus and attending college full-time. Fewer than one in six of

all current undergraduates fit this past stereotype of the traditional American college

student. This student researcher will discuss in further detail the characteristics of non-traditional students, racial and ethnic minority students, international students, women students, gay and lesbian students, as well as the mental health needs and issues that relate to providing services to each of these demographic categories.

Non-Traditional Students

The number of non-traditional college students, those students over 25 years of age, has been increasing rapidly over the past few decades. This group of students has grown from less that 4 million in 1980 to more than 6 million in 2000 (U.S. Census Bureau, 2001), and now comprises approximately 40% of the total U.S. undergraduate population (National Center for Education Statistics, 1997).

According to Cain, (1999), non-traditional students are older, attend college part-time, and often have lower levels of ability than the traditional student. They are predominantly female and/or a member of a minority and they may not be interested in moving beyond a two-year diploma.

Hermon and Davis (2004) state that due to developmental differences and life demands, non-traditional students face different challenges from those of traditional students and, as a result, require different counseling services. For example, Hermon and Davis (2004), found that the greatest challenge faced by the non-traditional student is making the transition from work to college, contrasted with the traditional student who is transitioning from home to college. Other stresses and challenges that are not encountered by their traditional counterparts, include financial issues, jobs after education, and the life transition of returning to school (Chao, 2001). They may also

bring along significant psychological or interpersonal baggage acquired after many years of life; this baggage can cause significant difficulties in academic performance.

According to Chao (2001), counseling non-traditional students has significance beyond merely serving a specific student population. The very concept of diversity in counseling would not be complete without taking into consideration the unique viewpoints, needs, and valuable contributions of non-traditional students. In a study conducted by Chao (2001), non-traditional students were found to expect counseling centers to help incorporate a wide variety of resources including family, friends, teachers, and the student themselves to pursue a college education. Non-traditional students also expressed their needs for learning about using their resources and utilizing them to reduce multiple stressors in their personal lives, their work, and their family relationships. The study also demonstrated that counseling centers need to provide these students with academic assistance, personal counseling, and vocational counseling. The staff in college counseling centers is often challenged to learn new techniques and to adjust their therapy for these students, a number of whom are first-generation students (Chartrand, 1992).

Racial and Ethnic Minority Students

Today's college students are increasingly diverse Choy (2002). In the year 2000, 28.7% of all Americans were racial and ethnic minority individuals (i.e., non-white; U.S. Bureau of the Census, 2001). Population projections indicate that by the year 2015, racial and ethnic minorities will comprise one-third of the United States population (U.S. Bureau of the Census, 2000). Furthermore, by the year 2050, that figure will increase to 47.2%, indicating that nearly half of all Americans will be non-white (U.S. Bureau of the Census, 2000). American university and college campus populations are reflecting this

national population trend via an increase in the enrollment of racially and ethnically

diverse students (U.S. Department of education, 1999).

With this increase of racial and ethnic minority students on college campuses,

there comes a different set of counseling challenges. According to Davidson, Yakushka,

Sanford-Martens (2004), if not attended to, it seems unlikely that the counseling needs of

racial and ethnic minority students will be adequately addressed on university and college

campuses. Archer and Cooper (1998) state, that historically, these minority groups have

not used counseling services in the same proportion as their majority counterparts. Often

times, cultural differences and a lack of cultural understanding can make counseling

difficult and lead to premature termination (Archer and Cooper, 1998).

Although members of these groups are believed to be at greater risk for

psychological problems due to additional stressors such as racism, prejudice, lower

socioeconomic status, under education, and acculturation, they also are known to under-

utilize counseling services (Atkinson, Morten, & Sue, 1993; Leong et al., 1995).

According to Patterson (1968), multicultural issues are considered to be a

contributing factor for the increase of psychological disorders found on college

campuses. There are an increasing number of new students who in the past would not

have had the opportunity to enter college because of their socio-cultural backgrounds. It

is only reasonable to expect that the college experience and the college culture could lead

to problems of a psychological nature for a large number of these students (Patterson,

1968). O'Connell (1968) refers to the problems which these students face as the "strains

of mobility" must pay a price for their mobility. Often the price is loneliness because

they lose old friends faster than they make new ones in the competitive college world and

they become estranged of oneself from their parents and siblings, because if their

mobility. The challenges of access and culturally effective counseling must be addressed,

especially because the nature and type of ethnic minority groups vary from campus to

campus (Helms, 1990).

International Students

Along with non-traditional students and racial and ethnic minority students,

international student populations have also increased on many college campuses and

offer their own unique counseling challenges. International students are located in more

than 2,500 American institutions of higher education and represent over 186 nationalities

(Brinson & Kottler, 1995a). In 1995-96, the three largest segments of international

students came from South and East Asia (57%), Europe (15%), and Latin America (10%)

(National Center for Educational Statistics, 1997).

According to Thomas and Althen (1989), international students share certain

characteristics regardless of their diverse cultural, social, religious and political

backgrounds. Although most international students are in the U.S. only temporarily they

still have the stresses of adapting to a new set of basic values and beliefs and are

continually challenged to accommodate themselves to a variety of cultural differences

(Mori, 2000).

All college and university students need to adapt to their new educational and

social environment (Ginter & Glauser, 1997). According to Mori (2000), besides the

normal developmental concerns that every student might have, international students

encounter additional stressors due to the demands for cultural adjustments. Difficulties

with linguistic, academic, interpersonal, financial, and intrapersonal problems constitute

unique sources of stress for international students. A study of international students at North Carolina State University found that the top five adjustment problems of those students include homesickness, obtaining housing, social relations with the opposite sex, difficulties with the English language, and financial problems Stafford, Marion, and (Salter, 1980).

Despite the fact that international students tend to experience more problems than traditional students do in general Pedersen (1991) and have an need for psychological assistance, mental health services have been significantly underused by this population (Bradley, 1995). Even when they seek available services, international students are far more likely than American students to terminate therapeutic relationships prematurely (Pederson, 1991). Cultural values and beliefs held by most international students are often in direct conflict with a traditional American concept of mental health. Unfortunately, a majority of the current available services lack sufficient cultural relevance for this student population. An active, concerted effort to alter both existing counseling facilities and counseling approaches is indispensable in reaching out to this vulnerable silent minority (Brinson & Kottler, 1995b). Counselors' acceptance of and commitment to the challenges of working with international students would lead to more satisfying experiences not only for these students but also for counselors because they will become aware of their American cultural assumptions and of their personal values (Hayes & Lin, 1994).

Women Students

Women are another increasing student population found on today's college campuses. According to Garland (1985), since 1979, women have outnumbered men in the total enrollment of colleges and universities. Archer & Cooper (1998), state that gender role, for women have been expanding, and many more opportunities are available to them than in the past. They also say that many returning adult women are in college because of this role expansion. "However, many of the traditional "feminine" messages are still communicated clearly to our female students, for example, that they must be thin and beautiful to find a man and be worthwhile" (Archer & Cooper, 1998, p. 23).

According to Archer & Cooper (1998), college mental health workers see the pathology of eating disorders related to this set of socialization influences. Career development and socialization are two areas where the needs of many women are more complex than those of men (Archer & Cooper, 1998). For example, the tension between work and home responsibilities is often great, particularly in dual-career families and in single-parent families, the overwhelming majority of which are headed women (Gilbert & Rachlin, 1987).

The increased participation by women in higher education, however, has created new problems. "Women often lack role models in male-dominated fields and are often the targets of discrimination and sexual harassment" (Garland, 1985, p. 30). In addition, women are subjected to a great deal of gender bias, which in its most violent form includes harassment and physical and sexual violence.

According to Archer & Cooper (1998), staff in college and university counseling centers need to be aware of a number of important factors affecting the counseling of

women. First, many people punish women for exhibiting characteristics that are valued

in males, such as being competitive or highly assertive (Goelyan, 1991). Second, our

societal structures are based on masculine models of power and hierarchy (Schaef, 1992).

Third, and most directly harmful, are the biases among helping professionals themselves,

which are manifested when they support traditional sex roles, have rigid gender

expectations, use sexist language, or relate to female clients as sex objects.

Gay and Lesbian Students

Gay, lesbian, and bisexual students have become a much more recognized and

vocal group on today's college campuses. Homosexuality is found in about 10 percent of

the population, a figure that is surprisingly constant across cultures, irrespective of

different moral values and standards (Archer & Cooper, 1998). Moreover, "the incidence

of homosexuality in a population does not appear to change when moral codes or social

mores changes" (Archer & Cooper, 1998, p.104).

Browning, Reynolds, and Dworkin (1991) call attention to three specific domain

concerns for lesbian women in general; identity development, identity management,

(including coming out), and unique interpersonal issues (including couples' concerns). In

addition, the high incidence of substance abuse, domestic violence, and previous sexual

abuse in this population often requires counseling. Shannon and Woods (1991), in a

parallel article concerning affirmative counseling for gay men, also emphasize the areas

of identity development, identity management, and special interpersonal issues. The

specific concerns of gay men that they discuss differ, however, and include the impact of

aging, antigay violence, and spiritual and existential issues. In line with some of these

issues, Slater (1993) writes about violence against lesbian and gay male college students.

Perhaps for both external and internal reasons, gay individuals seek counseling at two to four times the rate of heterosexuals (Archer & Cooper, 1998).

When working with the gay, lesbian, and bisexual population, effective college counselors (whether they are straight, gay or lesbian) have to come to terms with their own homophobia (Kite, 1994). McHenry and Johnson (1993) suggest that denial of these biasas often leads to negative treatment outcomes by producing nonproductive collusions at different points throughout the treatment process. They give strong arguments for including gay, lesbian, and bisexual issues in training and education, having ongoing dialogue about homophobia among practitioners, directly questioning gay, lesbian, and bisexual clients regarding their homophobia and relying on an affirmative psychotherapy approach.

Overall Increase in Diagnosed Mental Illness among College Students

As the traditional college student has changed over the years, so have their mental health needs and concerns. In general, students are coming to college "more overwhelmed and more damaged than those of previous years" (Levine & Cureton, 1998b, p.95).

Many studies have been done recently in order to gather more information on the specific mental health needs and concerns of today's college students. Averaging across a number of studies, approximately 12-18% of students on college campuses have a diagnosed mental illness (Fombonne, 1998). Also, according to the National Survey of Counseling Center Directors at 274 institutions, Gallagher, Sysko, & Zhang (2001), 85% of center directors reported an increase in psychological problems over the last 5 years, including learning disabilities (71%), self-injury incidents (51%), eating disorders (38%),

alcohol problems (45%), other illicit drug use (49%), sexual assault concerns on campus (33%), and problems related to earlier sexual abuse (34%).

A variety of social and cultural factors such as divorce, family dysfunction, instability, poor parenting skills, poor frustration tolerance, violence, early experimentation with drugs, alcohol and sex, and poor interpersonal attachments may account for some of the increase (Kitzrow, 2003). These factors are in addition to the more traditional factors such as, "the transition from high school, the lack of social support, academic pressures, the need to define career goals, and financial problems which often combine to produce acute levels of psychological distress in college students" (Sax, 1997, p.195). During their first year in college, undergraduates are likely to experience painful feelings of alienation, loneliness, and depression, often at much higher levels than do individuals of the same age who are not attending college (Sax, Gilmartin, Keup, DiCrisi, & Bryant, 2000). In addition, many psychological disorders such as depression, bipolar disorder, and schizophrenia first manifest themselves in late adolescence or early adulthood, according to Kitzrow (2003), which is typically the age of many college students.

There are a number of factors that contribute to the increase rates of diagnosed mental health illness on college campuses. One is the effectiveness of newer psychotropic medications. Newer medications make it possible for many students with serious psychological disabilities to attend college who would not have been able to do so in the past (Gallagher, Gill, & Sysko, 2000). It is estimated that approximately 16% of counseling center clients have severe psychological problems (Gallagher, Gill, & Sysko, 2000). Ninety-four percent of counseling center directors noted an increase in the

number of students coming for counseling who were already taking psychiatric medication. Gallagher, Gill, & Sysko, (2000) estimated that 17% of counseling center clients take psychiatric medication, in contrast to 9% in 1994 (Gallagher, Gill, & Sysko, 2000).

Another contributing factor to the overall increase of mental health problems on college campuses is financial stress. "Increased financial strains on students, due to funding cutbacks in scholarships and loans, put additional pressures on students that may precipitate psychological disorders." (AUCC, 1999; Reinherz et al., 1999). Due to these cutbacks in combination with rising tuition costs, college students are often times employed while attending college. Although working may offset some costs of schooling, employment can also limit students' learning opportunities and have a negative effect on grades (Megivern, 2002; Megivern & pellerito, 2002). Students with financial concerns tend to also have academic performance concerns, which is another contributing factor to the increase of mental health problems on college campuses. "Students with higher levels of psychological distress among college students were characterized by higher test anxiety, lower academic self-efficacy, and less effective time management and use of study resources" (Kitzrow, 2003, p.172).

According to Patterson (1968) the apparent increase in psychological disturbance among youth in general also contributes to the prevalence of mental health problems on college campuses. Patterson (1968) refers to the increasing awareness and concern of youth about life and its problems, which is often accompanied by psychological or emotional reactions and conflicts, together with attempted solutions, some of which are not psychologically or socially useful. These solutions range on a continuum from

constructive participation, to revolt and resistance, to withdrawal and alienation from society (Patterson, 1968).   Due to the prevalence of diagnosed mental illness and its correlating factors in today's college student population has impacted the demand for the focus of college counseling centers.

The Focus of College Counseling Centers

"The need to provide counseling for such a broad range of students and issues-including multicultural and gender issues, career and developmental needs, life transitions, stress, violence, and serious psychological problems – is one of the major challenges facing college counseling centers, a challenge that can be "daunting" at times (Archer & Cooper, 1998, p.13). Although college counseling centers are aware of the growing diverse population and their specific needs, it is still a difficult and overwhelming task to keep up with the constant changes.

The changing population and needs of students it forces counseling centers to re-evaluate and re-address the services that are being offered on college campuses. Prior to 1945, counseling was done informally through one-on-one relationships between students and administrators (e.g., deans), faculty members, and advisors, (Mowbray, 2006), with the emphasis on developmental and preventive counseling. In order to accommodate the increase of mental health problems on college campuses, the mission of college counseling centers has had to evolve in recent years. The increase in demand for services without a corresponding increase in resources is a major challenge and concern for 63% of campus counseling centers surveyed (Gallagher, Gill, & Sysko, 2000). According to Stone & Archer (1990), counseling centers have scrambled to keep up with growing

demands for services, while recent funding cuts have led some schools to either consider

charging fees or offering only brief therapeutic interventions.

Counseling center staff members have recognized that the focus of their services

has changed over the years. For example, "Suicide threats and psychological

emergencies demand immediate care in order to manage symptoms effectively; however,

not all counseling centers offer crisis emergency appointments or after hours and

weekend access to care." (Mowbray, 2006, p.229). Pledge (1998) states that counseling

center staff have rated themselves as generally able to meet the current service demands

but have noted a potential need for increased emphasis in professional training programs

on diagnostic and specialty skills, such as crisis intervention skills and skills in treating

substance abuse and skills in diagnosing and treating mental illness.

A variety of activities can be included under psychological counseling, including

career counseling, help in selection of educational and career goals, therapeutic activities,

rehabilitation counseling with handicapped students, marriage counseling, and assistance

in study skills (Gallagher & Demos, 1970). Gallagher & Demos also state that the

counseling center should be a place where a student can discuss problems in a non-

judgmental atmosphere and setting which is not identified with faculty, administration or

any of type of disciplinary action.

"The primary function of college counseling centers continues to be the provision

of direct counseling interventions to students whose personal problems interfere with

their ability to function in the academic environment" (Sharkin, 2004, p.99). Recent

studies (Vermeersch et al., 2004; Whipple et al., 2003) provide evidence of positive

outcomes for this aspect of counseling services. Sharkin (2004) states that college

counseling services also support the educational mission of colleges by providing consultation and outreach programming to students, faculty, and staff, teaching in academic programs, supervising counselor trainees, and conducting research on a variety of topics related to student development.

For maximum effectiveness, counseling centers also need to respond to general challenges and changes in higher education (Hodges, 2001; Meadows, 2000). One of the biggest challenges has been for counseling centers to demonstrate that their services significantly contribute to student retention through graduation (Bishop, 1990). Bishop and Walker (1990) followed the academic progress of students who were identified as "retention risks" (i.e., students who sought counseling for retention-related concerns). In addition to being followed one year later on their academic status, the students were also sent a satisfaction questionnaire, in part to assess the role of counseling in their decision making (e.g., whether to stay in school, drop out, or transfer). Just over 80% of the students were still enrolled as full-time students for the academic year following their initial contact with the counseling center. Students who responded to the satisfaction survey identified a number of ways that counseling affected their decision making (e.g. helping them organize thinking, providing support, helping them deal with fear of failure), although the utility of this information is limited by the low response rate to the study. The results of this study suggest that counseling can have a positive impact on retention for students who use counseling specifically for retention-related issues (Sharkin, 2004).

Counseling can be a useful service for helping students succeed both personally and academically in colleges and universities. A survey conducted by the University of

Idaho Student Counseling Center (2000) found that 77% of student respondents reported that they were more likely to stay in school as a result of counseling and that their school performance would have declined without the help of counseling. Ninety percent of the respondents reported that counseling helped them meet their goals at the university and helped reduce stress which was interfering with their academic achievement.

The Willingness of Today's College Students' to Seek Mental Health Services

College students' attitudes and behaviors about counseling have an effect on their willingness to seek mental health services. College counselors and college counseling centers would benefit greatly from knowing what the factors are that influence college students' willingness to seek counseling.

Previous research has identified some factors that can increase or decrease the likelihood of seeking counseling. Examples of factors that have been found to increase help-seeking are prior help-seeking and level of psychological distress. Examples of factors found to decrease help-seeking are the desire to conceal distressing information or avoid painful emotions during counseling (Sharkin, Plageman, & Coulter, 2005).

Another factor that may contribute to whether or not students are willing to seek counseling is their perception of themselves compared to others. "The perceptions that help-seeking (HS) students and non-help-seeking (NHS) students have about each other's mental health are a relatively unexplored variable that could play a role as an approach or avoidance factor in college students' help-seeking attitudes and behavior" (Sharkin, Plageman, & Coulter, 2005, p.65). If a student perceives that their problems are more serious then their peers', then they are more likely to seek counseling.

"This suggests that students who seek counseling might be vulnerable to overestimating the level of mental health functioning of their peers who do not seek counseling, which could intensify any existing feelings of stigma associated with seeking professional help. Conversely, students who do not seek counseling may be vulnerable to underestimating the level of mental health functioning of their peers who do seek counseling, thereby reducing the likelihood of their seeking counseling for themselves if needed. That is, they may convince themselves that their problems are not serious enough for counseling" (Sharkin, Plageman, & Coulter, 2005, p.66).

According to Blacklock, Benson, Johnson, & Bloomberg (2003), some college students are unwilling to seek psychological help because of the perceived stigma associated with disclosure of mental health problems, but others claim that the lack of availability of mental health services keeps them from getting the help they need. Some counseling centers have limited hours resulting in long waits for appointments. At times of the year when students stress is high, clinic use is typically high as well, resulting in longer wait lists at a time when students need services most. Many counseling centers are only open during the day, even though the student often has classes or works during this time period.

According to Price and McNeill (1992), the degree of a student's cultural commitment has been identified as one variable that may determine attitudes towards counseling and therefore willingness to seek help. In a study of Native American College students, Price and McNeill (1992) found that those more strongly committed to tribal culture had more negative attitudes toward counseling. One of the solutions is to develop

counseling strategies for minority students at different stages of cultural-identity development. For example, some African American students and some Hispanic students may be highly acculturated to the mainstream culture and may not hesitate to use counseling services. But ethnically committed students may find it impossible to work with a "traditional" white counselor. An understanding of racial and ethnic development, especially for traditional-age college students in the midst of rapid development, is probably a crucial aspect of multicultural understanding (Helms, 1900). Leong, Wagner, and Tata (1995) highlighted that the help-seeking attitudes of racial and ethnic minority individuals in the United States are connected to the sociopolitical reality that most minority individuals encounter in this country. That is, racial and ethnic minority help-seeking behavior is influenced by factors such as racism, discrimination, social class, and a bias toward individualistic orientation. Brinson and Kottler (1995) suggested that the under-utilization of counseling centers' mental health services by racial and ethnic minority students is influenced by two factors. The first factor according to Brinson and Kottler (1995), is the incongruence between the dominant and minority worldviews toward the definition of mental health. The second factor (1995) is the impact of minority individuals' ethnic identity development on their help-seeking behaviors.

Once college counselors and college counseling centers understand what the perceptions and characteristics are of both help-seeking students and non-help-seeking students, they can develop certain outreach programs that will be more useful and effective to these particular students.

Goals and Objectives of Proposed Study

The student researcher plans to distribute a survey to all of the students who are living in the Residence Halls at a two-year community college. The purpose of this survey is to determine whether or not residential life students are seeking counseling services when they feel they are experiencing mental health issues or concerns and if the student feels that these concerns are being met by the counseling center. It will be designed to raise awareness and promote the counseling center and the services that it provides. The survey will also provide the counseling center with information about the services that the students prefer and actually use. This research is significant because it will help the counseling center gain a better understanding of the students' counseling needs and wants.

Method

Setting

The study was implemented at a large, northeastern, New York Community College. In 2006-2007, enrollment consisted of approximately 37,000 students. The breakdown of enrollment consisted of 55% female students and 45% male students.

Figure 1 - Gender Distribution (All Students)

45%   55%

□ Female ■ Male
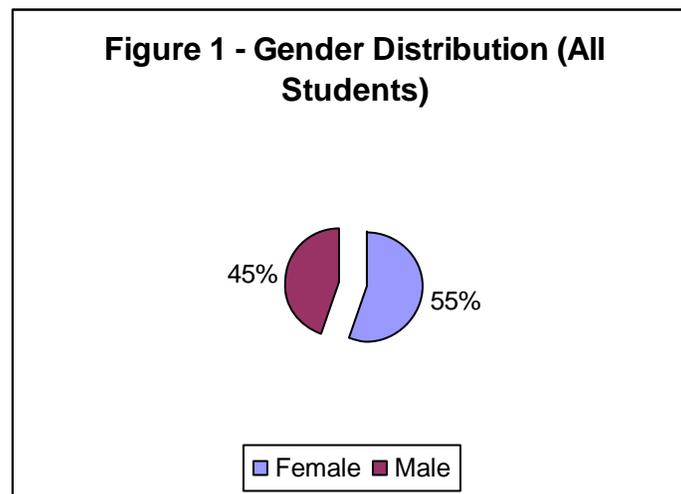
Twenty-six percent of student enrollment consisted of minority students. The ethnic distribution of all students consisted of 74% Caucasian, 15.9% African America, 5.5% Hispanic, 3.4% Asian, 0.7% Native American, and 0.2% other ethnicity.

Figure 2 - Ethnic Identity (All Students)
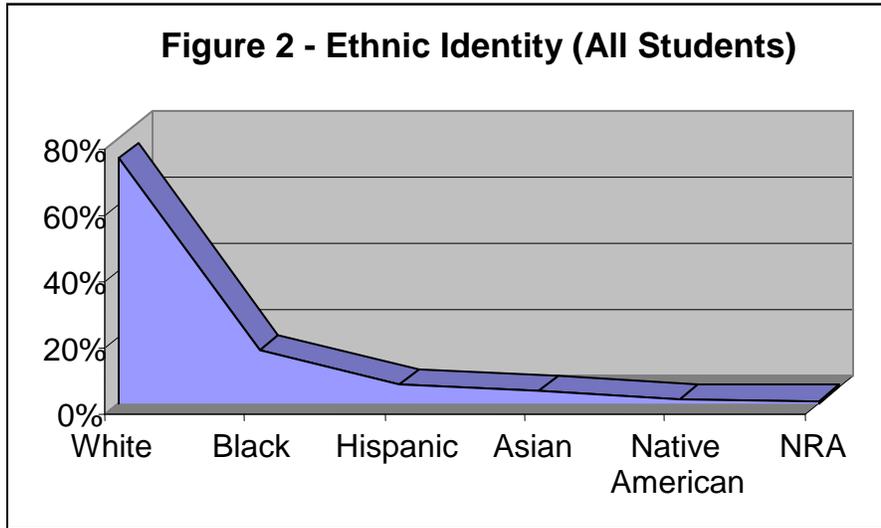
The age distribution in 2006-2007 of all students consisted of 35.4% under the age of 20, 32.0% between the ages of 20-24, 10.4% between the ages of 25-29, 6.3% between the ages 30-34, 9.7% between the ages 35-44, 5.9% between the ages 45-59 and 0.3% 60 and over.

Figure 3 - Age Distribution (All Students)
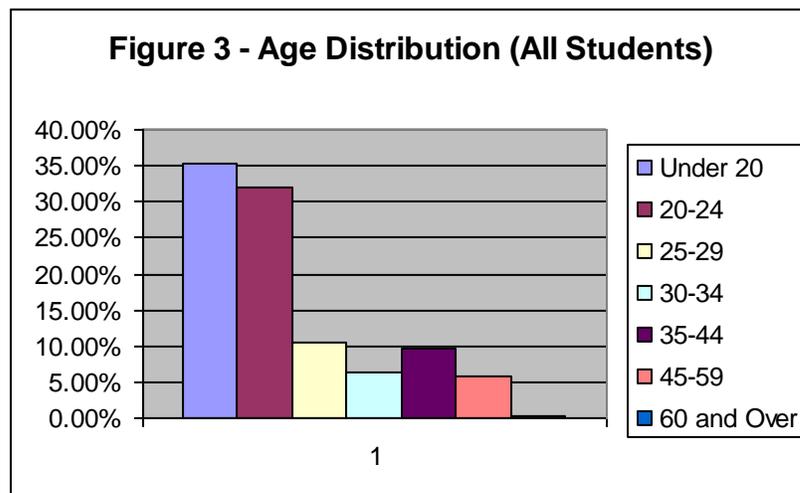
Participants

A survey created by the student researcher was distributed to the students living in the residence halls, approximately 406 students. The survey was composed utilizing questions from the counseling center student information form. The questions on the survey were multiple choice and students were given the option to check more than one answer or concern if applicable for each question (see appendix B for survey used). The survey was designed to ask questions pertaining to any mental health issues or concerns the residential life students were experiencing. A total of forty residence hall students participated in this survey. The gender distribution of respondents consisted of 60% females and 40% male students, which was correspondent with the college's demographic profile.

Figure 4 - Gender Distribution (Sample Size)

40%   60%   Female   Male
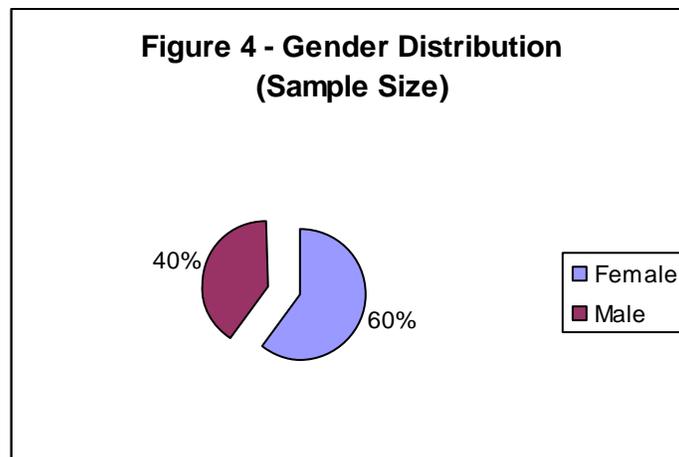
The ethnic distribution of the respondents consisted of 83% Caucasian students, 13% African American students, 4% Hispanic students, 0.0% Asian, 0.0% Native American, and 0.0% other ethnicity. This was also correspondent with the college's demographic profile.

Figure 5 - Ethnic Identity (Sample Size)
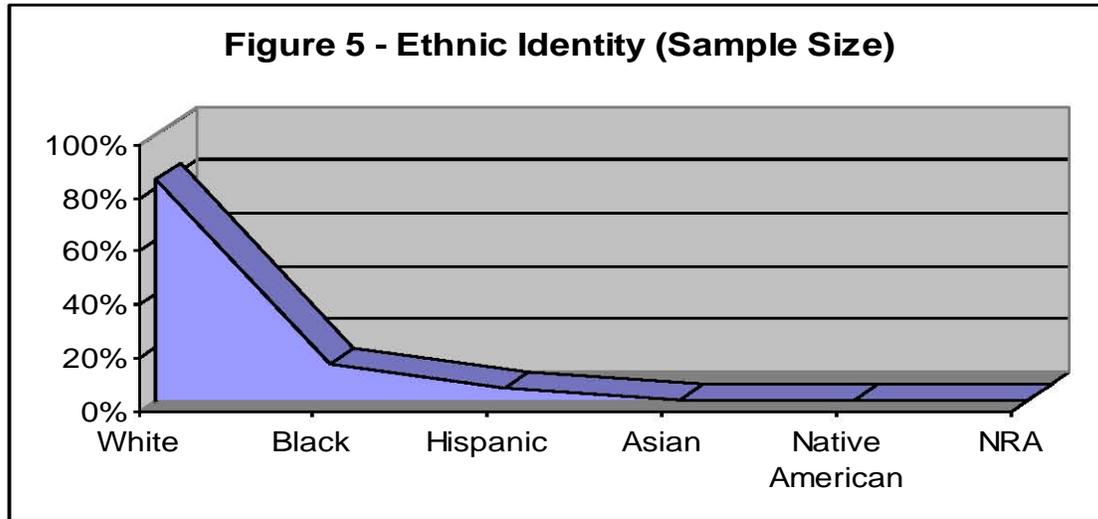
Procedure

The survey was distributed to all 406 students in January in the form of an anonymous on-line survey. Informed consent forms were also provided to the participants online prior to taking the survey. Involvement in this survey was voluntarily and no penalties would occur if they did not participate. In February, the student researcher received no responses from the students. After one month of not receiving any responses, the student researcher went to the Residence Halls and distributed the surveys to the students by hand. The students were asked to complete the survey. Those students who were interested were asked to return the completed survey to the counseling center. Again, it was made clear to them that participation was voluntarily and no penalties would occur if they did not complete the survey. The results of this survey will be analyzed in this research project. Students were provided with information for seeking help at the end of the survey. No identifying information was gathered for any individual.

Results

Gender

The first question on this survey was to identify gender distribution. The results

of this question show that there were more female respondents (60%) than male
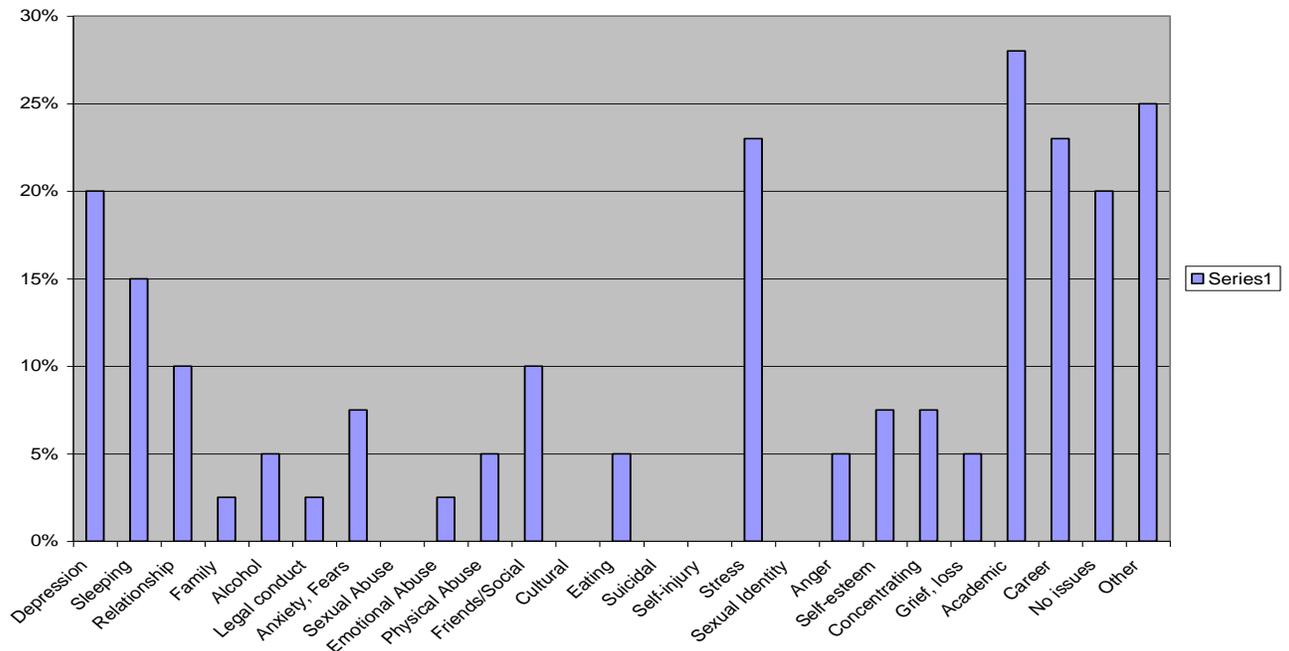
respondents (40%).

Ethnic Identity

Question two on the survey was to identify the ethnic distribution of the

respondents. Out of the 40 respondents, 83% reported being Caucasian, 13% reported

being African American, 4% reported being Hispanic, 0% reported being Asian and 0%

reported being Native American.

Current Student Concerns

Question three of the survey was "Below is a list of issues or concerns for which

people frequently seek counseling. Please review the list and check those that are current

concerns for you." The respondents reported a variety of concerns and issues that they

are currently experiencing. 20% of students (n=8) reported experiencing

depression/sadness concerns. 15% of students (n=6) reported currently experiencing

sleeping concerns. 10% of students (n=4) reported experiencing intimacy/relationship

concerns. 2.5% of students (n=1) reported experiencing family concerns. 5% of students

(n=2) reported experiencing alcohol/drug concerns. 2.5% of students (n=1) reported

legal/conduct concerns. 7.5% of students (n=3) reported experiencing anxiety, fears,

nervousness. 0% of students (n=0) reported experiencing sexual abuse. 2.5% of students

(n=1) reported experiencing emotional abuse. 5% of students (n=2) reported

experiencing physical abuse. 10% of students (n=4) reported experiencing friends/social

adjustment concerns. 0% of students (n=0) reported experiencing cultural adjustment.

5% of students (n=2) reported experiencing eating concerns. 0% of students (n=0)

reported experiencing suicidal thoughts. 0% of students (n=0) reported experiencing self-

injury. 22.5% of students (n=9) reported experiencing stress, tension concerns. 0% of

students (n=0) reported experiencing sexual identity concerns. 5% of students (n=2)

reported experiencing anger, irritability concerns. 7.5% of students (n=3) reported

experiencing low self-esteem concerns. 7.5% of students (n=3) reported experiencing

trouble concentrating concerns. 5% of students (n=2) reported experiencing grief, loss

concerns. 27.5% of students (n=11) reported experiencing academic issues and concerns.

22.5% of students (n=9) reported experiencing career choice concerns. 20% of students

(n=8) reported experiencing no issues or concerns and 2.5% of students (n=1) reported

experiencing other concerns.



Figure 6 - Current Student Concerns

Students Who Are Receiving Counseling

Question four on the survey was "Are you currently receiving counseling at the counseling center?" Out of the 40 respondents, n=1 student reported currently receiving counseling, n=37 students reported not currently receiving counseling, and n=2 of students did not answer this question.


Figure 7 - Students Who Are Currently Receiving Counseling
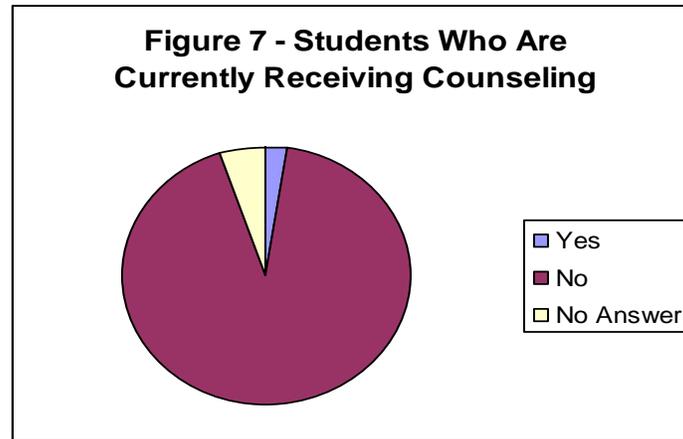
Students Who Are Not Receiving Counseling

Question five on the survey was "Since you selected no, please check the reason(s) why you have not sought out counseling at the counseling center?", with the choices for a response being: (a) I was not aware of the counseling center, (b) the location of the counseling center is not conveniently placed, (c) I could not get an appointment, (d) I felt uncomfortable about going to the counseling center, or (e) other. Out of the 37 respondents that answered this question, n=11 reported not being aware of the counseling center, n=4 reported the location of the counseling center was not conveniently placed, n=0 reported that they could not get an appointment, n=1 reported feeling uncomfortable about going to the counseling center, and n=21 reported other reasons, but did not provided a statement.

Figure 8 - Reason(s) For Not Currently Receiving Counseling
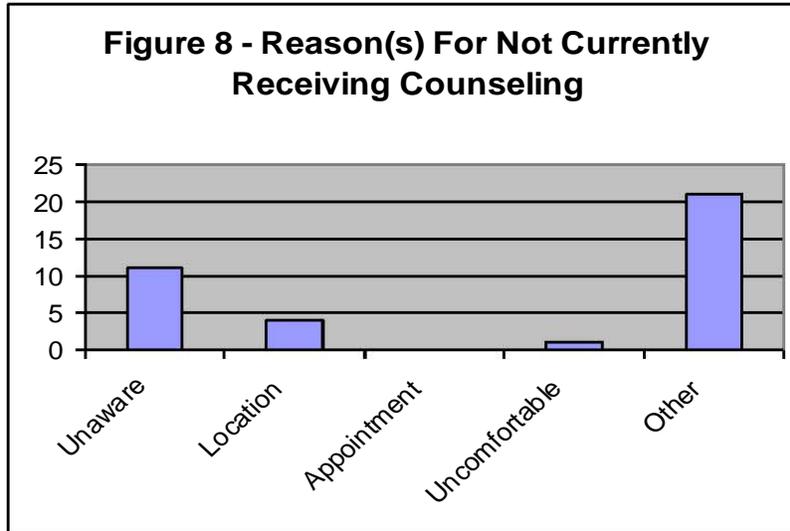
Location of Counseling Center

Question 6 on the survey was "If you checked that the location of the counseling center is not conveniently placed, would the Residence Halls be a more convenient place for you?", with the choices of responses being: (a) yes, (b) no, (c) n/a, and (d) other. Out of the 27 respondents who answered this question, n=14 reported that yes the residence halls would be a more convenient place for a counseling center, n=3 reported that no the residence halls would not be a more convenient place for a counseling center, n=8 reported not applicable, and n=2 reported other and provided suggestions which included "probably" and "campus center".

Figure 9 - Would the Residence Halls be a more convenient place to receive counseling?
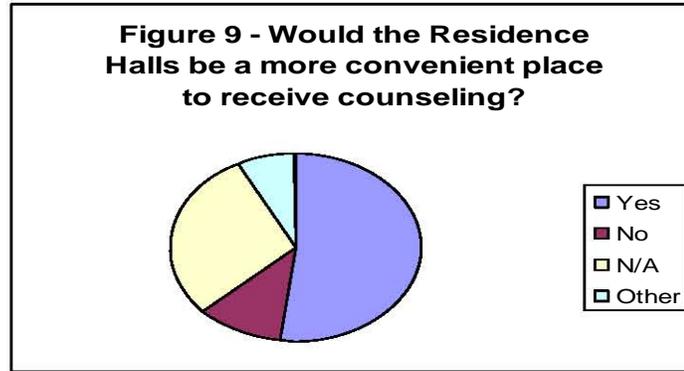
Uncomfortable With the Counseling Center

Question 7 on the survey was "If you checked feeling uncomfortable about going to the counseling center, what causes your discomfort?", with the choices of responses being: (a) unfamiliar with who the counselors are, (b) unfamiliar with what counseling is, (c) privacy/confidentiality concerns, (d) other. Out of the 9 respondents that answered this question, n=5 reported being unfamiliar with who the counselors are, n=0 reported being unfamiliar with what counseling is, n=2 reported privacy and confidentiality concerns, and n=2 reported other, but did not provide a statement.

Figure 10 - Reasons for Being Uncomfortable with the Counseling Center
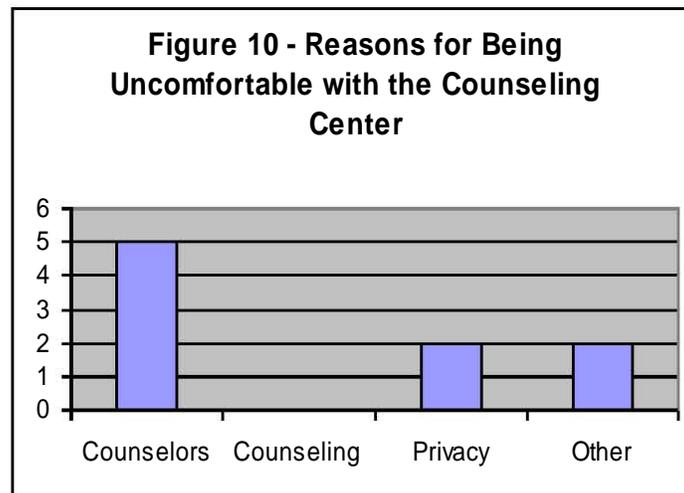
Counseling Center Services

Question 8 on the survey was "For those of you who are currently receiving counseling services, please check the following services that you are satisfied with", with choices of responses being: (a) individual/personal counseling, (b) career counseling, (c) the location of the counseling center, (d) the available hours of the counseling center, (e) other. Out of the one respondent who was currently receiving counseling at the counseling center, the student reported being satisfied with both individual/personal counseling and career counseling.

Question 9 on the survey was "Please check which of the following services(s) you would more likely utilize if available to you", with choices of responses being: (a) counseling services located in the Residence halls, (b) extended evening hours, (c) weekend hours, (d) counselor-in-residence (an on-call counselor in the Residence Hall), (e) other. Out of the one respondent who was currently receiving counseling at the counseling center, the student reported that she/he would more likely utilize extended evening hours.

Discussion

The findings of this study add to the body of knowledge that is available on today's college students and their mental health needs. Much of the current research on today's college students focuses on how dramatically the "typical" college student has changed in the last few decades as well as their mental health needs. Specifically, Cooper (2000) states three major trends: (a) a more diverse student body; (b) a significant increase in the severity of emotional, behavioral, and characterological concerns of college students; and (c) a reduction of institutional resources supporting mental health

services. As evidenced in the review of literature in earlier sections of this study, today's college students and their mental health needs are requiring a change in the way college campuses address both the students and their mental health needs.

This study focused on college students and their current mental health concerns. According to responses to question one and two on the survey, the demographics of the students who participated in the study were generally correspondent to the demographics of their college. There were slightly more females than males and the majority of students were Caucasian. Given this demographic distribution, the results certainly can be discussed as representation of the college in which the study occurred. It would be difficult to generalize these findings to other college campuses because of different gender and ethnic distributions. For example, many campuses may have a larger number of students with a particular ethnic identity depending on its location. This is not to say conclusions can not be generalized, but rather they should be carefully done while noting demographic differences.

The third question on the survey asked students to identify their current concerns. The results were very informative. Significant concerns were expressed by many students. Only 20% reported experiencing no issues or concerns, meaning 80% of students reported experiencing current concerns. These concerns varied from student to student. Over one quarter of the students reported academic concerns. Kitzrow (2003) found that high levels of psychological distress among college students were significantly related to academic performance. Students with higher levels of psychological distress were characterized by higher test anxiety, lower academic self-efficacy, and less effective time management and use of study resources. Given that these students are in an

academic setting, this is a significant concern. This is closely related to the near 25% who expressed concerns about career. Twenty percent or more students expressed concerns about stress or depression. This is a significant number, even without knowing the level or severity of the findings. The numerous stresses of college life, including academic stress, meeting new people, living away from home, experiencing life as an adult, and others, present exactly the kinds of stresses that could trigger psychiatric symptoms in a vulnerable individual (Mowbray, 2006).

Many other concerns were also noted by students. Fifteen percent reported sleep problems; ten percent reported relationship problems or social problems. Five to seven percent reported problems with fears, alcohol, physical abuse, eating, anger, self-esteem, concentrating, and grief.

Also one quarter of the students reported concerns in the "other" category. It is hard to know what these concerns were, but given the comprehensiveness of choices, it was surprising to see the "other" category used as much as it was. Future surveys would do well in asking the students to spell out their "other" concerns.

Question number three showed that many students had concerns that they were willing to clearly acknowledge on a survey. It certainly is possible that these "identified" concerns under represent the true number of concerns since some students were probably not willing to share personal information. A future survey could ask a question regarding if students expressed all of their concerns on this survey.

The responses to question number four strongly suggest that there is a discrepancy between students with concerns and students seeking help on college campuses. While 80% of students said they did have concerns in response to question number three, the

response to question number four showed that only one person was currently receiving counseling at the campus counseling center. Although, some students may be receiving help from an off-campus therapist or from trusted family members, pastors or teachers, this number is still very low. Nevertheless, through the given concerns expressed, to only have one person go to the counseling center seems like a problem.

The responses from question number four clearly suggest that we need to look more closely at how services are delivered at counseling centers. In this survey, students are expressing concerns, but they are not seeking help for them. Research shows that when students receive help for their psychological problems, counseling can have a positive impact on personal well-being, academic success, and retention (Kitzrow, 2003).

The responses to question number five clearly suggest that the primary reasons students do not seek help when experiencing concerns were that they are not aware of the existence of the counseling center or its location. This suggests that half of the students who experience concerns are not getting the help they need because they are either unaware that there is a counseling center on campus and/or where it is located.

Question number six on the survey asks the students who thought that the location of the counseling center was not conveniently placed for seeking counseling, if the residence halls would be a more convenient place. Out of the 27 respondents who answered this question, 14 of them responded that, yes, the residence halls would be a more convenient place for them to participate in counseling. Information about on-campus mental health services should be maximally accessible to all students in terms of their physical location and their function and procedures (Blacklock, 2003).

Question number seven on the survey asks the students who responded to feeling uncomfortable with the counseling center, what was the cause of their discomfort. The responses to this question was being unfamiliar with who the counselors are and concerns regarding privacy and confidentiality.

From the information that the students provided on the survey, the overall results state that students are unfamiliar with how to seek counseling, where counseling is provided, and who provides counseling.

Limitations of Study

There were several limitations to this study. First, the initial phase of the study was limited due to the length of time allowed to gather data. Second, once the survey was administered, it was obvious that additional critical questions could have been asked, such as age and whether or not students are currently seeking counseling in the community. Third, the overall structure and layout of the survey could have been developed differently. The layout of the survey caused some confusion among the students who participated. Based on certain answers, students were asked to either skip a certain question or to continue on to the next section, but the results of the survey showed that a handful of students answered certain questions that they were technically not suppose to. Nonetheless the questions that they answered still provided information regarding their counseling needs. Fourth, the way the survey was distributed to the students may have impacted responses. It was initially distributed on-line through every student's personal e-mail address, but after a month of no responses, the student researcher distributed the surveys in the residence halls in person, which may or may not have impacted the results of the survey. Students may have felt pressured to fill out the

survey right then and there. They also might have felt uncomfortable about some of the content on the survey and did not disclose fully some of their mental health concerns due to confidentially concerns.

Implications for Counseling

More college and universities are seeing the changing demographics of their student population and, as the mental health needs of today's college students increase, counseling centers have to adjust in order to adequately service these populations. From diversifying the staff serving these students to interactive workshops on the needs of diverse groups, colleges have to begin paying more attention to the mental health needs of the students they serve.

Today's college students need to become more aware of the services that campus counseling centers provide. Students themselves may not be aware of the available mental health resources on campus or may be reluctant to use them, so it is important for colleges to conduct ongoing education, outreach, and advertising campaigns to inform them about mental health issues and encourage them to use the services available to them (Kitzrow, 2003). As counseling centers attempt to use traditional methods of service delivery with an increasingly complex student population, most of their attention and resources are drawn to the most serious cases and troubled individuals (Rawls, Johnson, Bartels, 2004). As a result, many counseling centers are shifting their focus toward an exclusive mental health perspective, becoming more like an outpatient treatment unit conveniently located on a college campus. Rawls, Johnson, Bartels (2004) state that in order to overcome this trend and maintain a strong focus on prevention efforts, several universities have developed Counselor-in-Residence (CIR) programs. These programs

have placed representatives of the counseling center (usually graduate students) in residence halls, creating, in essence, satellite counseling center offices.

Conclusion

The need for counseling centers has never been greater. Counseling centers on college and university campuses will continue to play an important role in supporting the mission of higher education institutions by providing counseling for students who are experiencing problems and assisting them in achieving their educational and personal goals (Kitzrow, 2003). In order for campus counseling centers to fulfill this role they need to be conveniently located, their counselors need to become more integrated within the campus community, and they need to provided students with information on how and when to seek counseling.

During the course of this study, the tragedy at Virginia Tech occurred. Seung-Hui Cho, a student living on-campus at Virginia Tech, went on a campus rampage and shot and killed 32 fellow students and then himself. Cho had a history of mental illness; he exhibited many disturbing behaviors that were clearly indicative of his mental illness. Although he had been identified and referred for help, he somehow became lost within the bureaucratic systems both on and off-campus.

What we can learn from this tragedy, is what the emphasis of this paper has been, which is that it is critically important to try to meet the mental health needs of students on college campuses. Perhaps this study is a step toward trying to not only understand, but to effectively address those needs.

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Appendix A

Statement of Informed Consent

The purpose of this research project is to determine whether or not Monroe Community College residential life students are seeking counseling services when they feel they are experiencing mental health issues or concerns.

The research project is also being conducted in order for me to complete my master's thesis/project for the Department of Counselor Education at the State University of New York College at Brockport.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below your completion of the survey signifies your consent. You may change your mind at any time and leave the study without penalty, even after the study has begun.

I understand that:
1. My participation is voluntary and I have the right to refuse to answer any questions or to withdraw from the study at any point in this without penalty.
2. My confidentiality is guaranteed. My name will not be written on the information provided. There will be no way to connect me with my information. If any publication results from this research, I would not be identified by name.
3. There are no anticipated risks or benefits because of my participation in this project.
4. My participation involves collecting data from surveys given to both the students in the residence halls and the residential staff.
5. The results of the survey will be used for the completion of a master's thesis/project by the primary researcher.
6. Data will be destroyed by shredding and deleting when the research has been completed.

Please check the box if applicable:
☐   I am 18 years of age or older. I have read and understand the above statements. All of my questions about my participation in this study have been answered to my satisfaction. I agree to participate in this study and by returning/completing the survey indicates my consent to participate.

If you have any questions you may contact:

Primary Researcher
Mackenzie B. Neilans
(585) 697-4329

<u>Faculty Advisors</u>
Dr. Ann White
MCC Counseling and Advising Office
(585) 292-2260

Appendix B

<u>Student Survey</u>

1. Please check one:

    ☐ Male
    ☐ Female

2. Please check one:

    ☐ American Indian / Alaskan Native
    ☐ Asian
    ☐ Black, not of Hispanic Origin
    ☐ Hispanic / Latino
    ☐ Native Hawaiian / Pacific Islander
    ☐ White, not of Hispanic Origin

3. Below is a list of issues or concerns for which people frequently seek counseling. Please review the list and check those that are current concerns for you.

☐ Depression/sadness
☐ Sleeping concerns   ☐ Suicidal thoughts
☐ Intimacy/relationship concerns   ☐ Self injury
☐ Family concerns   ☐ Stress, tension
☐ Alcohol/drug concerns   ☐ Sexual identity
☐ Legal/conduct concerns   ☐ Anger, irritability
☐ Anxiety, fears, nervousness   ☐ Low self-esteem
☐ Sexual abuse   ☐ Trouble concentrating
☐ Emotional abuse   ☐ Grief, loss
☐ Physical abuse   ☐ Academic issues
☐ Friends/social adjustment   ☐ Career choice
☐ Cultural adjustment   ☐ No issues or concerns
☐ Eating concerns   ☐ Other (describe)_____

If you have checked any of these concerns please continue on with this survey

4. Are you currently receiving counseling at the MCC Counseling Center?

    ☐   Yes
            If yes, please go to Part B.
    ☐   No
            If no, please continue

5. Since you selected no, please check the reason(s) why you have not sought out counseling at the MCC Counseling Center?

☐   I was not aware of the MCC Counseling Center
☐   The location of the counseling center is not conveniently placed
☐   I could not get an appointment
☐   I felt uncomfortable about going to the counseling center
☐   Other _____

6. If you checked that the location of the counseling center is not conveniently placed, would the Residence Halls be a more convenient place for you?

☐   Yes
☐   No
☐   N/A
☐   Other   _____

7. If you checked feeling uncomfortable about going to the counseling center, what causes your discomfort?

☐   Unfamiliar with who the counselors are.
☐   Unfamiliar with what counseling is.
☐   Privacy/Confidentiality concerns.
☐   Other _____

Part B

8. For those of you who are currently receiving counseling services, please check the following services that you are satisfied with:

☐   Individual/Personal Counseling
☐   Career Counseling
☐   The location of the Counseling Center
☐   The available hours of the Counseling Center
☐   Other _____

9. Please check which of the following service(s) you would more likely utilize if available to you:

☐   Counseling services located in the Residence Halls
☐   Extended Evening Hours
☐   Weekend Hours
☐   Counselor-in-Residence (an on-call counselor for the Residence Halls)
☐   Informational Workshops located in the Residence Halls

☐   Other _____

Please use the space below for any comments that you might have:

_____
_____
_____
_____

*If you feel that you need or want any type of counseling services, please contact the Monroe Community College Counseling and Advising Center at 585-292-2030.