

Making the most of available resources within a college counseling center

Steve F. Bain
Texas A&M University-Kingsville

ABSTRACT

Given the institutional cutbacks and limitations of financial and personnel resources, University and College Counseling Centers are being forced to find creative and collaborative avenues to provide the most up to date and professional services possible for their students. University counseling centers and clinics are increasingly becoming a vital part of the overall student success panorama. This case study article will focus on the challenges and possibilities limited resources have on University/College Counseling Centers.

Keywords: college, counseling, resources

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INTRODUCTION

University counseling centers and clinics are increasingly becoming a vital part of the overall student success panorama. In the past, universities have seen counseling centers as a primary resource for student academic problems. Today's university now finds an alarming and exponentially increasing number of students with serious mental health issues who are turning to the counseling clinic for help. Additionally, for many minority students, receiving mental health service still carries a stigma which prevents many from actively seeking therapeutic help even on campus. Rural higher education institutions find it extremely difficult to identify and locate local mental health resources for their students. The National Rural Health Association (2010) reported that rural areas have a shortage of mental health professionals which reduces mental health status to a quality level below most urban areas. Even with the change in national insurance coverage, not everyone is covered at an effective level.

Extensive research involving college students and mental health issues has consistently revealed an alarming growth in both actual numbers of college students with mental health issues and the severity of those (Watkins, Hunt, & Eisenberg, 2011). For many of these college students, the college experience is the first opportunity for them to actually face and deal with their mental health problems. Yet in a separate study, Eisenberg, Hunt, and Speer (2012) discovered that many college students with current mental health disorders are receiving little, if any, mental health services while they are in college. They also suggested the number of college students who are in need of mental health services on a university or college campus may be much higher than anticipated. Eisenberg et al. (2012) proposed a number of convergence issues could be at play "including individual-level factors, social networks, provider availability, and public policy" (p. 223). An entire series of papers was devoted to those other convergent issues by the *Harvard Review of Psychiatry* in 2012 which included campus/hospital collaborations, educational outreach, continuum of care models, community resources, and preventative programs for alcohol abuse, sexual and relationship violence, and suicide (Pinder-Amaker, 2012).

Making students aware of the significance of mental health problems is difficult. Getting them to embrace the prospect of help and intervention is even more difficult. Most students will only give counseling a limited amount of their time so brief, solution-based therapy is most effective. In their support of providing brief counseling in college campuses, Cooper and Archer (1999) maintained this approach is the most advantageous because of the lack of "staff and program resources" (p. 22) for most university and college campuses. These continue to be critical issues for colleges and universities, particularly those in rural areas. The mental health of college students has been directly connected to overall student performance and achievement. Research has demonstrated that students with mental health issues are less likely to be successful. In their research, Lee, Olson, Locke, Michelson, and Odes (2009) found students who received counseling were more likely to stay in college and enroll the following semester. Students who lack counseling services and who live in a rural area are less likely to attend or complete a degree program (Blanco, Okuda, Wright, Hasin, Grant, Liu, & Olfson, 2008).

BACKGROUND

Texas A&M University in Kingsville, Texas (TAMUK) is a public research university and is designated as a Hispanic-serving institution (HIS) located in rural South Texas. The

university has over 8,000 students with the majority of the student body being undergraduate and Hispanic. However, the university has a wide array of diverse nationalities, cultures, and ethnicities. The city of Kingsville is only 25,000 with the nearest larger city of Corpus Christi some forty miles to the northeast. The Student Health and Wellness Center (SHW) serves the student body in the areas of academic, emotional, and physical wellbeing. The units of the SHW include Counseling Services, Health Care Clinic, Disability Resource Center, and the Wellness Program. The focus of this case study is to discuss the challenges and opportunities which have come upon the Counseling Services unit as the total number of students being seen has increased both in total numbers and the number of serious mental health issues.

In the summer of 2012, the counseling clinic of the Student Health and Wellness Center purchased the electronic medical records system called Titanium. This program was designed specifically for university and college counseling centers. One of the major benefits of this program has been to fully access a wide variety of data in a very short time. Through the use of Titanium, we have been able to discover a myriad of intriguing patterns of student counseling issues. We have also been able to gauge, plan, analyze, and project our therapeutic responses so as to maximize our campus resources to the fullest.

In the Fall of 2012, I became the interim Counseling Clinical Supervisor. This is now a half-time role for me with the other half of my university commitment as a faculty member. Since that time, we have been able to compile and analyze data as it relates to the overall mental health interventions of our counseling staff. Being a Licensed Professional Counselor and approved supervisor afforded me the qualifications to supervise the SHW counselors and student counselors who were enrolled in their practicum courses. Prior to 2012, the SHW had never had a full complement of licensed professionals employed in a full time capacity. In addition to the Counseling Clinical Supervisor, we currently have two full-time Licensed Professional Counselors and positions for four counseling practicum students. For the first time since its inception, the Counseling Clinic has all licensed professionals working in full time capacity with the students.

IDENTIFYING THE CHALLENGES

Several challenges face the Counseling Clinic and the professionals who work with this growing student body. It must be kept in perspective that TAMUK is not unlike any other growing university. According to research by Watkins, et al. (2011), the vast majority of counseling center directors reported significant increases in both the number of students being seen and the number of serious mental health issues. With over 8,000 students and only two full-time counselors, the TAMUK Counseling Clinic has similar challenges.

First, the increasing numbers of both total and type of students and their issues was significant (compare Tables 1 and 2). While the total number of personal counseling appointments grew 12% between 2012 and 2013 (598 to 670), it was the growth in serious mental health issues that was amazing. Crisis counseling increased 40% and walk-in crises increased 72%. The top ten presenting problems were compared between 2012 and 2013 and those numbers were very significant (compare Table 1 and Table 2). Among those numbers, stress was the number one presenting issue for both years and increased 98% by 2013. The numbers of students presenting anxiety went up 113%, depression 177%, self-esteem issues 187%, anger 126%, relationship issues 120%, test anxiety 153%, and financial difficulties 207%. While panic attacks did not make the top ten list for 2012, they did for 2013. Second, because the

university is located in rural South Texas, mental health resources, both on and off campus, are limited. As of Spring 2014, Kingsville has no inpatient psychiatric services, no full time psychiatrists, and only two mental health organizations providing general counseling. Third, acquiring necessary funds for additional professional help is problematic given the current funding climate in the state. As with most state educational institutions, finding the financial resources to make administrative dreams a reality is fraught with many fiscal pitfalls.

CONFRONTING THE CHALLENGES

So how have we confronted these challenges? Well, we have to change our perspective and see them as opportunities. Let me elaborate on three ways we are confronting these challenges which may be helpful for other university/college counseling services.

First, the numbers aren't going away. Serious student mental health issues and the growing number of students with those issues are likely to increase over time. So the data we retrieve from the Titanium software gives us a clear picture of where our students are. This gives us a sense of direction in terms of the type of therapeutic intervention our students need. It also affords us a clearer picture of the types of training events and modules we as counseling professionals need to take advantage of in order to maintain current connections with the students.

Second, we are in an ever-searching mode to identify local mental health resources. Finding providers in rural areas such as south Texas is a difficult endeavor. As we make connections with these organizations, individuals, and community services, we also categorize them into the types of services they provide so we can make specific referrals depending on the issues our students are facing. Tele-therapy may also become a more viable alternative for those students who don't have access to face to face services. This is an opportunity for us to engage our community partners and learn about potentially new and effective resources.

Third, acquiring the funding for these students gives our counselors the opportunity to broaden their advocacy skills. In the 2014 American Counseling Association's Code of Ethics, advocacy is defined as "promotion of the well-being of individuals, groups, and the counseling profession within systems and organizations...advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development" (p. 20). Counselors and administrators will find a great opportunity to advocate for the benefits of their students which will result in the enhancement of institutional effectiveness.

CONCLUSION

While these challenges are problematic, they are also full of potential. Seeing these challenges as an opportunity for growth and success, our students will receive more and enhanced services. Students receiving our counseling services continue to succeed at ever-increasing rates. To continue this success, our counseling services must (and will) continue to understand our students more, find effective resources for them, and advocate for institutional support of quality mental health care.

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Table 1
Spring 2012 Top Ten Client Concerns at TAMUK

Spring 2012 Top Ten Client Concerns	
Issue	# Reported
Stress	40
Anxiety	32
Anger	23
Mood Anxiety	23
Depression	22
Self Esteem	20
Test Anxiety	15
Relationship difficulties	15
Perfectionism	14
Financial problems	14
Sleep Problems	13

Table 2

Spring 2013 Top Ten Client Concerns at TAMUK

Spring 2013 Top Ten Client Concerns	
Issue	# Reported
Stress	79
Anxiety	68
Depression	61
Self Esteem	61
Sleep Problems	52
Anger	52
Financial Problems	43
Test Anxiety	38
Panic Attacks	34
Issues w/ Parents	33
Relationship Issues	33
Situational Depression	33