Campus-Based Practices for Promoting Student Success: Counseling Services

Research Brief
February 2016

**Midwestern
Higher Education
Compact**

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Summary

The purpose of this research brief is to provide an overview of mental health issues and counseling services on college campuses. The findings from several national surveys are reviewed to estimate the prevalence of anxiety and depression, suicide and suicidal ideation, and violence among college students. Common prevention and treatment programs are then described with particular attention to innovative campus-wide programs. Student outcomes research is examined to determine whether receiving counseling services is associated with academic performance and the likelihood of graduation. The brief concludes with a set of recommended practices to improve the effectiveness of counseling services on campus.

Prevalence of Mental Health Issues among College Students

- Anxiety affects 38% to 55% of the student body.
- Depression affects an estimated 12% to 33% of students per year.
- Suicidal ideation among college students increased from a low of 24% in 2010-11 to 31% in 2013-14.
- Suicide is the second leading cause of death among college students after vehicular and other accidents with prevalence rates estimated to be 6.5 to 7.5 per 100,000 students.
- Violent acts (e.g., shootings, rape, assaults) occur at a rate of 56.4 per 100,000 students.
- Attempted or completed sexual assault affects approximately 19% of undergraduate women (nearly 1 in 5).

Provision of Counseling Services

- Only 8% of two-year colleges had psychiatric services available to students on campus as compared to 58% of four year institutions.
- 19% of counselors at two-year colleges did not offer mental health services on campus.
- 58% of counselors at two-year colleges continue to be required to provide academic advising and registration services.
- At four-year institutions, an average of 61% of staff time was allocated to direct counseling services and an average of 22% of staff time was used for training, supervision, consultation, and outreach.
- The majority of treatment programs have focused on depression, anxiety, suicide prevention, and violence prevention.

Utilization of Counseling Services and Relation to Student Success

- The percentage of students seeking counseling services has remained constant at an average of 10% to 15% of the student population over the last 7 years.

- Students who receive counseling relative to comparison groups report higher self-rated academic, social, and emotional adjustment.

- Students who receive counseling services are more likely to persist or graduate within six years than those who do not.

Recommended Practices

Basic Functions

- Maintain counseling services as an "in-house" service and provide adequate financial and administrative support for counseling center treatment and prevention programs (e.g., suicide prevention), psychoeducational events (e.g., stress reduction), faculty and staff training, and program evaluation (Brunner et al., 2014; Drum & Denmark, 2012).

- Clearly delineate the duties of academic and career advising from counseling and psychological services (Bundy & Benshoff, 2000; Reetz et al., 2014).

- Establish a strong outreach function in the counseling services center to educate students, staff, faculty, and parents about the early symptoms of mental illness, availability of relevant campus resources, and issues regarding client confidentiality (Mowbray et al., 2006).

- Build reliable partnerships and referral systems with off-campus service providers who can attend to students whose treatment needs exceed campus resources. Counseling center staff should be charged with ensuring that students referred for services outside of the counseling center are successful in connecting with a mental health provider (Mowbray et al., 2006).

- Allow the counseling center to be administratively autonomous to avoid using scarce resources to respond to campus requests for confidential student information. Many state and federal laws as well as ethical codes require or mandate the confidentiality of student information obtained through counseling services (IACS, 2014; Sokolow et al., 2009).

Staffing

- Ensure the counseling center is properly staffed with a ratio of at least 1 mental health professional staff member per 1,000 to 1,500 students (International Association of Counseling

Services (IACS), 2014; Hardy et al., 2011; Mowbray et al., 2006).

- Provide for and require continuing education for all professional staff to ensure the use of current evidence-based therapies (Joffe, 2008; Lee, 2005). Continuing education should also be used to improve the ability of support staff to direct students to appropriate resources (Mowbray et al., 2006).

Programmatic Considerations

- Ensure that the campus crisis prevention and response system (a) allows students with urgent care needs to make counseling appointments within 24 hours; (b) notifies parents of a crisis with prior informed consent or facilitates notification by the student; (c) establishes a protocol for using campus security; and (d) contains a plan for debriefing students, faculty, and staff after an incident (Mowbray et al., 2006).

- Enhance the cost-effectiveness of counseling services by utilizing self-help resources whenever supported by empirical research (Mowbray et al., 2006). Self-help resources without therapist contact may require periodic usage prompts (Clarke et al., 2005).

- Facilitate continuity of care through a seamless referral system that coordinates counseling services, campus health services, and disability services (Mowbray et al., 2006).

- Current and prospective student clients should participate in program development and evaluation processes to improve the utilization of counseling services (Mowbray et al., 2006).

Accessibility

- The counseling services center should be centrally located on campus while ensuring that the public cannot discern which students are clients. Students should be able schedule appointments during normal business hours as well as during evenings and weekends (Mowbray et al., 2006).

- Implement a "no wrong door" policy that provides multiple pathways for students to request mental health services beyond the counseling services center, including the disability services center, residential halls, and the campus medical clinic (Mowbray et al., 2006).

College Counseling and Student Success

Counseling has been defined as "…a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, educational, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 368). College counseling in particular involves both long- and short-term counseling; consultation with faculty and staff; working with interns in the counseling center; crisis and emergency services; and more (Brunner, Wallace, Reymann, Sellers, & McCabe, 2014; Francis, 2011; Hodges, 2001; Sharkin, 2012). While the vast majority of students traverse the developmental period of entering and graduating from college without a serious problem, a substantial number are seeking counseling services for various mental health issues, ranging from difficulty concentrating to suicidal ideation (Iarovici, 2014; Lippincott & Lippincott, 2007). A recent national survey indicated that 16% of college students sought counseling services after starting college (Center for Collegiate Mental Health, 2016). In addition, Bundy and Benshoff (2000) found that over 70% of community college students stated that access to personal counseling would be helpful for them. Counseling services are thus in high demand. Left untreated, mental health issues can impact college retention and time to degree (Beiter et al., 2015) as well as increase the likelihood of suicide (Yozwiak, Lentzsch-Parcells, & Zapolski, 2012) or violence against others (Van Brunt, 2012).

The purpose of this research brief is to provide an overview of mental health issues and counseling services on college campuses. First, the findings from several national surveys are reviewed to estimate the prevalence of anxiety and depression, suicide and suicidal ideation, and violence among college students. Second, common prevention and treatment programs are described with particular attention to innovative campus-wide programs. Finally, student outcomes research is examined to determine whether receiving counseling services is associated with academic performance and the likelihood of graduation.

Mental Health Issues of the Student Body

Attending college as a traditional student (18-25 years of age) represents a developmental milestone in the lives of young people. This is also a time when many mental health concerns develop due to various reasons from biology to lifestyle (Beiter et al., 2015; Iarovici, 2014; Kessler et al., 2007; Lippincott & Lippincott, 2007). This section examines the prevalence of mental health issues, anxiety and depression, suicide and suicidal ideation, and violence on campus.

Prevalence of Mental Health Issues

The increasing complexity of mental health problems and the greater utilization of counseling services within the college population has been well documented for the last decade (American College Counseling Association (ACCA), 2014; American College Health Association (ACHA), 2014; Benton et al., 2003; Bundy & Benshoff, 2000; Center for Collegiate Mental Health, (CCMH), 2015; Gallagher, 2014; Hardy et al., 2011; Hunt et al., 2012; Kay & Schwartz, 2010; Reetz et al., 2014; Watkins et al., 2012). Results from the Higher Education Research Institute's Freshman Survey revealed that just over 50% of students rated themselves at "above average" or "highest 10%" for emotional health in 2014. This is the lowest percentage of students selecting these ratings since the administration of the Freshman Survey began in 1966. Additionally, 10% of freshman students surveyed frequently felt depressed, a 3.4% increase over those surveyed in 2013 (Eagan et al., 2014).

The percentage of students seeking counseling services has remained constant at an average of 10% to 15% of the student population over the last 7 years (Rando et al., 2007; Reetz et al., 2014). However, the perception of the severity and complexity of the presenting issues has risen (Bishop, 2006; Hardy et al., 2011; Hunt & Eisenberg, 2010) as has the number arriving with psychotropic medications (Carter & Winseman, 2003). Francis (2015) reviewed 10 years (2004 – 2014) of data from the Gallagher College Counseling Center Survey and found that the percentage of students receiving counseling who already had been prescribed psychotropic medication had risen from a low of 23% in 2007 to a new high of 26% in 2014. Indeed, the rise of mental health problems on campus has been primarily attributed to improvements in the effectiveness of treatment during adolescence, which have permitted more students with mental illness to attend college (Hunt & Eisenberg, 2010; see also Kitzrow, 2003).

Anxiety and Depression

Depression and anxiety are two of the most common mental health issues on a college campus. Anxiety has surpassed depression as the primary issue faced by college students, affecting 38% to 55% of students (Beiter et al., 2015; CCMH, 2015; Reetz et al., 2014). The high prevalence of anxiety has been attributed to issues such as "academic performance, pressure to succeed, post-graduate plans, financial concerns, quality of sleep, relationship with friends, relationship with family, overall health, body image, and self-esteem" (Beiter et al, 2015, p. 93). Yet, depression continues to be a

serious issue on college campuses, affecting an estimated 12% to 33% of students per year (ACHA, 2014; Chung et al., 2011; Lee, 2005; Nilsson et al., 2004). A large national survey (n = 79,266) revealed that in the last 30 days many students felt things were hopeless (7%); overwhelmed with all they had to do (16%); very lonely (11%); very sad (11%); so depressed it was difficult to function (5%); and overwhelming anxiety (9%) (ACHA, 2014). These symptoms are also considered risk factors for suicide, particularly when combined in clusters or with other risk factors (e.g., borderline personality disorder). The consequences of untreated depression and anxiety include poor academic performance, difficulty concentrating, sleep disturbance, low self-esteem, mood dysregulation, and relationship problems (Baez, 2005).

Related to anxiety and depression is the increased prevalence of non-suicidal self-injury (CCMH, 2015; Whitlock et al., 2011; Wilcox et al., 2012). Whitlock et al. (2011) found from a large sample of college students (n = 14,372) that 15% had participated in some form of non-suicidal self-injury over their lifetime (e.g., banged, punched, or cut self). The function of this behavior was to either regulate or control negative emotions; induce self-punishment or physiological stimulation; solicit a social response; or relieve an overwhelming urge.

Suicide and Suicidal Ideation

Suicide and suicidal ideation continue to challenge the resources of college counseling centers with the level of suicidal ideation among college students increasing from a low of 24% in 2010-11 to 31% in 2013-14 (CCMH, 2015; Taub & Thompson, 2013). Suicide is the second leading cause of death among college students after vehicular and other accidents (Taub & Thompson, 2013; Turner et al., 2013) with prevalence rates estimated to be 6.5 to 7.5 per 100,000 students. In contrast, among the same age group of people who are not enrolled in college, the suicide rate is estimated to be 11.0 per 100,000 (Keyes, 2013). This suggests that college attendance provides a preventative effect against suicide. In addition to the impact on family and friends, an attempted or completed suicide can have devastating effects on the college community due to the proximity of living conditions in residence halls and apartment complexes (Keyes, 2013).

Violence

Violent acts against students have occurred for decades (Davenport, 2009; Hart & Miethe, 2011). But it was not until the Virginia Tech mass shooting and subsequent news stories that college

counselors became more intentionally involved in the assessment of violent intent of students who could be potential perpetrators (Van Brunt, 2012). Violent acts (e.g., shootings, rape, assaults) occur at a rate of 56.4 per 100,000 students according to the 1995-2005 National Crime Victimization Survey (Hart & Miethe, 2011). Moreover, national survey results have shown that many students report having experienced violence in the last 12 months, including being involved in a physical fight (5%); experiencing a physical assault (4%); and experiencing a verbal threat of violence (17%) (ACHA, 2014). Approximately 19% of undergraduate women have experienced an attempted or completed sexual assault while in college (Krebs et al., 2004). Counseling center staff are thus increasingly being asked to assess students for risk of violence as more students arrive on campus with serious social and emotional issues (Davenport, 2009; Joffe, 2008; Van Brunt, 2012).

College Counseling Services

The type and scope of services provided is dependent upon the structure of the student affairs division of the institution; campus culture and history of use of counseling; the type of institution (e.g., two-year, four-year); budget and resources; and staff size and training (Francis, 2011; Sharkin, 2012). Counselors at community and technical colleges generally have the broadest responsibilities that include admissions, academic advising and registration, testing, teaching, consultation with faculty, career coaching and counseling, crisis and intervention, psychoeducational programming, mental health evaluation, referrals for long term services, and personal counseling (ACCA, 2014; Bishop, 2006; Bundy & Benshoff, 2000; Sharkin, 2012). In contrast, counseling services at four-year institutions can be considered more congruent with traditional mental health counseling and include personal counseling to all students; consultation services to faculty and staff; workshops focused on prevention and remediation; couples counseling; therapy and structured groups; and sexual assault prevention (Reetz et al., 2014).

In a survey of nearly 500 counseling center directors at four-year institutions, an average of 61% of staff time was allocated to direct counseling services, and an average of 22% of staff time was used for training, supervision, consultation, and outreach (Reetz et al., 2014). Conversely, the broader focus of counseling services at two-year institutions frequently decreases the amount of time spent providing direct and indirect mental health services (Reetz et al., 2014). The results from a national survey revealed that only 8% of two-year colleges had psychiatric services available to students on campus as compared to 58% of four year institutions (ACCA, 2014). Additionally, 19% of counselors

at two-year colleges did not offer mental health services on campus. Instead, of these 19% responding, 20% outsourced the mental health work; 22% immediately referred the student to off-campus resources; and 20% addressed problematic mental health issues through threat assessment or behavioral intervention teams. Forty-nine percent of counselors at two-year colleges noted that the severity of student mental health concerns has increased, but 58% continue to be required to provide academic advising and registration services (ACCA, 2014).

As a consequence of the increased prevalence of mental health issues among college students; the greater utilization of counseling services; and the lack of staffing to meet these needs, counseling centers are either referring students with more serious issues to outside providers or are placing students on waitlists for services (Brunner et al., 2014; Hardy et al., 2011; Mowbray et al., 2006; Owen et al., 2007). The effectiveness of outsourcing counseling services, though, remains questionable. Owen et al. (2007) found that 42% of students referred for services outside of the counseling center were unsuccessful in connecting with a mental health provider. Additionally, students of color had lower rates (43%) of successful referrals than Caucasian students (58%). One counseling center using a triage system to assist students with more severe issues sooner found greater attendance rates, higher client satisfaction, and an increase in the availability of initial and crisis sessions, but the system did not eliminate the waitlist for services. Researchers concluded that increasing the number of providers was still necessary but impossible given the budgetary constraints of the institution (Hardy et al., 2011).

Common Treatment Programs

Several programs have been developed in college counseling with varying degrees of effectiveness. The majority of programs have focused on anxiety and depression (Baez, 2005; Beiter et al., 2015; Chung et al., 2011; Lee, 2005; Minami et al., 2009; Reynolds et al., 2011) and suicide intervention and prevention (Drum & Denmark, 2012; Gould et al., 2003; Haas et al., 2008; Joffe, 2008; Keyes, 2013; Wilcox et al., 2010). An emerging area of study is the role of the college counselor on behavior intervention teams (Eells & Rockland-Miller, 2011; Rockland-Miller & Eells, 2008; Sokolow et al., 2009; Van Brunt, 2012; Van Brunt et al., 2015).

Anxiety and depression. Multiple standard treatments for anxiety and depression are provided across college campuses that follow best practices in the medical and mental health fields, such as

cognitive behavioral therapy, group counseling, and psychopharmacological interventions (Baez, 2005; Cuijpers et al., 2013; Olatunji et al., 2010). A critical strand of research on standard treatment models has focused on improving access to care (Chung et al., 2011; Marsh & Wilcoxon, 2015). Chung et al.'s (2011) Chronic (Collaborative) Care Model (CCM) enlisted the college's medical clinic to provide depression screening for all incoming students who sought healthcare services and might not otherwise consider services at the counseling center. Once screened and identified, students with depression were offered medication, evidence-based psychotherapy, or both. Results showed that of the 801 students identified with depressive symptoms, 86% completed a 12-week course of treatment. The close coordination of medical and counseling services appears to be a promising approach to enhancing access to treatment for depression and other mental health problems.

There are also innovative programs that use standard treatments in conjunction with the university community and its resources to increase the likelihood of student success, reduce the stigma of mental illness, and promote a campus environment conducive to psychological well-being (Field et al., 2006). For example, the Action for Depression Awareness, Prevention, and Treatment (ADAPT) program at Suffolk University and other institutions draws on the field of community psychology to conceptualize the problem of depression as part of the social context of the student in the university community. Bell et al. (2014) summarized ADAPT's programmatic features:

> The first phase of the ADAPT program included disseminating information about depression and suicide, providing educational sessions concerning how to prevent and treat depression, and instituting workshops to teach individuals how to talk with, and be helpful to at-risk students. Further efforts of the Counseling Center concentrated on creating and distributing brochures, dedicating a section of the website to information about ADAPT and depression, and collaborating with the Performing Arts department to develop and produce a short play that illustrated the story of one student's journey through depression. The play, which the Counseling Center developed in an educational video, is followed by discussion groups and relaxation techniques training for attendees. (p. 230)

Field et al.'s (2006) evaluation revealed that 98% of ADAPT participants rated the program's impact as good to excellent. Different stakeholders identified unique benefits of participation: increased confidence among resident advisors in helping depressed students; greater ability of

faculty to identify and refer students with suicidal ideation to university resources; and a better sense among students of ways to manage their own stress and well-being to help prevent or lessen the impact of depression.

Suicide prevention. College counseling centers enforce various policies and implement a variety of prevention programs (Drum & Denmark, 2012). The common elements in the majority of programs have included outreach and education; bystander training of students, faculty, and staff; specific training for residence hall staff; and new web-based applications that help students manage stress or connect with mental health staff (Asidao & Sevig, 2014; Drum & Denmark, 2012; Haas et al., 2003; Haas et al., 2008; Keyes, 2013; Taub et al., 2013). One such program has been in place for several years at the University of Illinois at Urbana-Champaign (Joffe, 2008). Any student who demonstrates suicidal ideation or behavior is automatically required to attend four sessions of mandated assessment provided by a Suicide Prevention Team. The prevention team focuses on assessing the student's plan and access to means for suicide; reconstructing the circumstances that incited suicidal thinking and behavior; recording the student's lifetime history of suicidal ideation; and reviewing the self-welfare policy of the university and consequences for failing to adhere to the policy. A suicidal threat of any level will trigger this campus response. As described by Joffe (2008):

> The same mandate applies to a student taking three Tylenol (with intent of dying), a student taking 100 Tylenol, or the student who buys 100 Tylenol for the purposes of killing himself or herself. No distinction is made between those who clearly want to die and those who appear to want to exercise leverage over another person….The program's philosophy is that anyone who has crossed the threshold is at increased risk for eventual suicide. (p. 91)

The University of Illinois at Urbana-Champaign utilizes an exemplary approach to tailoring a suicide prevention program with a variety of internal and external resources. However, little is known about the efficacy of such prevention programs. In his descriptive pre-post comparison, Joffe (2008) observed that the suicide rate at the University of Illinois at Urbana-Champaign was 45 percent lower during the first 21 years of program implementation (3.8 suicides per 100,000 students) relative to the prior 8-year period (6.9 suicides per 100,000). More generally, gatekeeper training that informs campus staff how to detect suicidal intent has been shown to improve knowledge and skills appropriate for intervention, but the effect on suicidal ideation and behavior has not yet been

examined (Gould et al., 2003; Taub et al., 2013; Tompkins & Witt, 2009).

Behavior intervention teams. Behavior Intervention Teams (BIT's) were largely created as a result of the shootings at Virginia Tech in 2007 and have evolved from threat assessment teams and crisis response teams to what they are today, a group of campus professionals who gather on a regular basis to identify students who are at risk or disruptive in some way on campus and then intervene with services before a serious problem arises (Sharkin, 2012). Ninety-two percent of BIT's have someone from the counseling center as a member, generally the counseling center director (Van Brunt et al., 2015). However, the role of the counseling staff on a BIT is limited due to the nature of confidentiality and privacy laws that will not allow the release of student information without written consent (Eells & Rockland-Miller, 2011). Exceptions are made in the case of serious and foreseeable harm to self or others such as potential suicide, violence, and homicide, as outlined in various state laws and professional codes of ethics (American Counseling Association, 2014; American Psychological Association, 2010). Nonetheless, a counselor's ability to provide information through the use of case studies, educational information, diagnostic impressions, and information about the tendencies of similar students of concern is valuable as the BIT crafts interventions for students (Van Brunt et al., 2015).

Impact on Student Success

Several evaluations of counseling services have focused on perceived academic distress, academic performance, persistence, and graduation. A number of studies have indicated that students who receive counseling relative to comparison groups report higher self-rated academic, social, and emotional adjustment (Choi et al., 2010; DeStefano et al., 2001; Lockard et al., 2012). Research on the effect of counseling services on academic performance, though, has yielded mixed results (Cholewa & Ramaswami, 2015; Illovsky, 1997; Lee et al., 2009). Most recently, Cholewa and Ramaswami (2015) found that exposure to counseling among underprepared freshmen was positively associated with fall grade point average.

Past research generally supports the notion that students who receive counseling services are more likely to persist or graduate within six years than those who do not (Kharas, 2014; Lee et al., 2009; Moss, 2015; Turner & Berry, 2000; Wilson et al., 1997). For example, Lee et al.'s (2009) analysis of over 10,000 freshmen and transfer students at a public university revealed that exposure to

counseling services during the first year increased the odds of retention one year later by a factor of three, relative to a comparison group. Moreover, participation in both individual and group counseling was associated with higher academic performance and credit completion than was individual counseling alone. Additional research is needed to better understand the relationship between programmatic variations in counseling services and subsequent student success.

Conclusion

The provision of counseling on a college campus impacts students' success in their academic, personal, and professional lives by supporting their emotional and developmental growth and mental stability. The "ripple effects" (Nafziger et al., 1999, p. 9) of this service can be seen in lower academic distress, better grades, and a stronger likelihood of finishing an academic course of study in a timely fashion. Yet, as researchers have demonstrated, the prevalence of complex mental health issues and distress among undergraduates is on the rise. College counselors are also increasingly being asked to participate in new programs to ensure a safe and secure campus; prevent or decrease distress through educational programming; and to intervene and sometimes evaluate students who present as a danger to themselves or others.

Recommended Practices

Basic Functions

- Maintain counseling services as an "in-house" service and provide adequate financial and administrative support for counseling center treatment and prevention programs (e.g., suicide prevention), psychoeducational events (e.g., stress reduction), faculty and staff training, and program evaluation (Brunner et al., 2014; Drum & Denmark, 2012).
- Clearly delineate the duties of academic and career advising from counseling and psychological services (Bundy & Benshoff, 2000; Reetz et al., 2014).
- Establish a strong outreach function in the counseling services center to educate students, staff, faculty, and parents about the early symptoms of mental illness, availability of relevant campus resources, and issues regarding client confidentiality (Mowbray et al., 2006).
- Build reliable partnerships and referral systems with off-campus service providers who can attend to students whose treatment needs exceed campus resources. Counseling center staff should be charged with ensuring that students referred for services outside of the counseling

center are successful in connecting with a mental health provider (Mowbray et al., 2006).

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- Provide for and require continuing education for all professional staff to ensure the use of current evidence-based therapies (Joffe, 2008; Lee, 2005). Continuing education should also be used to improve the ability of support staff to direct students to appropriate resources (Mowbray et al., 2006).

Programmatic Considerations

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