

# An Assessment Of Mental Health Counseling Services Provided By Florida Public Community Colleges And Universities

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AN ASSESSMENT OF MENTAL HEALTH COUNSELING SERVICES  
PROVIDED BY FLORIDA PUBLIC  
COMMUNITY COLLEGES AND UNIVERSITIES

by

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A dissertation submitted in partial fulfillment of the requirements  
for the degree of Doctor of Education  
in the Department of Educational Research, Technology, and Leadership  
in the College of Education  
at the University of Central Florida  
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Major Professor: LeVester Tubbs

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## ABSTRACT

The purpose of this study was to assess mental health counseling services provided by Florida public community colleges and universities. The researcher of this study designed the Counseling Center Questionnaire instrument. This instrument consisted of two different questionnaires, one for community colleges and the other for universities. The questionnaires were developed to ascertain information regarding mental health services provided by higher education institutions. The questionnaires yielded information pertaining to (a) which Florida community colleges and public universities were offering mental health counseling services to students, (b) the types of mental health counseling services provided, (c) the types of problems/issues students were reporting to counseling centers, and (d) the scope of mental health counseling services provided by Florida community colleges and universities.

The findings indicated that only 5 of 20 Florida community colleges provided mental health services to students and all 7 universities who responded to the questionnaire provided such services to students. Community colleges provided fewer mental health services than did 4-year institutions. According to higher education counseling officials, students in all institutions experienced many of the same types of issues or problems including Anxiety, Depression, Bi-polar Disorders, Substance Abuse, Eating Disorders and Schizophrenia. Depression was the most frequently reported mental health issue among all students.

This work is dedicated to Birto and JoAnne Benjamin and Ceddie Wilson  
for their unyielding support and encouragement  
throughout this endeavor.  
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accomplish all things that I desire.

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## CHAPTER 1

### THE PROBLEM STATEMENT AND DESIGN COMPONENTS

#### Introduction

The focus of this research was on an assessment of mental health services provided by Florida community colleges and universities. The study was designed to determine the nature and scope of mental health services provided by Florida community colleges and Florida universities.

Florida community colleges and Florida universities have offered counseling services in a diverse manner to students. For example, services have been provided to students through admissions, financial aid, academic advising, student activities, career counseling, orientation, and disabled student services (Dean & Meadows, 1995). Community colleges have offered a myriad of services to students. However, many of these institutions have been limited in providing mental health services to students. Factors that have surfaced over the years leading to a demand in the need for mental health services include: changing student demographics, increasing psychological needs of students, societal issues, and funding in higher education (Dean & Meadows).

The issue of mental illness has been reported to be affecting numerous students in community colleges and universities in the United States. It has been estimated that approximately 10% to 20% of the total college population has been affected by mental illness (Durodoye, Harris, & Bolden, 2000). In 2000, according to the American College Health Association, an estimated 10% of college students had been diagnosed with

depression (Peterson, 2002). In addition, a study by the National Mental Health Association indicated that “30% of college freshmen reported feeling overwhelmed a great deal of the time” (Peterson, life section, para. 9). Community colleges and universities across the country have reported a rise in student utilization of mental health services as well as an increase in serious mental health problems (Kitzrow, 2003). In response to this increase, higher education institutions have experienced difficulty in accommodating and providing mental health services to students that require them. University counseling centers, urged to perform a variety of functions due to the diverse population of students being served in their institutions, have been faced with adopting new “tasks and philosophies” which in turn have “broadened the scope, mission, and goals of the centers” (Bishop, 1990, p. 408).

Community colleges and universities have experienced decreasing and tighter budgets along with the presence of an increased need for students seeking personal counseling (Durodoye et al., 2000). A possible reason for the increase could be attributed to the social acceptance of mental health issues in the 21<sup>st</sup> century. Many students in college have been acquainted with individuals or have friends who have been taking some type of medication such as an antidepressant. Issues pertaining to mental health and medication once viewed as a stigma have come to be much more widely accepted. (Young, 2003).

College students in the 21<sup>st</sup> century have encountered numerous challenges and stresses which students in past decades did not encounter to such a high degree. These stresses have resulted in diagnoses such as anxiety, depression, substance abuse, suicidal

students, learning disabilities, grief, and sexual assault. These diagnoses have, led to increasing numbers of students who are taking prescribed medications (Goode, 2003). In a national survey completed by counseling directors at 283 higher education institutions, “95% reported seeing more students on psychiatric medication than in previous years” (Young, 2003, p. 2). Bennington College’s medical director of Health and Psychological Services reported that approximately 40% of students seeking counseling services were taking some type of psychiatric medication (Young).

An assessment of mental health services provided by Florida community colleges and Florida public universities was intended to explore whether these institutions were providing services to students and whether the services were being provided on campus or being outsourced to other agencies. Other factors of interest included the increase of students seeking counseling in higher education institutions, the changing role of community college and university counselors, changing demographics of the community college student, counseling services provided by related legal, financial issues, and future challenges confronting community colleges and universities.

### Problem Statement

This study sought to provide insight into the nature and scope of mental health services provided to students attending Florida’s public community colleges and public universities through (a) determining which Florida public community colleges and public universities offer mental health counseling services to students, (b) the types of mental health counseling services provided by Florida community colleges and universities, (c)

the types of problems and issues students were reporting to counseling centers, and (d) the scope of mental health counseling services as provided by Florida public community colleges and universities.

### Conceptual Framework

Mental health counseling (MHC) has had professional roots in the disciplines of counseling, education, and psychology. In addition, MHC has had bonds with other disciplines such as psychiatry and social work. It “builds on the theory and research of the behavioral sciences” (Pistole, 2001, mental health counseling section, para.1). Therefore, MHC counseling is a combination of varying disciplines and principles.

The names of various mental health organizations have changed over the years. As of 1979, the official name of the organization representing mental health was the National Mental Health Association (NMHA). A result of this organization’s work in aiding individuals with mental illness was the passing of the Mental Health Systems Act of 1980. The emphasis of this act was on providing services through community mental health centers which permitted mentally ill persons to receive services in their communities. In addition, NMHA helped with the development of the Americans with Disabilities Act which prohibits the discrimination of mentally and emotionally impaired persons in state and government services, employment, and public accommodations (National Mental Health Association). Another important gain accomplished with the help of NMHA was the Mental Health Parity Act of 1996. This act barred insurance

companies as well as self-insured companies from capping the amount of money allotted for mental health coverage (National Mental Health Association).

The theories and approaches utilized by MHC have varied. As previously mentioned, MHC used multi-faceted and inter-disciplinary methods to address and serve the mentally ill. MHC has also used theories and philosophies from the field of psychology, counseling techniques/ therapy models, and education.

The first school of thought in the field of psychology, which had relevance for this study, is Behaviorism which originated in the 1950s and 1960s. Behaviorists have perceived psychology as a “purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior” (Huber, Edwards, & Heining-Boynton, 2000, p. 180). Behaviorists have believed observation of behavior to be most important and have placed little emphasis on introspection.

Contemporary behavior therapy has operated on the theories of pioneer behavioral theorists such as John B. Watson and B. F. Skinner (Huber et al., 2000). However, a review of the literature has indicated that behaviorism is more complex than originally explained. Arnold Lazarus has been recognized as one of the pioneers of behavior therapy. His contributions were in the area of broadening conceptual bases and spearheading clinical techniques (Corey, 1996). Behavioral therapists possessed diverse viewpoints and utilized different procedures when practicing behavior therapy in the 20th century. Behavior therapy, also called behavior modification, has included the development of procedures that give control to the individual with an effort to increase range of freedom as well as expand an individual’s range of skills in having more options

of responding to certain problems/issues (Corey). The goal of behavior therapy has been to discharge maladaptive behaviors and replace them with more appropriate behaviors. According to Corey, depression and phobic disorders have been problematic issues well suited for behavior therapies through individual or group counseling.

The next school of thought in psychology, which has had its roots in mental health counseling, is Gestalt Psychology. Founded by Max Wertheimer, Gestalt psychology emanated during the early part of the twentieth century. Gestalt psychology presented “an integrated whole that could not be understood solely in terms of the parts that made it up” (Benjafield, 1996, p. 171). Gestalt theory has not only analyzed parts of a whole, but through this process has created, according to Huber et al. (2000), an avenue of new discoveries of the elements This aspect of mental health counseling has, therefore, focused on a holistic approach to providing services and helping the whole individual (Weikel & Palmo, 1989). In addition, the focus of MHC has been on “wellness, holistic mental health philosophy, regardless of whether the clients’ issues are more reflective of developmental struggles or more reflective of clinical pathology” (Pistole, 2001, mental health counseling identity section, para. 2).

Mental health counseling has used components associated with Gestalt therapy when helping clients. Gestalt therapy key concepts have revolved around the “what and now of experiencing in the here and now, personal responsibility, unfinished business, avoiding, experiencing, and awareness of the now” (Corey, 1996, p. 465). The basic philosophy of this theory has been interpreted as endeavoring for wholeness and has included thinking, feeling, and behaving (Corey).

## Research Questions

This research was guided by the following questions:

1. Which Florida community colleges and Florida public universities are offering mental health counseling services to students?
2. What types of mental health counseling services do Florida community colleges and Florida universities provide?
3. What types of problems/issues are students reporting to counseling centers?
4. What is the scope of mental health counseling services as provided by Florida community colleges and Florida universities?

## Definition of Terms

The following definitions were included to clarify terms used in the study:

Academic Advising--helps students plan coursework schedules, promote student success, help with academic planning, aid students who are having academic difficulties. Other functions of academic advising include referring students for tutoring and connecting students with other student services on campus.

Anxiety Disorders--chronic disorders that can grow progressively worse if not treated. Individuals with this disorder experience feelings of overwhelming anxiety and fear. There are several types of anxiety disorders: panic, obsessive-compulsive, post-traumatic, social anxiety, specific phobias, and generalized anxiety disorder. Each of these disorders have specific characteristics; however, they all possess the common thread of including excessive and irrational behaviors. The onset of this disorder

generally occurs in adolescence and early adulthood. Treatment for this disorder can be provided using two methods, medication and/or psychotherapy (talk therapy). Several medications are used to treat anxiety disorders. The class of drugs used for treatment is called antidepressants. Various therapy approaches are used for anxiety disorders, they include but are limited to: cognitive behavioral and talk therapies (Hendrix et al., 2004).

Bi-Polar-Disorder--also called manic-depressive disorder, which causes an individual to have shifts in mood and ability to function as well as energy. The onset of this disorder occurs in the time period from late adolescence to early adulthood and extends throughout the life span (National Mental Health Association, 1997). Persons with this disorder experience mood swings ranging from “high and/or irritable to sad and hopeless, with periods of a normal mood in between” (National Mental Health Association, what is bipolar disorder, para. 1). Bipolar disorder can be treated with medication and psychosocial therapy. The medications used for this disorder are classified under a category called mood stabilizers. Some commonly prescribed mood stabilizers are Lithium and Depakote. Lithium is used for treatment of mania and helps to prevent the recurrence of manic and depressive episodes. Various psychosocial treatments are used to treat bipolar disorder. The therapies used are “psychotherapy (talk therapy), cognitive behavioral, psycho-education, family therapy, and interpersonal therapies” (Hendrix et al., 2004, p. 7).

Counseling--the focus is generally placed on a certain issue or problem such as educational, personal, and/or adjustment which are within normal limits (Siegel, 1968).

Couples Counseling--provides counseling for unmarried and married persons.

Couples often seek counseling when they are experiencing difficulty communicating and problem solving various issues. The focus is placed on issues related to improving communication, conflict resolution skills and building positive relationships (Princeton University, 2005).

Crisis Counseling--“focuses on a single or recurrent problem that is overwhelming or traumatic” (Connor, 2004, p.1 ). This type of counseling is not long term. Crisis counseling provides individuals with guidance, education, and support (Connor).

Depression--a depressive disorder “involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things” (Strock et al., 2000, p. 1). Depressive disorders have different forms. Three of the most common forms are: major depression, dysthymia, and bipolar. Major depression symptoms can include feelings of sadness, anxiety, a decrease in energy, loss of interest in activities, weight fluctuation such as gaining or losing, thoughts of suicide, difficulty sleeping, and difficulty making decisions (Berman, Strauss & Verhage, 2000). Dysthymia has long-term chronic symptoms which are present daily for the majority of the day for at least a two-year period (American Psychiatric Association, 1994). Each of these forms of depression has variations in symptoms (Strock et al.). Treatment for depressive disorders consists of medication and psychotherapy interventions. The classification of medications used in treatment is antidepressants. Specific medications used include but are not limited to: serotonin reuptake inhibitors (SSRIs), tricyclics, and

monoamine oxidase. “SSRI’s affect neurotransmitters such as dopamine norepinephrine and generally have fewer side effects than tricyclics” (Strock et al., p. 5). In terms of therapy, several different types are used. Talking therapy, interpersonal and cognitive/behavioral therapies. “Interpersonal therapy focuses on the patient’s disturbed personal relationships that both cause and exacerbate the depression. Cognitive/behavioral therapy helps patients change the negative styles of thinking and behaving often associated with depression” (Strock et al., p.7).

Developmental Counseling--focuses on more benign issues such as informational concerns involving adjustment issues (Kitzrow, 2003). Developmental counseling may also pertain to academic issues and issues related to transitions for students from home to the college environment (Hodges, 2001).

Domestic Abuse--abuse that occurs between “married couples, roommates, and dating couples” (Domestic Violence, p. 1). An abuser can abuse a person in a number of ways such as emotional or verbal abuse, isolation, through threats and intimidation. (Domestic Violence).

Eating Disorders--several types of eating disorders exist. The first is called Anorexia Nervosa. Individuals suffering from anorexia nervosa have a “refusal to maintain body weight at or above a minimally normal weight for age and height” (American Psychiatric Association, 1994, p. 251). Persons with eating disorders also possess “a fear of gaining weight or becoming fat, even though underweight” (American Psychiatric Association, p. 251). The second type is known as Bulimia Nervosa. This form of eating disorder involves “episodes of binge eating” (American Psychiatric

Association, p. 252). In efforts to avoid gaining weight, after binge eating episodes persons with bulimia nervosa may practice “self-induced vomiting, misuse laxatives, diuretics, enemas, or other medications, fasting or excessive exercising” (American Psychiatric Association, p. 252).

Group Counseling--a form of psychotherapy that is guided by counselors. The group is comprised of a number of clients who discuss personal issues among each other. “The group provides an opportunity for learning about one’s problems in social relationships” (Yalom, 1995, p. 285).

Individual Counseling--provides counseling services on a one-on-one basis. Individual counseling addresses a variety of issues/problems which may include “stress, anxiety, relationship problems, family problems, loss and/or grief, self-esteem, racism, sexism, and gay/lesbian/bisexual issues” (Princeton University, 2005).

In loco parentis--“Possessing a portion of the parent’s rights, duties, and responsibilities” (Murray & Murray, 2002, p. 345).

Learning Disability--“In a broad sense refers to learning difficulties that can be associated with any type of factor, including mental retardation, brain injury, sensory difficulties, or emotional disturbance” (Sattler, 1992, p. 598).

Mental Health Counseling--“mental health counselors are concerned with health and with the wide variety of circumstances, socially, and individually, that can impair or inhibit the functioning of a person’s life” (Pistole, 2001, p. 4). Mental health counseling emphasizes strengths and wellness. The roots of mental health counseling lie in the

behavioral sciences and the educational foundations are embedded in the disciplines of social work, psychology, counseling and medicine (Pistole).

Multicultural Counseling--seeks to “clarify the role of socio-cultural forces in the origin as well as expression and resolution of societal problems” (Hodges, 2001, p. 6). Societal issues /problems may include but are not limited to “racial, gender inequality, homophobia” (Hodges, p. 6). Multicultural counseling takes into consideration “the value of culture and resists the temptation to define reality according to one set of cultural assumptions. Counselors examine issues from a cultural standpoint and attempt to become educated in a variety of cultures, which include ethnicity, sexual orientation, and religion/spirituality” (Hodges, p. 6).

Personal Counseling--places emphasis on emotional and interpersonal concerns as well as psychological needs of individuals. (Durodoye et al., 2000).

Post-Traumatic Stress Disorder (PTSD)--“type of anxiety disorder that can develop after exposure to a terrifying event or ordeal in which physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human caused disasters, accidents or military combat” (National Institute of Mental Health, p. 1).

Psychiatric Consultation--“A psychiatric consultation is a comprehensive evaluation of the psychological, biological, medical and social causes of emotional distress. Many patients are referred for psychiatric consultation by therapists who wonder if psychiatric medications might benefit their patients” (Gateway Psychiatric Services, 2002, p. 1).

Outsourcing—referring students to an outside agency.

Psychiatrist--is a physician with a medical degree who can prescribe medication, diagnose and provide treatment for mental and emotional illnesses. A psychiatrist can also provide psychotherapy (Finch, 1983).

Psychology--science which focuses on the mind and mental processes, feelings, and thoughts (Webster's, 1967)).

Psychologists--“someone who studies the human mind, human emotions, behavior and how different situations have an effect on them” (Cambridge Advanced Learner's Dictionary, 2003). They also study behavior, “observe and record how people relate to one another and to the environment” (Maas, 1983, p. 749).

Psychotherapy--type of therapy executed through talking between a therapist and a client.

Relationship Issues--Includes “interactions between members of a relational unit that are associated with clinically significant impairment in functioning, or symptoms among one or more members of the relational unit, or impairment in the functioning of the relational unit itself” (American Psychiatric Association, 1994, p. 292). Relationship problems can be related to Mental Disorder, Parent-Child, Significant Other, and Sibling Problems (American Psychiatric Association).

Schizophrenia--“is a chronic, severe, and disabling brain disease” (Hendrix et al., 2004, p. 1). Individuals with this disease experience “hearing internal voices not heard by others, believe that other people are reading their minds, controlling their thoughts, and plotting to harm them” (Hendrix et al., p. 1). Other characteristics include: disorganized

speech and thinking, distorted perception of reality, hallucinations and illusions, and delusions (Hendrix et al.). Schizophrenia can be treated with medication and psychosocial therapy. Anti-psychotic medications are used to treat this disease. Anti-psychotic drugs reduce psychotic symptoms and allow people with schizophrenia to function more appropriately. Several types of anti-psychotic drugs are on the market. They include but are not limited to: Clozapine, Risperidone, and Olanzapine. In terms of psychosocial treatment, individual and group therapy is used (Hendrix et al.).

Stress--a state of “strain or pressure exerted upon the body” (Webster’s New World Dictionary of the American Language, 1967, p. 735).

Substance Abuse--“a maladaptive pattern of substance abuse leading to clinically significant impairment or distress” (American Psychiatric Association, p. 112).

Suicide--“the act of killing oneself intentionally” (Webster’s New World Dictionary of the American Language, p. 743).

## Methodology

### Procedures

The participants in this study were asked to complete a questionnaire containing questions regarding mental health services provided at their institutions. Respondents indicated their answers by marking an “X” next to the appropriate response and filling in blanks with appropriate information. The participants selected to participate in this **questionnaire** were not selected randomly due to the nature of this study.

Individuals associated with mental health services were identified by individually researching higher education institutions and determining the key persons involved with the mental health services offered at each campus. Questionnaires were personally addressed to individuals who were identified as being affiliated with counseling/mental health centers. In the case of institutions that did not offer mental health services, persons who provided academic and career counseling/advising were asked to complete the questionnaire. Participants in this study were provided with written communication regarding the purpose, importance of participation in this study and information pertaining to how the results were used.

#### Participants/Population

The population consisted of 28 individuals from Florida community colleges and 11 individuals from Florida 4-year public institutions. Individuals who were asked to respond to the questionnaire were those persons who were overseeing, or affiliated with, mental health counseling services on a particular campus. A total of 20 individuals from Florida community colleges and 7 individuals from Florida 4-year public institutions participated in the study for a usable return rate of 69.2%. All 27 returned questionnaires were used in the data analysis.

#### Instrumentation

Two questionnaires were designed by the researcher specifically for this study. The first questionnaire (Appendix A) was designed for community college directors of counseling/advising. The second questionnaire (Appendix B) was designed for 4-year

university counseling directors. The questionnaires, included questions directed toward (a) whether or not the institution provided mental health services to students, (b) types of student diagnosis/issues, (c) whether students were assessed a fee for mental health services, (d) credentials of mental health counselors, (e) percentages of students according to ethnicity who received counseling services, (f) percentages of students by classification who utilized counseling services, (g) gender of students who received counseling services, (h) the job title of the respondent, (i) the types of counseling services provided to students, (j) estimated number of students who received counseling during the 03-04 school year, and (k) the names of the practitioners who provided counseling and/or mental health services to students.

#### Data Collection Procedures

Questionnaires were mailed to 28 community college counseling directors (Appendix A) and 11 university counseling directors (Appendix B). Directors of each of the institutions' counseling centers were asked to complete a questionnaire. If the institution did not have a counseling center director, the questionnaire was to be completed by an individual who had been designated as providing counseling services in the form of career, academic, and/or developmental counseling services for that particular institution.

The envelope mailed to each counseling director contained a cover letter (Appendix C), the questionnaire, and a postage paid envelope to be returned by a

specified date. The cover letter provided information regarding the purpose of the study, instructions about completing the questionnaire as well as a requested date of return.

#### Analytic/Statistical Methods

The data analysis utilized in this study was the Statistical Package for Social Science (SPSS) Version 11.0 for Windows. Information obtained from questionnaires were categorical and nominal data. Information was reported using descriptive statistics, frequencies and percentages.

#### Delimitations and Limitations

1. The study was limited to 28 respondents from community colleges and 11 respondents from public 4-year institutions in Florida.
2. The researcher of this study chose to gather data only from Florida institutions of higher education. Institutions outside Florida were excluded.
3. Since data were collected from Florida public institutions of higher education, findings should be considered carefully to determine their applicability for any other institutions of higher education.

#### Purpose and Significance of the Study

The purpose of this study was to determine the type and range of mental health services provided to students by Florida Community Colleges and Florida public 4-year colleges and universities. The information obtained was thought to be of potential benefit

to community college and university personnel leaders in their efforts to promote and provide mental health counseling services on their campuses. With respect to colleges and universities, information from this study was intended to provide administrators with insight as to the importance of on campus counseling facilities as well as outsourcing services to outside agencies. The findings of this study were intended to be useful to community college and university administrators in examining and rethinking counseling/advising models in use to best meet and serve increased needs for mental health related services of the 21st century student population.

#### Organization of the Study

Chapter 1 has provided an introduction to the research topic as well as a description of the design components of the study. Chapter 2 will review various components related to mental health counseling centers and relevant research pertaining to counseling centers on college campuses. Chapter 3 presents the methodology as well as the procedures utilized for collecting data. Chapter 4 provides a description of the analysis of the data as well as the results of the study. Chapter 5 entails a conclusion, a summary, and a discussion of the research findings of this study. It also provides recommendations for future research endeavors related to mental health counseling services provided by higher education institutions.

## CHAPTER 2

### REVIEW OF LITERATURE

#### Introduction

This chapter was organized to review the literature concerning mental health services and the manner in which counseling centers were serving to students in two-and 4-year institutions of higher education. The types of services and roles of counselors in both levels of institutions were addressed as were the delivery of services to a changing population. Literature regarding institutional responsibility, legal issues, financial issues, and future challenges was also reviewed.

#### The History of Mental Health Services

Mental health commenced with the colonial settlement in the United States. There were four reform movements for mental health. Initially, people who suffered from mental illness were cared for in the home. Urbanization led state governments to provide care for these individuals. The government's reaction to caring for persons with mental illness was the development of institutions referred to as asylums. Discussed in *Mental Health* (2005), this reform movement occurred between 1800 and 1850 and was known as moral treatment. Individuals not receiving care from asylums or family were often in jail and work houses. Virginia was the first state to create an asylum for mentally ill persons, and Pennsylvania Hospital provided the first treatment for mentally ill

individuals. This movement was unsuccessful in that quality of care was deplorable, overcrowding was prevalent, and there was a lack of funding.

The response to this unsuccessful reform was a second movement from 1890-1920 called mental hygiene (Mental Health, 2005). During this period, State Care Acts were passed which centralized the financial obligation to state governments for mentally ill persons. Funding allowed these individuals to receive treatment from state asylums. The reformers of this movement changed the name from asylum to mental hospital. Once again treatment proved to be unsuccessful just as it had been a century before.

A highly significant time for mental health counseling (MHC) began in 1908 with the publication of Beers' autobiographical account of his personal battle with mental illness, *A Mind that Found Itself*. Though mental health counseling was not recognized as a specialization area, Beer's book brought national attention to and interest in mental illness. Beers then founded the Connecticut Society for Mental Hygiene which later became the National Committee for Mental Hygiene (National Mental Health Association, 2005).

The third reform period, lasting from 1955-1970, was called community mental health. During this time, interventions were created by the military. The emphasis for this movement period was on providing services to those in need within their community (Mental Health, 2005). As a result of this philosophy, outpatient services emerged. In the mid 1960s, federal legislation provided grants to centers and "mental health benefits in Medicare and Medicaid" (Mental Health, para 1). Because of this funding, psychiatric

wards were opened and funding was available for rehabilitation services for the mentally ill.

The fourth and final movement, community support, began in 1975 and continued at the time of the present study. This movement was spawned from the prior movement. The ideology for this movement was that mentally ill persons could be productive within their community. In order for this to occur, the mentally ill individual needed to be given the opportunity to receive support and access to community resources such as education and vocational training opportunities (Mental Health, 2005).

### Mental Health Counseling

Mental health counseling (MHC) came into existence during the late 1970s. It has remained one of the youngest specialization areas of the human service provider professions and is a combination of disciplines. It has had its roots in psychology, social work, education, and psychiatry. (Weikel & Palmo, 1989). Because of the multi-faceted and interdisciplinary nature of the field, several definitions have been applied to define MHC. Spruill & Fong (1990) offered the following definition:

A core mental health care profession, is the aggregate of the specific educational, scientific, and professional contributions of the disciplines of education, psychology, and counseling focused on promotion and maintenance of mental health, the prevention and treatment of mental illness, the identification and modification of etiologic, diagnostic, and systems correlates of mental health, mental illness, and related dysfunction, and the improvement of the mental health service delivery system. (p. 21)

Individuals seeking mental health counseling have been able to receive services from individuals who have received training in any of the aforementioned professions

because of the “interdisciplinary nature of knowledge and theory of intervention related to personality organization” (Pistole, 2001, Introduction section, para. 2). Although these professions have often overlapped in the services they provide, there are distinctions which have separated the professions. Distinctions have consisted of professional organization affiliations, graduate degree level, “basic academic discipline, conceptualization of mental health problems, and approach to treatment” (Hersehenson & Power, 1987, p. 3). Individuals with a master’s degree have been the primary practitioners of mental health counseling. The distinction of the mental health profession has been defined through professional training. A mental health counselor’s grass roots have generally been embedded in both the theory and research of the behavioral sciences. MHC has emphasized a philosophy which has focused on strengths and wellness as opposed to finding a cure for mental illnesses (Pistole). Mental health counselors have been interested in “the wide variety of circumstances, socially and individually, that can impair or inhibit the functioning of a person’s life” (Pistole, Conclusion section, para. 1). MHC has been dedicated to preserving the wholeness of the “body, mind, spirit, and social connection that sustains well-being” (Pistole, Conclusion section, para. 1).

Mental health counselors (MHC) have experienced issues pertaining to identity and title. Many practitioners from varying professional organizations have claimed the title of mental health counselor. However, few have been certified as clinical mental health counselors (CCMHC). Individuals who possess credentials by (CCMHC) have met a certain set of training specifications and standards whereas a mental health counselor may or may not have met specified standards (Weikel & Palmo, 1989).

### The Increased Need for Mental Health Services

Students in 2-year and 4-year institutions have been seeking personal counseling services within the college settings in greater numbers (Bundy & Benshoff, 2000). According to Young (2003), there was a steady increase in the number of college students taking psychiatric medications. In addition, many of these students have been diagnosed with some type of mental illness prior to enrollment on college campuses. The rise in the number of students with mental health issues and the increase among students using mental health counseling services could be attributed to many factors.

Young (2003) identified five factors associated with increased use of mental health services. The first factor was that college was increasingly stressful due to greater numbers of students being employed while attending community colleges and universities. A second factor was the multi-tasking role of students in coping with personal and family issues as well as other daily activities (Young). A third factor contributing to this idea was the notion of physicians being more willing to diagnose and prescribe psychiatric medications to individuals in their late teens and early 20s as well as the changing student demographics (Young). A fourth factor has stemmed from individuals who have been released from hospitalized care back into the community. These newly released persons have sometimes been encouraged by their counselors and/or psychiatrist to enroll in post-secondary institutions in an effort to assist in their re-socialization and development within society (Stuber & Otto, 1995). The fifth and final factor contributing to these increases has been a combination of both social and cultural factors such as dysfunctional families, divorce, poor parenting skills, low level of

frustration and tolerance, violence, early exposure and experimentation with drugs, alcohol, and sex.

Other factors, which have been associated with the increase in students seeking mental health services, have been attributed to pressures placed upon students to succeed academically (Goode, 2003, abstract section, para.10). Kansas State University researchers, in a 2003 survey, reported an increase in counseling centers due to students being more willing to disclose their feelings and increased pressures stemming from family and financial issues. Other related factors have included the marketing and advertisement of pharmaceutical products which made it possible for students with various mental health issues to attend and be successful in college (Kadison & DiGeronimo, 2004).

Higher education institutions have over time been called upon to serve a population of students who are more representative of the general population (Peterson, 2002). Pledge, Lapan, Heppner, Kivlighan, & Roehlke (1998) indicated that the increase in student utilization of campus counseling center services has revolved around the notion of students facing “simultaneous life transition and challenges such as new environments, being removed from established support networks, facing major life challenges in terms of individual identity formation” (Pledge et al, Implications and applications section, para 5).

Another factor, leading to an increase in mental health and counseling services, has been the fact that receiving services and admitting mental illness has become

culturally acceptable. No longer perceived as being negative or abnormal, students in greater numbers have been seeking out counseling services (Cooper & Archer, 1998).

### The Impact of Changing Demographics

At the time of the present study, the average age of the nontraditional student attending community college was 29 years of age. No longer was the community college serving traditional students ranging from age 18 through 22 years (Bundy & Benshoff, 2000). Thus, community colleges were serving a more diverse population of students which included more first generation students attending college as well as a significant increase in the percentage of minorities and women.

In comparison to students attending 4-year institutions, community college students have increasingly been more likely to be female, older, and minorities (Kasper, 2003). In 2003, according to the National Center for Education Statistics, women accounted for 59% of the community college population. In 1970 they comprised only 40% of the student population. In 2003, minority students made up 33% of the student population, while in 1971 minorities represented 19% of the total community college population. In 2003, 61% of students were attending school part-time. Community colleges have also seen a rise in older students, first generation immigrants, and single parents (Ryan, 2003). Though the needs of these students had changed, services being offered in 2000 and beyond were quite similar to those offered in previous decades. The changing student demographics and the counseling models utilized during the 1960s were causing many to question counseling services being provided by community college

counselors. However, a review of the literature revealed that there have been only a few published research studies, which focused on personal counseling services offered in community colleges (Bundy & Benshoff, 2000).

Demographic changes similar to those occurring in community colleges were taking place in 4-year colleges and universities. Colleges and universities over time have become more affordable, and students have found more methods of financial support to attend higher education institutions. For this reason, a larger number of students from diverse backgrounds have had the opportunity to attend institutions of higher education. This diversity has been accompanied by an increase in students with some type of mental illness or issue requiring counseling services.

Mental health issues have not only affected college-age students but also high school students. The pressures to excel and succeed have often commenced early, sometimes in kindergarten, in children's lives and have continued into adulthood (Treichel, 2002). Thus, it is logical that adolescents graduating from high school and enrolling in higher education institutions have had an impact on the increased numbers of students utilizing college mental health services. These students have fueled the increasing numbers of students placing demands on mental health services. According to the Surgeon General's 1999 report regarding both children's and adolescents' mental health, 21% of the United States children ranging in age "from 9 to 17 have diagnosable mental health problems and 70% of those youths do not receive services" (as cited in Vanderbleek, 2004, References section, para. 1). A review of the literature did not

indicate the percentages or numbers of students with mental diagnoses and/or illnesses that entered institutions of higher education.

Information pertaining to adolescents and mental health care has been primarily available from school-based health care and mental health services provided by various hospitals, school districts and other programs across the United States. These school-based services have increased in number and become popular in many communities (Anglin, Naylor, & Kaplan, 1997). One example has been the Division of Adolescent Medicine of North Shore University Hospital and its work with an inner city high school based health center. The program has served an estimated 2,000 students. “Five years after the inception of the center in 1988, mental health visits quadrupled” (Jepson, Fisher, & Martin, 1998, Abstract section para. 1). During the first year, 254 students utilized mental health counseling services; the second year, 396 students used the services; and the third year, 639 students; the fourth year, 1028 students; and the fifth year, 1002 students utilized services (Jepson et al.). Even though these services have been beneficial to high school students, the majority of these programs have been offered primarily in urban, low income, inner city areas (Anglin et al.).

A number of authors including (Bundy & Benshoff, 2000; Cooper & Archer, 1998; Kitrow, 2003; Young, 2003 and Voelker, 2003) have indicated that students have been seeking counseling services in greater numbers; however, some researchers have questioned the methods used by counseling center directors to record and collect information. Many of the centers have reported an increase based on the rise in the number of students to whom they were providing services. Other centers have indicated

that more students have been coming to their counseling doors with more severe problems. Opponents to this notion of more students being psychologically damaged have demanded that counseling centers create valid and reliable methods of obtaining and reporting such findings (Bishop, 2002). Despite the disagreements in methods of calculating student numbers, there has been general agreement that the number of students using mental health services has increased.

According to Chisolm (as cited in Kitzrow, 2003), psychological disorders such as bipolar disorder, depression, and schizophrenia have typically had an onset beginning in late adolescence and early adulthood. This is the time period when many individuals have entered higher education institutions. According to a national survey completed by counseling directors, 95% indicated that greater numbers of students were taking psychiatric medication than in previous years. In addition, 18% to 20% of those students who received counseling services were already taking some type of psychiatric medication (Young, 2003). In 2001, results of a survey of college mental health counselors indicated that students, who were treated at college counseling centers and who were diagnosed with psychological problems and taking psychotropic drugs, showed an increase from “7% in 1992 to 18% in 2001” (Kirn, 2003, University blues section, para. 3). Some medications being used by students were Prozac and Paxil (Taylor, 2002). A reason for the rise in students taking psychiatric medication offered by Young has been that it has been more socially acceptable in 21st century society. Other explanations for the increase in medication usage have been (a) physician’s philosophy that medication is the therapy of choice for individuals with psychological problems, (b) health care

organizations making prescription drugs an accepted form of standard care without psychotherapy as a component of treatment, (c) a societal belief in “a quick fix, that seeks a utopian existence” (Carter & Winseman, 2001, para. 8).

College counseling directors across the United States have reported a steady rise in the utilization of campus mental health services. Using results from an annual survey of counseling center directors, Taylor (2002) reported that colleges across the country were seeing an increase in the number of students taking psychiatric medication as well as more students with more severe psychological problems. In the years ranging from 1988 through 2001, there was a steady rise in the percentages of students with more severe psychological issues seeking counseling services. Percentages revealed increases between 1988 and 2001 from 56% to 85% (Young, 2003).

The National Alliance for the Mentally Ill reported that the percentage of students with a diagnosis of depression had risen from 10.3% in 2000 to 14.9% in 2004 (MacDonald, 2004). In addition, there have been more findings to substantiate the increase of college students seeking counseling services. Researchers at Kansas State University in Manhattan reported that in the time period from 1988-1999 a total of 21% of all students sought counseling for depression. This number rose to 41% in the time period from 1996-2001 (Voelker, 2003). The Massachusetts Institute of Technology (MIT) chief of mental health services has indicated an increase in the number of students receiving counseling. Between 1995 and 2000 the percentage increased from 8% to 12% (Voelker). Cornell University also reported an increase in students' utilization of campus mental health services. The university reported that 12% of the 20,000 students on

campus requested mental health services over a one-year period. Surprisingly, this represented a 63% increase in services from seven years earlier for the institution (MacDonald).

Finally, the director of the counseling and psychological services at the University of Michigan reported that, during the years between 1992 and 2002, counseling centers at the 11 universities that comprise the Big Ten Conference had seen an approximate 42% increase in students (Voelker, 2003). As substantiated in these reports of increased percentages, students have been seeking more services in greater numbers across the country on college campuses. Institutions have become increasingly aware of the importance of improving their preparedness to meet the needs and demands of students in terms of their mental health care.

### Counseling in Community Colleges

Counseling in community colleges began during the 1950s and 1960s as community college counselors acted *in loco parentis* in providing career and personal counseling as well as social support to students. During the 1970s and 1980s, the counselors' role transitioned to becoming an advisor in both career and academic areas due to increasing student enrollment. At this time, community college counselors continued to assume roles as both academic and career counselors. In the late 20<sup>th</sup> century, community college counselors served in a number of roles supportive of student testing, registration services, teaching, and consultation (Bundy & Benshoff, 2000). All

of these duties and responsibilities left little to no time for counselors to address and focus on the personal and more serious psychological counseling needs of students.

The mission of the community college has had an impact on how personal counseling services are rendered. Community colleges have focused on vocational, developmental, transfer, continuing education and community service (Bragg, 2001). Community colleges have provided lower tuition rates and open access/admissions to students. Historically, the mission of the community college has typically been to “satisfy the needs of the community that gave it life, and as its community evolved, expectations increased” (Bailey, as cited in Thomas, 2002, p. 6). Because of this historical mission, community colleges were beginning to confront the growing demand of students in the community with mental health needs. Many of these persons experiencing such mental health issues were enrolling in community colleges (Stuber & Otto, 1995). Due to this evolution, community colleges were now taking on multiple missions. Many of the programs offered in community colleges were broad in scope. The programs included: “adult education, developmental education, career education, transfer to baccalaureate programs, customized training for business, preparation for industry certification, small business development activities, economic forecasting, and credit free courses” (Bailey, as cited in Thomas, p. 47). These institutions in particular have opened the door for many minority students and first generation immigrants to obtain an education. In addition, community colleges have focused on remedial education as well as providing opportunities for “students whose first language is not English” (Kasper, 2003, p. 20).

The philosophy of the community college was that of working with the whole student. The whole student entails working to support the intellectual, social, and personal development of the student; and in 2003, there was approximately one counselor to every 382 students. (Cohen & Brawer, 2003). According to these authors, the counselor's primary function has been to help students in planning educational goals that were aligned with their interests and abilities which will ultimately help in attaining and meeting their goals. They believed that "comprehensive counseling must be integrated with other campus activities. Counseling services should include goal setting, personal assessment, strategy, implementation, evaluation, and recycling of the whole process for each student" (Cohen & Brawer, p. 202).

The 1990 Americans with Disabilities Act has contributed to the increasing number of students entering institutions of higher education with psychological issues. (Durodoye et al., 2000). One estimate reported that the occurrence of students attending post-secondary institutions with mental illnesses would range from 10% to 20% of the total student population (Offer & Spiro, 1987). With reference to community colleges, the numbers of students were expected to increase as well (Durodoye et al.).

### The Role of the Community College Counselor

Due to the increase in students entering community colleges who have required counseling services, counselors in the community college setting have been urged to perform more personal counseling services. Over the past 40 years, the roles, responsibilities, and duties of the community college counselor have changed as a result

of “social, cultural, economic, and political”(Durodoye et al., 2000, para. 1) shifts. Typically, community college counselors have provided students with academic and career development rather than personal counseling. Counselors have taken this path because of the community college’s mission which has been geared toward vocational training. Due to the increased demand of students entering community colleges with more complex mental issues, however, counselors have almost been forced to increase mental health services provided to students (Durodoye et al.). They were required to rethink their assigned roles and duties to better meet the needs of 21st century students. According to Durodoye et al., counselors were called on to find a method to address both societal trends as well as student concerns and issues which confront students. Due to these increasing pressures, it has become impossible for community college counselors to ignore addressing personal issues and other disruptive situations that confront students. Community college counselors have had to adjust to providing not only those services rendered in the past but also commit to acquiring new skills necessary to accommodate issues that face students.

Suggestions for community college counselors with regard to providing mental health services to students were offered in various publications. The first suggestion encouraged counselors to survey students in order to assess the need for personal counseling services on campus. Second, counselors were encouraged to contract with private agencies located near the campus for personal counseling issues. A third suggestion offered was in regard to providing services in group settings (Bundy & Benschhoff, 2000).

The need for counseling services was increasing on college campuses; however, community colleges seldom offered mental health counseling services to students on their campuses. The majority of community colleges have continued to emphasize academic and career counseling (Bundy & Benshoff, 2000). In earlier research, Stuber & Otto (1995) indicated that the need for community colleges to be attentive to students' mental health issues has continued to increase, but few community colleges have addressed this growing area of service needs for students. While community college administrators and counselors have expressed the belief that personal counseling services are important and would be useful on their campuses, funding for these services has proved to be challenging (Bundy & Benshoff). According to Stuber & Otto, community colleges had to consider providing information about local mental health facilities as well as information regarding signs and symptoms of various mental health issues and treatment options for students. This information on services was then been distributed during orientation, in the counseling office, and through other campus programs. Bundy & Benshoff called attention to the possible impact on an institution's retention rate and the fact that students in need of services may transfer to an institution that can provide them.

Not only was there an increased demand for counseling services, but there has also been an overlap in the types of issues and diagnoses students have experienced. Some of the most common diagnoses included: (a) bipolar disorder, (b) depression, (c) suicide, (d) stress, (e) anxiety, (f) learning disabilities, (g) sexual assault, (h) personality disorders, and (i) substance abuse (Goode, 2003). Implications of these mental illnesses manifest in a variety of ways and can affect student's performance within the educational

setting. Additionally, mental health problems can affect all aspects such as the physical, emotional, cognitive, and interpersonal functioning of students' lives (Kitzrow, 2003).

### Counseling in 4-year Institutions

During the early years of colleges and universities, the president often taught classes and supervised the tasks of hiring and firing faculty and staff members. As time passed, college enrollment increased. No longer could the president assume the roles of supervisor and teacher as in the past. Because of increased enrollment, students needed more services in various areas. Thus, specialization areas came into existence. Examples of these specialization areas included positions such as the bursar, personnel specialist, deans for guidance, and vocational guidance. One of the more recent specialty areas to surface was that of mental health and psychiatric services (Siegel, 1968).

The first campus mental health services were provided by Princeton University in 1910 (Kadison & DiGeronimo, 2004). Historically, the roles and functions of college counseling centers have addressed social needs. However, the needs of students have changed over time (Stone & Archer, 1990). During the 1920s through the 1940s, faculty members, administrators, and other staff provided much of the counseling in colleges (Cooper, 2003). During this time there was no differentiation between terms such as counseling, vocational and student personnel. It was during this time period that the need arose for an area of specialization in clinical counseling.

After World War II, the need and demand for counseling services increased and received attention due to the large numbers of veterans returning home and entering

institutions of higher education. As a result, the numbers of mental health services provided on college campuses significantly increased (Cooper, 2003). The Federal Government provided financial assistance to veterans returning from the war who desired to obtain further education in post-secondary institutions. This funding made available an opportunity for nontraditional students, who brought with them new issues and problems, to attend college. During this time counseling evolved as a separate profession (Stone & Archer, 1990).

Once counseling was recognized as a separate profession, the field became responsible for certain services, which could only be offered by professional counselors with specialized training and qualifications. The field of counseling acquired its own set of responsibilities and with them the need to hire more personnel to assist with academic and career counseling for students (Hodges, 2001). As a result of the counseling movement, the notion of addressing the needs related to transitioning from late adolescence to early adulthood emerged (Hodges).

Tracing the historical background of counseling in higher education has illustrated the longevity of the developmental movement. However, during the 20<sup>th</sup> and 21<sup>st</sup> centuries, a trend toward medical models which included prescriptions and diagnosis, can be noted (Gallagher, Gill & Goldstrom, 1999). Moreover, counseling centers were shifting from a “preventative model of counseling towards a more clinical and crisis-oriented model in order to meet the needs of students with serious psychological problems” (Kitzrow, 2003, Implications section, para. 6). In light of university counseling centers resembling clinical and medical models of treatment, there has been an increase

in the utilization of the Diagnostic Criteria from the DSM-IV Manual (Pledge *et al.*, 1998).

### The Role of University Counselors

The vital services provided by campus counselors have often seemed invisible. The work of these employees has been typically carried out in a quiet and confidential manner (Gilbert, 1989). Additionally, college counseling centers have been pressured to provide more services with shrinking budgets and decreased staff. Staff in turn have been asked to assume more roles. This has decreased available time for personal counseling with students in need of counseling services. Other factors that have affected counseling centers have been issues of retention and outcomes assessments. These two factors have been spearheaded to a certain degree by accreditation agencies (Dean & Meadows, 1995, trends and issues section, para. 2). The push by accrediting bodies has required counseling centers to produce results of provided services to students (Dean & Meadows). Counselors have also had a difficult time providing services to students who presented with severe psychological problems. The problems they faced revolved around “how best to respond to clients who need more extensive treatment in order to be functional” (Cooper & Archer, 1999, research findings section, para. 2). Counselors, thinly stretched with other responsibilities and duties, found that their ultimate role “becomes one of support, stabilization, and often referral” (Cooper & Archer, 1999, crisis counseling section, para. 3). In many instances, referrals have been initiated to specialized and community treatment facilities and/or emergency hospitalization. Even

though referrals have been made to outside agencies, these situations were time consuming for the counselor (Cooper & Archer, 1998). The referral process has indeed impacted the time available for counselors to provide services to other students.

It is important to remember, when discussing the roles of university counselors, that various professionals from different disciplines were providing services under the umbrella of counseling/mental health counseling services. Counseling staffs have often been comprised of some combination of psychiatrists, clinical psychologists, developmental psychologists, licensed mental health counselors, counseling psychologists, and licensed social workers. The combined resources of multi-faceted professionals from various schools of thought has been both beneficial and problematic. In order for counseling to continue to thrive, these practitioners have been required to come together and acknowledge one another as colleagues and “begin to collaborate or risk being further weakened by powerful outside influences such as HMO’s” (Hodges, 2001, summary section, para. 2). The varied background of these practitioners has been beneficial in terms of services provided to students. Each of these disciplines has had common grassroots and philosophies. Differences have existed in reference to the approaches used in the treatment of mental health problems. When professionals have viewed their jobs as being collaborative, their spectrum of knowledge and expertise available has often been quite favorable for the students for whom they have provided services.

University counselors also dealt with practitioners from outside agencies. Sometimes students withdraw or leave the university setting for mental health reasons.

When these students left the university, they received services from outside practitioners/agencies. Many times outside practitioners lacked understanding regarding the nature and specialization of counseling services provided by on-campus counselors. Oftentimes, private specialists have written letters to the university advocating for the reinstatement of students into the university environment without realizing the true context and nature of issues that would continue to confront students once they were re-enrolled and returned to campus. For this reason, provision of mental health services by college/university counselors has been strongly supported (Webb, Widseth, & John, 1997).

#### Colleges and Universities as Counseling Service Providers

The primary function and role of college and university counseling centers has been to serve as a support system which adheres to the institution's mission (Kiracofe et al. 1994). Another purpose of college counseling centers has been to aid students in their ability to make decisions as well as solve problems (Wilson, Mason, & Ewing, 1997). Counseling centers also have existed to aid students in dealing with issues such as academic concerns, career decisions, and personal problems that may interrupt or interfere with educational issues. According to Boyd et al. (2003), counseling centers played an important role for three primary reasons. First, counseling centers rendered counseling and/or therapy to students who were dealing with a variety of issues which include but are not limited to personal issues, developmental, vocational, and psychological problems. The second reason was to help students recognize and learn

skills that will aid them in reaching and obtaining educational and life objectives. The third reason revolved around the notion of promoting issues related to mental health among students through the usage of consultation and outreach programs.

Counseling centers were expected to operate within the confines of the university mission and purpose and to remember that they are not mental health agencies. Therefore, counseling centers were required to focus on how to relate their services to the educational scope and mission of the university. This task was accomplished by providing data on important topics such as retention, outreach programs, teaching, and training resources which can be perceived as part of the universities mission (Bishop, 1995). In addition universities maintained databases of information in reference to the types of services rendered to students.

Over the years, mental health services provided in college and university settings were recognized as a specialized field. College mental health has come into its own professionally with “journals, organizations, conferences, and pre-postdoctoral programs” (Webb et al., 1997, p. 3). College mental health has been categorized as a specialization area due to the developmental nature and characteristics of the population being served, college students and their experiences (Webb et al.).

Counseling centers within the university setting were responsible to various parties. Centers had obligations to the individuals they serve, the institution, and their profession. Since centers were connected and responsible to various parties, they have been required to devise methods to satisfy their obligations to each party. This task has proved to be difficult. In order to help with this task, counseling centers should have

policies and procedures in place to handle such tasks (Gilbert, 1989). All too often policies and procedures were not developed for counseling centers to address certain situations that arose.

Many of the same factors affecting counseling services at community colleges have posed issues for 4-year institutions. Factors affecting colleges and universities include: “shifting demographics, increased competition for resources, health and safety needs, and a public focus on outcome measures” (Hodges, 2001, university counseling section, para. 3). Counseling centers in the 21st century were faced with scarce funding and have been pressured to provide more services to students with fewer available resources (Hodges). Counseling played a vital role in higher education institutions since World War II, and changing demographics produced university students who were older, mobile, diverse, and presented more serious emotional needs than in the past. The structure of university counseling centers has historically been appropriate for “white, residential, middle-class students who constitute the majority of college students until the most recent decade” (Hodges, 2001, summary section, para.1). Due to the demographic shift, colleges and universities were faced with the challenge of replacing outdated counseling models (Hodges).

The majority of 4-year colleges and universities provided some type of counseling services for students. However, the range of services provided by these institutions varied greatly. For example, some institutions have provided unlimited therapy for students while others have limited the number of sessions a student may receive per year. Some institutions have provided evening and weekend services; others have rendered services

provided by clinical psychiatrists, psychologists, licensed mental health counselors, licensed social workers and/or doctoral psychology students.

For institutions that have limited the number of counseling sessions a student may receive, the question has arisen as to the policy or procedure that is in place for those students requiring long term therapy. In some cases, off campus referrals may not be available and/or too expensive for students. This situation presented a dilemma for the institution as well as the counseling center (Bishop, 1995). Mental health counseling centers provided referrals to students for off campus services which are beyond their center's expertise and scope of services. However, the community agency may not always have acted upon the request in a timely fashion (Kadison, 2004). Moreover, students who have presented with more severe psychological problems have caused college counseling centers to experience difficulty with case management issues. The majority of campus counseling centers have put forth an effort to provide services to as many students as possible. In spite of their diligence, waiting lists for therapy have increased (Kadison). The majority of counseling centers struggled to operate efficiently on scarce budgets. With limited funding, it was been difficult to serve students who require more extensive therapy. This issue created ethical dilemmas for both the counseling centers and the university (Bishop).

Colleges have not necessarily had the luxury of referring students, who required more intense therapy than that typically provided by their own counseling centers, to off-campus agencies. The Americans with Disabilities Act (ADA) of 1990 prohibited "discrimination against people with disabilities in employment, public services, public

accommodations, and telecommunications” (The Americans, para. 1). The (ADA) has served to prohibit discrimination against persons with “mental, physical, and/or learning disabilities” (Hodges, 2001, standards of care section, para. 2), and mental illness has been considered to be a mental disability. It is this law that has made institutions of higher education responsible to students to provide and/or address issues pertaining to mental health.

It is important to note that many college and university practitioners have not established a standard policy of care. Hence, a variety of practices have existed among practitioners. For example, there has been no standardization in “diagnosis versus non-diagnosis, number of sessions, training and credentials of the practitioner, and/or the use of clinical assessments” (Hodges, 2001, standards of care section, para. 2).

Some campuses have tried new methods as a means of providing additional mental health services to students. An emerging trend of counseling centers has been to provide information via the Internet to students. In 2002, the Jed Foundation, a non-profit organization, began to provide online resources to students. The foundation provided a web site which “links students to their college counseling center and a library of mental health information” (Hoover, 2003b, parents on a mission section, para. 8). Using this resource, students have been able to access information pertaining to anxiety, eating disorders, depression, etc. Students have been informed about this service through orientation sessions, campus postings and email updates from the university (Hoover b). In utilizing this service, campuses have been able to provide resources to a larger number of students and help with prevention, outreach and awareness pertaining to various

mental health issues. The size, location, and community resource pool have played a vital role in the manner in which higher education institutions have provided services to students (Kadison, 2004).

### The Delivery of Services

The mission of the counseling center typically determined the nature and scope of many counseling centers. Gilbert (1992) addressed the need to define the center's mission as to the provision of long term psychotherapy or short term therapy to students. According to the American College Personnel Association (ACPA) Principle 2.5 "informs students of the conditions under which they may receive assistance" ACPA (as cited in Gilbert (1992), the ethics of restraint section, para. 4). This principle was intended to ensure that counseling centers clearly articulate to students their mission as well as treatment limitations (Gilbert 1992).

The delivery of services provided on college campuses has been significantly influenced by such variables as institutional size, location of the counseling center, demands to participate in administrative capacity, and the philosophy of the center's director regarding psychological services (Gilbert, 1989). Institutional size has affected services because small colleges have tended to possess a feeling of family and community. Small institutions have had a tendency to focus on general responsibilities as opposed to specialization, while larger institutions have been more fragmented. The location of the counseling center has also impacted the delivery and perception of mental health counseling services. Centers that have been housed with health services could be

perceived as being a part of the medical/psychiatric model whereas centers housed in student affairs could be viewed as less threatening and less like a medical model (Gilbert, 1992). Participation in an administrative capacity has also been likely to impact the delivery of services. The occurrence of a suicide on campus may cause much anxiety among students, faculty, and administration. Such an incident could place responsibility on the counseling center to accept mandatory referrals as well as participate in withdrawal decisions (Gilbert, 1992). Such directives would originate within the administrative realm.

Gilbert (1989) also believed that delivery of services could be affected by perceptions of the director. If, for example, a director perceived and viewed the counseling center as a clinical facility, the focus would be placed on psychotherapeutic approaches which have the tendency to be more rigid. This director would be less likely to take part in administrative decisions in contrast to the director who leaned toward a student development model, and might adopt a position supportive of student affairs positions.

Counseling centers offered a wide range of services to students. Centers offered group and individual psychotherapy, psychiatric services, psycho-educational services, psychological assessment and evaluation, career and vocational counseling, and consultation services to students, faculty and other employees (Keeling & Heitzmann, 2003). With the change in demographics, there has been an increasing need for flexibility in the provision of services for nontraditional, international, minority students, and athletes. In order to effectively achieve this goal, according to Bishop (1990), student

centers needed to consider extending their hours to evenings and weekends. In order to accommodate minority students and encourage them to utilize counseling, counseling centers have been encouraged to consider hiring multicultural counseling staff as well as counselors who possessed a multicultural philosophy and perspective.

The delivery of services provided by counseling centers was often directly linked to administrative policies, which limited the time frame of rendered services. These policies became prevalent in health maintenance organizations, community mental health centers as well as higher education mental health/counseling centers. As a result of such policies, university administrators were forced to develop alternative methods of serving students (Gyorky, Royalty & Johnson, 1994).

Due to scarce resources for mental health and counseling services, counseling centers were increasingly monitored and evaluated for cost efficiency and effectiveness of provided services; and healthcare and psychological services came under scrutiny (Cooper & Archer, 1998). According to Webb, Widseth & John (1997), outsourcing has presented a viable alternative. It was noted in University of Pittsburgh annual surveys that almost half of colleges and universities lacked a psychiatrist on staff. This impacted the ease with which students could receive prescriptions if needed. McGinn & Depasquale (2004) noted that this was likely to result in students being referred off campus to receive prescriptions and other types of treatments.

## Brief (Short-term) Therapy

Brief or short-term therapy, as a delivery model for providing mental health services, was the most utilized form of psychotherapy in higher education institutions. According to Yalom (1995), brief therapy was one of the most widely used forms of therapy for college students primarily due to economic factors. Under financial pressure to serve more students with less funding, administrators relied on brief therapy as one way to meet the challenges of providing mental health services to students (Gyorky, Royalty et al., 1994).

Brief therapy was selected as the choice therapy among colleges and universities for four reasons. First, researchers indicated that this type of therapy was effective with a wide range of students with varying problems. Second, the types of issues presented by college students were suitable for brief therapy. Such problems consisted of developmental, crisis, and/or situational issues. Third, brief therapy permitted large numbers of students to receive services and wisely used scarce resources. Fourth, brief therapy provided consultation to students pertaining to campus issues such as sexual violence and diversity issues (Cooper & Archer, 1999).

Brief therapy was utilized in crisis counseling situations which address such issues as poor grades, divorce of parents and/or relationship problems (Cooper & Archer, 1999). While brief therapy services were viewed as beneficial to students with less severe problems, it was not necessarily the most appropriate for students with more severe psychological problems or issues. For example, students faced with depression, anxiety disorders, rape, eating disorders, substance abuse or schizophrenia would require more

intensive long-term therapy which exceeds the limits of the brief therapy model. Cooper & Archer (1999) reported that:

Brief therapy could do more harm than good for clients with severe problems by creating false hope, reenacting abandonment experiences, setting up a situation that feels as if the therapist has misjudged the client's needs, or enabling the pathology to continue rather than being more effectively treated. (short-term intermittent counseling section, para.8)

According to Cooper & Archer (1999), an exact or standard definition for brief therapy has not been stated. Brief therapy has provided a variable number of sessions ranging from 1 to 40. Osberg (2004) noted that in certain circumstances or situations brief therapy, when utilized for mild developmental issues, may provide an adequate number of sessions for students. However, students presenting with more severe needs have also occasionally utilized services through on campus facilities "if their problems happen to coincide with an area of specialized, comprehensive offerings such as those frequently provided for common problems of the college population, including alcohol abuse, eating disorders, or sexual trauma (Cooper & Archer, 1999, referral processes section, para. 1). Many college students who received services from campus counseling centers have used brief therapy, short-term, or single session therapies successfully.

### Institutional Responsibility for Student Mental Health

There has been much debate among university administrators as to the degree of responsibility institutions should assume for the mental health of students. Kadison & DiGeronimo (2004) presented three basic perspectives representing the several views of different groups at colleges and universities. There are those who have been opposed to

providing mental health services for students. This group held the belief that institutions are not mental health counseling centers and that the main purposes of colleges and universities have been to promote learning, assisting students to clarify and accomplish both career and academic goals. A major concern of some who held this view was that increasing student services would lead to an increased liability for the institution (Franke, 2004). A second group advocated for keeping students mentally healthy and has stressed both the financial and academic benefits of keeping students in school. A third group suggested a middle ground which was supportive of providing treatment for students with mental health issues so that “their minds are freed to focus on their studies” (Osberg, 2004, p. 36).

Regardless of the perspective held, issues of mental health have become a widespread concern among 4-year higher education institutions across the United States. A survey conducted in 2003 by the American College Health Association reported that more than 40% of students indicated feeling depressed to a point that it was difficult to function, and 30% reported suffering from some type of anxiety disorder (McGinn & Depasquale, 2004). According to Gallagher, author of National Survey of Counseling Center Directors, “75% of work at counseling centers nationwide deals with psychological problems and only 25% career problems” (Hart, 2001, counseling center, para. 19).

The increased numbers of students committing suicide forced this topic to the forefront of the discussion at many colleges and universities and caused them to be proactive in dealing with serious mental health issues. New York University (NYU) has

developed several initiatives in order to provide students with more resources geared toward mental health issues. A 24-hour wellness hotline has been created, and provision was made for a follow-up visit to the student by campus police if so requested. In addition to these efforts the university has sent letters to incoming students requesting information as to whether students were taking medication, receiving counseling services, or require any other special need services (McGinn & Depasquale, 2004).

The University of Illinois at Urbana-Champaign was another university that took the issue of mental health among its students seriously. The university designated selected campus personnel to observe and report indicators of a student's potential of inflicting self-harm. Tragic events at Harvard University and Massachusetts Institute of Technology (MIT) prompted both universities to institute changes to improve mental health services offered on their campuses. Both created committees to "review and make recommendations about how to improve mental health services on campus" (Kitzrow, 2003, recommendations section, para. 2). At MIT, a recommendation of the committee to increase the budget for mental health services provided on campus resulted in an estimated \$838,000 budget allocation. The money was used to add staff members, offer screening and outreach services so as to encourage students to seek needed assistance and to provide services in a more timely fashion (Kitzrow). Each of the institutions discussed focused, to some extent, on identifying students in need of services. Franke (2004) addressed the difficulty in the identification process and the need for other campus personnel, i.e., professors, resident hall directors, who can identify early warning signs.

## Outsourcing Mental Health Services

Outsourcing or contracting with outside agencies for the delivery of counseling services became a topic of much debate and controversy within college counseling centers (Eddy, Spaulding, & Murphy, 1996). Outsourcing emerged, in part, as a reaction to decreased funding for public higher education. In addition, colleges and universities received fewer resources from private sources such as foundations and individual donors.

The topic of outsourcing mental health services in both two- and 4-year institutions became a frequently discussed issue. Throughout the country, managed healthcare and insurance companies approached administrators in reference to providing mental health care coverage to students, and colleges and universities were able to make very different decisions based on their campus and the services available from community agencies (Webb et al., 1997). Eddy, Spaulding & Murphy (1996) addressed factors which should be considered in making decisions to outsource services. These concerns were related to: (a) the extent of privatization's influence on the philosophy of student development, (b) the mission of the institution, and (c) the extent to which outside agencies would maintain both the professional and ethical standards which personnel in higher education strive to uphold.

The effectiveness and benefits of outsourcing counseling services were seen as being contingent on the location of the higher education institution and other factors such as students' insurance coverage and the university's relationships with other community agencies. Institutions with medical schools were able to offer a wider range of services to students as well as offer lower fees due to graduate students and interns rendering

services through internships and residency requirements (Kadison & DiGeronimo, 2004). Student insurance played a vital role in determining if students were eligible to receive services through outside agencies within the community. When school policies did not cover services, students were required to utilize their personal private insurance through a family policy if these policies covered services outside the students' local residence area (Kadison & DiGeronimo).

Outsourcing was attractive to institutions for its potential cost effectiveness; however, it sometimes proved to be more costly for students in terms of the services being offered by, as one example, limiting the number of sessions a student may receive. Likewise, the referral agency may "view the role of the counseling center from a psychiatric and medical perspective and omit any significant recognition of the broader educational and consultative roles that psychological services play on campus" (Ascher, as cited in Webb et al., p. 2). Outsourcing services was also problematic in that it had the potential to lead to an insurance company's dictating important treatment services such as the number of sessions, approved diagnoses that may receive services, type of treatment as well as require pre-approval for services (Keisler, as cited in Hodges, 2001).

Many counselors had mixed feelings in regard to outsourcing mental health services. Concerns were related to limited availability of services in certain communities, cost, the expense or practicality for students who work and only come to campus to attend classes and the likelihood of students taking time for follow-up appointments when a referral was initiated by a campus counselor (Bundy & Benshoff, 2000).

In reference to community colleges, counselors sometimes lacked the necessary skills to adequately accommodate students' needs. This necessitated a referral to an outside agency. In order for outsourcing to prove beneficial to students in these instances, an agreement between concerned parties, such as a referral process among various agencies in the community, should have been established (Durodoye et al., 2000). Some counselors tended to view outsourcing negatively. Outsourcing was viewed more appropriately as counselors providing students with needed services which cannot be provided on their particular campus (Durodoye et al).

Outsourcing was also considered as a feasible alternative because of financial constraints. In particular, this option was attractive to small institutions with small counseling centers though the potential disadvantages of differing philosophies or services provided off campus were noted. (Bishop, 1995). Stone and Archer (1990) suggested that outsourcing mental health services could prove to be contrary to the mission of the college counseling center since outside agencies may not place the same emphasis on such issues as student development, outreach programs, consultation, academic, and career counseling (Stone & Archer).

Webb et al. (1997) cited several advantages of having on campus counseling centers and counselors on both community college and university campuses. They acknowledged counselors' broader knowledge base regarding issues confronting students in their late teens and young adult years and an ability to consult with administrators in terms of issues confronting students. They also indicated that it was more likely that

knowledge could be used to develop programs that were educationally relevant and would support the institution's mission in helping its students.

### Legal Issues

The increasing numbers of students seeking counseling and mental health services on college campuses have presented colleges with a number of legal issues. Contributing to the complexity of legal issues and challenges was the lack of standardization of practices among higher education institutions as related to mental health counseling. Different institutions used a variety of methods to determine the existence of mental or emotional disabilities and the range and types of accommodations that should be granted (Gibson, 2000). Staffing of centers also varied with institutions choosing to employ practitioners who earned master's or doctoral degrees as well as choosing what they believe to be an appropriate combination of personnel ranging from psychiatrists and psychologists to mental health counselors or developmental counselors (Hodges, 2001).

Legal issues regarding mental health services in institutions of higher education centered on students and their relationships with the adults closest to them or their place in the campus environment. Arnstein (1995) identified important campus issues as: (a) access to records, (b) correspondence with parents and family, (c) laws pertaining to involuntary hospitalization, (d) providing for disabled students, and (e) disruptive mentally ill students.

Perhaps one of the most difficult and problematic issues pertaining to confidentiality was the notion of how to inform and contact parents about students'

potential to provoke harm on themselves or others (Franke, 2004). Although the release of information was clearly stated as prohibited by the American Psychological Association (APA), many parents insisted that they be privy to their child's mental health issues while attending a university. On the other hand, counselors held fast to the ethical principles and guidelines as set forth by the APA. One exception to disclosure of information was allowed when students were seeking or were at risk to harm themselves. Under emergency circumstances, others could be notified. Since each state interpreted these guidelines in its own way, confidentiality procedures varied from state to state (Franke).

Access to records was a primary concern within higher education. Counselors were not permitted to divulge information regarding a student's diagnosis without consent from the student. Faculty asserted that this policy served as a blinder for them in that they did not have access to knowledge of a "students potentially volatile state of mind. . .and leaves them defenseless against a classroom catastrophe and responsible for it" (Taylor, 2002, sticky patches section, para. 6).

Due to the Americans with Disabilities Act of 1990 (ADA), colleges and universities were forced to provide a variety of services to students with disabilities. Mental illnesses included in the ADA legislation to include such disorders as depression, schizophrenia, anxiety disorders, obsessive-compulsive disorders, and personality disorders (Gibson, 2000). As parents have increased in awareness of the law, they have become more vocal in demanding mental health services for students who need them. Mental health practitioners and counselors were required to consult with university

lawyers to obtain legal advice and guidance and were subjected to the extra pressure, time commitment, and anxiety brought on by these interactions. (Arnstein, 1995).

The ADA was also proven to be problematic for colleges and universities in addressing mandatory student withdrawal. Mandatory withdrawals were generally proposed when a student was battling with a serious mental illness or was recovering from a suicide attempt. The counseling director or dean of students was usually called upon to determine the duration of the withdrawal. The debate and conflict had arisen as a direct result of the ADA. Since mandatory withdrawal based on a mental illness was a violation of the ADA. Violation may occur because persons who meet criteria for ADA were entitled to “equal access, enjoyment, and benefit from program services, and activities in the most integrated setting possible” (Murray & Murray, 2002, p. 133). An exception to this right could potentially arise if the student posed as a threat or danger to him or herself or others. However, some campuses withdrew students for reasons which had not fallen within the previous category.

Just how prevalent and challenging legal issues have become for college counseling centers was reflected in several lawsuits filed against institutions of higher education, i.e., Harvard, Brown and MIT. The lawsuits were based on the notion that universities were negligent and that inadequate treatment was provided to students in regard to mental health issues. This type of litigation, unresolved at the time of this study, highlighted a number of issues focusing on the university’s role and responsibilities with reference to addressing and providing services to students (Kitzrow, 2003).

Ferrum College was reported to be the first American College to admit a shared responsibility in the death of one of its students who, as a freshman in 2000, committed suicide in his residence hall. The institution accepted responsibility for “errors in judgment and communication by college personnel” (Hoover, 2003a). Ferrum settled in court regarding this incident. In response to this incident and as part of the settlement agreement, the Virginia college agreed to modify and improve its procedures for crisis intervention and counseling services as well as overall services provided by student support staff (Hoover, 2003a).

#### Financing Mental Health and Counseling Services

As funding decreased for higher education institutions, counseling center funds and budgets declined as well. Demands for services, however, were increasing. A possible suggestion to alleviate this disparity was to limit the number of counseling sessions a student may receive. Numerous suggestions were presented to assist in alleviating funding problems. They included: (a) increasing private sources for funding, (b) charging students for services, (c) limiting the number of individual counseling sessions a student may receive, (d) focusing on providing group counseling, and (e) decreasing emphasis on both outreach and consultative models (Dworkin & Lyddon, 1991; Uffelman & Hardin, 2002).

Historically, a majority of colleges and universities received revenues to support health programs through two forms of funding: institutional funding and student fees (Keeling & Heitzmann, 2003). Institutional funding provided by the institution’s general

fund or account. However, the source of funding was dependent upon a variety factors such as “the governance of the institution (private or public), wealth (endowment), and financial structure (proportion of revenue derived from tuition) of the institution” (Keeling & Heitzmann, p. 43). Even though many variables existed, the common premise of a general fund has been that funds were allocated to support the institution’s operation and included provision for health programs/services. This form of funding has become less popular (Keeling & Heitzmann).

Bishop (1995) identified alternative methods, which were utilized by some colleges and universities to provide funding. These methods included fee-based services, third party payments, and mandatory fees paid by all students attending the institution. Fee-based services generated funds for services rendered to students. The fees for services were based on a low fee scale due to the population served, and revenue obtained for services was minimal. According to Bishop (1995) few colleges and universities used this method of funding because it had not produced an adequate amount of funding to maintain and sustain counseling centers operations.

Third-party insurance payments served as another form of funding for counseling centers. Few institutions, however, implemented this method as a source of funding due to several negative aspects: (a) amount of paperwork required to collect funds for rendered services; (b) changing policies of insurance companies under which diagnosis is covered under the plan; (c) impact on alumni of the university who, in later years, have experienced difficulty in obtaining health insurance. Insurance companies asserted that a student’s mental health illness was a pre-existing condition and denied (or charged a

considerably larger amount) for coverage. For this reason, many colleges and universities abandoned third party insurance as sources of payment for mental health services (Bishop, 1995). Mandatory fees assessed to all students were implemented on numerous college and university campuses and have proved to be particularly attractive in large colleges and universities. Student fees “emerged as the preferred method of paying for health services” (Keeling & Heitzmann, 2003, p. 43). Funds were generally collected as a separate charge for counseling or included as part of the health fee with the sole purpose using the collected revenue for health service programs (Keeling & Heitzmann).

Mandatory fees have only partially addressed the funding issue. Institutions learned of the disadvantage to relying on this type of funding as the sole source of counseling service funding. Bishop (1995) explained that funds collected from a mandatory imposed fee have typically been directly correlated to student enrollment, and a decrease in enrollment was accompanied by a decrease in funding. The decrease in enrollment may not, however, have been indicative of a decrease in the numbers of students requiring counseling services. Centers could face reduced funding with no commensurate drop in numbers of students needing services (Bishop, 1995).

The federal government attempted to provide some assistance. In light of financial shortages, Congress passed a bill that has had as its target the prevention of youth suicide. The bill known as the Garrett Lee Smith Memorial Act encompassed a competitive grant program which emphasized the improvement of services provided by campus mental health centers. It promised approximately \$82 million over a 3-year time span for efforts to identify and provide treatment to youths that were at risk for committing suicide. A

substantial portion of the funding (\$60 million) was to be allotted to states and tribes; an additional \$22 million was to be awarded to colleges and universities. In order to receive a portion of these funds, higher education institutions were required to compete for the grant funding which was to be overseen by the federal Substance Abuse and Mental Health Services Administration. Upon receiving the funds, campuses would be able to use the funding to make improvements in suicide outreach programs, provide training for faculty in reference to identifying students in crisis and make referrals to community mental health professionals. The bill prohibited the grant funding to be used to provide direct care to students such as counseling services (Congress Approves, 2004). At the time the present study was being conducted, the disbursement date of these funds had not been disclosed.

### Challenges Facing Counseling Centers

Bishop (1990) spoke to the need for counseling centers to change in order to be successful in meeting the challenges of a changing student population. Hotelling (1990) expanded on this thought in stating that counseling centers “must become known as effective contributors to the educational mission” (p. 620). Both Bishop and Hottelling emphasized the need for counseling center directors, using their managerial and supervisory skills, to serve as advocates and to inform the university community about the essential services provided by counseling centers. Bishop (1995) elaborated in his discussion of the potential need for directors to dedicate more time to administrative duties as well as become more active and involved in campus decision-making.

One of the major controversies surrounding the idea of more students requiring mental health services was a perceived lack of longitudinal data reporting. Bishop (2002) advocated for the need for counseling center directors to develop valid and reliable methods of reporting data to administrators regarding the number and severity of student's problems. In doing so, administrators, with access to reliable data, could more easily justify providing counseling centers with additional funding as well as other needed resources.

The majority of counseling centers provided short-term (brief) therapy to students. It was, however, been projected that the number of students requiring more intensive and long-term therapy will increase and counseling centers will need to devise a plan to meet these students' needs (Cooper & Archer, 1999). Long-term and intensive services consisted of providing services to students with psychiatric issues and those requiring monitoring services for medication. Additional staff and training were integral to accommodating long-term and more intensive therapy for students. Should campuses choose not to provide long-term intensive services, there would be a need to create relationships and partnerships with community agencies in order to provide the needed care.

As the literature review indicated, many counseling centers have not had standard policies for withdrawals, procedures of care or policies for crisis or emergency management. Counseling centers, dealing with more long term problems, need to create such policies and also clarify their relationships with community facilities to provide services. Rudd (2004) indicated that because counseling centers were at the center of the

debate regarding services, there was a need for centers to have a risk management officer as part of the team.

### Summary

This review of the literature addressed the evolution of mental health services at 2- and 4-year institutions of higher education. The types of services and demands on counselors at the respective institutions were presented. In addressing the delivery of services, literature regarding the responsibility of the institution, the legal challenges and funding issues was also reviewed. In the final section, challenges likely to be faced by campus counseling centers were discussed.

## CHAPTER 3

### METHODOLOGY

#### Introduction

This chapter describes the methodology and procedures used to gather information regarding the scope and range of services provided by higher education institutions as they relate to mental health counseling. The chapter will review the problem statement, the population, instrumentation, data collection, and data analysis procedures.

#### Problem Statement

This study sought to provide insight into the nature and scope of mental health services provided to students attending Florida's public community colleges and public universities through (a) determining which Florida public community colleges and public universities offer mental health counseling services to students, (b) the types of mental health counseling services provided by Florida community colleges and universities, (c) the types of problems and issues students were reporting to counseling centers, and (d) the scope of mental health counseling services as provided by Florida public community colleges and universities.

### Population

The population for the study consisted of 28 individuals from Florida community colleges and 11 individuals from Florida 4-year public institutions. Individuals who were asked to respond to the questionnaire were those persons who were overseeing/affiliated with mental health counseling services on a particular campus. In the case of those institutions that did not provide mental health counseling services, the questionnaire inquired as to the types of counseling services provided (i.e., academic and/or career). The names of the individuals affiliated with campus counseling and mental health counseling centers were obtained via the Internet. In reference to 4-year Florida public colleges and universities, the names of counseling center directors were obtained from the Internet on the International Association of Counseling Services web site. Institutions were also contacted by telephone in order to request the name of the individual overseeing counseling center services. The names of counseling center directors for community colleges were obtained by utilizing each institution's web site and by contacting the institution by telephone to determine the appropriate contact person.

### Instrumentation

The Counseling Center Questionnaire was the assessment instrument (Appendixes A and B) used in this study. The researcher developed the instrument which was reviewed and approved by her doctoral committee. This instrument was designed to gather information regarding counseling and mental health services provided by higher education institutions. Two versions of the questionnaire were finalized. One version was

designed for community colleges and the second for colleges/universities. Variations in the two surveys that were deemed necessary, due to different services provided by community colleges and colleges/universities, were finalized after reviewing the literature. The community college questionnaire was comprised of a total of 14 questions, and the university questionnaire contained a total of 16 questions. Respondents were instructed to provide brief responses by placing an X in an appropriate blank space or by completing fill in the blank statements with an honest response. In addition, respondents were provided a blank space on the last page of the questionnaire to share any comments, thoughts or concerns regarding the questionnaire. Item 1 on both instruments inquired of all respondents as to whether mental health services were considered to be an important resource for community colleges/universities to provide to students.

Items on the community college questionnaire were focused as follows: Item 2 pertained to the type of counseling services rendered. Items 3-5 requested information regarding the educational credentials of counselors and professional groups of individuals providing counseling services to students. Items 6-10 sought information regarding mental health issues. Items 11-13 called for demographic information about the respondents.

Items on the university questionnaire were used to gather data as follows: Item 2 requested information about counseling services. Items 3-9 inquired about mental health services, number of sessions allotted to students, fees, and mental health issues among students. Items 10-12 requested information about the educational credentials of

counselors and professional groups of individuals providing counseling services to students. Items 13-15 were demographic in nature.

### Data Collection

Because of the small population and the potentially even smaller number of respondents, special attention was given to the data collection process. To ensure higher return rates of the questionnaires, Dillman's (2000) five contact method was utilized. The first notice was a pre-notice letter informing respondents of the study and the importance of their participation and input. The second notice involved mailing the questionnaire, cover letter, and self-addressed postage paid envelopes. The third notice consisted of a note of appreciation mailed approximately one and a half weeks after the questionnaire was originally distributed. The fourth contact, a replacement questionnaire to non-respondents, was mailed approximately two weeks after the initial mailing of the questionnaire. The fifth contact consisted of a telephone call to non-respondents approximately a week after the fourth contact was made (Dillman).

Questionnaires were mailed to each of the 39 counseling center directors in the 28 Florida community colleges and 11 public 4-year institutions in Florida through the United States Postal Service. A cover letter was attached to each of the questionnaires along with two self-addressed postage paid envelopes. The two envelopes were enclosed for the purposes of returning the consent to participate form separately from the completed questionnaire. A token of appreciation was included in this mailing to further encourage respondents to participate in the study.

Initial contacts with potential respondents were made on February 9, 2005. After the first mailing, a total of 19 or 48.7% of the questionnaires had been returned. On March 10, 2005 when the data collection process was completed, a total of 27 questionnaires had been returned for a final usable return rate of 69.2%. All completed and returned questionnaires were used in the data analysis.

### Research Questions

This research was guided by the following questions:

1. Which Florida community colleges and Florida public universities are offering mental health counseling services to students?
2. What types of mental health counseling services do Florida community colleges and Florida universities provide?
3. What types of problems/issues are students reporting to counseling centers?
4. What is the scope of mental health counseling services as provided by Florida community colleges and Florida universities?

### Data Analysis

The Statistical Package for Social Sciences for Windows Version 11.0 (SPSS) was used to analyze data for the four research questions. Data were collected and analyzed by the researcher. Information was entered into SPSS for calculation of descriptive statistics. Results were displayed and discussed using frequencies, percentages, and bar graphs.

Research Question 1 was focused on Florida public community colleges and 4-year institutions and whether or not they provided mental health counseling services to students. Using a yes or no response choice, respondents indicated whether their institution provided these services (Item 7 for community colleges and Item 3 for universities). Frequencies and percentages, were calculated in order to determine which community colleges and 4-year institutions provided mental health services. Results were illustrated using bar graphs.

In regard to Research Question 2 as to the types of mental health services provided by Florida community colleges and 4-year institutions, responses to Item 2 on both questionnaires were analyzed. Response choices varied between the community college and university questionnaires due to the differences in services typically provided in 2- and 4-year institutions. Respondents were asked to place a check mark next to each item choice for which their institution provided service. Counseling choice categories for community colleges were: academic, career, developmental, group, individual, personal, and other. Counseling choice categories for universities were: academic, career, crisis intervention, couples, group, individual, multicultural, psychiatric consultation, psychotherapy, substance abuse, and other. Results for community colleges were presented using percentages and bar graphs.

Research Question 3 was concerned with the types of problems/issues students were reporting to counseling centers. Responses to Item 9 on the community college questionnaire and Item 8 on the university instrument were used to gather data for this question. Response categories were identical on both instruments and offered respondents

the opportunity to identify as many as appropriate from the following types of problems/issues: anxiety disorders, bi-polar disorders, depression disorders, eating disorders, schizophrenia, substance abuse and related disorder, and other. The results of the data analysis were discussed using frequencies, and percentages and displayed using bar graphs.

For Research Question 4 as to the scope of mental health counseling services provided by Florida community colleges and universities, data gathered using participant responses to Items 4 and 5 (community college) and Items 11 and 12 (university) on the respective questionnaires were analyzed. The scope of mental health counseling services was defined by (a) the educational credentials held by individuals who provided counseling services to students and (b) the professional groups of individuals who provided counseling services to students. Respondents were asked to check all that applied from two different listings. Categories for educational credentials included: bachelor's degree, master's degree, specialist degree, doctoral degree, licensure and medical degree. Categories for professional groups were: psychiatrist, psychologist, social worker, nurse, mental health counselor, pre-doctoral intern, post-doctoral intern, and other. Results were reported using frequencies and displayed using bar graphs in order to indicate the actual numbers of professional personnel in the respective groupings.

Secondary analysis on Items 5 and 6 on the university questionnaire was conducted in order to further investigate selected issues relevant to 4-year institutions. Item 5 focused on whether there was a limit on the number of counseling sessions a

student in a 4-year institution could receive. Item 6 was used to inquire as to the existence of a fee structure for mental health services. Respondents were asked for a yes or no response to each of these items. Data were reported using frequencies and percentages, and displayed in tabular form.

## CHAPTER 4

### DATA ANALYSIS

#### Introduction

The results of the assessment of mental health counseling centers at Florida public community colleges and universities are presented in this chapter and have been organized around the four research questions that guided the study. This study sought to determine which institutions were providing mental health services, the types of mental health counseling services provided, the types of problems/issues students were reporting to counseling centers, and the scope of mental health counseling services as indicated by credentials and categories of professionals at Florida community colleges and universities. The chapter has been organized to permit a description of the population followed by the presentation of the results of data analysis for each of the four research questions. Descriptive statistics including frequencies and percentages have been used in tabulating and reporting the data in narratives developed around each research question. Results have also been graphically displayed using bar graphs in a series of figures. Finally, secondary analyses were performed to further explore selected issues in 4-year institutions.

#### Description of the Population

A total of 39 questionnaires were mailed to Florida public community colleges and universities. A total of 27 questionnaires were returned yielding a return rate of

69.2%. Respondents were 20 individuals associated with community college counseling centers and 7 individuals associated with university mental health counseling centers. Respondents voluntarily agreed to participate in the study and completed a questionnaire developed by the researcher. Responses obtained from participants reflected mental health services provided by Florida public community colleges and universities counseling centers as of February, 2005 when the data were collected.

Efforts were made to identify responsible individuals at both community colleges and universities who could respond accurately to questions about mental health services at their respective institutions. Community college respondents (20) reported a variety of job titles as follows: Administrative Manager (1), Counselor (1), Department Coordinator (5), Dean (6), and Department Director (7). The university respondents (7) included: Associate Director (2) and Department Director (5).

All respondents were asked initially (Item 1) to indicate whether they believed that mental health services were an important resource for their institutions to provide to students. Of the 20 responding community college counseling officials, only 1 provided a negative response, while 19 replied affirmatively. All 7 of the university respondents indicated that counseling services were an important resource to be provided to students by the universities.

Respondents were also asked to describe the population they served. The community college questionnaire called for respondents to indicate the estimated percentages of students who were freshman and sophomores who utilized counseling services (Item 12). University respondents were asked to provide the same information

for classifications of freshman, sophomore, junior, senior and graduate students (Item 14). The percentages of all classifications of community college and university students who were reported as utilizing counseling services are displayed in Table 1.

Of the 20 community colleges who responded, 8 indicated that freshmen utilized counseling services more than sophomore students. Of these 8, a total of 4 indicated that between 70% and 100% of their clientele consisted of freshmen. The remaining 4 institutions indicated that slightly lower percentages ranging from 55% to 60% of their students requesting services were freshmen. Two institutions reported both classifications as 100% due to the current organization of advising and registration system at their particular institutions. Two community colleges indicated an equal (50%) utilization of counseling services among freshmen and sophomore students.

Two community colleges provided no response, 2 reported an answer of “not applicable”, and 2 community colleges indicated that they did not track this type of information. Only 1 community college indicated that higher percentages of sophomores than freshmen sought services.

In reference to the 7 universities and the populations they served, the picture was, for the most part, balanced among the five groups. For several institutions, the freshmen percentages were estimated at 30% or above. Sophomore percentages rarely exceeded 20%. Junior and senior clients typically ranged between 20% and 30%, rarely exceeding or falling below those two percentages. Graduate students as a group presented the most variance ranging from 0% to 18%.

Table 1  
Classifications of Students Utilizing Services

Institution	Freshman %	Sophomore %	Junior %	Senior %	Graduate %
Community Colleges					
1.	70	30			
2.	NA	NA			
3.	100	100			
4.	40	60			
5.	60	40			
6.	60	40			
7.	DNT	DNT			
8.	NA	NA			
9.	10	10			
10.	80	20			
11.	DNT	DNT			
12.	DNR	DNR			
13.	DNR	DNR			
14.	60	40			
15.	55	45			
16.	100	100			
17.	100	85			
18.	50	50			
19.	75	25			
20.	50	50			
4-Year Universities					
1.	30	20	20	20	10
2.	40	20	20	15	05
3.	16	12	31	22	18
4.	30	20	20	30	00
5.	18	16	25	26	15
6.	12	19	25	22	17
7.	18	17	28	19	18

Note. NA=Institution indicated not applicable; DNR=Institution did not respond; DNT=Institutional response that this information was not tracked.

The gender of students receiving counseling services was also investigated. Respondents were asked (Item 13 for community colleges and Item 15 for universities) to report the estimated percentages of male and female students receiving counseling services.

The 20 community college representatives reported the following: 1 institution responded with an answer of not applicable, 2 responded as not tracking these type of data, and 2 colleges provided no response. Only one community college reported males as utilizing more counseling services than females. Of the 14 community colleges who indicated that females sought counseling services in greater percentages than males, 12 indicated that between 60% and 65% of their student clients were female. The remaining 2 institutions identified female percentages as between 70% and 75%.

In reference to universities, all 7 reporting institutions indicated female students as utilizing counseling services more than male students. Four of the institutions indicated that 70% of their student contacts were from females, and the remaining 3 indicated percentages of females between 62% and 69%. Complete data respective to gender for community colleges and universities are displayed in Table 2.

Table 2  
Gender of Students Receiving Counseling Services

Institutions	Male Student %	Female Student %
Community Colleges		
1.	70	30
2.	DNT	DNT
3.	30	70
4.	25	75
5.	NA	NA
6.	DNT	DNT
7.	DNR	DNR
8.	35	65
9.	37	63
10.	40	60
11.	39	61
12.	DNR	DNR
13.	40	60
14.	40	60
15.	35	65
16.	35	65
17.	37	63
18.	40	60
19.	35	65
20.	36	64
4-Year Universities		
1.	30	70
2.	30	70
3.	30	70
4.	35	65
5.	30	70
6.	31	69
7.	38	62

Note. NA=Institution indicated not applicable; DNR=Institution did not respond; DNT=Institutional response that this information was not tracked.

### Research Question 1

Which Florida community colleges and Florida public universities are offering mental health counseling services to students?

According to the 20 respondents from Florida public community colleges, only 5 (25%) of the institutions offered mental health counseling services to students. The remaining 15 respondents (75%) of Florida public community colleges reported that they had not provided mental health counseling services to students. Institutions that did not offer mental health services to their students indicated that they referred students to off-campus agencies in order to receive mental health counseling services.

All 7 (100%) of the public 4-year institutions who responded to the survey indicated that they were offering mental health counseling services to their students.

Figure 1 illustrates the extent to which community colleges and 4-year institutions were assuming responsibility for providing mental health services to students.

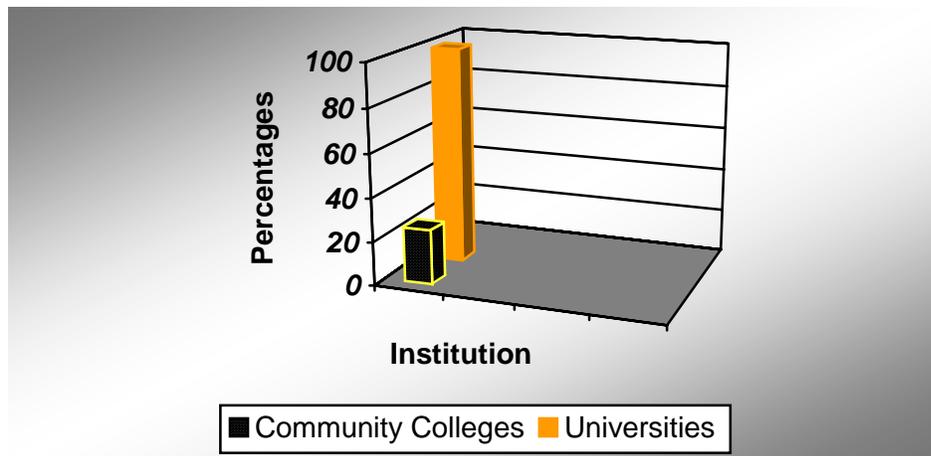


Figure 1. Institutions Providing Mental Health Services (Comm. Coll. n=5); (Univ. n=7)

## Research Question 2

What types of mental health counseling services do Florida community colleges and Florida universities provide?

Analysis of the data as to types of mental health counseling services by Florida community colleges and public universities was limited to that acquired from the five community colleges and seven 4-year institutions who indicated they did provide services. Response choices displayed on both questionnaires varied due to the differences in services typically provided in 2- and 4-year institutions.

For community colleges, response choices as to types of services were: academic, career, developmental, group, individual, personal and other. The 5 community colleges providing mental health services to students did so through Group, Individual, Personal, and Other (Crisis) counseling. The results for the 5 are graphically displayed in Figure 2. Of the 5 community colleges, 3 (60%) provided Group Counseling. Four (80%) of the community colleges reported using Individual Counseling to provide mental health service to students. All (100%) indicated using Personal Counseling as a means of providing mental health services on their campuses. One (20%) of the community colleges reported, using the Other category, that they provided Crisis Counseling to students.

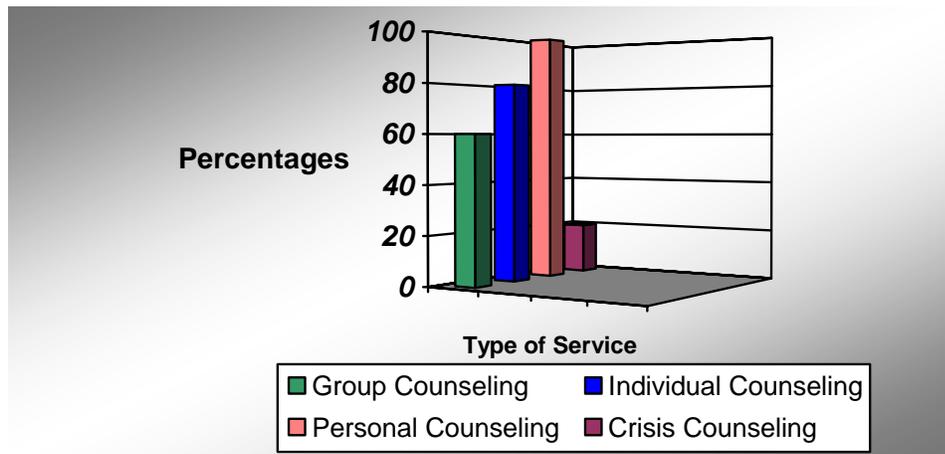


Figure 2. Community Colleges: Mental Health Services Provided (n=5)

For 4-year universities, response choices as to types of services were: Crisis, Individual, Multicultural, Psychotherapy, Psychiatric Consultation, Couples, Group, Substance Counseling, and Consultation and Referral. Couples, Substance Abuse and Group Counseling were provided by 6 (85.7%) of the institutions. All 7 institutions provided Crisis, Psychotherapy, Individual Counseling, Psychiatric Consultation, and Multicultural Counseling services to students. Three (42.9%) of the universities reported providing other types of counseling to students.

Of the 3 universities that reported using the Other category, only 1 identified the name of the provided type of service (Consultation and Referral). The remaining 2 institutions simply checked the Other box without an explanation of the mental health services rendered to students. Figure 3 displays the mental health services provided by the seven 4-year universities who participated in the study.

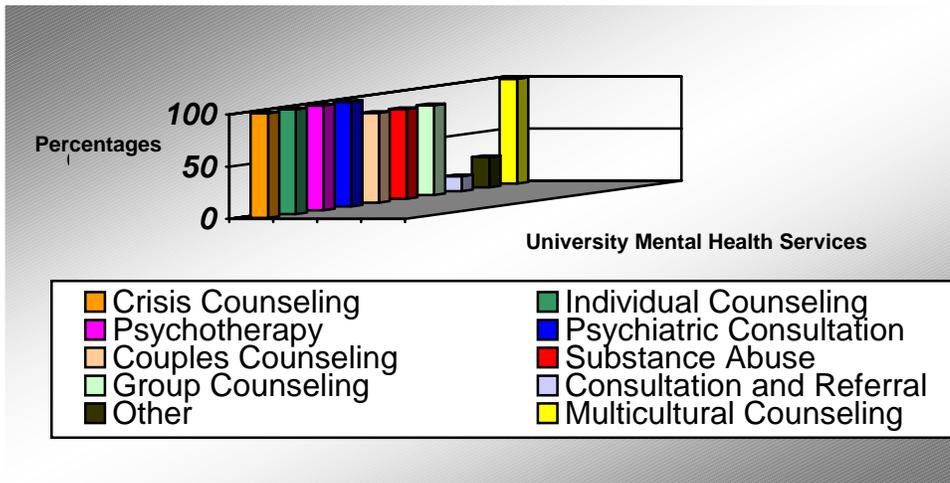


Figure 3. Universities: Mental Health Services Provided (n = 7)

### Research Question 3

What types of problems/issues are students reporting to counseling centers?

Data used in the analyses associated with this research question were obtained from identical response categories on both the community college and the university questionnaires. Respondents had the opportunity to identify as many as appropriate, of the mental health problems that students were experiencing, from the following types of problems/issues: anxiety disorders, bi-polar disorders, depression disorders, eating disorders, schizophrenia, substance abuse and related disorder, and other.

Counseling officials from the 5 community colleges, which offered mental health services, reported that in their counseling centers students had been noted to be experiencing a variety of mental health problems. Figure 4 displays these responses.

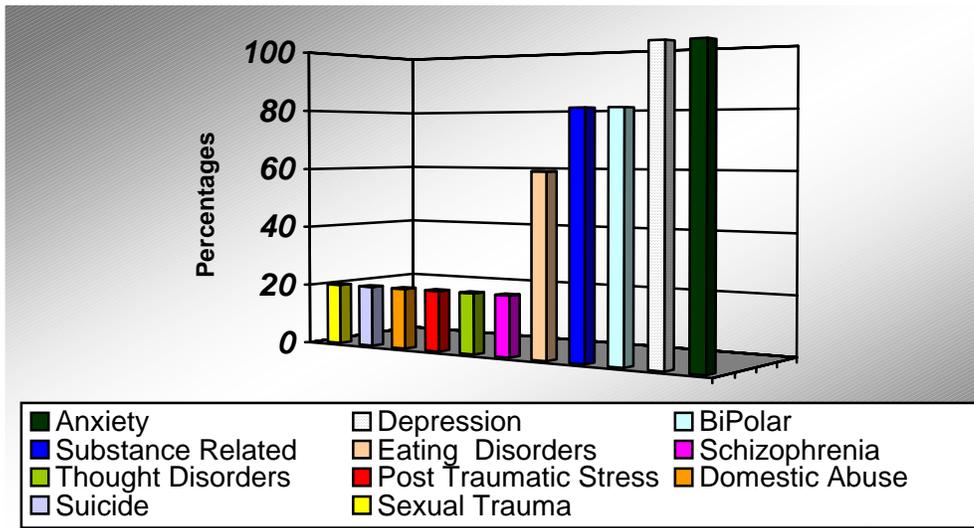


Figure 4. Community Colleges: Problems Reported by Students (n=5)

Of the 5 community college respondents, all (5, 100%) indicated that students seeking assistance at their counseling centers were experiencing Anxiety Disorders and Depression. Four (80%) indicated that students presented themselves for assistance due to issues related to Bi-polar conditions and Substance Related Disorders. Three (60%) of community college respondents reported seeing students in their counseling centers due to Eating Disorders. One respondent (20%) indicated having worked with students who had experienced Schizophrenia. Issues listed in the Other category were: Thought Disorders, Post Traumatic Stress, Domestic Abuse, Suicide, and Sexual Trauma. In response to a follow up question (Survey Item 10), all (5, 100%) counseling center officials indicated that Depression was the most frequently reported mental health issue among students at their institutions.

Figure 5 displays data related to the types of problems reported to university counseling centers. University counseling officials reported a wide variety of problems were being experienced on their campuses.

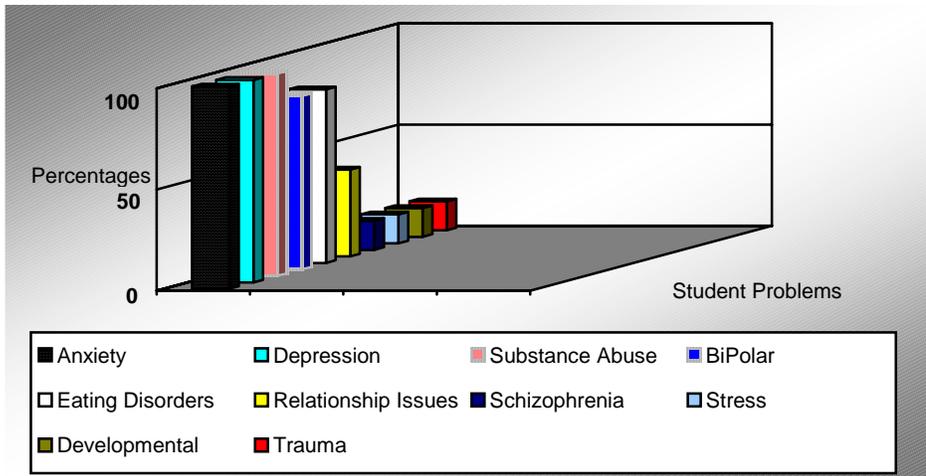


Figure 5. Universities: Problems Reported by Students (n=7)

All of the reporting institutions (7, 100%) indicated their counseling centers were seeing students who were experiencing Anxiety, Depression, and Substance Abuse Disorders. Six (85.7%) of the universities indicated that students were experiencing Bi-Polar and Eating Disorders. Three (42.9%) of the universities reported students had experienced relationship issues. Schizophrenia, Stress, Developmental, and Trauma were reported by one (14.3%) institution. Based on analysis of responses to a follow up question (Survey Item 9), Depression was reported by 3 of the 7 institutions as the most frequently cited mental health issue reported by students to university counseling centers.

Figure 6 illustrates the similarity in frequently reported issues and problems reported by Florida community colleges and universities. Depression related and Anxiety

disorders were the problems students were bringing to counseling centers in all of the institutions.

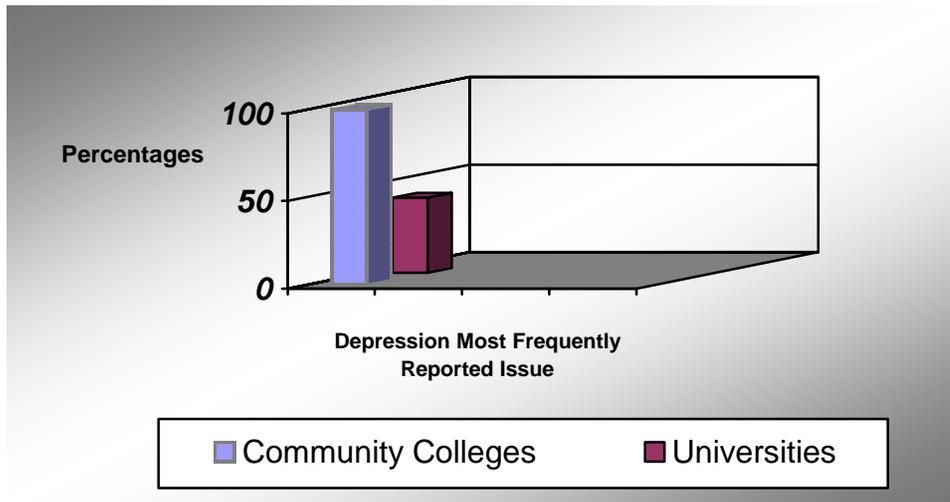


Figure 6. All Institutions: Most Frequently Reported Problems by Students  
(Comm. Coll. n=5) (Univ. n=7)

#### Research Question 4

What is the scope of mental health counseling services as provided by Florida community colleges and universities?

The scope of mental health services provided by Florida community colleges and universities varied considerably. Scope was defined by (a) the educational credentials held by individuals who provided counseling services to students and (b) the professional groups of individuals who provided counseling services to students. Categories for educational credentials included: bachelor's degree, master's degree, specialist degree, doctoral degree, licensure and medical degree. Categories for professional groups were:

psychiatrist, psychologist, social worker, nurse, mental health counselor, pre-doctoral intern, post-doctoral intern and other.

Figure 7 displays the educational credentials held by individuals providing services on community college and university campuses as indicated by responding counseling center officials. The 20 Florida public community colleges reported a total of 114 educationally credentialed professionals providing counseling services to students at their institutions: 13 individuals with bachelor’s degrees, 78 master’s degrees, 3 specialist degrees, 11 doctoral degrees, and 9 licensure credentials. A majority of the professionals who provided services to students possessed a master’s degree.

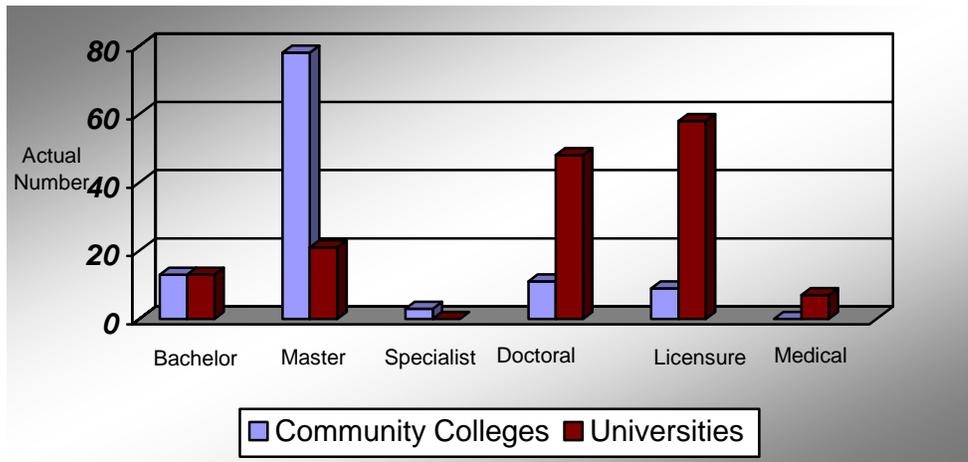


Figure 7. Educational Credentials of Community College and University Counselors

The seven 4-year institutions reported a total of 147 educationally credentialed professionals providing counseling services on their campuses as follows: 13 bachelor’s degrees, 21 master’s degrees, 48 doctoral degrees. A total of 58 individuals providing

mental health counseling services held licensure credentials. Only 7 of the professionals held medical degrees, and they comprised the smallest group.

In the 5 public community colleges who responded to the questionnaire, mental health services were primarily provided by three groups of professionals: 28 mental health counselors, 5 social workers, and 19 Other. The Other category included 7 individuals classified as general counselors and 12 individuals reported as Other with no specific title.

For the 7 responding 4-year institutions, professional groups providing mental health counseling services to students in Florida universities totaled 100 individuals representing eight different professional groups. The professional groups varied greatly and ranged from psychiatrists to post-doctoral practicum students. A total of 10 psychiatrists and 43 psychologists were identified as providers of mental health services to students. Other groups included: 5 social workers, 1 nurse, 12 mental health counselors and 12 pre-doctoral interns, 6 post-doctoral students, and 11 individuals who were classified as others who provided services. Of the 11 individuals reporting Other, 1 institution indicated other to be residents and another institution reported 10 individuals with no specific title as Other.

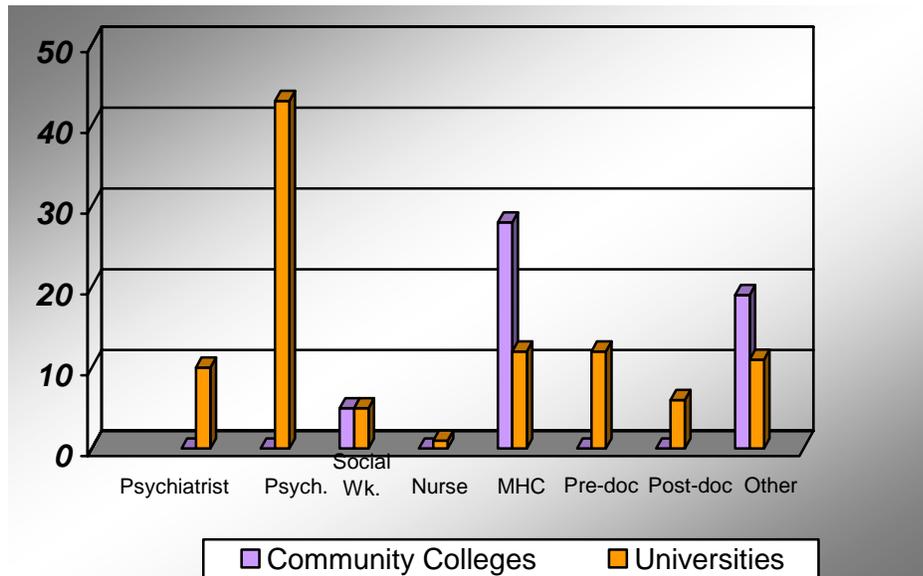


Figure 8. Professional Groups in Community Colleges and Universities Providing Counseling Services. (Comm. Coll. n=5) (Univ. n=7)

Note. Psych=Psychologists, Social Wk=Social Work, MHC=Mental Health Counselors, Pre-doc=Pre-doctoral, and Post-doc=Post-doctoral.

### Secondary Analyses

In addition to the analysis of data related to the four research questions, data on two particularly relevant issues in many 4-year institutions were subjected to further analysis. University counseling officials were queried (Item 5) as to the limits imposed on the number of counseling sessions a student could receive. Over half, 4 of the reporting institutions (57.1%), indicated that there was no limit, while the remaining 3 (42.9%) stated that a limit was imposed. Respondents were also asked about their institutions' fee structures (Item 6). Of the 7 responding institutions, 6 (85.7%) indicated that there was

no fee charged for students to receive counseling services. Only one (14.3%) university reported assessing a fee to students for utilizing mental health counseling services.

## CHAPTER 5

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

The purpose of this chapter is to review the problem statement, the population, instrumentation and data analysis. Also included within this chapter are a summary, discussion of the findings, conclusions and recommendations for practice based on the four research questions. The chapter concludes with recommendations for future research.

#### Problem Statement

This study sought to provide insight into the nature and scope of mental health services provided to students attending Florida's public community colleges and public universities through (a) determining which Florida public community colleges and public universities offer mental health counseling services to students, (b) the types of mental health counseling services provided by Florida community colleges and universities, (c) the types of problems and issues students were reporting to counseling centers, and (d) the scope of mental health counseling services as provided by Florida public community colleges and universities.

### Population

The population of this study consisted of 28 representatives of 28 Florida community colleges and 11 representatives of the 11 Florida 4-year public institutions. Individuals who were asked to respond to this questionnaire were persons who were overseeing or affiliated with the respective institutions' mental health counseling services. With respect to those institutions that did not provide mental health counseling services, the questionnaire inquired as to the types of counseling services that were provided. The names of the individuals affiliated with campus counseling and mental health counseling centers were obtained via the Internet. In reference to 4-year Florida colleges and universities, the names of counseling center directors were secured via the Internet using the International Association of Counseling Services web site. Institutions were also contacted by telephone in order to request the name of the individual who oversaw counseling center services. The names of counseling center directors for community colleges were obtained by utilizing each institution's web site and contacting the institution by telephone to determine the appropriate contact person.

### Instrumentation

The Counseling Center Questionnaire, developed by the researcher, was the assessment instrument used in this study. The instrument was designed specifically to gather information pertaining to counseling and mental health services provided by Florida public community colleges and universities. Two versions of the questionnaire were used. One version was designed for community colleges and the second for

universities. The community college questionnaire was comprised of a total of 14 questions, and the university questionnaire contained a total of 16 questions. Respondents were asked to provide information through a variety of methods such as placing an X in an appropriate blank space or providing a short answer in a blank space. Also, respondents were provided space on the last page of the questionnaire to share comments or thoughts pertaining to the questionnaire.

Items on the questionnaires inquired about such topics as the type of counseling services rendered, the number of sessions allotted to students, the fees for mental health services, the counselors' credentials and professional preparation, the mental health issues encountered, and demographic information.

### Data Collection

Due to the small population of potential respondents, special attention was focused on the data collection method. To ensure the highest possible return rates of questionnaires, Dillman's five contact method was utilized. Data were collected through the use of two questionnaires, one for community colleges and one for colleges and universities.

Questionnaires were mailed to each of the 39 counseling center directors in the 28 Florida community colleges and 11 public 4-year institutions in Florida through the United States Postal Service. A cover letter was attached to each of the questionnaires with two self-addressed postage paid envelopes. The two envelopes were enclosed for the purpose of returning the consent to participate form separately from the completed

questionnaire. Because of the small population size, a token of appreciation was enclosed in the mailing to further encourage respondents to participate in the study.

Initial contacts with respondents were made on February 9, 2005. After the first mailing, a total of 19 or 48.7% of the questionnaires had been returned. On March 10, 2005 when the data collection process was completed, a total of 27 questionnaires had been returned, yielding a final return rate of 69.2%.

### Data Analysis

The completed questionnaires were analyzed using the Statistical Package for Social Sciences for (SPSS) Windows, Version 11.0 for the four research questions. Analysis of the data was completed and collected by the researcher. Information was coded and entered into SPSS for calculation of descriptive statistics, which included frequencies, percentages, and bar graphs.

### Summary and Discussion of Findings

The summary and discussion of the findings which follow resulted from the analysis of the data collected. The section which follows has been organized around the four research questions that guided the study.

### Research Question 1

Which Florida community colleges and Florida public universities are offering mental health counseling services to students?

Respondents from both community colleges and universities were asked to indicate whether or not their institutions provided mental health counseling services to students. Counseling officials were asked to respond by answering yes or no. Only 5 (25%) of the 20 community college respondents indicated that their institutions provided mental health counseling services; thus, 15 (75%) of Florida public community colleges did not provide mental health services to students. With respect to Florida public universities, all 7 (100%) of the responding institutions reported that they had provided mental health counseling services to their students.

The findings of this study were consistent with those of other descriptive studies of community colleges. Studies conducted by Bundy and Benshoff (2000), Dean & Meadows (1995), and Stuber and Otto (1995) reported that few community colleges provided mental health services to students. Bragg (2001) indicated that, traditionally, community colleges have focused on vocational, developmental, transfer, continuing education, and community services in contrast to mental health counseling services for students. Durodoye, Harris, and Bolden (2000) indicated that community college counselors have increasingly been forced to address issues related to mental health counseling services that were provided to students.

In regard to 4-year universities, findings in this study were consistent with research by Boyd et al. (2003) as well as Webb, Widseth and John (1997) who indicated

that the majority of universities provided mental health services to students using a variety of methods.

### Research Question 2

What types of mental health counseling services do Florida community colleges and Florida universities provide?

Results of the analysis of data regarding types of mental health counseling services provided by Florida community colleges and universities were limited to information reported by the 5 community college and 7 university representatives who indicated that their institutions provided mental health counseling services to students. Of the 20 community colleges that responded to the questionnaire, only 5 indicated that they provided mental health services to students. Community colleges provided mental health services to students in a variety of ways including (a) Group Counseling, (b) Individual Counseling, (c) Personal Counseling, and (d) Crisis Counseling. Personal Counseling services were provided by all five of the community colleges. Four of the five community colleges provided Individual Counseling. Group Counseling was offered to students by 3 of the 5 institutions, and 1 of the 5 community colleges provided Crisis Counseling for students when they needed it.

Four-year institutions provided myriad mental health counseling services to students. All 7 of the participating institutions offered the following counseling services: Crisis, Psychotherapy, Individual, Psychiatric Consultation, and Multicultural. A total of 6 of the 7 seven higher education institutions provided Couples, Substance Abuse and Group Counseling services. In terms of Other types of counseling services rendered, 3

institutions indicated this option. One institution defined Other services provided to students as Consultation and Referral. The other 2 institutions did not specify their Other services.

The findings of this study, that community colleges and universities differed in the nature and scope of rendered mental health counseling services to students, were consistent with the literature review. Typically, universities have provided a broader range of services than community colleges primarily because of their institutional mission. Traditionally, the community college's mission with respect to counseling has focused on providing counseling services related to vocational and academic concerns (Bragg, 2001). The mission of 4-year institutions has extended beyond that of community colleges in that it has encompassed providing services to students regarding personal issues, vocational, developmental, and psychological problems (Boyd et al., 2003).

### Research Question 3

What types of problems/issues are students reporting to counseling centers?

Florida public community colleges reported students to have experienced varied issues and problems. Anxiety and Depression were reported by all 5 institutions as an issue or concern among students. Four institutions reported students as having experienced Bi-Polar and Substance Abuse Disorders. Three of the community colleges indicated Eating Disorders as an issue or concern. One institution reported Schizophrenia as an issue. Institutions also had the option of indicating a response in the Other category.

Issues or problems listed in this category were Thought Disorders, Post Traumatic Stress, Domestic Abuse, Suicide, and Sexual Trauma. According to a follow-up question on the survey instrument, Depression was the most frequently experienced issue or problem reported to Florida public community college counseling centers.

As for universities, students reported to counseling officials a number of problems being experienced. All (100%) of the 7 universities indicated counseling centers were seeing students who were experiencing Anxiety, Depression, and Substance Abuse related Disorders. Six of the universities reported students to have experienced Bi-Polar and Eating Disorders. Three universities indicated that students experienced Relationship issues. Schizophrenia, Stress, Developmental, and Trauma issues were cited by only one institution.

Two consistent findings were noted among Florida public community colleges and universities. First, Depression was indicated as the most frequently occurring issue among students at both community colleges and universities. Second, Schizophrenia was reported least among both community colleges and universities as an issue affecting students on their campuses.

Again, these findings were consistent with research by Boyd et al., (2003), Goode (2003), Hoover (2003b), and Keeling and Heitzmann (2003). The findings in this study were also supported with research by MacDonald (2004) who reported that the percentage of students with a diagnosis of depression had increased from 10.3% to 14.9% during a 4-year period. Additional consistent information was reported by Voelker (2003)

who indicated an increase of 21% in the numbers of students seeking counseling services during the time period from 1988-99. From 1996-2001, the percentage increased by 41%.

#### Research Question 4

What is the scope of mental health counseling services as provided by Florida community colleges and universities?

The 20 Florida public community colleges reported a total of 114 educationally credentialed professionals providing counseling services to students. Individuals who held master's degrees provided a majority of the counseling. A total of 13 persons held bachelor's degrees, 11 had earned doctoral degrees, and 9 persons were credentialed and licensed in their profession.

Four-year institutions indicated a total of 147 educationally credentialed professionals who provided counseling services to students on their campuses. The largest group of individuals who rendered counseling services to students was comprised of 58 persons with licensure credentials. The second largest group was 48 individuals with doctoral degrees. The third largest group included 21 persons with masters degrees. The fourth group consisted of individuals who held bachelors degrees. The smallest group who provided services included 7 persons with medical degrees.

There were three groups of professionals who provided counseling services to students attending five of the public community colleges. Mental health counselors (28) comprised the largest group and a majority of mental health services. A total of 19 persons were reported as Other. Of this group, a total of 7 of the individuals were

categorized as general counselors, and 12 were identified as having no specific title. The professionals providing the smallest group of service providers were five social workers.

Groups of professionals providing counseling services at 4-year institutions were comprised of 100 persons representing 8 different professional groups. Psychologists were the largest represented group with 43 persons. The second largest group were 12 mental health counselors, 12 pre-doctoral interns and 6 post-doctoral interns. The third largest group was comprised of 10 psychiatrists followed by 6 doctoral interns, 5 social workers, and 1 nurse. Finally, 11 persons were reported as belonging to Other professional groups. With the exception of Resident (1), no specific Other titles were provided.

These findings were consistent with the research of Hodges (2001) who reported counseling staffs were comprised of a combination of professionals from various professional groups such as psychiatrists, psychologists and mental health counselors. Pistole (2001) suggested that professionals providing services in the mental health field have roots in a variety of disciplines such as counseling, education and psychology.

### Secondary Analysis

An analysis of data was also conducted on additional survey items which yielded other important information pertaining to mental health counseling services rendered by Florida public 4-year institutions. Respondents were asked if limits were placed on the number of counseling sessions a student could receive and if fees were charged for services.

Of the 7 responding 4-year institutions, 4 reported no limit on the number of sessions a student could receive. A review of the literature presented mixed results with some institutions limiting the number of sessions while others did not (Bishop, 1995).

Six institutions reported their institutions did not charge students for mental health counseling services. Only one institution charged students for services. The findings of this study supported research conducted by Bishop (1995). Bishop asserted that only a few universities have used a fee based type of service for providing mental health counseling services, because it did not generate an adequate amount of funding to maintain and sustain counseling operations.

### Conclusions

This study sought to determine the nature and scope of mental health counseling services provided by Florida community colleges and Florida public universities by determining which Florida community colleges and universities were offering mental health services, the types of mental health counseling services provided by Florida community colleges and universities and the types of problems and issues students were reporting to counseling centers. Based on a review of the literature and the research findings the following conclusions were drawn.

1. It was concluded that the majority of Florida public community colleges did not provide mental health services to students. This conclusion was supported by findings in this study of 20 Florida public community colleges who

responded to the questionnaire. Only 5 (25%) provided mental health counseling services to students.

2. It was concluded that Florida public universities did provide mental health counseling services to students. This conclusion was supported by findings from this study indicating that all 7 of the responding 4-year institutions provided mental health counseling services to students attending their institutions.
3. It was concluded that Florida public community colleges offered less mental health services to their students than did Florida 4-year institutions. This conclusion was supported by findings in this study which reported the various types of services rendered by both community colleges and universities.
4. It was concluded that Florida public community colleges and universities reported students to have experienced many of the same types of issues or problems. This conclusion was supported by findings in this study that indicated all five community colleges and seven universities had students experiencing Anxiety, Depression, Bi-Polar Disorders, Substance Abuse, Eating Disorders, and Schizophrenia.
5. It was concluded that Depression was the most frequently reported mental health issue among students attending both Florida public community colleges and universities. This was supported by findings in this study that indicated that all 20 (100%) of community colleges and 7 universities

indicated that students experiencing depression was their most frequent mental health occurrence.

6. It was concluded that those individuals with master's level credentials rendered the majority of mental health services provided by Florida community colleges. This conclusion was supported by findings in this study reporting a total of 100 individuals as providing mental health counseling services to students, 78 of whom held master's level educational credentials.
7. It was concluded that persons who held licensure credentials provided the majority of services in 4-year institutions. This conclusion was supported by findings in this study that the largest group who provided mental health services was comprised of 58 individuals who held licensure credentials.
8. It was concluded that the professional group of mental health counselors provided the vast majority of mental health services in Florida public community colleges. This conclusion was supported by the finding in this study that mental health counselors were the largest group of providers of counseling services to community college students.
9. It was concluded that the professional group comprised of psychologists provided the bulk of counseling services to university students. This group contained the largest number of providers of mental health services on 4-year university campuses.

### Implications and Recommendations for Practice

In this study, a small percentage (25%) of Florida community colleges provided mental health counseling services to students. While community college administrators have acknowledged the steady increase in the numbers of students seeking counseling services, little has been done to provide more mental health counseling services for these students. Community colleges could devote more effort toward generating more funding and resources to be allocated to mental health counseling services.

Community colleges should seriously focus on providing and strengthening mental health counseling services on their campuses. Students are entering community colleges with serious psychological needs which require mental health counseling services. A gap appears to exist between services rendered in secondary schools, community colleges, and 4-year institutions with community colleges being in the center of the gap.

Also, 2-year institutions could re-vamp current models of counseling with efforts to serve the needs of the 21<sup>st</sup> century student. A possible recommendation for re-vamping counseling services could consist of community college administrators providing more training, continuing education coursework and staff development for counselors in reference to mental health counseling rendered to students. Bundy and Benshoff (2000) suggested that community colleges survey students in order to assess their need for personal and mental health counseling needs.

In regard to 4-year institutions, it is recommended that current models of counseling services be revisited and that attention be devoted to improving the currently

uneven policies and procedures for university mental health counseling centers. Also, 4-year institutions should consider a method which would allow counselors more time to provide counseling to students who present with more severe psychological problems. The practice of many institutions has been to refer students with more severe issues to off campus agencies. This has created long periods of time when students could not receive counseling services because of such issues as their inability to pay and the difficulty of coordinating fiscal issues such as student insurance.

#### Recommendations for Future Research

The following recommendations regarding future research have been made based on the research conducted in this study. The recommendations are:

1. This study was limited to Florida public community colleges and universities. Additional research using a larger sample size of all of Florida's public and private higher education institutions could be conducted.
2. This study could be expanded to gather information pertaining to mental health counseling services provided in other states. Results of this study indicated that only a few of Florida's community colleges provided mental health services to students, and the literature review indicated that the few published research articles on the topic were focused on personal counseling services at community colleges. Research could be broadened to study a range of services. Pilot programs could be conducted to test the need for and economics of expanded services.

3. The results of this study indicated that various 4-year institutions rendered a wide range of mental health counseling services. Further research could be focused on size and location as well as the impact of an institution having a medical school and the scope of offered mental health services.

APPENDIX A  
COMMUNITY COLLEGE QUESTIONNAIRE

Counseling Center Questionnaire: Community College

Tito Benjamin, Ed. S

START HERE

Please read each question and answer by marking the appropriate box with an **X**.

1. **Are mental health services an important resource for community colleges to provide to students?**

- No
- Yes

2. **What types of counseling services are provided to students?**

- Academic
  - Career
  - Developmental
  - Group
  - Individual
  - Personal
  - Other \_\_\_\_\_
- \_\_\_\_\_

3. **How many counselors serve your institution?**

\_\_\_\_\_

4. **How many of the counselors have:**

Bachelor's Degree \_\_\_\_\_  
Master's Degree \_\_\_\_\_  
Specialist Degree \_\_\_\_\_  
Doctoral Degree \_\_\_\_\_  
Licensure \_\_\_\_\_

5. **Who provides counseling services to students at your institution? Please Indicate by number.**

Psychiatrists \_\_\_\_\_  
Psychologist \_\_\_\_\_  
Social Worker \_\_\_\_\_  
Nurse \_\_\_\_\_  
Mental Health Counselors \_\_\_\_\_  
Pre-doctoral Interns \_\_\_\_\_  
Post-doctoral Practicum Students \_\_\_\_\_  
Other \_\_\_\_\_

6. **Does your institution refer students to off campus agencies for mental health counseling services?**  
 No  
 Yes
7. **Does your institution provide mental health counseling services to students?**  
 No (Proceed to question 11)  
 Yes (Proceed to question 8)
8. **Are the services provided on campus?**  
 No  
 Yes
9. **What mental health problems are students experiencing in your counseling center? Select all that apply.**  
 Anxiety Disorders  
 Bi-Polar Disorders  
 Depression disorders  
 Eating Disorders  
 Schizophrenia  
 Substance Related Disorders  
 Other \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
10. **What is the most frequently reported mental health issue among students at your institution?** \_\_\_\_\_  
 \_\_\_\_\_
11. **Indicate an estimated percentage of students according to ethnicity receiving counseling services at your institution during the 2003-04 year. The total of all estimated percentage should total a 100%.**  
 African-American \_\_\_\_\_  
 Asian \_\_\_\_\_  
 Caucasian \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Native American \_\_\_\_\_  
 Pacific Islander \_\_\_\_\_  
 Other \_\_\_\_\_
12. **Indicate the estimated percentages of students in each classification utilizing counseling services?**  
 Freshmen \_\_\_\_\_  
 Sophomore \_\_\_\_\_
13. **What is the estimated percentage of students receiving services:**

**Please remember these percentages should total a 100%**

Female \_\_\_\_\_  
 Male \_\_\_\_\_

**Please fill in the blanks with the appropriate information.**

**14. What is your current job title?**

---

**PLEASE SHARE ANY ADDITIONAL COMMENTS OR THOUGHTS HERE**

THANK YOU FOR YOUR PARTICIPATION AND FOR RETURNING THE QUESTIONNAIRE IN  
THE SELF-ADDRESSED ENVELOPE BY \_\_\_\_\_.

APPENDIX B  
UNIVERSITY QUESTIONNAIRE

Counseling Center Questionnaire: University

Tito Benjamin, Ed.S

START HERE

Please read each question and answer by marking the appropriate box with an X.

1. **Are mental health services an important resource for colleges/universities to provide to students?**

- No
- Yes

2. **What types of counseling services are provided to students?**

- Academic
  - Career
  - Crisis Intervention
  - Couples
  - Group
  - Individual
  - Multicultural
  - Psychiatric Consultation
  - Psychotherapy
  - Substance Abuse
  - Other \_\_\_\_\_
- \_\_\_\_\_

3. **Does your institution provide mental health counseling services to students?**

- No (Proceed to question 10)
- Yes (Proceed to question 4)

4. **Are the services provided on campus?**

- No
- Yes
- 

5. **Is there a limit on the number of counseling sessions a student can receive?**

- No
- Yes (How many allotted sessions \_\_\_\_\_ )

6. **Are students charged a fee for Mental Health Counseling services? Excluding assessed student fees.**

- No
- Yes

7. **What is the estimated number of students who received mental health counseling services for the 2003-04 school year?**

**8. What mental health problems are students experiencing in your counseling center? Select all that apply.**

- Anxiety Disorders
- Bi-Polar Disorders
- Depression disorders
- Eating Disorders
- Schizophrenia
- Substance Related Disorders
- Other \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**9. What is the most frequently reported mental health issue among students at your institution?** \_\_\_\_\_  
\_\_\_\_\_

**10. How many counselors serve your institution?**  
\_\_\_\_\_

**11. How many of the counselors have:**

- Bachelor's Degree \_\_\_\_\_
- Master's Degree \_\_\_\_\_
- Specialist Degree \_\_\_\_\_
- Doctoral Degree \_\_\_\_\_
- Licensure \_\_\_\_\_
- Medical Degree \_\_\_\_\_

**12. Who provides counseling services to students at your institution? Please indicate by number.**

- Psychiatrist \_\_\_\_\_
- Psychologists \_\_\_\_\_
- Social Workers \_\_\_\_\_
- Nurses \_\_\_\_\_
- Mental Health Counselors \_\_\_\_\_
- Pre-doctoral Interns \_\_\_\_\_
- Post-doctoral Practicum Students \_\_\_\_\_
- Other \_\_\_\_\_

**13. Indicate an estimated percentage of students according to ethnicity receiving counseling services at your institution during the 2003-04 year. The total of all estimated percentages should total a 100%.**

- African-American \_\_\_\_\_
- Asian \_\_\_\_\_
- Caucasian \_\_\_\_\_
- Hispanic \_\_\_\_\_
- Native American \_\_\_\_\_
- Pacific Islander \_\_\_\_\_
- Other \_\_\_\_\_

**14. Indicate the estimated percentages of students in each classification utilizing counseling services?**

Freshmen \_\_\_\_\_  
Sophomore \_\_\_\_\_  
Junior \_\_\_\_\_  
Senior \_\_\_\_\_  
Graduate student \_\_\_\_\_

**15. What estimated percentage of the students receiving services are:**

**Please remember these percentages should total a 100%**

Female \_\_\_\_\_  
Male \_\_\_\_\_

**Please fill in the blanks with the appropriate information.**

**16. What is your current job title?**

\_\_\_\_\_

**PLEASE SHARE ANY ADDITIONAL COMMENTS OR THOUGHTS HERE**

THANK YOU FOR YOUR PARTICIPATION AND FOR RETURNING THE QUESTIONNAIRE IN  
THE SELF-ADDRESSED ENVELOPE BY \_\_\_\_\_.

APPENDIX C  
COVER LETTER

Tito J. Benjamin  
P.O. Box 681834  
Orlando, FL 32868

February 9, 2005

I am a doctoral candidate and a school psychologist. I am conducting a study regarding mental health counseling services provided by higher education institutions.

I am writing to request your participation in gathering information regarding mental health counseling services provided by your institution. You were selected to participate in this study because of your familiarity with mental health counseling services. I am contacting counseling center directors and deans in both community colleges and colleges/universities in the state of Florida regarding the scope and type of mental health services provided to students.

Your participation in this study is voluntary and there are no known risks or benefits. You do not have to answer any question you do not wish to answer. Please be advised that information obtained through this questionnaire will be confidential. Coding identifiers will be used to identify which institutions have completed the questionnaire; the coding will be placed in the bottom right corner. After the needed information has been obtained the coding identifiers will be deleted from each questionnaire. Information obtained from the questionnaires will not be shared with individual names or your institutions' name. The findings of the questionnaires will be reported in the analysis of data and discussion and recommendations sections of the dissertation. If for any reason you prefer not to respond please let me know by returning the blank questionnaire in the enclosed stamped envelope. You are free to withdraw your consent and discontinue participation at any time without consequence.

Should you have any questions regarding this research, I would be happy to speak with you. Please contact me at (407) 463-9119, or my faculty supervisor Dr. Levester Tubbs, (407) 823-1474. I can also be contacted by the address included in the letter. Questions or concerns about research participants' rights may be directed to the UCFIRB Office, University of Central Florida Office of Research, Orlando Tech Center, 12443 Research Parkway, Suite 207, Orlando, FL 32826. The phone number is (407) 823-2901. Please sign and return this copy of the letter in the enclosed envelope. If you would like a copy of this letter please indicate the request on the following page. Enclosed you will find two postage paid envelopes. One envelope will be used to mail the consent form and the second envelope in which to return the completed questionnaire.

This questionnaire will require approximately 20 minutes of your valuable time to complete.

Enclosed you will find a small token of appreciation as a way of saying thank you for your help. Information obtained from this study will provide invaluable information to post-secondary institutions regarding the need and importance of mental health services for college students.

Please be certain to return your questionnaire by February 22, 2005. Thank you for your time and participation in this important study.

Respectfully,

Tito J. Benjamin  
Doctoral Candidate

P.S. If this questionnaire has reached you in error, please return the blank form to the address in the letter with a brief explanation.

Please place a check mark next to the appropriate responses.

\_\_\_\_\_ I have read the procedure described above.

\_\_\_\_\_ I voluntarily agree to participate in the procedure.

\_\_\_\_\_ I would like to receive a copy of the procedure described above

\_\_\_\_\_ I would not like to receive a copy of the procedure described  
on the prior page.

\_\_\_\_\_  
Please print Name

\_\_\_\_\_ / \_\_\_\_\_

Participant

Date

APPENDIX D

UCF INSTITUTIONAL REVIEW BOARD APPROVAL



Office of Research & Commercialization

January 18, 2005

Tito Benjamin  
University of Central Florida  
Department of Educational Research, Technology & Leadership  
College of Education  
Orlando, FL 32826

Dear Mr. Benjamin:

With reference to your protocol # 2264 entitled, "An Assessment of Mental Health Counseling in Florida Community Colleges and Universities" I am enclosing for your records the approved, expedited document of the UCFIRB Form you had submitted to our office.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur. Further, should there be a need to extend this protocol, a renewal form must be submitted for approval at least one month prior to the anniversary date of the most recent approval and is the responsibility of the investigator (UCF).

Should you have any questions, please do not hesitate to call me at 407-823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

*Barbara Ward*

Barbara Ward, CIM  
IRB Coordinator

Copies: IRB File

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