Walden University

College of Education

This is to certify that the doctoral study by

Corey A. Duplantis

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
2020

Abstract

Counseling Usage Patterns and Resources Students Use for Psychological Distress

by

Corey A. Duplantis

MEd, Nicholls State University, 2015

BA, Nicholls State University, 2012

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

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Abstract

Mental health is a challenge that affects higher education. The problem for this study was that students at My Town College (a pseudonym) with psychological distress use the on-campus counseling center at a lower percentage than the national average for comparable colleges. The purpose of this quantitative study was to investigate why My Town College students use their on-campus counseling center at a lower percentage than other comparable institutions and to learn where students seek help for psychological distress. Chickering's 7 vectors of development served as the theoretical foundation for this study. A random sample of 1,500 students, over 18 years old, enrolled for the Fall 2019 semester were e-mailed a unique survey link. One hundred and sixty-five (11%) students completed the survey online. Data were analyzed using descriptive statsitics and Chi Square test. Descriptive analysis showed what resources students use and what considerations students find most important when deciding where to seek help. A chi-square test of independence was conducted to examine if there are associations between the given student characteristics and counseling center usage. The findings indicated that students are using various sources on and off-campus for many reasons. The findings also showed no association between gender, race/ethnicity, being a first-generation college student, or being an emerging adult and counseling center usage. The findings indicated that the counseling center is not attracting students, and different approaches may increase students' usage of existing resources. This study may have positive social change implications by describing how students seek help for psychological distress, which could be used to improve services for students.

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Dedication

I dedicate the culmination of my academic journey to my grandparents, Doyle, and Marion Doggett. Sadly, God called you both home before you were able to see my monumental achievement of becoming the first in our family, to become a doctor.

I would also like to dedicate this manuscript to my loving parents, Jerry, Tarra, and Dennis; my brother Casey; and sister-in-law Victoria, I have put off weekends, dinners, and family time. However, in the end, it was worth it. Thank you for putting up with me!

Finally, to my niece, Amie, I want you to know education is essential! I dedicate this document to you, for it demonstrates that with hard work and perseverance, you can achieve anything. Education is vital, and without it, success will be difficult. Find the light inside of you, and let it guide, so all of your dreams can come true!

I love you all so much!

Acknowledgments

I started working with my committee a year ago, and in such a short time, we jumped through many hurdles together. With endless emails at all hours of the night, phone calls crossing the globe, including the Middle East and Asia, Dr. Thomas Hadley and Dr. Sarah Inkpen were always there for me. Together, they taught me the skills needed to be an academic researcher and leader of change in higher education. Without their excellent guidance, I would not have finished so quickly. I can never relay, in words, the appreciation I have for the both of you.

Also, I would like to thank Dr. Gelu Ionas. You were a tough University Research Reviewer, but your guidance and suggestions helped make my project study something I can be genuinely proud of.

Finally, I want to thank Chue Vang, my Academic Success Coach (Advisor) at Walden University. Over the years, we have had frequent conversations to steer me on the right path. So many that eventually started to tell you that our phone call was being recorded. Your insight and dedication helped me to where I am today. Thank you!

I wish all the students at Walden University could be as fortunate to have such a dedicated team working alongside them. I am forever grateful to have been assigned the best this institution has to offer.

Table of Contents

List of Tables

Section 1: The Problem

The Local Problem

Prior research focusing on university counseling centers suggests counseling is one of the most underused student service resources on college campuses (American College Health Association, 2016b). Princeton University, in 1910, was the first university to offer mental health services to students on-campus (Mitchell, Oakley, & Dunkle, 2019). Mental health is a problem that affects all institutions of higher learning (American College Health Association, 2016b; Center for Collegiate Mental Health, 2017; Reetz, Bershad, LeViness, & Whitlock, 2016). However, there is no research specific to the diverse needs of the institution used in this study, My Town College (a pseudonym), a medium-sized, public university in the southern United States.

My Town College was interested in learning more about the following problem: When their students are not using the counseling center for psychological distress, what resources, whether on-campus or off-campus, are the students accessing? Additionally, the problem that compelled this study was that My Town College wanted to learn if there is a relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and the use of the on-campus counseling center when seeking help for psychological distress.

When My Town College counseling center usage is compared to other institutions of the same size nationally, their utilization rate is much lower. Reetz et al. (2016) found that the national percentage of students seen by the campus with a student population of 5,001–7,500 is 11.20%, on average. However, according to data collected from My

Town College, between Spring 2013 and Fall 2018, the average percentage of their

student body that received services at the on-campus counseling center was 2.35%.

According to the university counseling center director, My Town College wanted to

understand why their students use the on-campus counseling center for psychological

distress, what resources students are using if they are not using the counseling center, and

what considerations students value when deciding where they seek help for psychological

distress.

Many psychological distress issues appear in early adulthood and can often

coincide with the start of college, which is a period of growth and change as students

acquaint themselves with higher education (Chickering, 1969). Psychological distress

issues are a growing problem that affects countless students at colleges and universities

throughout the United States (Hunt, Watkins, & Eisenberg, 2012; Kirsh et al., 2016;

Monti, Tonetti, & Bitti, 2013). However, there is very little research that focuses on

university-provided, on-campus, counseling center utilization (Bourdon, Moore, Long,

Kendler, & Dick, 2018). Bourdon et al. (2018) further explained that institutions

routinely track utilization rates internally, but their data are not often available for

scholars to research. According to Lipson and Eisenberg (2018), student mental health is

often not a topic in the national dialogue.

For this study, I defined psychological distress as any feelings, emotions, or

behaviors that are expressed overtly or covertly that can cause distress for students.

These issues often have the potential to affect the student's educational success

(Schwitzer et al., 2018). Hunt and Eisenberg (2010)reported that most psychological

distress issues would present before the age of 24 years old, which is a time of developmental transition (Chickering, 1969). Furthermore, Hunt and Eisenberg (2010) explained that if left untreated, this distress may cause lifelong problems in academic achievement, career development, and the creation of personal relationships (Chickering, 1969). Kirsch et al. (2016) reported that over the course of 13 years, student suicides had tripled and that 50% of their respondents reported overwhelming anxiety, 45% reported feelings of hopelessness, and 30% had difficulty functioning due to depression. Many colleges and universities have counseling centers or their equivalent services to meet the diverse psychological distress needs of their student population, and some of these services may be covered wholly or in part by university student-assessed fees, but this depends on the institution. However, some small institutions do not provide on-campus services and will likely refer students to off-campus services (Nordberg, Hayes, McAleavey, Castonguay, & Locke, 2013; Reetz et al., 2016).

Psychological distress is an issue that affects people of all ages, socioeconomic backgrounds, gender, race/ethnicity, and sexual orientations. Many students who have recently graduated from high school and are beginning college careers face unique challenges to their mental health (Ackerman, Wantz, Firmin, Poindexter, & Pujara, 2014). As students attempt to adapt to their new role as college students, they may experience unexpected developmental, environmental, and social changes (Hunt & Eisenberg, 2010; Monti et al., 2013; Pace, Silk, Nazione, Fournier, & Collins-Eaglin, 2018; Schwartz, 2011). Researchers have highlighted the growing number of students with increased behavioral and emotional disorders on college and university campuses

throughout the country who often do not use the provided campus resources to help with any changes in their mental health (American College Health Association, 2016a, 2016b; Center for Collegiate Mental Health, 2017; Ebert et al., 2018; Gallagher, 2015; Reetz et al., 2016).

From the extant literature, I gathered the information that enumerates the growing concerns of increased severity of psychopathology among college students (Bishop, 2006; Much & Swanson, 2010; Watkins, Hunt, & Eisenberg, 2012). Although researchers have suggested that there is an underuse of campus counseling centers overall (Johnson, Graceffo, Hayes, & Locke, 2014; Ketchen Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015), I believe further research is needed to understand how first-generation college students (Stebleton, Soria, & Huesman, 2014), and emerging adults (i.e., those that are 18–25 years old; (Much & Swanson, 2010) use the counseling center (Peer, Hillman, & Van Hoet, 2015; Walters, Bulmer, Troiano, Obiaka, & Bonhomme, 2018). Additionally, I also investigated the usage patterns focusing on gender (Topkaya, 2014), and race/ethnicity of students at the university (Soria & Stebleton, 2013). Furthermore, I focused on what resources students value when deciding to seek services on-campus or off-campus.

First-generation college students face stressors at a high rate; they often do not know how to cope with the demands of campus life and the unique challenges that emerge with postsecondary education (Soria & Stebleton, 2013). When these students start their college career, they are disadvantaged socially, academically, and emotionally

when compared to students whose parents had attended postsecondary education (Bui, 2002; Gibbons & Woodside, 2014; Nichols & Islas, 2016).

Every new student generation encounters a distinct range of concerns. For example, emerging adults confront increasingly complex mental illnesses and self-injurious behaviors (Much & Swanson, 2010; Walters et al., 2018); financial hardships; family problems (Nordberg et al., 2013); and other stressors that would typically require someone to seek professional help. Despite these challenges, research shows that counseling centers are some of the most underutilized resources on the campus (Ackerman et al., 2014; Johnson et al., 2014). More than previous generations, emerging adults are pressured to succeed academically by their overbearing and overprotective parents, making it difficult to become independent individuals (Much, Wagener, Breitkreutz, & Hellenbrand, 2014). More than previous generational cohorts, emerging adults are more ethnically diverse (Bland, Melton, Welle, & Bigham, 2012); more goal-oriented (Rosenbaum & Weatherford, 2017); and more financially burdened (Flatt, 2013); and when compounded, these factors will exacerbate the mental health symptoms of stress, anxiety, and depression (Conley, Durlak, & Kirsch, 2015).

All students, regardless of race/ethnicity or cultural background, should experience no hindrance when trying to access these counseling services; however, each ethnic group has a belief system when it comes to confronting psychological distress. Hayes et al. (2011) reported that Black American, Asian American, and Hispanic American students would often underutilize counseling services offered on their college campus because they often mistrust the providers and feel they may not be culturally

sensitive to racial minority students. Language is another considerable barrier that often prevents Asian students from seeking professional help for psychological distress (Wang, Wong, & Fu, 2013).

African Americans, historically, have used the services of counseling centers less than other populations of students, mostly because of economic issues, trust issues, and stigmas (Ayalon & Young, 2005; Barksdale & Molock, 2008). In a survey of 609 racially ethnic students, Cheng, Kwan, and Sevig (2013) found that stigma was the biggest obstacle stopping Black Americans from using counseling centers, which was previously supported by Ayalon and Young (2005). Sanders Thompson, Bazile, and Akbar (2004) found that Black Americans often find mental health professionals as older, White elitists that are disengaged from the community and do not understand their problems (Hayes et al., 2011). Hispanics will often avoid formal mental health professionals and will tend to seek help and guidance from family, extended family, friends, and other informal sources of any psychological distress (Chang, Natsuaki, & Chen, 2013; Kim, Park, La, Chang, & Zane, 2016).

Gender also influences how students utilize counseling centers. Systematically, men are less likely than women to seek professional help for psychological distress (McCusker & Galupo, 2011), and men are more apt to internalize (Pattyn, Verhaeghe, & Bracke, 2015) their true feelings for fear of being stigmatized, being seen as weak, or feminine (McCusker & Galupo, 2011). Men will delay their help-seeking and mask their emotions (Wendt & Shafer, 2015), relying on their peers to validate their manhood (M. O. Tang, Oliffe, Galdas, Phinney, & Han, 2014).

As research indicates, usage of the university counseling center is extremely varied among specific groups of students. Although not all students need to use the counseling center, many could benefit academically, emotionally, and even socially from this invaluable resource. Researchers have found that students who visit the counseling center and utilize their services are likely to have higher academic success than students who do not (Schwitzer et al., 2018; Schwitzer et al., 2019). To better serve students, it is vital to study the usage patterns, so colleges and universities can adjust their resources so that all students can access this needed resource.

Rationale

My Town College is a southern state university with, according to the Office of Assessment and Institutional Research, an undergraduate student population of approximately 6,000 students of diverse racial, ethnic, and cultural backgrounds. Their students are not using the provided on-campus counseling center to help them cope with their psychological distress at a rate similar to other institutions of a similar size nationally, per the university counseling center director. According to the university counseling center director and executive director of Assessment and Institutional Research, the My Town College counseling center saw only 2.35% of their student population between Spring 2013 and Fall 2018 (see Table 1). As mentioned, this is a compelling problem, and My Town College would like to know if there is a relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and the use of the on-campus University Counseling Center when seeking help for psychological distress. Additionally, My Town College is interested in learning if their

students are not using the counseling center for psychological distress, what resources, whether on-campus or off-campus, the students are accessing.

Table 1

2013 – 2018 My Town College University Counseling Center Data

Semester	Students Seen	Student Enrollment	Total Percentage Seen
2013 Spring	122	6,003	2.03%
2013 Fall	132	6,540	2.01%
2014 Spring	97	5,900	1.64%
2014 Fall	125	6,298	1.98%
2015 Spring	94	5,734	1.63%
2015 Fall	156	6,164	2.53%
2016 Spring	79	5,754	1.37%
2016 Fall	163	6,267	2.60%
2017 Spring	175	5,763	3.03%
2017 Fall	205	6,366	3.22%
2018 Spring	156	5,845	2.67%
2018 Fall	215	6,488	3.31%
2013 – 2018	1,719	73,122	2.35%

Note. Information supplied by the university counseling center director.

National surveys are conducted yearly to learn more about how students, in general, use the provided on-campus counseling centers. Since not all institutions are the same and differ in diversity, location, and size, the only way to compare this data is by examining the school's population. Reetz et al. (2016) found that the national percentage of students seen by the campus with a student population of 5,001-7,500 is 11.20%, on average. Therefore, the students of My Town College are using the provided counseling resources at a much lower rate than the national average. Like many colleges and universities, My Town College has the resources to positively influence students' development and academic success (Lee, Olson, Locke, Michelson, & Odes, 2009; Pidgeon, Rowe, Stapleton, Magyar, & Lo, 2014; Simpson & Ferguson, 2012). Like many institutions, My Town College offers free counseling services to all students, faculty, staff, and even their family members, per the university counseling center director. Moreover, according to the university counseling center director, the Counseling Training Center offers counseling services to the public at a discounted rate based on the person's income.

These data illustrate the limited use of the My Town College University Counseling Center, which suggests a gap in practice for the counseling center because many of their students are not using the center's services. Although not all students suffer from psychological distress, counseling services could help those students do. Students at My Town College do not only seek help at the on-campus counseling center but often utilize multiple support services and resources, both on- and off-campus, when they have psychological distress or other personal and academic concerns. According to

the university counseling center director, these services include the Office of Career

Services, Office of International Students, the Dean of Student Services, Access (i.e.,

Disability Services), the Recreation Center, Dyslexia Center, Office of Health Services,

Academic Advising Center, Office of Greek Life, and University Police. Furthermore,

students also have the option to seek off-campus professional and non-professional

resources, if needed, to help with any psychological distress. Students often talk to or

seek advice from friends and family, participate in self-reflective activities (i.e.,

journaling), research their issues on the Internet or in books, or turn to alcohol or illegal

drugs (Barry, Whiteman, Wadswroth, & Hitt, 2012). However, some students in

psychological distress might choose off-campus professional services, such as their

family doctor, psychologists, psychiatrists, mental health therapists, or social workers. If

a student is in a state of acute psychological distress or an emergency, they may seek

professional services through an emergency room or urgent care center. All these

resources could be accessed off-campus by the student to assist with any psychological

distress.

The purpose of this study was to understand how My Town College students use

the on-campus counseling center for psychological distress, learn what resources students

are using if they are not using the on-campus counseling center, and understand what

considerations students' value when deciding where to seek help for psychological

distress. Additionally, I examined the relationship between being a first-generation

college student, emerging adult, gender, race/ethnicity, and the use of the on-campus

University Counseling Center when seeking help for psychological distress. By helping

My Town College understand their students better, the institution will be better able to direct resources and support services to help students when they are in psychological distress. Ebert et al. (2018) suggested that students with psychological distress issues will not seek help, even with there is help available. As previously discussed, the students of My Town College access their University Counseling Center at a much lower percentage than institutions of the same size. To better understand the rationale, I focused my research on four demographics aspects of students on the campus: first-generation college students, emerging adults, gender, and race/ethnicity.

My Town College believed it was also essential to examine these student demographic groups given the growing research that indicates that students may not be utilizing this resource in a way that could not only help them academically but emotionally and socially as well. No local research exists at My Town College concerning how their students seek help with the struggles and challenges of psychological distress, per the university counseling center director. Therefore, the results of this study may increase the understanding of why My Town College students utilize their University Counseling Center for psychological distress issues at a much lower percentage and what they find most important when deciding to use on-campus or off-campus services. Every student is different and requires different approaches to meeting their psychological distress needs regardless of their college or university. The four demographic characteristics previously mentioned make up the majority of institutional campuses and looking at them in a collective group can help in understanding the overall population of the campus.

Earlier studies indicated that students who have used the counseling services have been more likely to succeed academically and persist (Hixenbaugh, Dewart, & Towell, 2012). Therefore, if students are in psychological distress, increasing their use of counseling services could benefit not only the student but the institution as well. Students usually are not required, upon admission to any college or university, to report any mental illness, and institutions do not inquire about the preexistence or existence of the mental illness. If the student needs help, it is up to them to choose to seek assistance, whether on-campus on off-campus, to meet their needs for psychological distress. Prior research shows that students are likely to achieve higher grades and persist when they are psychologically healthy (Flatt, 2013; Posselt & Lipson, 2016; Wheeler, 2016). Substance use and abuse affect not only the student but also the institution as well (Walters et al., 2018). The institution needs to be familiar with psychological distress issues by learning how students cope with this distress and what considerations they find most important in seeking professional services at the on-campus counseling center.

Definition of Terms

Counseling center utilization: The actual usage of the counseling center. When a student is referred by a member of the faculty, staff member, or self-referred, the utilization includes the initial referral and any follow-up visits to the counseling center. Counseling center utilization served as a variable throughout the study (Ebert et al., 2018).

Emerging adult: This is the transitional age between 18 and 25 years old when a person is undergoing developmental and emotional changes to becoming an adult.

During this period, they are prone to more experimentation, identity development, and are at a higher rate for participating in risky behaviors (Walters et al., 2018).

First-generation college students: These students are the first ones in their family to attend a postsecondary institution. The parents of these students did not further their education beyond primary or secondary education (Winograd & Rust, 2014).

Gender: Society has distinct cultural norms when defining gender roles for men and women (J. L. Berger, Addis, Green, Mackowiak, & Goldberg, 2013; Jeffries & Grogan, 2012; Yousaf, Popat, & Hunter, 2015). For this study, gender refers to the biological sex of the individual.

Mental illness: is defined as any pervasive situation that affects the emotion or learning functionality of a person. Examples can be, but are not limited to, happy, sad, anxious, nervous, or overwhelmed (Barr, 2014). Although these examples can be innocuous for some people, for others, these same feelings can be too much for them to handle.

Millennial: The millennial generation students are those that were born after 1982, and they encompass over 20% of the national population (Bland et al., 2012).

Psychological distress: Is defined as the emotional change and feelings of worry, embarrassment, or harm; the state of being unable to deal with a problem of emotion comprehensively; and the inability to communicate displeasure and impairment visibly or clandestinely (Ridner, 2004).

Race/ethnicity: The ethnic or cultural group a person belongs to (Smith & Trimble, 2016). The ethnic groups used in this study were Black Americans, Asian Americans, and Hispanic Americans.

University counseling center: Is defined as centers within colleges and universities, often funded by student fees that employ professional counselors, social workers, psychologists, or psychiatrists to help students cope with developmental and emotional disorders (Hodges, Shelton, & King Lyn, 2017).

Significance of the Study

The goal of this study was to understand what resources students are using for psychological distress both in the on-campus and off-campus settings, as well as whether the services are of a professional or nonprofessional nature. Furthermore, I wanted to understand if there is a relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and the use of the on-campus University Counseling Center when seeking help for psychological distress. Like many institutions of higher learning, My Town College offers an on-campus counseling center through mandatory student-assessed fees that each student pays. Since college is a transitional period in the developmental process, all students should ensure their emotional needs are supported. The student demographic has changed in recent years, and colleges and universities are more ethnically diverse than ever before (Watson, 2013), and since My Town College is not exempt from these demographic shifts, it is vital to understand the thought process of a diverse student body because it is necessary to properly deciding how to distribute resources on campus.

With access to medical care and the improvement of pharmaceutical companies, more students are being prescribed psychotropic medication (H. Berger, Franke, Hofmann, Sperth, & Holm-Hadulla, 2015). Since students often suffer from depression, anxiety, and other emotional symptoms, all students must be aware of the services provided on campus to ensure they make a well-informed decision when seeking psychological distress resources (Kirsch, Doerfler, & Truong, 2015).

Research Questions

I developed this study to understand if there is a relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and the use of the on-campus counseling center when seeking help for psychological distress; why students are not using the My Town Counseling center; what resources students are using if they are not using the on-campus counseling center; and what considerations they value when deciding where to seek help for psychological distress. Prior research suggests there is a gap in practice within the university counseling center. The following research questions guided the study:

RQ1: What resources for psychological distress, if any, are being accessed by students?

RQ2: What considerations are most important to students when deciding between using the provided on-campus counseling center or choosing to seek assistance off-campus?

RQ3-A: What is the relationship between the student's gender and the decision to use the University Counseling Center?

H1: There is no relationship between gender and the decision to use the University Counseling Center.

H_a1: There is a relationship between gender and the decision to use the University Counseling Center.

RQ3-B: What is the relationship between the student's race/ethnicity and the decision to use the University Counseling Center?

$H_0$2: There is no relationship between race/ethnicity and the decision to use the University Counseling Center.

H_a2: There is a relationship between race/ethnicity and the decision to use the University Counseling Center.

RQ3-C: What is the relationship between the student being an emerging adult and the decision to use the University Counseling Center?

$H_0$3: There is no relationship between being an emerging adult and the decision to use the University Counseling Center.

H_a3: There is a relationship between being an emerging adult and the decision to use the University Counseling Center.

RQ3-D: What is the relationship between the student being a first-generation college student and the decision to use the University Counseling Center?

$H_0$4: There is no relationship between being a first-generation college student and the decision to use the University Counseling Center.

H_a4: There is a relationship between being a first-generation college student and the decision to use the University Counseling Center.

I used a descriptive analysis to answer Research Questions 1 and 2. Research Question 3 was answered using inferential statistics to test for a relationship between the characteristics of being a first-generation college student or emerging adult or if the student's gender and race/ethnicity affect the student's decision to use the on-campus University Counseling Center at My Town College when seeking help for psychological distress. By using the chi-square test of independence, I determined if there is a relationship between these characteristics and usage. In the findings, I describe what resources the students at My Town College are using and what considerations they value when deciding where they seek assistance.

Review of the Literature

Theoretical Foundation

The theoretical framework for this study was Chickering's (1969) seven vectors of development. These vectors explained how a person can develop before they become fixed with an occupation that does not allow for social or personal growth or the responsibilities that come with adulthood. (Chickering, 1969)establishing an identity, which are the vectors most relevant to this student. In this study, I explained where My Town College students go to cope with their stress, distress, and psychological problems and show what resources they find most important when making this decision.

Achieving competence. The first vector addresses competencies in three forms: intellectual, physical, and social (Chickering, 1968). Intellectual competence involves gaining new information and mastering its content as explained by Chickering. Students begin to analyze and synthesize information differently from the way they did in high

school as they start to combine ideas and think for themselves. They also seek new points of view to broaden their understanding of the world. Physical competence allows the student to create and design items and involves the adoption of athletic endurance and allows the student to envision his or her artistic potential Chickering explained. Finally, Chickering explained social competence enhances not only listening and communication skills but allows the student to become engaged in more complex discussions, discern complex concepts from various viewpoints, and learn interaction with others in society.

Managing emotions. The second vector used in the theoretical framework is managing emotions (Chickering, 1968). College is a new and exhilarating situation that brings about unexpected feelings. Students are likely to experience fear, anxiety, stress, confusion, and may even become mentally defeated as Chickering described. However, through this stage of development, Chickering insisted they will learn how to accept and cope with these new feelings appropriately. Students typically learn self-control and self-regulation, Chickering explained, which allows them to expand their identity and become part of the broader environment.

Becoming autonomous. The third vector in Chickering's theory is the task of becoming autonomous (Chickering, 1968). In separating from the family, the student no longer needs the reassurance of others and can think critically and independently as Chickering described. The student stands up for their convictions and creates new ideas without the guidance of family or peers and can see the world beyond themselves Chickering explained.

Identity development. The three previous vectors work collectively in the development of a student's identity (Chickering, 1968). Chickering described identity is a vital part of the developmental process because students will not be able to understand the world around them entirely until they fully understand themselves. However, the vector of identity development involves much more than the student understanding themselves as individuals (Chickering, 1969). In participating in higher education, they are learning how gender fits into personal identity and how their sexuality is defined by Chickering. Additionally, if a student stalls in the development of their identity rather than psychological distress, they will encounter complications in the realms of competence, emotion, autonomy, and overall identity beyond that of a college student (Chickering, 1969). Chickering (1969) suggested that each of these individual vectors requires students to acquire certain practices, attitudes, and beliefs to be able to persist in higher education.

It is crucial and necessary to understand how students progress through their college experience and begin in the transition from a high school student to a college student. These three areas of development are of crucial importance when understanding the overall student's mental health (Chickering, 1968, 1969, 1972; Chickering & Gamson, 1999; Choi, Buskey, & Johnson, 2010). The student's coping skills and ability to establish short- and long-term goals are dependent on their intellectual and interpersonal competence (Chickering & Gamson, 1999). They become less dependent on their parents' approval and begin to ascribe to their abilities and decision-making while achieving independence (Chickering, 1972). Finally, to function as an adult, the

student must be able to manage their emotions and control them in a way that is normal and socially acceptable (Chickering & Gamson, 1999). If the student is unable to develop a healthy mental state, then they are likely to suffer in the areas of competence, autonomy, and the management of their emotional well-being (Chickering & Gamson, 1987; Chickering, McDowell, & Campagna, 1969).

I performed a comprehensive search for literature relevant to student mental health on college and university campuses using the following search terms: *student mental health and college or university, coping skills and college or university students, mental health and first-generation college or university students, mental health and gender and college or university students, mental health and ethnicity or race and college or university students, student mental health and millennial and college or university students,* and *student mental health and sexual orientation and college or university students*. Using these terms, I searched the following databases accessed through the Walden University Library: Academic Search Complete, Educational Resources Information Center, Education Source, ProQuest, PsycINFO, PsycTherapy, SAGE Journals, SocINDEX, and Taylor and Francis Online.

Each year, national organizations survey students and counseling center directors in many countries throughout the world to understand the current trends in mental health (American College Health Association, 2016b; Center for Collegiate Mental Health, 2017; Gallagher, 2015; Reetz et al., 2016). The data gathered has enumerated the growing concerns of increased severity of psychopathology among college students (Bishop, 2006; Much & Swanson, 2010; Watkins et al., 2012); the underuse of campus

counseling centers overall (Johnson et al., 2014; Ketchen Lipson et al., 2015); and the

need for these services specific to first-generation college students (Stebleton et al.,

2014)*,* the emerging adult (Peer et al., 2015)*,* gender (Topkaya, 2014)*,* race/ethnicity

(Soria & Stebleton, 2013)*,* and sexual orientation (Meyer, Teylan, & Schwartz, 2015).

The student's gender and race/ethnicity can play an essential role in mental development,

as does the generation in which they are raised (Coffman, 2011). Furthermore, being a

first-generation college student can affect the student's ability to secure a healthy mental

state (Garriott, Raque-Bogdan, Yalango, Ziemer, & Utley, 2017). All of these factors

play an important role in succeeding in a higher education environment.

National Surveys of Students and Counseling Center Directors

The Association for University and College Counseling Center Directors

(AUCCCD) was started in 1950 by midwestern institutions, but it soon became an annual

gathering for college and university directors to discuss and share the issues and concerns

of their campus on a global platform (Reetz et al., 2016). The AUCCCD's annual survey

combines data from over 800 colleges and universities with representation coming from

the United States, Australia, Canada, France, China, Japan, United Arab Emirates, and

many others (Reetz et al., 2016). With a return rate of 65%, 529 directors completed the

AUCCCD survey representing the needs of 6,308,747 unique students (Reetz et al.,

2016). Of the directors participating in the AUCCCD, 39.3% are also involved in the

Center for Collegiate Mental Health Study.

The AUCCCD described anxiety, depression, and suicide ideation as the most

concerning issues students face (Reetz et al., 2016). To meet the immediate needs of

their students, 64.1% of the directors explained that counseling services are available on-campus to all students. Even though most of the services are on-campus and usually free for students to use, respondents reported, on average, only 11.20% of the student body uses the counseling center with a student population like My Town College. To further illustrate the need for students requiring counseling, 57.1% of the directors reported seeing an increase in the severity of the psychopathology of its students. Male students and ethnic minorities have the lowest utilization rate of all populations on college and university campuses.

National research documented that 10.23% of all students enrolled in postsecondary education are African American, and 12.26% of the students using the counseling center are African American, while, 61.04% of the students using the centers are White (Reetz et al., 2016). There are also notable gender differences; women use the counseling center more than men, as explained by Reetz et al (2016). Fifty-six percent of all students enrolled in higher education are women and 65% report using the counseling center. Finally, 17.42% of the student body reports a sexual orientation other than heterosexual; only about 1 in 10 (i.e., 12.56%) use the counseling center (Reetz et al., 2016). University counseling centers help students with their mental health issues, and 97.5% of the respondents indicated they offer personal counseling, 64.3% group therapy, 48.8% psychiatric services, and 86.2% have educational workshops to discuss various topics related to student mental health (Reetz et al., 2016). Ninety-one percent of the directors reported that there is no fee charged for personal counseling services, and 94.9% reported that there is no fee charged for the educational workshops; this is done to

increase student usage of the counseling center as Reetz et al explained. Considering the

national average, in an institution the size of My Town College, the University

Counseling Center should see approximately 538 students a year, thereby accounting for

11.20% of the student population.

Since 1981, the National Survey of College Counseling Centers has reported

mental health trends that affect colleges and universities in the United States and Canada

until its end in 2015 (Gallagher, 2015). The survey used data collected from 275

institutions that varied in geographic location and provided information for potentially

3.3 million diverse students as reported by Gallagher. The data collected identified

trends in the mental health of students and the trends in the administration of the

counseling center to help colleges and universities of all sizes and demographics.

Gallagher (2015) reported that the average counseling center has a student-to-

counselor ratio of 1:2,081 to meet the needs of all other students. Forty percent of all

institutions indicated that the counseling centers were supported financially by mandatory

student fees, and 98.15% of these institutions indicated that they do not charge any

additional costs to use the counseling center as described by Gallagher. There was a self-

reported increase (i.e., 86%) in the number of students seeking services from the

counseling center, and 52% of them reported an increase in the severity of

psychopathology as Gallagher reported. Counseling center directors have reported that

89% of their students have anxiety, 58% are clinically depressed, 35% have self-injurious

behaviors, and 69% have reported crises that required an immediate response as

described by Gallagher. Over the past 5 years, Gallagher reported a 56.58% increase in

the number of students depressed, an 89.54% increase in the number of students with anxiety, and a 36.42% increase in the number of students with self-injurious behaviors.

Although student enrollment has been increasing each semester, 68.63% of center directors are concerned that they do not have adequate resources for the growing student population (Gallagher, 2014). In 2014, Gallagher (2015) reported that 125 students committed suicide and that 86% of these students had never sought assistance in the counseling center. Furthermore, 84.97% of directors reported having had to hospitalize students for stabilization due to psychological issues, as reported by Gallagher. There is a growing demand for mental health services on campuses, and many counseling centers believe they lack the necessary resources to help their students effectively and efficiently (Ebert et al., 2018).

The American College Health Association (2016a) conducts a national survey of nearly 20 million students every semester and reports the most comprehensive collection of data concerning the physical and mental health of students. In the fall semester of 2016, the survey had a response rate of 22%, with a total of 33,512 student responses (American College Health Association, 2016a). The researchers showed that 24.9% of students reported being affected by anxiety, 15.4% reported depression, and 32.2% reported stress. In the American College Health Association survey, 86% of the student's self-reported anxious feelings and being overwhelmed, 60.6% self-reported feelings of loneliness, and 38.2% self-reported they were so depressed and could not function in the past year. Despite this fact, very few students seek professional assistance for their anxiety (19.1%) or depression (15.2%) (American College Health Association).

With the increased psychopathology in higher education (Eisenberg, Speer, & Hunt, 2012; Monti et al., 2013; Schwartz, 2011), 7.6% of students self-reported having psychiatric conditions reported by the American College Health Association (2016b) survey. The overall stress of the students from the self-reported data suggested that 55.9% of the respondents showed stress levels being more significant than average due to tremendous amounts of stress, as described by the American College Health Association. Furthermore, the American College Health Association reported that stress affected the student's academic performance and was a critical factor in student persistence and retention. In the past year, as self-reported in the same survey, students described academics (i.e., 48.4%), finances (i.e., 34.1%), and family problems (i.e., 28.6%) as being very difficult to handle in the past year.

In the 2016 Annual Report, they collected data from 150,483 students at 139 different colleges and universities in the United States (Center for Collegiate Mental Health, 2017). The data collected and used to report the actual clinical session with students from counseling centers participating in the research, and all data were rendered anonymous before being sent to the CCMH. Researchers then described students who were actively seeking on-campus mental health services provided by their college or university, as reported by the CCMH.

According to the CCMH (2017), harm-to-self by students has been increasing for the past 6 years, and according to Ackerman et al. (2014), suicide, in the United States, ranked eighth among causes of death; however, suicides ranked second among college students (Emory University, 2017). As described by the CCMH, depression and anxiety

among college students were the leading causes for students to seek out mental health

assistance. Beiter et al. (2015) confirmed that the transition to higher education could

result in bad sleeping habits, financial hardships, academic performance, and living

arrangements that all have the propensity to cause students to have increased depression

and anxiety. Since 1980, depression and anxiety rates have been on a steady rise in the

general population, as reported by H. Berger et al. (2015). With the rising concern of

college mental health, higher education counseling centers have seen a utilization growth

of 30% nationwide, as the CCMH described. However, even with this modest increase,

counseling centers on university campuses remain one of the most underused student

resources in higher education (Boswell, McAleavey, Castonguay, Hayes, & Locke, 2012;

Hunt et al., 2012; Nordberg et al., 2013).

In the 2015-2016 school year, the CCMH (2017) reported the most common

concerns by students were anxiety (i.e., 61.0%), depression (i.e., 49%), academic

performance (i.e., 27.7%), adjustment (i.e., 13.6%), identity development (i.e., 9.8%),

sexual orientation (i.e., 2.8%), and racial/ethnic concerns (i.e., 2.6%). Furthermore,

22.5% of all students seen by the counseling center were first-generation college students

reported by the CCMH. This data indicated by the CCMH that mental health is a crisis

that is taking over college campuses and afflicting students nationwide. Half of all

students described by the CCMH reported never having used mental health counseling in

the past, and 25.9% of them reported self-injurious behaviors without the intent of

suicide, but many reported either having contemplated or attempted suicide. Researchers

indicated that 90% of the students agreed to get emotional support from their family, and

92.1% agreed to get emotional support from their social network as described by the CCMH. To aid in the mental health needs of the students, the CCMH reported, 60.3% of the participating institutions have access to full-time or part-time on-campus counseling services and part-time off-campus consultation available.

As students begin their journey toward academic excellence, a myriad of overwhelming obstacles can likely to be waiting for them around every turn while adjusting to an unfamiliar world. Although many of the problems met along the way can be handled by the counseling center, student utilization differs by gender and race/ethnicity, and those who identified as first-generation college students or emerging adults —often did not seek help. Each of these factors has distinct reasons that could prevent the student from seeking help when they suffer from mental health problems.

First-Generation College Students

As defined by Winograd and Rust (2014), first-generation college students are the first ones in their family who did not matriculate beyond primary or secondary education to attend a postsecondary institution. First-generation college students face stressors at a high rate; they often do not know how to cope with the demands of campus life and the unique challenges which emerge with post-secondary education (Soria & Stebleton, 2013). To add to the pressure, many first-generation students come from poorer socioeconomic backgrounds with parents who often do not have the personal experience to navigate the system of higher education (Nordberg et al., 2013). At many colleges and universities with student services, like counseling, are providing free or at a low-cost to the student; however, the lack of awareness can often stymie a student from seeking out

these services, even when they are in distress (Nordberg et al.). College can be a

daunting task for countless students, and without encouragement and support from family

or friends, life can quickly become paralyzing. All students must learn what resources

were available on-campus to help them resolve their problems.

In a mixed-methods study of first-generation and continuing-generation students,

Garza, Bain, and Kupczynski (2014) questioned college seniors and found first-

generation students were likely to come from low-income homes with parents who have a

limited understanding of higher education. When these students start their college career,

they can be disadvantaged socially, academically, and emotionally when compared to

students whose parents had attended postsecondary education (Bui, 2002; Gibbons &

Woodside, 2014; Nichols & Islas, 2016). Wheeler (2016) further explained that first-

generation students' retention rates are much lower than their continuing generation

peers. Since they are the first in their family to attend college, first-generation students

can quickly become overwhelmed in their attempt to navigate this unfamiliar terrain

without the help of their parents, family, and often friends, and often without the

knowledge regarding resources that are available to them on their campus (Wheeler).

College is a way for first-generation students to acquire the skills needed to boost

them into a different social class (Covarrubias & Fryberg, 2015); however, some lack the

necessary skills needed at the outset (Coffman, 2011). The lack of competencies can

cause stress, depression, and anxiety (Miller-Graff, Howell, Martinez-Torteya, & Hunter,

2015), thereby contributing negatively to their mental health issues and academic

performance. It was vital that first-generation college students who matriculate on

campus become involved to help in their identity development throughout the transition

process (Coffman; Martinez, Sher, Krull, & Wood, 2009; Nichols & Islas, 2016). Unlike

students whose parents and friends attended college, first-generation college students

have more barriers and obstacles to overcome in higher education, and they often

reported feelings of fear, stress, and low self-esteem (Garza et al., 2014).

Since the family sometimes lack the financial resources to pay for the child to go

to college, many first-generation college students may have to manage either full-time or

part-time employment to help with the financial responsibilities of college (Gibbons &

Woodside, 2014; Martinez et al., 2009; Nichols & Islas, 2016). In a sample of 921 first-

generation college students, (Martinez et al.) reported that 32.96% to 80.93% had either a

part-time or full-time job. Not only did working have an impact on academic

performance, but it also potentially affects the student's ability to access mental health

resources on-campus. Furthermore, Stebleton et al. (2014) found that 77.8% of first-

generation college students reported the hours of the counseling center were not suitable

to their schedule, 76.1% reported they did not have enough time, and 80.4% were

unaware that counseling services were available on-campus.

First-generation college students face many challenges that can affect their mental

health, and because of this, colleges and universities must understand what their students

find the most essential when deciding the services to provide on-campus such as

counseling services. Often, students will seek help from family and friends (Nicholls &

Islas, 2016); however, after some time, they may find it difficult to relate, as the problems

they were experiencing become unfamiliar to their friends and family (Wheeler, 2016). It

is essential that first-generation college students not only have the time to access mental health services, but it is also essential for them to know what services are available and provided by their institution (Wheeler).

Emerging Adults

The millennial generation encompasses over 20% of the national population and defined as those people born after 1982 (Bland et al., 2012). Mental illness affects all generations of individuals, and it does not discriminate among age groups. The millennial generation seems to be matriculating into colleges and universities with more mental illness than previous generations (Reetz et al., 2016; Simpson & Ferguson, 2012). Instead of using the resources provided on-campus, millennials were more inclined to consult with their social network when problems arise (Bishop, 2006). More than previous generations, the millennial generation was pressured to succeed academically by their overbearing and overprotective parents, making it difficult to become independent individuals (Much et al., 2014). Often millennials "lack the material, physical, and mental resources" needed to effectively manage the demands that would come with adulthood (Peer et al., 2015, p. 95). The college students of today seem to lack the cognitive development to cope independently as adults; they must constantly monitor how they are coping with life's stressors. Colleges and universities may need to develop a protocol that always informs students of the resources available on campus. Thus, the university needs to provide the student with the resources to aid in psychological distress.

The millennial generation grew up alongside the *dot com* era and are more technologically savvy than previous generations, and when a problems arise, and they do

not want to talk to their family and friends about, they often seek their answers on the

Internet (Gulliver, Griffiths, & Christensen, 2010; Mar et al., 2014). Because of this,

their characteristics are different from their predecessors. More than previous

generational cohorts, millennials are more ethnically diverse (Bland et al., 2012), more

goal-oriented (Rosenbaum & Weatherford, 2017), and more financially burdened (Flatt,

2013), and when compounded, these could exacerbate the mental health symptoms of

stress, anxiety, and depression (Conley et al., 2015). Also, unlike any other generation,

millennials have parents that are very intrusive in their lives who even shelter the student

from making mistakes, solve problems that the student should be solving, and speak to

professors and university administration on the students' behalf. These parents, defined

as helicopter parents, can leave children with higher stress levels, fewer coping skills, and

inadequate time management skills, which are all necessary to navigating their new

college career (Vinson, 2013; Yeazel, 2015).

Besides the generational characteristics, the millennial generation also suffers

from the typical feelings and emotions that come with the transition to college life.

While they are trying to develop a social status and searching for an identity, autonomy,

and a purpose (Azmitia, Syed, & Radmacher, 2013); they have to learn coping strategies

to avoid stress and other difficulties (Bland et al., 2012). Although it is vital for them to

seek assistance for their mental health needs, millennial generation students fear

professional helpers violating their confidentiality, fear the lack of accessibility for

services, are self-confident on finding solutions on their own, and have their internal

stigmas related to mental health (Gulliver et al., 2010). Ebert et al. (2018) found that

these students prefer to handle the problem on their own or talk to friends instead of

seeking professional assistance. Over 18 million adolescents have mental health issues,

but less than a third will seek treatment (Whitaker, Stone, Anyon, Blankenbaker, &

Rozum, 2019). Stress that comes with the start of a college career can negatively affect

the student's health, and explained by Peer et al. (2015), 40% of millennial students'

surveys identified ineffective coping strategies and ineffective strategies for managing

stress.

Counseling centers can help the millennial generation through this time of

transition. By teaching skills in a psycho-educational setting, students can learn how to

effectively handle life stressors, depression, anxiety, and other causes of distress (Conley

et al., 2015). Since this generation depends on technology, it is helpful for counseling

centers to describe and explain all services available to students on their website and

other social media platforms (Mar et al., 2014). With the unique challenges that face the

millennial generation, institutions of higher education must adapt to the needs of this

generation and ensure the services they provide meet the needs to of this diverse

population (Azmitia et al., 2013; Bland et al., 2012; Watkins et al., 2012)

Race/Ethnicity

Students have many reasons for not using campus counseling services when they

encounter mental illness. All students, regardless of ethnicity or cultural background,

should experience no hindrance when trying to access these services. However, each

ethnic group has a belief system when it comes to confronting mental illness. Hayes et

al. (2011) reported that Black American, Asian American, and Hispanic American

students would often underutilize counseling services offered on their college campus, as they often mistrust the providers and feel they may not be culturally sensitive to minority students. Because of this, students tended to embrace mental health providers with similar cultural and ethnic backgrounds so that they may have a sense of acceptance and understanding (Cabral & Smith, 2011).

When compared among all ethnic groups enrolled in higher education, Asian students use the counseling center at the lowest rates (Ihara, Chae, Cummings, & Lee, 2014). Family pride is significant to Asian culture, and many Asian students believe that they can control their emotions through will-power (Han & Pong, 2015). Instead of viewing mental health as a personal issue, Asians believe it is a reflection of their immediate family members and even their ancestors (Han & Pong). As the second fastest-growing ethnic group in the United States, Asians suffer from depression and anxiety at higher rates than other groups (Ihara et al., 2014). Language is another considerable barrier that often prevents Asian students from seeking professional help for psychological distress (Wang et al., 2013).

The most defining contribution to Asian mental health illness can be their religious following. Asian students whose families follow the collective teachings of Confucius encounter some of the most significant challenges when facing psychological distress (Wang et al., 2013). To protect their family from embarrassment, Asian students who face depression and anxiety they cannot control are likely to turn to suicide to protect their family's honor (Wang et al.). Mental health professionals must understand the added barriers that Asian students face. Culture and family rank very high as an

influential part of the student's social structure. Despite their closeness to the family, the family can hinder the Asian student's mental health.

Black Americans are likely to use counseling centers at a much lower rate than White American students (Bonner, 1997; Cheng et al., 2013; Duncan, 2003; Sanders Thompson et al., 2004). Although there are countless reasons for any student to not seek professional services for mental illness, Black Americans likely not take part in counseling mostly because of economic issues, trust issues, and stigmas (Ayalon & Young, 2005; Barksdale & Molock, 2008). In a survey of 609 racially ethnic students, (Cheng et al.) found that stigma was the biggest obstacle stopping Black Americans from using counseling centers, which was previously supported by Ayalon and Young. Health insurance is sometimes an additional barrier (Sanders Thompson et al.) for not seeking counseling services, and many of the counseling services are offered free or nearly free (Reetz et al., 2016) to students. Another reason that may prevent Black American students from seeking counseling services provided through the University is that of the overall distrust of the helping professionals.

Providers have often misdiagnosed and underdiagnosed Black Americans (Lasser, Himmelstein, Woolhandler, McCormick, & Bor, 2002; Sanders Thompson et al., 2004). Sanders Thompson et al. found that Black Americans often find mental health professionals to be older, white elitists often disengaged from the community, and do not understand their problems (Hayes et al., 2011). Although these students may not be receiving services through the counseling center, these students are still getting some help and learning to cope on their own. Family members, friends, and clergy are familiar

sources of support and guidance through challenging times (Barksdale & Molock, 2008).

Also, Black Americans are more likely to go to the local emergency room for medical

help when feelings and emotions become out of their control (Ayalon & Young, 2005;

Barksdale & Molock). Like all ethnic groups, Black Americans are likely to face many

challenges to their mental health. However, as with all ethnic groups, it is vital that they

are not battling this alone and that they are seeking help and getting the guidance they

need to overcome their psychological distress.

   The Hispanic community is one of the fastest-growing ethnic populations in the

United States (Soria & Stebleton, 2013). Like Asians and Black Americans, Hispanics

will often avoid formal mental health professionals and will tend to seek help and

guidance from family, extended family, friends, and other informal sources of any

psychological distress (Chang et al., 2013; Kim et al., 2016). When compared to White

Americans, Hispanics are generally less likely to develop a pervasive mental disorder

across their lifespans (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005); however,

when they do use formal mental health services, Hispanics show to use out-patient

therapy at lower rates and rely wholly on informal support (Dobalian & Rivers, 2008).

With this, although the Hispanic population is growing fast in the United States, they are

still hugely underrepresented in the United States higher education system (Kim et al.).

   Like in all ethnic groups, Hispanic college students will too likely suffer from the

effects of transitioning to higher education. Academic pressure to be successful is high,

and this desire to succeed can cause depression and anxiety (Posselt & Lipson, 2016).

Culture, language, financial instability, and discrimination are other characteristics that

can affect psychological distress (Kawamoto, Youn, Bartholomew, Castonguay, & Locke, 2017). Often, because of the lack of financial support for higher education, Hispanic students are more likely to live at home and often do not take part in any cocurricular groups or organizations to increase their social network (Soria & Stebleton, 2013). Hispanic college students face many challenges and obstacles that will make matriculating in higher education difficult. However, by breaking from cultural norms and expanding the social network to include formal mental health professionals, Hispanic students are more likely to persist and be retained into the next academic year (Kim et al., 2016).

Gender

Society has distinct cultural norms when defining gender roles for men and women (J. L. Berger et al., 2013; Jeffries & Grogan, 2012; Yousaf, Popat, et al., 2015). Systematically, men are less likely than women to seek professional help for psychological distress (McCusker & Galupo, 2011), and men are more apt to internalize (Pattyn et al., 2015) their true feelings for fear of being stigmatized, being seen as weak, or feminine (McCusker & Galupo). Males are less likely to seek professional help regarding their mental health status, and females are more likely to seek help from a mental health professional (DeBate, Gatto, & Rafal, 2018; McCarthy & Holliday, 2004). Further, males reported using friends and family for support, and they have a higher propensity to ignore symptoms altogether (DeBate et al.). From an early age, boys should be tough, not show emotion, and never reveal their vulnerabilities (M. O. Tang et al., 2014). Because of these predefined social constructs, males will delay their help-

seeking and mask their emotions (Wendt & Shafer, 2015), and will rely on their peers to validate their manhood (M. O. Tang et al.).

On college campuses, gender roles continue to remain dominant. Female students are more likely to receive services for psychological distress on campus and are more liable to externalize their emotions to friends and mental health professionals (Pattyn et al., 2015). Females are also more likely to use prescribed psychotropic medication to help them cope with their depression, anxiety, or other psychological distresses (J. L. Berger et al., 2013). Seeking any professional help for psychological distress is severe and avoided by all genders and groups at all costs (McCusker & Galupo, 2011). However, social norms and preconceived ideas of gender ideologies (Pattyn et al.) should not prevent anyone from seeking and getting the professional help they need to resolve any psychological distress that affects their mood, behavior, or academic success (Fridgen et al., 2013; M. O. Tang et al., 2014; Topkaya, 2014).

Sexual Orientation

Sexual orientation, an important topic, will not be discussed. There may be a relationship that may exist with counseling center utilization. Being gay was considered a mental disorder until 1973 when the American Psychiatric Association removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* (Cooper, 2008; Kalra, Ventriglio, & Bhugra, 2015). Growing up gay has its own set of challenges; however, many gay boys and girls experience harassment, physical violence, verbal abuse, and discrimination from an early age (Bartholomew, Gundel, Sullivan, Pérez-Rojas, & Lockard, 2018; Haas et al., 2011). Meyer et al. (2015) found that gays and

lesbians are 2 to 7 times more likely than their heterosexual counterparts to attempt suicide. Family rejection can increase the chances of developing psychological distress (Effrig, Maloch, McAleavey, Locke, & Bieschke, 2014) and the likelihood of attempting or completing a suicide (Lucassen et al., 2011). Kalra et al. found that 38% of females identifying as a lesbian had experienced depression, and 17.1% experienced anxiety, as opposed to their heterosexual counterparts whose experience was 19% and 7.9%, respectively. Although many adolescents escape the treacherous youth of rejection, teasing, and violence, some will succumb to depression, injurious behaviors, and suicide (Lucassen et al.).

Although colleges and universities have strived to make their campuses more inclusive to sexual minorities over the years (McKinley, Luo, Wright, & Kraus, 2015), gay and lesbian students are still subjected to homophobia, discrimination, and bouts of violence (Wright & McKinley, 2011). Because of this marginalization, gay men are at a higher risk of depression, panic attacks, suicide, and other more severe psychotic diagnoses in their lifetime, and lesbians are at higher risk for anxiety disorders and substance abuse (Effrig et al., 2014). Friends, then the family, were found to be significant support networks for sexual minorities (Effrig et al.). Although social stigma often stops gay and lesbian students from seeking formal help from mental health professionals (McKinley et al.), the CCMH (2017) showed that 14% who are using college counseling centers identify as lesbian, gay, bisexual, or are questioning their sexuality. Reaching homosexual minority students on campus remains a challenge (Cooper, 2008); however, through education and awareness (Wright & McKinley), these

students can rise from the shadows and become active members in the college experience (Haas et al., 2011). As important as this issue is among the college student population, for this study, sexual orientation will not be considered a variable in this study; however, further research would be helpful.

The characteristics that affect psychological distress are many; however, counseling centers on colleges and universities are in a unique position to aid and help in the transition to higher education (Schwartz, 2011; Simpson & Ferguson, 2012). Systematically, across the board, students leave college because of personal and situational events (Choi et al., 2010); however, new trends highlight the need for increased counseling services and refreshed strategies to motivate help-seeking behaviors (Kirsh et al., 2016). The overall underutilization of university counseling centers is not geographically and demographically unique, and there is a nationwide under usage of this vital campus resource (Meyer et al., 2015; Yousaf, Grunfeld, & Hunter, 2015). It is encumbered on these institutions to ensure that all students, first-generation and emerging adults, regardless of gender or race/ethnicity, can find and use all available resources on campus to help with any form of psychological distress (Chen, Romero, & Karver, 2016).

Implications

The goal of my study was to understand what resources students are using for psychological distress both in the on-campus and off-campus settings. Also, are the services of a professional or nonprofessional nature? Further, I want to understand if there is a relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and the use of the on-campus University Counseling Center at My

Town College when seeking help for psychological distress. Like many institutions of higher learning, My Town College offers an on-campus counseling center provided through mandatory student assessed fees. Since college is a transitional period in the developmental process, all students should ensure their emotional needs are supported. The student demographic has changed in recent years, and colleges and universities are more ethnically diverse than ever before (Watson, 2013).

Since college campuses are diverse, and students come from different backgrounds, it is necessary to understand how each of the discussed groups of students makes their help-seeking decisions. Because students often suffer from depression, anxiety, and other emotional symptoms, all students need to be aware of all services provided on-campus to ensure they are making the best decision to help with their psychological distress (Kirsch et al., 2015). In this study, I wanted to learn why My Town College students use the on-campus counseling center at a lower percentage rate than the national average for help and learn what resources students use if they are not using the on-campus counseling center and what factors contribute to where they to seek help for psychological distress. Additionally, I examined how being a first-generation college student or emerging adult, or if the student's gender and race/ethnicity affect the student's decision to use the on-campus University Counseling Center at My Town College when seeking help for psychological distress.

Summary

The characteristics that affect psychological distress are many; however, counseling centers on colleges and universities are in a unique position to aid and help in

the transition to higher education (Schwartz, 2011; Simpson & Ferguson, 2012).

Systematically, across the board, students leave college because of personal and

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available resources on campus to help with any form of psychological distress (Chen et

al., 2016).

In Section 2, I will introduction to the methodology, research design, and

approach, the setting and sample, instrumentation and materials, data collection, data

analysis for this study, and the results of this study.

Section 2: The Methodology

Research Design and Approach

I chose a descriptive, correlational, quantitative design to examine the relationship between the characteristics of gender, race/ethnicity, being a first-generation college student, and being an emerging adult and student usage of the University Counseling Center at My Town College. As stated by Creswell (2011), different variables can be measured, quantified, and analyzed using statistical procedures to identify the significance of their relationship (Frankfort-Nachmias & Leon-Guerrero, 2015). Qualitative method approaches were considered, but since it would be impossible to interview an adequate number of students, this consideration would give an unequal representation of the students' characteristics and viewpoints. Due to the sensitive nature of the study and the number of students being asked to participate, a qualitative approach would not have been possible. Additionally, in matters about psychological health, absolute confidentiality is paramount. The use of an online surveying tool permitted all students to remain anonymous and unknown to me as the researcher. If I implemented a qualitative approach, students would have been identified and would have had to come forward and reveal their identity and current mental status to participate in the study. I believed the only way to accurately answer my research questions was by conducting a quantitative analysis.

Research Questions

This project study was guided by the following research questions:

RQ1: What resources for psychological distress, if any, are being accessed by students?

RQ2: What considerations are most important to students when deciding between using the provided on-campus counseling center or choosing to seek assistance off-campus?

RQ3-A: What is the relationship between the student's gender and the decision to use the University Counseling Center?

RQ3-B: What is the relationship between the student's race/ethnicity and the decision to use the University Counseling Center?

RQ3-C: What is the relationship between the student being an emerging adult and the decision to use the University Counseling Center?

RQ3-D: What is the relationship between the student being a first-generation college student and the decision to use the University Counseling Center?

I used descriptive analysis to answer Research Questions 1 and 2. Research Question 3 was answered by examining if there is a relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and student use of the on-campus University Counseling Center at My Town College when seeking help for psychological distress. The hypothesis guiding this study was that there is no relationship between the students' characteristics and use of the University Counseling Center at My Town College. The chi-square test of independence was conducted to determine if a relationship existed between these characteristics and usage.

Setting and Sample

My Town College has a diverse student population of students that differ in ethnicity, gender, and age. The average enrollment for the fall and spring semesters was roughly 6,000 students who are enrolled in both undergraduate and graduate programs. In the fall 2019 semester, My Town College had a student population of 6,506. Within this population of students, the gender description was 65.14% female and 34.86%, male. As previously stated, this is a diverse ethnic campus, with 68.68% being White, 18.26% Black or African American, 4.26% Hispanic, 1.29% Asian, and 7.51% other. Emerging adults (i.e., students under the age of 25 years old) represented 80.26% of the school's population, and 19.74% of the students were over the age of 25 years old. According to the Office of Assessment and Institutional Research, the institution readily collected data that distinguishes between first-generation or continuing generation students, and it was worth noting that 19.09% of the fall 2019 semester students were first-time freshmen.

Using enrollment data from My Town College, the total student population for the Fall 2019 semester was 6,506 students. I conducted a power analysis, using G*Power 3 by Faul, Erdfelder, Buchner, and Lang (2009), at an alpha level of .05 with 4 degrees of freedom, a desired medium effect size, and the desired power of .80, which indicated that a minimum of 133 responses was needed to conduct inferential analysis. However, since survey participation rates were usually reduced and to ensure enough responses to conduct a detailed analysis, the survey instrument was randomly sent to 1,000 students who were registered for courses during the Fall 2019 semester. The 1,000 participants were randomly selected by the Office of Assessment and Institutional Research, and to

increase participation, the office sent out two reminders during the 3 weeks of data collection.

All students, over the age of 18 years old and currently registered, were eligible to be randomly selected to participate in this study. With the help of the Office of Assessment and Institutional Research at My Town College, I anonymously selected a random sample of 1,000 students from the school's population. Each student was provided with their own unique and anonymous survey link to complete the survey. I provided the links to the Office of Assessment and Institutional Research, and they matched each survey link to the randomly selected students. Their office did not know which links were accessed by the students, and I did not know the identity of the student the survey link was assigned to. I collected the data using the online surveying software, Survey Gizmo, and did not collect information that could identify students.

Instrumentation and Materials

I developed an online survey containing 12 questions to answer the research questions to be anonymous and delivered electronically. The instrument was inspired by the prior dissertation of a student at the University of California at Los Angeles (Lavern, 2007). I obtained permission from the original author of the survey (see Appendix E). The questions were multiple choice with prompted responses directly about psychological distress, where students seek help, and the resources available to students on and off the My Town College campus. The anonymous instrument was specifically designed to fit the needs of My Town College and included prompted responses specific to this institution (see Appendix B).

The survey was intended to collect data on what considerations students value the most when seeking help for psychological or emotional distress, what resources they have used in the past, and about their familiarity with the provided on-campus resources at My Town College. Furthermore, I used the instrument to gather demographic information about race, age, gender, and if they were a first-generation college student. Since the modified survey was untested, I paneled experts in the fields of mental health, education, and language arts to review the survey before using it. The instrument and research questions were reviewed by a licensed social worker and the dean of the College of Education and Behavioral Science to ensure its reliability and validity. Finally, to ensure the readability and understanding of each question, the survey instrument was reviewed by an endowed professor of Writing who served as the department chair for Literature and Language Arts at My Town College.

The survey was administered by the Office of Assessment and Institutional Research at My Town College using the provided individual survey links obtained through Survey Gizmo. A notification e-mail was sent out by the Office of Assessment and Institutional Research at My Town College, letting all students know the survey was available and stressing the importance of completing surveys while allowing for voluntary submission. The online survey was accessible to students for 3 weeks, and at the end of the first and second week, a reminder e-mail was sent to the Office of Assessment and Institutional Research to remind students of the survey in hopes of increasing student participation. At the end of each week, I deactivated each survey link that contained a completed survey, and the following Monday, the Office of Assessment

and Institutional Research sent out the reminder e-mail. I collected all raw data and stored them as required by Walden University.

Data Collection and Analysis

As reported earlier, all responses to the survey were anonymous and collected electronically using Survey Gizmo. The survey instrument (see Appendix B) was composed of closed-ended questions using a predetermined, yes/no list of responses and multiple-choice. The predetermined responses permitted students to indicate which services they used, either on-campus or off-campus, their knowledge of the university counseling center, and the necessary demographic information needed to conduct the chi-square test of independence. I used this survey instrument to describe the resources students found most important when choosing to seek help on-campus or off-campus for psychological distress. Furthermore, I used the survey to find a relationship between counseling center usage at My Town College and the student characteristics of first-generation college students, emerging adults, gender, and race/ethnicity.

I performed descriptive and inferential statistical analysis in my data analysis using the Statistical Package for the Social Sciences (SPSS), Version 24. Descriptive analysis answered Research Questions 1 and 2. However, to answer Research Questions 3, sub-questions A–D, I used the chi-square test of independence to determine if there was a relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and the use of the on-campus University Counseling Center at My Town College when seeking help for psychological distress.

Assumptions, Limitations, Scope, and Delimitations

For this study, I assumed that students cope with their psychological distress in many ways. Everyone goes through a cycle of emotions; however, just because a person is sad does not mean they are necessarily in emotional or psychological distress. It is unfair to assume that a person is in distress when they are exhibiting what some may take as normal behavior. Although they may not seek help from the on-campus counseling center, they may find alternate means to deal with a psychologically distressing issue. We cannot assume that students' needs are unmet because they are not seeking assistance using on-campus resources for psychological and emotional needs.

Since college campuses are diverse, with students coming from different backgrounds, it was necessary to understand how each of the discussed groups of students decided where to seeking help for psychological distress. Prior researchers have identified common student characteristics that would benefit the most from using university counseling (Ackerman et al., 2014; Banks, 2019). In this study, I looked for a relationship between the variables of first-generation college students, emerging adults, gender, and race/ethnicity, and the use of the counseling center.

A limiting factor for this study was the reliance on self-reported data from the students at My Town College. Survey data were collected exclusively at one institution; however, the data should be transferable to other institutions of comparable size in a rural setting. The Southern Association of Schools and Colleges Commission on Colleges (2017) accredited 796 degree-granting institutions across six states. However, in this study, I focused on one regional university with a student enrollment of nearly 6,000

students. Another limitation at this university was their students live in a primarily rural setting; therefore, generalizations do not extend to larger, urban institutions.

In all survey research, participant response rates are a limiting factor; however, there are several things I implemented to promote a more favorable participation rate in this study. Prior researchers have suggested not to have a progress bar indicating the length of the survey, keeping the survey completion time to under 13 minutes in length, and to send out reminders (Barreto, Frasure-Yokley, Vargas, & Wong, 2018; Fulton, 2018; Saleh & Bista, 2017). Finally, Saleh and Bista (2017) suggested to e-mail the survey from a person of authority. To elicit the highest possible response rate, I addressed all the limiting factors.

Protection of Participants' Rights

Before students could begin the survey, they were required to indicate they had read the Study Consent Form that was posted digitally on the first page of the survey. Participants had the opportunity to consent to proceed to the survey or refuse consent and exit the survey. If the student declined to the consent, Survey Gizmo automatically redirected the student to their university's website. I asked no question that could potentially identify the student participant.

I took all measures to ensure the protection of students' rights and anonymity of all participants. Once approved by the Institutional Review Boards (IRB) at Walden University and My Town College, I then started the data collection. Walden University's approval number for this study is 10-01-19-0577321. All information gathered was kept

confidential, and the survey responses were anonymous. I downloaded and analyzed all survey responses using SPSS, Version 24.

All student participation was voluntary. The online platform allowed the participant the opportunity to end the survey at any time or avoid beginning the survey altogether without anyone knowing. The survey design allowed the student to use either their computer, tablet, or mobile device. I downloaded the resulting data stored on a password-protected personal computer, which will be securely kept for 5 years as Walden University requires.

Data Analysis Results

As previously noted, in a previous section, online survey response rates are statistically lower when compared to other forms of survey data (Saleh & Bista, 2017). In the previous outline of procedures, a random selection of 1,000 students, over the age of 18 who were actively enrolled, would be generated by the office of assessment and institutional research. For an increase in participation, a series of two follow-up reminders were sent out at the following the end of weeks 2 and 3. However, at the end of week 2, only 52 of 1,000 randomly selected students completed the survey, with a response rate of only 5.2%. The chi-square test of independence required a minimum of 133 students for the data analysis.

At the suggestion of the director of assessment and institutional research at My Town College, an additional random selection of 500 students, using the same protocols outlined and agreed to by Walden University and My Town College, was generated. These students, like the previous sample, were each provided their own, individual,

unique, anonymous, link to the survey. The new sample of 500 students was sent out the same invitation note at the start of week 3, and the original sample of 1,000 were all sent their final reminder follow-up e-mail.

I followed the sample protocols for both samples of students. Each student had the same informed consent informing them of their rites at participations, the understanding of confidentiality, and given the same opportunity to withdraw from the survey at any time. By adding the additional 500 students, at the close of the online survey at the end of week 3, a total of 165 students completed the survey and met the requirements for the chi-square test of independence. At no time during the data collection process was any students' identifying information collected, and accounting for student confidentiality was paramount throughout the process.

A total of 184 students clicked on their unique link to actively start the survey; however, seven students selected not to participate in the study after reading the informed consent and transferred back to their institution's website. Twelve students who indicated they agreed to participate in the study, after reading and accepting the Informed Consent, failed to complete the survey. Only 165, 11% of the randomly selected students, who agreed and accepted the Informed Consent and fully completed the online survey, was used in the data analysis.

The chi-square test of independence relied on six underlying assumptions for the test to be conducted correctly. Like with other nonparametric statistical analyses, the data obtained from the chi-square test assumed a process of random selection. For this study, a total of 1,500 students, over the age of 18, were randomly selected by the Office

of Assessment and Institutional Research at My Town College. The first assumption was

that all data cells must be counts and not percentages. The second assumption was that

all respondents could only be assigned to one category, as the categories are mutually

exclusive. Thirdly, the respondent may only provide data once to each category, and the

test of the subjects did not occur over time. The fourth assumption was that none of the

groups are related and not paired samples. Assumption five stipulated data come from

nominal or interval data. Finally, the last assumption was that no more than 20% of the

expected count cells could have a count of less than five, and no cell can have less than a

count of one (Statistics, 2016). All six assumptions need to be met for the chi-square to

work.

However, as I presented in my analysis, Research Question 3 violated assumption

six, as the category of race/ethnicity did not yield enough student responses to fill the

cells as required. Because of this, two of the characteristics of race/ethnicity were

collapsed and added into the category of other. By combining Asian and Hispanic within

the category of Other, I was able to conduct the chi-square test of independence without

violating any of the six assumptions.

Research Question 1

Using descriptive statistics, I analyzed the resources being accessed by students at

My Town College for psychological distress. It was first essential to know how much

students knew about the services for mental health. My Town College provided its

students, and how many of their students used their University Counseling Center. Based

on the findings, students were using the counseling center on their campus as they do at

other institutions of the same size. However, the overall usage is not reflective of the actual population of the student body since the response rate was low. The findings described may have response bias, as those who have experienced psychological distress may have been more motivated to participate in the study. Of the respondents, 73.6% reported using the counseling center, and 76.4% reported not using it. As reported previously, the reported usage was higher than the institutional data, and I wanted to investigate why and to learn how much of this sample was aware of the University Counseling Center at My Town College and the various university on-campus provided resources. Of the student participants, 18.1% of the students indicated they were fully aware of the campus provided resources, 41.8% were somewhat familiar; however, nearly 40% of the respondents admitted to knowing very little or nothing about the services they pay for through their student assessed fees.

Like most universities, My Town College informed all students of on-campus provided resources during their initial student orientation and discussed in the University Prep class, which all freshmen students are required to take. Further, it was an institution mandated to be included by all professors and instructors in all course syllabi. Besides having an on-campus counseling center for students to use, My Town College offered several additional resources students could use when in psychological distress. Besides the counseling center, students had many additional resources to help as they become life-long learners. Although not all of these on-campus resources were to help or treat psychological distress, they were there to help students' overall wellbeing. All the

resources were accessible to My Town College students who choose to seek assistance.

Table 2 describes the findings.

Table 2

On-Campus Resources Used

Resource	Percentage
Recreation Center	40.61%
Academic Advising Center	40.09%
Health Services	20.00%
Greek Life	17.58%
University Police	17.58%
Career Services	13.94%
Residential Life Office	12.12%
ACCESS Office (Disability Services)	9.09%
Dyslexia Center	6.06%
Dean of Student Services	6.06%
Office of International Students	1.21%

Note. $N = 165$

Although these resources do not provide mental health assistance, they are additional resources for students to use, and the staff who work in these departments are mandated confidential reporters for students in psychological distress. Further, all students who are freshmen and have not earned 30 college credit hours were required to visit the Academic Advising Center on a structured basis, which could explain the increase in this service.

Students had many off-campus resources to turn to when in psychological distress. Some students sought services either through a medical professional, 40%, spiritual professional, 22.4%, or a helping professional, 21.8%. When faced with psychological distress issues, students had many options, whether the service was on-campus or off-campus.

Although My Town College offered free counseling to all students on their campus, participants in this study suggested several reasons for not using this resource, as described in Table 3.

Table 3

Student Reasons for Not Using the University Counseling Center

Reason	Percentage
Problem not severe enough	39.4%
Do not know the location of the University Counseling Center	24.2%
Will not understand me	19.4%
Not opened when needed	10.9%
Do not want friends or family to know	7.9%
Cannot afford it	7.9%

Note. N = 165.

However, besides seeking professional off-campus assistance, students found other ways to deal with their psychological distress, as displayed in Table 4.

Table 4

Off-Campus Non-Professional Resources

Resource	Percentage
Sought advice or talked to someone about the problem	39.4%
Participated in self-reflective activities such as journaling	12.1%
Sought out/looked up information about this issue using books/Internet	7.3%
Does not apply	41.2%

Note. N = 165.

Students often sought services of the nonprofessional nature. Students at My Town College often sought assistance by talking to others about their problem (39.4%) and participate in self-reflection (12.1%), as the most often of these resources. However, it is essential to note that 7.3% also conduct their research to seek answers.

Research Question 2

For this study, it is crucial to understand what considerations students believed were most important to them when deciding to use the on-campus University Counseling Center at My Town College or exploring other options off-campus. If this question did not apply to them, they were provided the opportunity not to respond. As reported in Table 5, I used frequency analysis to report findings.

Table 5

Most Important Considerations for Students to Decide Where to Seek Assistance

Most Important Considerations	Percentage
Felt safe	35.8%
Confidentiality	32.7%
Convenience	30.9%
They specialize in addressing my issue	29.7%
Effective in the past	28.5%
Cost	27.3%
Being able to talk to people like yourself	26.1%
Someone suggested/recommended	26.1%
Reputation	23.6%

Note. N = 165.

Students reported the top three considerations were feeling safe (35.8%), confidentiality (32.7%), and Convenience (30.9%) when they sought assistance for psychological distress. With this information, My Town College has a further understanding of their students' decisions when seeking help. The data collected will allow them to make the necessary changes to better respond to the needs of their students.

Research Question 3

There were four parts to Research Question 3, and each examined the relationship between the students who used the University Counseling Center at My Town College and specific student characteristics. Gender, race/ethnicity, being an emerging adult, or a first-generation college student was the characteristics examined in this analysis. The

chi-square test found no relationships. Table 6 illustrated all findings analyzed with SPSS Version 24.

> 3-A: What is the relationship between the student's gender and the decision to use the University Counseling Center?
>
> H_0: There is no relationship between gender and the decision to use the University Counseling Center; $p > .05$.

The question examined the relationship between gender and the usage of the University Counseling Center. Based on the chi-square analysis, there was not sufficient evidence to reject the null hypothesis, as the p value is greater than .05 ($X^2 (1) = 3.628$, $p = .057$); as reported in Table 6. Therefore, in this study, there is no relationship found between gender and the use of the My Town University Counseling Center.

> RQ3-B: What is the relationship between the student's race/ethnicity and the decision to use the University Counseling Center?
>
> H_0: There is no relationship between race/ethnicity and the decision to use the University Counseling Center; $p > .05$.

The question examined the relationship between race/ethnicity and the usage of the University Counseling Center at My Town College. A violation of Assumption six occurred during the first analysis (Statistics, 2016), which states that the expected cell count should be five or greater, and no cells can have data less than one. However, the test indicated that six cells (60%) had a cell count of less than five. The violation was caused by having no Asian participation, and only three Hispanic participating in the study. To correct this problem, and not violate any of the assumptions of the test, I

collapsed the characteristics of Asian and Hispanic and added them into the category of Other. Once combined, the chi-square test of independence was then rerun. Based on the chi-square analysis, there was not sufficient evidence to reject the null hypothesis, as the p value is greater than .05 (X^2 (2) = 2.033, p = .362); as reported in Table 6. In this study, there is no relationship found between race/ethnicity and using the My Town College University Counseling Center.

> RQ3-C: What is the relationship between the student being an emerging adult and the decision to use the University Counseling Center?
>
> H_0: There is no relationship between being an emerging adult and the decision to use the University Counseling Center; p > .05.

The question examined the relationship between being an emerging adult (under the age of 25) and using the University Counseling Center at My Town College. Based on the chi-square analysis, there was not sufficient evidence to reject the null hypothesis, as the p value is greater than .05 (X^2 (1) = 2.156, p = .142); as reported in Table 6. In this study, there is no relationship found between being an emerging adult and the use of the My Town College University Counseling Center.

> RQ3-D: What is the relationship between the student being a first-generation college student and the decision to use the University Counseling Center?
>
> H_0: There is no relationship between being a first-generation college student and the decision to use the University Counseling Center; p > .05.

The question examined the relationship between being a first-generation college student and using the University Counseling Center at My Town College. Based on the

chi-square analysis, there was not sufficient evidence to reject the null hypothesis, as the

p value is greater than .05 (X^2 (1) = 1.654, p = .198); as reported in Table 6. In this

study, there is no relationship found between being a first-generation student and their

use of the My Town College University Counseling Center.

Table 6

Chi-Square Analysis

Variable	Value	*df*	*p*
Gender	3.628	1	.057
Race/ethnicity	2.033	2	.362
Emerging adult	2.156	1	.142
First-generation college student	1.654	1	.198

Note. N = 165.

Summary

Based on the chi-square analysis, I concluded there were no overall relationships

between students who use the University Counseling Center at My Town College and the

students' gender. There was no relationship between using the University Counseling

Center at My Town College and the students' race/ethnicity. There was no relationship

between using the University Counseling Center at My Town College and the students'

being an emerging adult. Finally, there was no relationship between using the University

Counseling Center at My Town College and the students' being a first-generation college

student. Although students sought out various resources when they experienced

psychological distress, none of the chosen student characteristics appear to be a

contributing factor in choosing the on-campus counseling center. The majority of the

participates indicated that their psychological distress was not severe enough to seek services. However, nearly a quarter of the student responses identified their lack of knowing the location of the University Counseling Center at My Town College.

Students who reported seeking off-campus resources when experiencing psychological distress used medical professionals, spiritual professionals, and helping professionals as alternatives. The findings suggested that My Town College was not attracting specific groups of students to use the University Counseling Center, and there were many considerations students found essential when making this informed-decision related to seeking help for psychological distress. A significant portion of students, 4 in 10, nearly 40% of the respondents admitted to knowing very little or nothing about the service and is an important finding.

As the results of this study offer some insights into how students do or do not use the My Town College University Counseling Center, I created a policy recommendation in the form of a white paper as a deliverable that could help My Town provide better services to their students. My Town College informed its students during every phase of their enrollment about their University Counseling Center. However, based on the internal reporting and results of the survey, students indicated their lack of knowledge, overall, of the University Counseling Center. Also, it was necessary to understand that students are using non-professional off-campus resources when in psychological distress.

In Section 3, I will explain the project-a policy recommendation paper-that I developed based on the findings from this study. My goal for this project will be to suggest policy changes that may increase student usage of the University Counseling at

My Town College. The policy recommendations presented have the potential to increase

the usage of the counseling center by working across the campus with various

departments and faculty members to help students in psychological distress. The

recommendations in my proposed project include three recommendations when

implemented, can achieve the overarching goal of increasing the usage of the counseling

center.

Section 3: The Project

Introduction

In Section 2, I discussed the findings from this descriptive, correlational, quantitative study. Section 3 includes a detailed description of the project, which originated from the findings of this study on the underutilization of the University Counseling Center at My Town College. In this section, I present the project description, along with the goals, the rationale, literature review, and evaluation plan. This section also includes both the social and institutional implications of the project. A position paper was the selected genre for this project. The purpose of the position paper is to offer recommendations that, if implemented, may increase the student usage of the University Counseling Center. Appendix A includes the Project Study.

Project Description and Goals

I selected a white paper as the project because it offered me the ability to support a position and recommend solutions for the problem addressed in this study. Shanahan, Jones, & McBeth (2018) and Stelzner (2007) suggested a white paper allowed me to share the data collected and my recommendations with the university counseling center director, their staff, the Office of Student Services, and other members of administration effectively and efficiently. The goals of my policy recommendations are to encourage more outreach from the counseling center and use residential life and academic units to assist by identifying students in psychological distress and initiate the referral process. In doing so, the University Counseling Center at My Town College will have the ability to

demonstrate its presence more on-campus and work with other departments to potentially

increase the usage of the counseling center.

Rationale

I chose a policy recommendation for the project because it provided the

stakeholders at My Town College with an evidence-informed opportunity to increase the

usage of the University Counseling Center (see Lingard, 2013). As Lingard (2013)

stated, an evidence-informed approach demonstrates a relationship between the research

and the policy. The problem is that the counseling center is not attracting the same

number of students as the national average for an institution of the same size. A policy

recommendation proposition through a white paper needs to be strategic to accomplish

the overarching goal of increasing the usage of the on-campus counseling center (see

Leonard, 2018). Change, especially policy recommendations, will not happen

immediately; therefore, I offer steps to increase the usability and viability of the

counseling center, which allows for periodic evaluation that help sustain the initiative and

overcome roadblocks that could hamper the success of the recommendations. Tseng

(2012) suggested that linking policy, research, and practice is the best way to build

bridges to achieve success. Biswas and Paczynska (2015) stated that recommendations

must be concise, persuasive, and logical while presenting a clear and compelling

argument.

Review of the Literature

Conducting a comprehensive search for literature relating to the genre of the

project (i.e., a policy recommendation) was essential for me to gain a complete

understanding of how to proceed with my project study. Furthermore, to expand my knowledge of best practices and evidence to use in the deliverable (see Appendix A), I carried out a content search using the following search terms: *policy recommendations for universities and colleges, white papers, institutional change on college campuses, uses of a white paper, writing policy recommendations for higher education, presenting white papers and policy recommendations to college and university administrators, student mental health and college or university; best practices, barriers and mental health on college campus, first-generation college students and mental health, race and university counseling center, gender and psychological distress, college and university mental health needs, ways to identify students with mental health concerns on college and university campuses,* and *REDFLAGS Model.* Using these terms, I searched the following databases accessed through the Walden University Library: Academic Search Complete, Educational Resources Information Center, Education Source, ProQuest st, PsycINFO, PsycTherapy, SAGE Journals, SocINDEX, and Taylor and Francis Online.

Policy Recommendation/White Paper

Parker-Young (2017) suggested that the use of a white paper or policy recommendation is the best way to share data-driven results to stakeholders with higher education institutions. A scholarly written recommendation was the best tool to provide My Town College with a higher level of insight into how improvements could make the counseling center more attractive to their students to increase utilization. Furthermore, Herman (2013) indicated that a white paper should provide education, invoke a higher leveling of thinking, and be communicated using well-researched data presented with

clear and concise facts. A policy recommendation project, written in the form of a white paper, will provide education decision-makers with researched-based best practices (Crews, 2016; Kogan, 2018) and an evidence-informed, scholarly written argument that summarizes the necessity of the proposed recommendations (Biswas & Paczynska, 2015). Using the data analysis, which I presented in the findings of this study, students in psychological distress have many options; a policy recommendation was most appropriate to elaborate and further explain the findings and recommendations in a manner best for a higher education setting.

The goal of my white paper (policy recommendation) is to increase awareness and attract more students to the counseling center. It is essential that the document presented to the stakeholders and policymakers be easily understood and enforceable. Following the structure outlined by Herman (2013) and the rational method policy recommendations take in education suggested by Crews (2016), the final product must be logical and fact-based, for this is the only way to achieve positive social change. Parker-Young (2017) supported this statement, stating the recommendations must not only reflect the problem, but they should also provide solutions that can affect the needed change (Mundy, Green, Lingard, & Verger, 2016; Paulsen, 2018; Wu, Ramesh, Howlett, & Fritzen, 2017).

I felt a policy recommendation was the most appropriate way to disseminate information to the upper echelon of a university. Furthermore, if the institutional leaders do not "buy-into" my recommendations, my evidence-based white paper will not be adopted. I believe the policy recommendation genre would be the most effective tool to help the students at My Town College and increase the usage of the University

Counseling Center. Although a white paper/policy recommendation can take many

forms, Herman (2013) outlined 11 ways to structure a white paper to maximize success.

The 11 basic structural elements of a white paper are executive summary, introduction,

methodology, literature review, policy context, analysis of findings, best practices,

recommendations, implementation, conclusion, and references. Following this outline

allowed me to present the best argument that captures the attention of the reader from the

beginning. Herman further implied that as an authority in the research, the white paper

could offer the recommendations in a way that is memorable and guides the future

discussion.

As previously mentioned, Herman (2013) explained that the executive summary

is the starting point that lays the foundation for the policy recommendations. It includes

the problem and why it is important and explains how the recommendations ignite

motivation, as described by Herman. Furthermore, in the executive summary section, I

elaborated on how I developed my findings and how the analysis took place. In the

resulting recommendations, I expound on what I learned and how it can help fix the

problem. Lastly, Herman explained how the executive summary should include an

explanation of how the findings will help the stakeholders solve the presented problem

with solutions. The white paper allows, along with supporting evidence, a path for

undertaking the proposed corrective actions and a demonstration of the urgency to make

these corrections.

Following the executive summary, the writer of a policy paper offers background

information by introducing the topic more in-depth and the motivation that guided the

study. The introduction should include context relating to the big picture and then explain how it affects the institution, as reported by Herman (2013). A summary of the methodology is then provided by briefly explaining the study Herman described. A short, but detailed, literature review, as described by Herman, is next presented to describe the academic work and how the existing research fits with the overall context of the local problem. The policy context section allows the researcher to explain the practice currently used at the institution, as explained by Herman. The evidence section is where the researcher shows an analysis of the findings and ties it to the problem and methodology used to guide the study as outlined by Herman. The researcher describes what other institutions are doing as well as what is working and Herman advised to describe what is not working to solve the problem in the best practices section. The final sections, Herman described, include the recommendations to remedy the problem and the implementation describing how the recommendations should be put into action to start the change process. The policy paper ends with a conclusion in which the researcher has the opportunity to support the importance of the recommendations and the potential ramifications if the recommendations do not move forward, described by Herman. Further, Herman stated that these steps would aid decision-makers to see intricate details more straightforwardly and allow for a more robust argument. I believe presenting my research as a policy recommendation was the best approach given the needs of the counseling center at My Town College and that this type of project elevates the likelihood of policy recommendation implementation.

Connection to Theory

Chickering (1969) explained how young adults make the transition from secondary education to higher education. Chickering further described the importance of freeing interpersonal relationships, clarifying purpose, and developing integrity. College, for some, is the last time students can develop before they become fixed with an occupation that does not allow for social or personal growth or the responsibilities that come with adulthood (Chickering, 1969). The transition from adolescence to adulthood faces many challenges and is not a simple process (Chan, Moore, Derenne, & Fuchs, 2019). Knowing that students are different and not all students enter institutions of higher learning at the same level, it is incumbent of the institution to meet the students where they are, and the counseling center plays a vital role in this transition process (Dumont, 2019; Kivlighan, Jung, Berkowitz, Hammer, & Collins, 2019; Ross, Bruggeman, Maldonado, & Deiling, 2019).

Although the results of this study suggested that there is not a relationship between the characteristics studied and the usage of the University Counseling Center at My Town College, prior researchers have indicated a relationship does exist (Bishop, 2019; Ebert et al., 2018; Garriott et al., 2017; Glass, 2019; Schwitzer et al., 2018; Tsong, Young, Killer, Takemoto, & Compliment, 2019). Whether a relationship among these specific characteristics exists, students at My Town College are not using their University Counseling Center in the same way when compared nationally. The policy recommendations set forth have the ability to increase student usage and empower various departments to assist in the process.

Project Description

Resources and Existing Support

My Town College has many, if not all, of the resources in place already. No additional staff would be needed to set forth the policy recommendations introduced through this project study. The institutional offices and departments currently have all the technical equipment needed to implement the policy recommendations. The REDFLAGS Model is an acronym that outlines key indicators faculty and staff can use to identify mental health and is free to use and is not a diagnostic tool but an instrument to help identify students who may be struggling with psychological distress (Kalkbrenner, 2016). The training involved in the Office of Residential Life and Academic Affairs would be facilitated through the University Counseling Center. Kalkbrenner (2016) suggested that the design of the model can be distributed to faculty and staff by the administration or the counseling center via e-mail. However, the counseling staff can assist and further explain how the model works by making themselves available to anyone who has questions or needs additional guidance.

Potential Barriers and Solutions

Like with all institutional change, there may be some push-back from staff members who believe the status quo is working. However, in recent years, My Town College has undergone a complete administrative change, and because of this, I see a new administrative team who are innovators and change-makers. The attitudes of the faculty and staff must be supportive with regards to the improvements and changes currently being implemented on their campus (Story, Carpenter-Song, Acquilano, Becker, &

Drake, 2019). As an outside observer, they seem to be fully supportive of the new organizational structure. Because of this, I believe, as indicated in my findings, change is needed, and the timing is excellent. I believe my recommendations will align precisely with the direction the institution is moving.

The recommendations presented are an additional way to connect the academic side of the institution with the student affairs side, often siloed, in the way they interact on campuses nationwide. This unification can be helpful for the entire college, and the recommendations will help expand access and usage of the counseling center while promoting positive social change during the process. By unifying various departments and forcing increased student engagement, the recommendations I have explained can also have positive unintended consequences, which further institutional engagement. Increasing outreach in the classrooms, inviting residential life into the conversation and empowering faculty present the opportunity for mentoring and peer-bonding, which appears to be happening less and less in the collegiate environment.

Implementation

In order to implement this policy as soon as possible, the University Counseling Center and University leadership would need to work together for the initial implementation. As previously mentioned, some of the faculty, especially those who are status quo, may have some reservations. However, with a top-down approach, this can be overcome. Although the sooner, the better, implementation could occur at any point throughout the semester. With this said, I would suggest the University Counseling Center schedule meetings with campus leadership during the Spring 2020 semester for a

Fall 2020 rollout. Since the Fall semesters typically have higher enrollment, especially with the freshmen population, getting faculty and residential life staff trained during the Summer of 2020 would be adequate. Further, since this would be an ongoing process, as new staff and faculty become employed at the institution, the University Counseling Center would have to make themselves available for these new hires. Finally, for the classroom seminars, when faculty and instructors are absent, the counseling center staff may need to adjust their schedules as these times arise.

Roles and Responsibilities

These recommendations span the entire campus and force sectors of the University to come together, in a positive effort, to support students and create an overall healthier campus. The expansion of roles and responsibilities should build on student engagement at all levels. My Town College's University Counseling Center can demonstrate what services it offers and break the existing stereotypes by demystifying the client-counselor relationship by promoting positive engagement.

University Counseling Center. The staff should work together to create PowerPoint and visual presentations to explain the services their center has to offer. Also, since the literature suggests decreased usage of the counseling center in the student characteristics of gender, race/ethnicity, being a first-generation college student, and being an emerging adult, it would benefit the students to include these topics in their presentations (Bartholomew et al., 2018; Fruchter & Brabender, 2018; Hudson, 2018; Levin, Stocke, Pierce, & Levin, 2018; Nobleza et al., 2018; Walters et al., 2018). Further, it would be useful to incorporate soft-skill training, such as time-management,

teamwork, and self-motivation, into the conversation, as they are essential tools required throughout life (Ahmad, Chew, Zulnaidi, & Sobri, 2019; Banks, 2019; K. N. Tang, 2019). Having the ability to step outside of the counseling center and spread the message about the services offered has the potential not only to increase center usage, but also the ability for the counselor to educate students who would not typically reap the benefits of the center due to social norms (Sibley, Sauers, & Daltry, 2019).

Residential Life. Before a student can become a residential advisor, they must demonstrate professionalism, academic success, and leadership skills. Their main goal is to ensure the safety of the students they live in and ensure. However, residential advisors have constant communication with students, who are their peers, and they possess the unique ability to interact on a level not available to university faculty and staff. By living in the same environment, with continuous interaction, residential advisors can see students and assess characteristics often missed by university employees (Lipson, Abelson, Ceglarek, Phillips, & Eisenberg, 2019; Lynch, 2019). As peers, they can initiate a dialogue, immediately, when they notice a change in a student. Residential advisors have ongoing exchanges with students daily. When taught ways to distinguish changes in a student's behavior, they can instantly consult and engage with the My Town College University Counseling Center staff for guidance and assistance to maintain a healthy living environment.

Faculty. Faculty are the only part of any higher education institution that remains in constant contact with students daily. When empowered with the proper tools, this underused asset could forge a continuous pipeline of students to the counseling center

who would not seek out this assistance independently (Hodges et al., 2017). They have

the proximity to notice minute changes in attitude, behaviors, and emotions, which could

suggest mediation is necessary. Since classes at My Town College are primarily small,

the classroom experience places faculty as critical observers who can guide to the proper

resources forthwith when they notice the change that is unexpected in the student's usual

demeanor. As a first-line defense, faculty who have an established rapport can make a

referral to support professionals who are uniquely qualified to evaluate the situation and

provide immediate intervention to maintain a healthy atmosphere for all students.

<div align="center">**Project Evaluation Plan**</div>

My primary goal for this recommendation is to improve and increase the overall

usage of the University Counseling Center at My Town College, regardless of the student

characteristics used in the study. Using the data gathered from my survey, which

captures the current feelings and needs of the students at My Town College, I believe the

evaluation process has begun. As the counseling center explores opportunities outside of

its current domain, they will instantly see an increase in the number of students seeking

help. More interaction with students and faculty should ensue; thereby, creating an

overall more supportive environment for identifying students in psychological distress

and ensuring a safe learning environment for all.

I believe the counseling center should consider further conversations with the

faculty, residential life, and internally with creating presentations to be used in the

classrooms. At the end of each semester, the University Counseling Center at My Town

College could survey the residential advisors and faculty on the use of the REDFLAGS

model and compare the findings with the referrals sent to the office. Also, the center must ensure that they are continually engaging students whenever they can. There are many missed opportunities on the campus, and I believe these recommendations if implemented, have a high potential for increase counseling center usage among students.

Project Implications

Local Implications

Creating positive social change has been a leading theme throughout this process. When students are healthy, they tend to be more productive and successful both academically and professionally (Schwitzer et al., 2019; Whitaker et al., 2019). At the local level, increasing the University Counseling Center usage at My Town College is the outcome, so students can be supported emotionally and academically as they make their transition from adolescence to early adulthood seamlessly. The process of becoming an adult and viewing the world through a different lens can be challenging and confusing for many emerging adults (Crumb, Crowe, Averett, Harris, & Dart, 2019). However, when a student is experiencing psychological distress, faculty and staff can identify it, intervene with a referral; thereby, ensuring the safety of the student and the institution. Either way, the student is receiving the support they need to prosper, and My Town College is safeguarding a secure learning environment.

Increasing the use of the University Counseling Center at My Town College was the ultimate goal of this study. While conducting this study, I have learned that mental health is a growing concern that extends far beyond the grounds of My Town College. The recommendations I have put forward have the potential to increase the overall usage

of the counseling center; whereby, making the campus a much safer and healthier institution that will better able students to become life-long learners and persist through completion. The social change implications for the institution will be reflective in a holistic, healthier environment for students' learning and engagement.

Change in the Larger Context

Although creating healthy graduates who can succeed academically is the goal of any institution of higher learning, helping students become life-long learners who can function socially in the community is essential. Producing graduates is a numbers game; however, producing healthy graduates equipped to face the challenges they encounter in the "real world" needs to be the focus of the institution. Although counseling is not for every student, an encompassing support system will lay a foundation for all students to prosper and become fully functional adulthoods who will soon become future leaders of tomorrow.

Overall, mental health and psychological distress affects all student demographics and does not discriminate by gender, race/ethnicity, or the other characteristics examined in this study. With this said, all universities and colleges must take a closer look at their student body, and the services they are providing, to ensure they are not only driving academic success but creating a mentally healthier study in the process. Without taking these essential steps, institutions are possibly, inadvertently, creating an environment that is toxic and dangerous for other student learners. To ensure this does not occur, and to increase positive social change, I believe all institutions, regardless of size or location, should ensure their students are being offered all possible services to not only increase

their academic standing but also create an environment of mentally healthy students ready to face the challenges ahead.

Summary

In Section 3, I outlined the genre of the project study in detail. A policy recommendation, in the form of a white paper, would be the most appropriate. The literature offered several ways to complete a compelling argument for implementing institutional policy recommendations. The institution has the resources in place, and they are no barriers any hinder these recommendations. Finally, the implementation and evaluation would be ongoing; however, the University Counseling Center has the resources needed.

Section 4, the final chapter of this journey, allows me to expound and reflect on the knowledge and experience I have improved upon during the adventure. I will discuss the benefits my recommendations will offer My Town College as they attempt to increase student usage of their University Counseling Center. Additionally, I will explain the limitations, and hurdles jumped while navigating my way through this cycle of continuous learning. With an endless supply of data-driven literature available, I can clarify why I believe these recommendations will offer the most significant support to My Town College and illustrate other opportunities that can potentially support psychologically distressed students. I will get to analyze my scholarship and growth in the development of this scholarly constructed project study and reflect on the importance of student mental health, and the implications that tie it directly to higher education. Finally, I will end with a message of how these recommendations can change not only a

single student, how these policy changes can impact the entire institution of higher

learning with positive social change.

Section 4: Reflections and Conclusions

Project Strengths and Limitations

I am grateful that My Town College provided me the opportunity to evaluate their University Counseling Center and gather data from their students to further the importance of mental health on college campuses. Although many of the assets are in place at the institution, a complete buy-in with a top-down approach will be needed to make these recommendations successful. With this said, the policy presented has the potential to increase the student usage of the counseling center, creating a healthier overall student body.

Project Strengths

Although the response rate of the survey was low, it was still aligned with their usual student survey response and allowed me to meet the requirements needed to conduct my statistical analysis. Mental health is a crisis that affects all colleges and universities, and it is a problem that permeates every demographic without discrimination (Chan et al., 2019; Choi et al., 2010; Coduti, Hayes, Locke, & Youn, 2016; DeBate et al., 2018; DiPlacito-DeRango, 2016; Durbin, Durbin, Hensel, & Deber, 2016; Fruchter & Brabender, 2018). Throughout this process, I was fortunate to consult with mental health professionals, academic instructors, and administrators in higher education who were willing to offer information, guidance, and direction in this final academic endeavor. The white paper policy recommendation was constructed in a way that is appropriate for higher education, and white papers are commonly used at the college and university level (Crews, 2016).

My recommendations were based on data-driven research, grounded in current best practices, and identified a gap in practice as well as solutions to help solve the specific local problem. Each recommendation was also described in a manner that is easily understandable by counselors in the University Counseling Center at My Town College, so they can initiate the recommendations seamlessly to instantly start increasing the usage of the counseling center and helping their students become mentally healthy adults ready to face the challenges tomorrow brings. The policy recommendations followed the objective and subjective opinions of the students of My Town College. Since the data were collected by surveying students enrolled during the Fall 2019 semester, the recommendations were wholly aligned with the current needs of today's students. I focused the policy recommendation on directly improving the usage of the University Counseling Center at My Town College.

Project Limitations

The overall number of student responses was limited; however, this appears to be a common trend at My Town College, as reported earlier in this study, even though the survey was anonymous and online. I was not able to conduct an in-classroom survey; therefore, my surveying instrument relied on professionals in higher education and not student participants to test for readability and understanding. In the end, this limitation was overcome by having the survey reviewed by a licensed mental health social worker, the dean of the College of Education, and an endowed professor of English and Language Arts, who all supported the instrument.

Recommendations for Alternative Approaches

The designed policy recommendations could be easily rolled out by all members of the University Counseling Center at My Town College and could instantly increase usage of the counseling center. Although a training session or curriculum could have been a recommended approach, I believe I lack the expertise to teach or train these professionals in the field they have earned graduate degrees in. Although I do have 30 graduate hours in the field of counseling and have worked as a mental health social service counselor in the past, I believe I am not qualified on how to counsel students who are in psychological distress. However, as a future leader in higher education, I do believe I am trained in reviewing policies and making strategic suggestions to produce positive social change. My recommendations are backed with data-driven research and current best practices to increase student usage of the counseling center. Often, as I have learned through this process, it takes an outside view, with an unbiased vision, for change to happen. My recommendations are based on a holistic approach that incorporates the use of existing resources; however, there are many other ways to increase counseling center utilization. Instead of relying on various resources the college already has in place, more emphasis could have been placed on the counseling center to act alone to increase their utilization rate. However, since a university acts as a city, a team approach would yield higher results.

Scholarship, Project Development, and Evaluation, and Leadership and Change

Scholarship

Since I began my Doctor of Education program in the summer of 2015, every project and paper I have written has been building towards finding a solution to improve the identified problem at My Town College. I saw this as an opportunity for me to make changes to improve the mental health of this institution. Student services is often overlooked as a scholarly research topic in higher education, although it remains one of the most underserved areas of many colleges and universities. Since I have graduate coursework in counseling and working experience in the field of mental health, I found this topic to be extremely personal. Using empirical research and quantitative methodology, I sought to demonstrate my understanding of scholarship.

Over the recent years, I have immersed myself in the literature and read hundreds of articles to expand my knowledge of college counseling centers, mental health, and institutional processes, which led to the most significant impact in my final deliverable artifact. By starting my collection of articles on this topic at the start of my doctoral program, I feel like I have developed a personal relationship with many of the scholars in the field. Through my personal and working understanding of this topic, I can see this topic through various lenses. As I work to continue to be a life-long learner and a scholar in higher education, I must continue to rely on the scholars before me who have dedicated their lives to the pursuit of student success and mental health.

Project Development and Evaluation

As with the many scholars before me, I entered this journey with personal biases in mind; however, I identified them at the outset and kept my personal views separate throughout the duration of the project. Undertaking this project allowed me to see higher education and mental health in various ways I had not considered in the past. In the end, none of my inferential research questions indicated any relationships exist between gender, race/ethnicity, being an emerging adult, or a first-generation student and student usage of the University Counseling Center at My Town College. With this said, I have learned that the counseling center is not succeeding in attracting all students and not just a specific demographic. In educational research, sometimes failing to reject the null hypothesis is beneficial to further research and investigation as I have learned through this process.

Using current best practices from around the country, I have developed several recommendations that can be instituted individually or all at the same time. These recommendations aim to increase the overall usage of the University Counseling Center at My Town College. I have not developed an evaluation plan because the goal of the project was to ensure all students in psychological distress are guided to the proper resource.

As a method of evaluating the proposed recommendations, my suggestions are to survey the residential advisors and faculty, then compare the findings with the number of referrals to the counseling center to ensure effectiveness. Any increase in student usage could potentially mean the recommendations are successful. Engaging students in the

classroom with prepared PowerPoints that offer information regarding mental health could be evaluated by comparing the students in the class with the increase in counseling center usage. Any student who presents to the counseling center or approaches a member of the counseling center staff after the presentation could be an additional method of evaluating recommendation success.

Leadership and Change

As a new scholar in educational research and a new practitioner in higher education, the learning process of developing scholarly research that is grounded in theory and supported with evidence-based literature has been transformative (see Stevens-Long, Schapiro, & McClintock, 2012). Stevens-Long et al. (2012) defined transformative learning as a behavioral process that forces cognitive development, a high emotional capacity, and increases the reflective professional practice. As I reflect on the journey I started 4 years ago, I have developed a complete appreciation and admiration for all the scholars who have guided my research. Without their efforts and dedication to expanding the knowledge of mental health and its effects on students in higher education, I could not have completed the most critical academic task I have ever encountered.

Becoming a scholar-practitioner is what I hope comes from this learning experience. I recently started as a research associate at a local community college, and the critical focus of my job relies on the quantitative research analysis I have enhanced through my studies and this capstone project. As a practitioner in higher education, I have learned to accept other's views, consider the deeper meaning of the content I am

reading, and be a more effective and efficient professional voice within my institution and become that agent for change.

Reflection on the Importance of the Work

Students are predictable, and all go through the same phases, as indicated by Chickering (1969); however, these phases do not happen at the same time. With this said, it is up to leaders in higher education to identify the students who are challenged and guide them to the support they need to become the prosperous adults and leaders they all aspire to become. Not every student who enrolls in our institutions will need to use the counseling center; however, as leaders in higher education, it is our duty to identify those in need of assistance and ensure they get the help they need. Every student deserves the chance to succeed, and their individual, unique, characteristics; demographics; or socioeconomic background should never be the barrier that stops them from pursuing their education and career aspirations.

Implications, Applications, and Directions for Future Research

Implications

Psychological distress is a growing problem that all colleges and universities face, and it is nondiscriminatory, affecting all students regardless of race, gender, age, and socioeconomic background (Banks, 2019; Chan et al., 2019; DeBate et al., 2018; Hilliard, Redmond, & Watson, 2018; Lipson & Eisenberg, 2018; Pace et al., 2018; Reetz et al., 2016). Therefore, it is essential for all institutions of higher learning to identify these students and offer them the necessary support and guidance to succeed. If the recommendations put forth increase the overall utilization of the University Counseling

Center at My Town College and institutions throughout the country, then this can be counted as progress in the mission of developing students who are mentally and academically ready to face challenges that lay ahead.

Applications

Chickering's (1969) seven vectors of development was the guiding theory that illustrated how students transition from adolescence to adulthood and ultimately becoming the future leaders of tomorrow. Increasing the use of the counseling center can be the first step towards helping students prosper mentally and academically. If more colleges and universities would put forth the efforts to see how student services play a vital role in producing life-long learners, they can lay a foundation for student success holistically and not just academically.

Direction for Future Research

Although each of the inferential statistical research questions did not report a statistical relationship between the student characteristics examined in this study, the literature supports a relationship. In the future, My Town College should use the survey found in Appendix B to survey its entire student body to get an accurate finding. This study was limited by a random selection of 1,500 students on a campus where nearly 6,000 students matriculate. Out of the 1,500 students surveyed, my data relied on the responses of 165 students. Although the participant response rate was enough to conduct my statistical analysis, it was not enough to grasp a real understanding of the entire institution.

Conclusion

This project started with a simple question: Why are the students of My Town College not using their University Counseling Center at the same rate as other institutions of the same size? Through an exhaustive literature review, conversations with working professionals, and guidance from the best committee Walden University employs, I was able to take this simple question and create a scholarly written, data-driven, and literature-based best practices document. The findings from this study will be shared with administrators at My Town College with the hopes of them implementing my recommendations and increasing the usage of their University Counseling Center. Although this study completes my academic pursuit of a Doctor of Education degree, I will forever be a life-longer learner who will remain wholly engaged in implementing best practices and contributing to all areas of student success.

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Appendix A: The Project

Counseling Usage Patterns and Resources Students Use for

Psychological Distress

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February 9th, 2020

Table of Contents

Executive Summary

Psychological distress is an issue that affects people of all ages, socioeconomic backgrounds, gender, race/ethnicity, and sexual orientations. Previous scholars have illustrated that recent high school graduate, who are starting their college careers, are constantly challenged with mental health issues as they adapt to their new role as a college student (Hunt et al., 2012; Kirsh et al., 2016; Monti et al., 2013). During this transition, they may encounter unexpected developmental, environmental, and social changes which they are too often woefully unprepared to face. Many researchers have highlighted the continually increasing numbers in students who have increased behavioral and emotional disorders when they start their journey into higher education (Bourdon et al., 2018). With this, it has been found that many students face these challenges alone, as they rarely seek-out the provided resources their campus provides to help with these life-changing events. The counseling center is the most underutilized student service's resource on campuses across the nation.

This study sought to find out why the students who attend My Town College use the University Counseling Center, which is provided free through their mandatory assessed fees, at a much lower percentage than the reported national average, as reported by Reetz and Associates (2016). The national average for an institution with a population between 5,001 – 7,500 students is 11.20% of the student population using the counseling center for psychological distress (Reetz et al., 2016). Between the Spring of 2013 and Fall 2018, only 2.35% of the students of My Town College used this valuable resource. Therefore, the study sought to understand why the students at My Town College, where

underusing their University Counseling Center. Through research, the student

characteristics of gender, race/ethnicity, being a first-generation college student, and

being an emerging adult were identified as the most to benefit from using the counseling

center. The study sought to investigate if there was a relationship between these

characteristics and counseling center usage. Further, the study sought to understand what

resources, either on-campus or off-campus, they are using, and the considerations they

saw necessary, as they deal with the challenges of psychological distress.

The findings found that students where accessing various non-professional

resources on-campus, and professional resources off-campus, to help when they are in

psychological distress. Most students reported they were either somewhat familiar or

knew very little to nothing about the University Counseling Center that My Town

College provides. When seeking assistance for psychological distress, students reported

using the Recreation Center, Academic Advising Center, and Health Services the most.

Finally, I found no relationships between the student's gender, race/ethnicity, being an

emerging adult, or first-generation college student and their usage of the University

Counseling Center at My Town College.

Using the following recommendations will allow the counseling center at My

Town College to become more visible on the campus. With this, they will be able to

reach more students and demonstrate the services they offer and the benefit for the

students to use them. Also, but including residential life and the academic side of the

institution, all students, regardless of living on-campus or off-campus, can potentially get

access to these services when needed. The University Counseling Center at My Town

College plays an integral role in establishing and maintaining a healthier campus. Therefore, increasing the usage of the counseling center plays a vital role in keeping a safe campus.

Introduction

The Problem

The problem that compels this study is My Town College would like to know if there is a relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and their use of the on-campus counseling center when seeking help for psychological distress. Additionally, the problems are My Town College is interested in learning when their students are not using the counseling center for psychological distress, what resources, whether on-campus or off-campus, are students accessing.

The Purpose

The purpose of this study is to understand how My Town College students use the on-campus counseling center for psychological distress and to learn what resources students are using if they are not using the on-campus counseling center, and what considerations they value when deciding where to seek help for psychological distress. Additionally, the study will examine the relationship between being a first-generation college student, emerging adult, gender, race/ethnicity, and the use of the on-campus counseling center when seeking help for psychological distress. By helping My Town College understand their students better, the institution is better able to direct resources and support services to help students when they are in psychological distress.

Methodology

Research Questions

The following research questions were used to guide the study:

RQ1: What resources for psychological distress, if any, are being accessed by students?

RQ2: What considerations are most important to students when deciding between using the provided on-campus counseling center or choosing to seek assistance off-campus?

RQ3: What is the relationship between the student's gender, race/ethnicity, being a first-generation college student, or an emerging adult and the decision to use the University Counseling Center?

Study Design

The study is a descriptive correlational quantitative design to examine the relationship between the characteristics and resources outlined in this study. A selection of 1,500 students was randomly selected, who were over the age of 18 and currently enrolled during the Fall 2019 semester at My Town College, were surveyed. The survey used was inspired by a previous study by Dr. Anna Levin; however, it is altered to fit the needs of the students of My Town College. After three weeks, 165 students completed surveys, which provided an 11% response rate. The analysis consisted of both descriptive and inferential statistical analysis to understand the student of My Town College.

Evidence-Informed Literature

Many student characteristics affect psychological distress. The counseling center staff is professionally trained to help these students as they transition from adolescence and becoming an emerging adult who was introduced to higher education (Schwartz, 2011; Simpson & Ferguson, 2012). Several scholars have shed light to new strategies to motivate student to use the counseling center and ways for the counseling center staff to reach out across campus to help inform every one of the services they offer (Henderson et al., 2019; Rafati, Vazirinasab, Rooyan, & Sedighi, 2019; Skoy & Werremeyer, 2019; Tsong et al., 2019). It is encumbered on these institutions to ensure that all students, first-generation college students, and emerging adults, regardless of gender or race/ethnicity, can find and use all available resources on campus to help with any form of psychological distress (Chen et al., 2016).

Analysis of Findings

Research Question 1

What resources for psychological distress, if any, are being accessed by students?

Students are using non-professional resources on-campus, and are seeking professional services off-campus, to assist them with their psychological distress. Of the on-campus, non-professional, resources, students use the Recreation Center (40.61%), Academic Advising Center (40.09%), and Health Services (20.00%) the most.

On-Campus Resources Used

Resource	Percentage
Recreation Center	40.61%
Academic Advising Center	40.09%
Health Services	20.00%
Greek Life	17.58%
University Police	17.58%
Career Services	13.94%
Residential Life Office	12.12%
ACCESS Office (Disability Services)	9.09%
Dyslexia Center	6.06%
Dean of Student Services	6.06%
Office of International Students	1.21%

Further, students are using off-campus professional resources instead of their University Counseling Center: Medical Professionals (40%), Spiritual Professionals (22.4%), and Helping Professionals (21.8%) to help them when they are in psychological distress. Additionally, participants provided some insight into the non-professional, off-campus resources they turn to when in psychological distress.

Student Reasons for not using the University Counseling Center

Reason	Percentage
Problem not severe enough	39.4%
Do not know the location of the University Counseling Center	24.2%
Will not understand me	19.4%
Not opened when needed	10.9%
Do not want friends or family to know	7.9%
Cannot afford it	7.9%

Research Question 2

What considerations are most important to students when deciding between using the provided on-campus counseling center or choosing to seek assistance off-campus?

Although they are endless reasons students make the decision they do, notably when in psychological distress, the students of My Town College indicated feeling safe (35.8%), confidentiality (32.7%), convenience (30.9%), and specializing in their issue (29.7%) as some of the most important considerations.

Most Important Considerations for Students to Decide Where to Seek Assistance

Most Important Considerations	Percentage
Felt Safe	35.8%
Confidentiality	32.7%
Convenience	30.9%
They specialize in addressing my issue	29.7%
Effective in the past	28.5%
Cost	27.3%
Being able to talk to people like yourself	26.1%
Someone suggested/recommended	26.1%
Reputation	23.6%

Research Questions 3A-D

These questions examined the relationship between gender, race/ethnicity, being a first-generation college student, and being an emerging adult and their usage of the University Counseling Center at My Town College. Based on the chi-square test of independence, no significant relationship was detected, and the null hypothesis was all accepted.

Best Practices

The findings, along with evidence-informed research on best practices, identified three recommendations that could be used to increase the utilization of the University Counseling Center at My Town College. The recommendations will offer a way for the

counseling center staff to use existing resources, on their campus, to further integrate

with other departments to inform more students about the resources offered. These

recommendations have the potential to not only educate more students on the services

they offer, but this is an opportunity for them to increase the number of students using the

counseling center.

Project Recommendations

These recommendations will helpfully improve the utilization of the counseling

center by focusing on three key areas within the institution. My Town College is not

entirely pursuing to attract more students to their center. Although some of these areas

are presented in the Policy and Procedure Manual for the University Counseling Center at

My Town College, more attention and investment could bring in more students an

increase in the overall utilization of the center. The three key areas will focus on student

outreach, residential life, and faculty involvement. Through the literature, several ways

emerged to improve participation in counseling centers; however, these areas will

specifically help My Town College to a healthier student environment.

Recommendation One

The topic of the counseling center is introduced to students from the moment they

step foot on the campus during their initial orientation. It is again presented in the

required Freshmen Orientation classes, and the information for student services,

specifically about the counseling center, is an institutional requirement for all faculty to

include in their course syllabus. However, somewhere along the way, students appear to

forget about this valuable resource, as reported in my findings. The policy manual states

that they conduct outreach to students regularly and are available to conduct classroom presentations at the request of faculty members instead of canceling a class due to instructor absence. However, according to the Director of the University Counseling Center, the center has no developed presentations designed for this function (University Counseling Center Director, personal communication, November 25, 2019). Therefore, my first recommendation is for the University Counseling Center at My Town College is to create classroom presentations to be used as a mechanism for outreach to be used instead of canceling class when the instructor is absent or used any time a faculty member believes an in-class demonstration could help their students. Although the findings show no relationship between the student characteristics studied, there is ample research suggesting a relationship does exist. Doing these in classroom presentations can be very useful, especially for students who have attended the institution for several years, for students to get a better understanding of mental health, and to initiate soft-skills conversations in stress management, time management, and cultural diversity (Cates, Mullins, & Woolley, 2019; Demir & Ercan, 2019; Pittenger et al., 2019). As supported with data-driven research, in-classroom presentations can be a useful tool, not only to promote the counseling center but also to create a healthier learning environment.

Recommendation Two

The second area of focus involves on-campus living environments to better engage students with the potential of increasing student usage of the University Counseling Center at My Town College. Residential life is a department within the institution that reaches many students from very diverse backgrounds. The simple

transition from home to on-campus living can be very emotional, challenging, and destabilizing for some students who encounter living on-their-own for the first time (Henderson et al., 2019; Rafati et al., 2019; Skoy & Werremeyer, 2019; Tsong et al., 2019). At My Town College, every residential life living establishment has five to seven Residential Advisors to oversee the students who are housed there. The Residential Advisors are responsible for ensuring student's safety, making sure the students are following all University living policies, and in doing so, they are also required to have weekly residence hall meetings where all students and Residential Advisors meet. These meetings are to ensure all students adapting to college living and checking to see if they are attending classes. These meetings would be an excellent time for the topic of mental health and psychological distress to be talked about (Tsong et al., 2019). Along with mental health, drug and alcohol abuse and misuse are present on all college and university campuses, and none of them are exempt (Henderson et al., 2019). Training Residential Advisors on ways are techniques to identify these occurrences would be extremely beneficial to the residents and institution.

Further, this is an excellent setting for the counseling center to either offer presentations during these meetings or train the Residential Advisors in how to approach and handle these situations. Residential Advisors could also be supplied with the necessary tools to make referrals to their University Counseling Center for intervention instead of to the Judicial Committee, as is the current practice at My Town College. Again, this is supported in data-driven research to make the institution a safer and healthier place to live.

Recommendation Three

Finally, my last recommendation is to increase awareness of the University Counseling Center at My Town College by empowering faculty with tools to identify students who may be experiencing psychological distress. The REDFLAGS Model is a free resource that allows counseling center counselors to educate faculty and staff to become the "gatekeepers" of the University. Faculty interact with students more than any other department on-campus and can be the first to take the necessary steps when a student is experiencing psychological distress. The REDFLAGS Model empowers faculty with an essential skill set for identifying the initial warning signs of a distressed student. By observing student's social, behavioral, and emotional characteristics, faculty can make the proper referrals to the counseling center when the warning signs become apparent; whereby, potentially saving the student's academic career, or even maybe their life. Psychological distress presents in many different fashions. A student could suddenly become very anxious, sad, or withdrawn, and since faculty members interact with the student population the most, they are the first line of defense and detection. The REDFLAGS Model is a free tool developed by Dr. Michael T. Kalkbrenner, Assistant Professor of Counseling and Educational Psychology, at New Mexico State University (M. Kalkbrenner, 2016; M. T. Kalkbrenner & Carlisle, 2019). This model is not a diagnostic tool, but symptoms that are often seen as indicators of distress in college students are common and general (M. Kalkbrenner, 2016).

The REDFLAGS Model

Recurrent class absences that are sudden or uncharacteristic of the student

Extreme and unusual emotional reactions

Difficulty concentrating

Frequent display of anxiety or worry about class assignments

Late or incomplete assignments turned in abruptly and with increasing frequency

Apathy towards personal appearance and hygiene

Gut feeling that something doesn't seem right

Sudden deterioration in quality of work or content of work becomes negative or dark

By making the initial referral, the faculty member is taking the first step to ensure the safety and well-being of that student, and this could be the single action needed to save a student's life, have them succeed academically, and persist until graduation as a mentally healthy student.

Next Steps

The counseling center should consider further conversations with the faculty, Residential Life, internally with creating presentations to be used in the classrooms. At the end of each semester, the University Counseling Center at My Town College could survey the Residential Advisors and faculty on the use of The REDFLAGS Model and compare the findings with the referrals sent to the office. Also, the center must ensure

that they are continually engaging students whenever they can. There are many missed opportunities on the campus, and these recommendations, if implemented, have a high potential for increase counseling center usage among students.

Conclusions

Using currently used best practices around the country, several recommendations that can be instituted individually or all at the same time. These recommendations aim to increase the overall usage of the University Counseling Center at My Town College. The evaluation plan created is an ongoing timeline of interaction between the counseling center and the various sections of the institution to ensure the recommendations are working. Therefore, if implemented, the project should have a modest increase in student usage, which stems from recommendations and would serve as evidence supporting the new working model. My Town College's University Counseling Center, with the recommendations, should aim for an increase of 2% each academic year. However, since mental health is fluid, and the student body is continuously becoming more diverse, it is difficult to make and set this goal. With this said, any increase should indicate the recommendations are achieving the goal of increasing the counseling center usage.

When all three of these recommendations are taken and implemented together, the outcome is a mentally healthier student who is set for academic success. Not only will these recommendations include the University Counseling Center at My Town College, but also various areas of the institution which could better able to engage students in the conversation of mental health and how it relates to their academic success directly, the safety of the campus, and potentially increase the utilization of the counseling center.

Psychological distress is a growing problem that all colleges and universities face, and it is nondiscriminatory. It affects all students regardless of race, gender, age, and socioeconomic backgrounds (Banks, 2019; Chan et al., 2019; DeBate et al., 2018; Hilliard et al., 2018; Lipson & Eisenberg, 2018; Pace et al., 2018; Reetz et al., 2016), it is essential for all institutions of higher learning to identify these students and offer them the necessary support and guidance to succeed. If the recommendations put forth will increase the overall utilization of the University Counseling Center at My Town College and institutions throughout the country, then we will be succeeding in the mission of creating students who are mentally and academically ready to face challenges that lay ahead.

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Appendix B: The Survey

Survey Questions:

1. I have read the consent form and agree to participate in this study. However, I am
    fully aware I can stop at any time?
    1.   Yes
    2.   No

Definition: For this study, *psychological distress* is defined as any feelings, emotions, or
behaviors that are expressed overtly (obvious) or covertly (not obvious) that can cause
distress for students.

Definition: For this study, *helping professional* is defined as any licensed individual who
works with individuals with psychological distress issues.

Definition: For this study, *medical professional* is defined as any licensed individual who
provides individuals with medical care.

Definition: For this study, *spiritual professional* is defined as any religious or spiritual
affiliated individual who provides religious or spiritual guidance.

2. Have you ever used the University Counseling Center provided on campus?
    1.   Yes
    2.   No

3. How much do you know about My Town College campus mental health resources
    and the services that they provide?
    1.   I know all there is to know about campus resources
    2.   I know a lot about campus resources
    3.   I know some about campus resources
    4.   I know very little about campus resources
    5.   I know nothing about campus resources

4. Have you ever visited the following on-campus resources to seek help any psychological distress you may have experienced?

	Yes	No
Career Services		
Office of International Students		
Dean of Student Services		
ACCESS Office (Disability Services)		
Recreation Center		
Dyslexia Center		
Health Services		
Academic Advising Center		
University Counseling Center		
Residential Life Office		
Greek Life		
University Police		

5. What best describes your reasons for not using on-campus services provided by My Town College that were listed in question 4? (Check all that Apply)
   1. I do not know where they are located
   2. I cannot afford it
   3. I do not think there will be people who understand me there
   4. I do not want my friends/family to know I went there
   5. They cannot help me
   6. They are not open on the days/times I need help
   7. My problem is not severe enough
   8. Does not apply

6. What are other ways, not including the services provided by My Town College, have you used to seek help for your psychological distress? (check all that apply)
   1. Sought advice or talked to someone about the problem

2. Sought out professional resources or services off-campus
3. Participated in self-reflective activities such as journaling
4. Sought out/looked up information about this issue such as the internet or books
5. Other (please share)
6. Does not apply

7. Have you sought off-campus assistance using the following professional resources to seek help for your psychological distress?

	Yes	No
Medical Professional		
Helping Professional		
Spiritual Professional		
None of these		

8. What considerations do you value when choosing resources to address your psychological distress? If this question does not apply, please proceed to question 9.

	Yes	No
Convenience		
Effective in the past		
Felt safe		
Someone suggested/recommended it		
Cost		
Confidentiality		
Being able to talk to people like yourself		
Reputation		
They specialize in addressing my issue		
None of these		

9. Age group:

1. Traditional college age (under age 25)
2. Non-traditional college age (over age 25)

10. Please indicate the gender you identify with:

    1.   Male
    2.   Female

11. Please indicate the race/ethnicity you identify with:

    1.   Asian
    2.   Black-American
    3.   Latino
    4.   White/Caucasian
    5.   Other

12. Did either of your parents graduate from college?

    1.   Yes
    2.   No