

COUNSELING IS GREAT BUT NOT FOR ME: STUDENT PERSPECTIVES OF COLLEGE COUNSELING

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The number of college students experiencing mental health related concerns has increased each year, yet two-thirds do not seek help. Compared to students who use counseling, students who need but do not receive help have poorer academic outcomes. On-campus college counseling centers are valuable resource that benefits student well-being, including academic performance and retention. Understanding what factors create barriers for students who desire to seek counseling can help higher education professionals work to improve access to counseling. This qualitative study explored student views of on-campus counseling including barriers that exist for students when seeking help. Data were collected through three focus group interviews (n=14). Consensual qualitative recording analyses yielded three thematic domains: (a) Counseling Benefits, (b) Barriers to Help-Seeking, and (c) Service Model Considerations. Implications for on-campus counseling services are discussed.

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The number of college students experiencing mental health related concerns has increased each year, with 39% of students reporting a significant mental health issue sometime in their life (Active Minds, 2019). Even though a significant number of students report mental health concerns, two-thirds do not seek help (Czyz, Horwitz, Eisenberg, Kramar & King 2019). The onset of many mental disorders is typically in emerging adulthood (Kessler et al., 2005), which emphasizes the importance of working to decrease barriers students might experience when seeking services.

Compared to students who use counseling, students who need help but do not get it have poorer academic outcomes. Nash, Sixbey, An, and Puig (2017) measured the academic status of three groups: (i) students who perceived they did not need counseling, (ii) students who needed counseling but did not use it, and (iii) students who used counseling at least once. Their findings show that of the three groups, academic engagement was lowest in the students who thought they needed counseling but did not seek services. Compared to students who did not need counseling, students who needed but did not use counseling were more likely to have a lower grade point average, be less academically engaged, and have lower campus satisfaction. Students who attended at least one counseling session were more academically engaged than the students who perceived they needed help but did not get it (Nash et al., 2017).

In an international survey of university counseling centers, 65.2% of students who used counseling stated that counseling services helped them stay in school (LeViness, Bershada, & Gorman, 2017). Comparison studies provide evidence that students who use college counseling services are retained at a greater rate than students who do not use counseling services (Lee, Olson, Locke, Testa Michelson & Odes 2009; Sharkin, 2004). By understanding more about barriers that currently exist to students who want to seek services, university and col-

lege counseling centers could improve their service models to serve more students in need, subsequently promoting retention.

Counseling and Retention

Through the variety of services a college counseling center can offer, on-campus counseling is a valuable resource that benefits student recruitment, retention, and risk-management (Bishop, 2010; Sharkin, 2004). Higher education institutions often overlook the value of their on-campus counseling services, especially the circumstances where counseling benefits retention (Bishop, 2010). Studies comparing students who did and did not receive counseling show evidence that students who receive counseling are retained at significantly higher rates (Illovsky, 1997; Lee et al., 2009; Sharkin, 2004; Turner & Berry, 2000; Wilson, Mason, & Ewing, 1997).

A positive association between counseling and retention is also present for specific student concerns as well as if students are in a time of transition (Lee et al., 2009). For example, using on-campus counseling increased retention and student grade point averages for both freshman and transfer students (Lee et al., 2009). Students who self-identified their risk of dropping out and sought counseling were more likely to remain enrolled and partially attributed their continued enrollment to the counseling they received (Bishop & Brenneman, 1986; Bishop & Walker, 1990). The nature of why a student seeks counseling is also a factor related to retention. Students with low-risk concerns who used counseling services were more likely to be retained than high-risk concerns (Bishop, 2016). In summary, there is evidence of a positive relationship between college counseling services and retention.

Conceptual Framework

The Social Behavioral Model (Anderson & Newman, 1973) provided a theoretical lens that shaped the perspective of this research. The premise of the model focuses

on why individuals seek health services. The model addresses the fact that people have predispositions (e.g., age, race, gender, cultural values) which impact the likelihood of help-seeking behavior; however, even if a person is predisposed to seek help, they will not do so unless there are enabling resources (e.g., the ability to pay for services, transportation, awareness of services) and a level of need that yield help-seeking behavior (Wacker & Roberto, 2014). The present study focused on the enabling resources aspect of the model. Specifically, the focus groups aimed to assess what aspects of college counseling enable or prohibit students from seeking help.

The Present Study

Because of the value of college counseling seen through the relationship between counseling and retention, improving student access to counseling services can help the student stay enrolled (Eisenberg, Golberstein, & Hunt, 2009). Understanding what factors create barriers for students who desire to seek counseling can help higher education professionals work to improve access to counseling. Consistent with the Social Behavioral Model (Anderson & Newman, 1973), eliminating barriers to service could increase the likelihood of students receiving mental health support. If students have a positive and accessible experience using their on-campus counseling services, it is plausible that they are more likely to use services when needed in the future.

Data regarding the student experience must be obtained for counseling centers to make informed improvements to their service models. Quantitative studies have called for future research about barriers to on-campus help seeking to include qualitative data (Nash et al., 2017). Focus groups allow an in-depth analysis of student perspectives of on-campus counseling. The present study utilized focus groups and consensual qualitative recording (Hill, Knox, Thompson, Williams, Hess & Ladany, 2005)

to assess students' perceptions of on-campus counseling as well as barriers they might experience if they desired to or have sought on-campus counseling services. The present study aims to address the following research questions: (1) How do students view on-campus counseling and (2) what barriers exist for students if they were to seek on-campus counseling?

Method

Participants

Students. Participants (n=14) were invited to join one of three focus groups. All of them were students enrolled at a Midwestern four-year public university and were at least 18 years old (M = 22, SD = 4). Both undergraduate (85.7%) and graduate (14.3%) students registered for focus groups. Student's were enrolled at the university this study took place between 1-4 years (M = 2.92, SD = 1.0). Most reported being female (92.99%), one was male, and none reported being transgender, non-binary, or gender nonconforming. One participant was Black or African American, one was biracial, and the remaining were White (92.9%).

Researchers. There were five researchers total all of whom were female: one faculty member (age = 29 years) and four student researchers (age range = 19-22). Each had at least one role as interviewer or data analyst, as well as being an author of the study. Researchers discussed their feelings about and reactions to on-campus counseling services prior to carrying out the study. The following paragraph outlines the results of those discussions to provide the context in which we interpreted the results.

All researchers felt counseling is a useful resource for college students and that a student's mental health is connected to their academic functioning. There were varying amounts of barriers the student researchers personally shared about on-campus counseling. Although no one reported using

on-campus counseling services, some reported feeling comfortable seeking the services if they desired. Others said they would probably not seek help from on-campus counseling, mostly due to time constraints. Researchers aimed to set aside their personal feelings about on-campus counseling when analyzing the data. They had to logically support all conclusions made with a reference to specific data in the interview transcripts. Furthermore, all conclusions were inspected by the entire four-person coding team and the fifth person audited their work to ensure that conclusions were grounded in the data.

Measures

Guided by the Social Behavioral Model (Anderson & Newman, 1973), the interview protocol was developed with the first author and the mental health providers on the campus where the study took place. The questions were developed to answer the research questions; aiming to encourage participants to reflect on and elaborate upon their personal perspectives of on-campus

help seeking, think through what gets in their way of help-seeking and consider what might help them desire to seek services. The final interview protocol (see Table 1) consisted of four open-ended questions.

Procedures

Recruiting participants

An email was sent to students enrolled at the university this study took place, inviting them to sign up for focus groups related to barriers of seeking mental health services. The email included that the students needed to be 18 years of age or older to participate. Interested students used a link in the email to sign up for one of three 90-minute focus group sessions and complete a demographics questionnaire.

Interviews

Informed consent forms were reviewed and signed prior to the interview protocol being initiated. Interviewers verbally reiterated that all questions were voluntary, participants could choose to leave the study

Table 1.

Interview Protocol.

Questions
1. What are your perceptions of counseling in general?
2. What are your perceptions of the on-campus counseling services?
3. What barriers have prevented or could potentially prevent you from seeking out counseling services on campus?
4. Is there anything we did not ask that you think is important for us to know?

at any time, and that the sessions were recorded. Each focus group took an hour and thirty minutes which included time for consent and debriefing statements. Participants answered a series of questions about the strengths and challenges surrounding the university's counseling services. At the end of the interview, there was unstructured time for comments or questions.

A debriefing statement was made at the end of each focus group that summarized the themes of the sessions. At the end of the focus group, participants were given information about Counseling Services if they desired to seek out support due the potential risks of participating. Each participant received a \$10 gift card for the on-campus dining services as an incentive for their participation. The recordings were then transcribed in preparation for analysis.

Data Analysis

We used Consensual Qualitative Recording (CQR) to analyze the interview data (Hill, Thompson, & Williams, 1997). Four researchers analyzed the data and an external judge later audited their work. Each researcher independently read the transcript for the first focus group and identified themes. Then we created a list of common themes by consensus. Once an initial set of themes were determined, we reviewed each theme, working towards consensus about each datapoint (i.e., participant phrase) that fit each theme. We discussed discrepancies among ourselves to reach consensus for each datapoint and related themes. We then independently read the transcripts of the second and third focus groups. We reconvened to discuss each theme and again work towards consensus about the data for each theme. Themes titles and descriptions were revised throughout the analysis process to fit the emerging data.

The consensus versions of the data (the themes and related datapoints) were then audited. The analysts discussed the auditor's comments and made revisions to ensure accurate representation of the data.

The final version was supported by all involved.

Trustworthiness

Data triangulation was applied with efforts to recruit participants from across campus (e.g., undergraduate and graduate students, various ages and years at the university; Patton, 1999). Researcher reflexivity was practiced. The research team engaged in examination of researcher biases, expectations, and assumptions. Throughout the research process, the first author facilitated verbal reflection with the research team about personal biases and assumptions that could interfere with the data collection and analysis. She then kept a document of self-reflection after those verbal discussions describing biases and assumptions identified by the group (Corbin & Strauss, 2008). The content was discussed in each research meeting to maximize the research credibility.

Results

Results for the focus group responses are shown in Table 2. Data analysis yielded three domains: (A) Counseling Benefits, (B) Barriers to Help-Seeking, and (C) Service Model Considerations. Themes were considered "general" if they contained data from all participants, "typical" if they contained data more than half but less than all participants, and "variant" if it applied to less than half, but more than one of the participants. Exemplary core ideas for each theme are presented in Table 2. Descriptions of each theme are presented below.

Category A: Counseling Benefits

There was a sense that counseling not only helps one's mental health, but also supports academic success and is beneficial amidst transitions.

A-1 Counseling Helps Academic Success

There was consensus among participants that counseling is a useful resource

Table 2.

Themes of student perspectives about on-campus counseling (n=14).

Domains & Themes	Frequency	Exemplary Core Ideas
A. Counseling Benefits		
A-1. Counseling helps academic success	General	"The stress-relief I would receive from counseling would help me focus on school."
A-2. Counseling helps during transitions	General	"Counseling would help me deal with the change as a new student on campus. It is comforting to know there is a place to check-in that is not with a parent or friend."
A-3. Counseling helps mental health	Typical	"It helps talking to someone who can help my mental health. Counseling can be beneficial for everyone."
B. Barriers to Help Seeking		
B-1. Cost is a barrier	General	"The cost of counseling stops me from going because of my other living expenses. I'd go in for one session if I was feeling really bad but not go back because the cost adds up fast. I'd be willing to go if I won't be charged for sessions."
B-2. Help-seeking stigma	Typical	"The way society views counseling steers me away from becoming involved in it. Calling it something else that gives off the impression that I don't need to be fixed will make me more likely to go."
B-3. Privacy concerns about seeking help	Typical	"If I go to counseling on campus, people would see me come in and out of the office. I would not like that."
B-4. Need Bad Mental Health for Counseling	Variant	"I don't know if my struggles are serious enough to reach out for help. There are probably others who need it more than me."
B-5. Shame for help-seeking	Variant	"It is hard to open up to others because I don't want people to know about my emotions."
C. Service Model Considerations		
C-1. Outreach helps raise awareness	General	"I like it when the counselors are at events on campus. Getting to talk to them and hearing about the services they offer helps me feel more comfortable if I were to go to them for counseling."
C-2. Add evening hours	General	"I have class during the day and don't wake up early. If some late afternoon and evening hours were available, I would be more open to go."
C-3. Add walk-in services	Typical	"It is hard to wait a week when I have a crisis happening. I would be comfortable going to walk-in services and am less likely to go in if I can't get help when I want it."
C-4. Groups might be helpful	Typical	"Having the option to be in a group may encourage me to seek help. Groups about specific topics would help me connect with other students who experience the same thing."
C-5. General knowledge about counseling center	Typical	"I know about the counseling center from orientation, seeing signs around campus, and having them present in my classes."
C-6. Crises Happen Outside Business Hours	Variant	"I may have a crisis at any time, so it would be beneficial to have access to help after business hours."

to help students with academic success through time management, work-life balance, self-compassion after failing a course, and so on. Some students reported they wanted more information about how counseling could benefit their academic success.

A-2 Counseling Helps During Transitions

All participants reported counseling being especially important to freshman, transfer students, and international students as they transition to campus.

A-3 Counseling Helps Mental Health

Students reported a general belief that counseling is beneficial; however, they often made statements that support this theme alongside statements about why students don't go (see the Help-Seeking Stigma, Shame for Help-Seeking, and Need Bad Mental Health for Counseling themes).

Category B: Barriers to Help-Seeking

Despite the benefits of counseling, data suggest multiple barriers keep students from seeing on-campus services.

B-1 Cost is a Barrier

Students make decisions about whether to go to counseling and where to go to counseling based on the cost. They especially will seek services (on or off campus) where the cost is most affordable.

B-2 Help-Seeking Stigma

There was a general sense of that counseling is a resource that is perceived as being negative.

B-3 Privacy Concerns

Many students reported they do not seek help on campus for fear of who will see them. This felt slightly different than the general theme of "Help-Seeking Stigma." Instead of feeling like it was "not ok to seek help," they were feeling more specifically, "I want to seek help, but I'm afraid of who will see me."

B-4 Need Bad Mental Health for Counseling

Many participants suggested that people with only intense, significant mental health issues should seek out counseling, and that they are likely to not go if they have mild-moderate symptoms. They stated this as because they do not want to take someone else's spot, or that they generally did not think it was okay to have an appointment unless their concerns were nearly a crisis.

B-5 Shame for Help-Seeking

Some students suggested feelings of shame and self-blame for their issues, and that these feelings stop them from seeking services.

Category C: Service Model Considerations

Six themes provide insight into considerations for services provided by on-campus counseling centers to become more accessible to students and increase student help-seeking behavior.

C-1 Outreach Helps Raise Awareness

All participants described outreach as how they learned about the center and that the outreach helped them feel comfortable reaching out for services (if applicable). Orientation activities, seeing counselors at events and during in-class presentations were all ways that seemed to reach students. Students emphasized more outreach would be helpful.

C-2 Add Evening Hours

Students reported being most available 4:00pm or later, and that appointment times after 4:00pm would help them have access to services.

C-3 Walk-In Services

Students reported that walk-in counsel-

ing would be something that would be beneficial and would use the opportunity if it were offered.

C-4 Groups Might be Helpful

Group counseling options were generally supported. There were detailed suggestions about types of groups as well as times and locations of their offering. It seemed especially important that groups were offered 4pm or later in a location near classrooms on campus.

C-5 General Knowledge About Counseling Center

Many students had general knowledge about the center, its services, and location. The website, signage, class-visits, and seeing the counselors at events seemed to be how they had knowledge about the on-campus counseling center.

C-6 Crises Happen Outside Business Hours

Students reported that most of the time they would have a crisis and need help would be outside of business hours, especially late at night or on the weekends. Some students reported awareness and use of crisis help lines.

Discussion

With an increasing number of college students experiencing mental health challenges (Active Minds, 2019), most of whom do not seek help (Czyz et al., 2019), the results of this study offer insight into student perspectives of college counseling. By closely examining student perspectives, the results provide insight and direction for college counseling to better serve students. Considering the benefit counseling has on retaining students (Illovsy, 1997; Lee et al., 2009; Sharkin, 2004; Turner & Berry, 2000; Wilson, Mason, & Ewing, 1997), ensuring that the barriers to on-campus services are removed will not only benefit student health and outcomes, but also the broader success of the whole institution (Eisenberg, Golber-

stein, & Hunt, 2009).

Perhaps what is most notable about these findings is that the themes about counseling benefits had more themes with data from all participants compared to the themes about barriers to help-seeking. It appears students generally have shared perspectives about the benefits of counseling services, but that there is greater variety among the barriers. It is conceivable that students might all witness and experience the same services and its benefits, but they have more individual, context-specific barriers that inhibit them from seeking out counseling.

Perspectives of Counseling Benefits

All participants made comments that counseling helps academic success. The exemplary core idea, which encompasses phrases made by all participants, communicates that receiving counseling services could provide stress relief. The stress relief could in turn help them focus on their academic success. This qualitative finding has similarities to quantitative studies. In a study that followed five cohorts of students over a six-year period, an average of 70% of students reported their personal problems were having a negative impact on their academic success (Turner & Berry, 2000). Over 60% of the students who received counseling reported the services they received improved their academic performance and helped them stay enrolled (Turner & Berry, 2000). Beyond subjective self-report, Turner and Berry (2000) also completed cross-sectional analyses comparing retention rates for students who used counseling and students who did not over the six-year length of their study. On average, students who used on-campus counseling services had an 85% retention rate compared with 74% of the student body.

Turner and Berry (2000) focused on all students who sought counseling even if the personal problems they were experiencing were not overtly connected to academic performance. Results about the relation-

ship between counseling and academic success is similar when students seek counseling for academic-related matters. Students who sought counseling for retention-related concerns such as whether or not to stay in school, drop-out, or transfer reported counseling having a direct positive impact on students' choices to stay enrolled at their institution (Bishop & Brenneman, 1986; Bishop & Walker, 1990). The findings of the present study certainly echo these previous findings that counseling helps academic success.

Another finding that was supported by comments of all participants is that counseling helps during transitions, especially when that transition involves being new on campus as a freshman or transfer student. With college comes change, and not having a parent or friend to talk to can make the transition harder. Having counseling services on campus can be helpful to students who feel they need to talk through their difficulties as they transition into a new part of their life.

Making transitions easier is important for students' wellbeing as it helps them to succeed academically and socially (Pascarella & Terenzini, 2005). Using on-campus counseling increased retention and student grade point averages for both freshman and transfer students (Lee et al., 2009). Emotional and social adjustment challenges during students' first year in college is a reliable predictor of attrition and academic difficulties (Sharkin, 2004). Students who sought counseling when having a difficult time transitioning in college were more likely to make academic strides, make friends, and pursue a career (Ruberman, 2014).

Having counseling services to help students' transition can be important to their academic and social lives. Transitions can be hard, but counseling can help give guidance and support during a difficult time. Students having access to counseling services during times of transition could help keep retention rates up while also helping the students make strides in other aspects of their lives.

A theme that contained data from over

half of the sample but not by all was that counseling helps mental health. College can cause stress that has a negative impact on students' wellbeing (Ruberman, 2014). There has been evidence that college students are likely to use counseling services (Wu et al., 2017). College students understand when they and others need therapy in times of experiencing situational stress, developmental issues, and other stressors that occur in life. It is seen that college students understand how helpful mental health services can be (Wu et al., 2017). Even though this evidence exists, there are still barriers to students seeking on-campus services.

Barriers to Help-Seeking

The only barrier that included data from all participants was that cost is a barrier. At the time this data was collected, the university where this study took place billed students \$20 for services or billed insurance. Students were able to have one free session before they were billed. Evaluation data showed this price to be a barrier for students (Cronin & Ulrich, 2019). Beyond the individual campus where this study took place, research with a large sample of students from several universities found students who did not seek help when they thought they needed it reported more financial difficulties than those who did seek help (Nash et al., 2017).

Out of the top five stressors among college students, four of them are associated with finances (Trombitas, 2012). Although the type of financial stressor varies between level of education, the stated research concluded that financial stress leads to a decline in academic performance. In fact, one-third of college students said they had academic repercussions of financial stress (Trombitas, 2012).

High financial stress is related with low self-efficacy, which can lead to low academic satisfaction, depressed mood, and decreased motivation (Heckman, Lim & Montalto, 2014). Counseling is an effective tool for universities when it comes to students who endure depressive symptoms. (O'Bry-

ant, 1999). Beyond counseling being effective for student academic performance, the institutions providing the counseling also benefit from student retention.

For most students, paying the price of living comes before paying the price of counseling. Considering most college students are under financial stress (Heckman et al., 2014), counseling is often a neglected option for students. Cost-effective counseling allows students to direct their attention to necessary living costs, while receiving proper services that helps them increase self-efficacy and achieve their academic goals.

Institutions can make back more than the cost of providing services to students in the retention benefits. Cost Benefit Analysis (CBA) is a systematic type of measurement with a goal of weighing the costs and benefits of certain programs, projects, activities, etc. CBA was used to assess the costs of expanding a counseling program specifically designed to ensure retention among freshman in a college setting (Giddan & Weiss, 1987). Although there is not clear evidence of retention solely because of counseling, out of 535 freshman who did receive counseling, about 15% remained in school to their sophomore year, whereas only 3% remained of the 535 freshman who did not receive counseling. These findings are consistent with multiple studies comparing students who did and did not receive counseling. Findings provide evidence that students who receive counseling are retained at significantly higher rates than those who do not (Illovsky, 1997; Lee et al., 2009; Sharkin, 2004; Turner & Berry, 2000; Wilson, Mason, & Ewing, 1997).

Two themes were supported with data from over half of the participants: help-seeking stigma and privacy concerns about help-seeking. It is possible that these two themes complement one another, however they are also distinct. The privacy concerns theme was more focused on who in the campus community would notice they are attending counseling. There were comments about this worry that had a differ-

ent essence than the help-seeking stigma theme, which contained data discussing the broader societal stigma of help-seeking. It is plausible that the broader societal help-seeking stigma relates to the privacy concerns.

Data suggest the students felt that counseling services are very stigmatized, which steered them away from wanting to reach out to these services. It was discussed how the term "counseling" made them feel that they need to be fixed and felt that the use of a different term could help lift the stigma. Previous research has presented similar findings that there is knowledge about mental health and its resources, yet a persistent stigma exists about going to someone for mental health services (Teng & Friedman, 2009).

In a study looking to see how help-seeking stigma differed between first-generation and continuing-generation college students found that first-generation students were more likely to seek counseling compared to continuing-generation students. Continuing-generation students are more likely than the first-generation students to internalize negative messages about help seeking and care more about what others think of them (Garriott, Raque-Bogdan, Yalango, Ziemer & Utley, 2017). People may know the importance of mental health, but it does not mean that they will seek help when they need it. It is important to take cultural, environmental, and personal stigma into consideration.

Participants also expressed their concerns involving privacy. Students mentioned that if they went to counseling services on campus, people would see them come in and out of the office, and they would not be comfortable with that. The campus where this study took place is small with an annual enrollment of about 5,000. Most students are connected in some way. Furthermore, students are employed at the counseling center. Although they do not have access to private health information, they are the ones who check-in students for appointments. Al-

though the data that incorporate this theme do not directly cite the size of the campus or the student workers, the data suggest that students do not desire unintended disclosures if others see that they are seeking on-campus services.

In a study consisting of a large sample size of 2,785 college students, 20% of them stated that they did not utilize counseling services because they were worried about what other people would think (Eisenberg, Golberstein, & Gollust, 2007). In another study with 8,487 students from 15 different colleges in the United States, 35% of the sample stated that they were worried about what other people would think about them, 29.8% said they were worried about privacy, 22.3% said they were worried their actions would be documented in their medical record, 21.7% were worried that someone would notify their parents, and 19.9% were worried that their actions would be documented in their academic record (Downs & Eisenberg, 2012). Students consistently state privacy concerns are a barrier to seeking counseling services.

Service Model Considerations

Beyond the benefits and barriers to on-campus counseling, there were six themes that related to what services counseling centers could offer. The two general themes that had data from all participants were that outreach helps raise awareness and to add evening hours. Participants reported they learn about counseling services through the outreach they perform on campus and that they also like it when they see counselors at events on campus. This theme includes that seeing the counselors outside of the formal counseling setting helps students feel more comfortable seeking out their services.

Adding evening hours could help the counseling center be more accessible. To offer context for this theme, the campus in which this study took place did not schedule counseling appointments after 3:30pm. However, offering evening hours might not

fully address student needs. When considering the finding so of Nash et al. (2017) the most common reason students did not use services was because they did not have enough time. Students who perceived they needed but did not use counseling services spend more time working than students who did not perceive the need for counseling (Nash et al., 2017). These results suggest that being able to make appointments available after traditional business hours would help with accessibility, however it is unreasonable for an on-campus counseling center to be open at convenient times for all students. Perhaps considering web-based interventions could help reach students who feel time is a constraint for them.

Related to considering web-based options, it is imperative that institutions have 24-hour crisis resources for students. A theme emerged from the data, although it did not contain data from more than half of the same, that crises happen outside of business hours. This further supports the notion that even if in-person counseling resources are not available after traditional business hours, mental health support should be available to students.

The last themes that relate to service model considerations were all made up of data from over half of the participants. There was general knowledge that the counseling center exists and where it is located. Students reported knowing this information from signage around campus as well as from presentations in class and at orientation.

Data also suggest that having walk-in services could increase the likelihood of students seeking help when they need it; that they are less likely to go to counseling if they cannot get any help in the intense moments when they might want it most. Counseling is a resource that can teach coping skills to students for those intense emotional moments. We believe that walk-in services should be for crises when the counseling center is open. At the time this data was collected, the on-campus counseling center did not offer any walk-in services. Instead

students were encouraged to call a local crisis response team.

Lastly, data suggest that group counseling might be a helpful resource for students. Students may be encouraged to seek help by having the option for group counseling. The data suggest having groups about specific topics would help students connect with others who experience the same challenges. There is evidence that working in groups is more effective than counseling individuals (Parcover, Dunton, Gehlert & Mitchell, 2006). With group therapy as an option, students may be interested seeking counseling if they are with other students who are in similar situations. Group therapy provides a natural setting that provides a sense of community (Corey & Corey, 2016).

The benefits that come with group counseling such as allowing the participant to feel a "shared destiny," meaning they are all there to seek help. Group counseling can also gain a sense of purpose when contributing to the help and advice for others (Ramsay, Ramsay & Main, 2007). Offering group sessions would help students connect with other students who are going through a similar situation.

Implications for Student Affairs Practice

The results, alongside with previous research findings, yield implications for student affairs professional practice. Mental health can be addressed in on-campus college counseling centers; however, all student affairs practitioners can develop practices and a promote a campus culture that normalizes help-seeking and supports student mental health.

Although most students report seeking help for reasons other than academic success, majority of them find that personal counseling benefited their academic success and helped them stay in school (Turner & Berry, 2000). Student affairs practitioners can play a key role in emphasizing the connection of overall student well-being with academic success. Articulating to students

that their overall health and stress relates to their academic success could help students prioritize their mental health. Emphasizing that their entire well-being is important could encourage help-seeking and in turn benefit academic success and retention.

Results of the present study also suggest the importance of promoting help-seeking and normalizing stress during transitions. This is also consistent with previous findings (Pascarella & Terenzini, 2005; Ruberman, 2014). Student affairs professionals should prioritize helping students who are new to campus learn about on-campus counseling opportunities, create programming that promotes student wellness, and normalize that acclimating to a new environment can be a stressful time. Because all participants of the present study described outreach as how they learned about the counseling center and that the outreach helped them feel comfortable reaching out for services, it recommended that on-campus counselors collaborate with other student affairs professionals to help students meet the counselors and increase comfort seeking help if needed.

Student affairs practitioners can also create activities and programming that promotes mental health in a way that is free and accessible to students. Although accessing a college counseling center can have barriers to students (Downs & Eisenberg, 2012), students are also able to engage in programming other than personal counseling that can support their mental health. For example, hosting speakers who specialize in mental health or fostering student relationships and discussions around their stress and well being could support students to learn more information and care for themselves.

Last, results of this study indicated that students do not seek help because of help-seeking stigma or the idea that getting helped means they need to be "fixed." Student affairs practitioners can emphasize that caring for oneself is a resilience-building strength. Creating a campus culture

normalizing the ideas that everyone needs support and seeking help is one way to keep thriving could assist in countering the help-seeking stigma students may feel.

Limitations and Future Directions

There are multiple limitations to this study that must be considered when interpreting the findings. Foremost, the researchers and sample were mostly white and female. The perspectives of non-white, non-female people are largely unrepresented in these findings. The sample size is also relatively small. Although the numbers were approaching saturation (Guest, Namey, & McKenna, 2017), the sample size was not large enough to give confidence to the relative generalizability of the findings. It is recommended that future research about the help-seeking barriers college students experience focus specifically on marginalized populations and populations who often have limited access to services. Comparison of ethnic groups, socioeconomic status, and first-generation status would help us understand the nuances of help-seeking stigma among students.

Another limitation that should be considered is the uniqueness of the campus in which this study took place. At the time of data collection, the on-campus counseling services were charging \$20 after a student's first appointment or the student's insurance was billed. There were no walk-in services and no counseling groups being offered. These are factors that likely contribute to the findings. Most college counseling centers do not charge students per session for counseling (although they might include the cost as part of the fees for all students). Crisis walk-in appointments and group counseling are also services that most campuses offer (LeViness et al. 2017).

Future research is also recommended to focus specifically on students who avoid help when they perceive they need it is needed, especially with qualitative methodology. Nash and colleagues (2017) made great strides in quantitatively understanding the

differences of students who do and do not seek help with consideration for those who perceive they do and do not need it. The group of students that perceive they need help but do not seek it out are possibly the most important to attempt to reach given their increased risk (Nash et al., 2017; Czyz et al., 2013; Downs & Eisenberg, 2012).

Conclusion

On-campus counseling services are a resource that benefits students, especially their academic success and during transitions. Not only does counseling benefit the individual student, but it also aids the health of the institution by in turn promoting retention. Despite these benefits, cost and stigma-related issues create barriers for students to seek services. College counseling centers can consider changes to their service model to serve student and their institution's success.

References

- Active Minds. (2019). *Change the conversation about mental health*. <https://www.activeminds.org/>
- Andersen, R.M., & Newman, J.F. (1973). Societal and individual determinants of medical care utilization in the United States. *Health and Society, 51*(1), 95-124.
- Bishop, J.B. (2010). The counseling center: An undervalued resource in recruitment, retention, and risk management. *Journal of College Student Psychotherapy, 24*(4), 248-260. <http://dx.doi.org/10.1080/87568225.2010.509219>
- Bishop, J. B., & Brenneman, K. A. (1986). An initial assessment of a counseling center's role in retention. *Journal of College Student Personnel, 27*, 461-462.
- Bishop, J. B., & Walker, S. K. (1990). What role does counseling play in decisions related to retention? *Journal of College Student Development, 31*, 88-89.
- Bishop, K.K. (2016). The relationship between retention and college counseling for high-risk students. *Journal of College Counseling, 19*, 205-217. <http://dx.doi.org/>

- org/10.1002/jocc.12044.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Sage. <http://dx.doi.org/10.4135/9781452230153>
- Corey, G., & Corey, M. S. (2016). Group psychotherapy. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim & R. Krishnamurthy (Eds.), *APA handbook of clinical psychology: Applications and methods* (vol. 3); *APA handbook of clinical psychology: Applications and methods* (vol. 3) (pp. 289-306, Chapter xvi, 621 Pages) American Psychological Association. <http://dx.doi.org/10.1037/14861-015>
- Cronin, S., & Ulrich, M. (2019, August). *Institutions of oppression or opportunity: Does student counseling support all students?* Poster presented at American Psychological Association's national convention. Chicago, Illinois.
- Czyz, E.K., Horwitz, A.G., Eisenberg, D., Kramer, A., & King, C.A. (2013). Self-reported barriers to professional help seeking among college students at elevated risk for suicide. *Journal of American College Health, 61*(7), 398-406. <http://dx.doi.org/10.1080/07448481.2013.820731>
- Downs, M., Eisenberg, D. (2012). Help seeking and treatment use among suicidal college students. *Journal of American College Health, 60*(2), 104-114. <http://dx.doi.org/10.1080/07448481.2011.619611>
- Eisenberg, D., Golberstein, E., & Gollust, S. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care, 45*(7), 594-601. <http://dx.doi.org/40221479>
- Eisenberg, D., Golberstein, E., & Hunt, J. (2009). Mental health and academic success in college. *Journal of Economic Analysis and Policy, 9*(1).
- Garriott, P. O., Raque-Bogdan, T., Yalango, K., Ziemer, K. S., & Utley, J. (2017). Intentions to seek counseling in first-generation and continuing-generation college students. *Journal of Counseling Psychology, 64*(4), 432-442. <http://dx.doi.org/10.1037/cou0000210>
- Giddan, N. S., & Weiss, S. J. (1990). Costs and effectiveness of counseling center dropout prevention. *Journal of College Student Development, 31*(2), 100-107.
- Guest, G., Namey, E., & McKenna, K. (2017). How many focus groups are enough? Building an evidence base for nonprobability sample sizes. *Field Methods, 29*(1), 3-22. <http://dx.doi.org/10.1177/1525822X16639015>
- Heckman, S., Lim, H., & Montalto, C. (2014). Factors Related to Financial Stress among College Students. *Journal of Financial Therapy, 5* (1) 3. <http://dx.doi.org/10.4148/1944-9771.1063>
- Hill, C.E., Knox, S., Thompson, B.J., Williams, E.N., Hess, S.A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*(2), 196-205. <http://dx.doi.org/10.1037/0022-0167.52.2.196>
- Hill, C.E., Thompson, B.J., & Williams, E.N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25*, 517-572.
- Illovsky, M.E. (1997). Effects of counseling on grades and retention. *Journal of College Student Psychotherapy, 12*(1), 29-55.
- Kessler, R.C., Berglund, P., Demler, O., Jin, R., Meriakngas, K.R., & Walters, E.E. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorder in the national comorbidity survey replications. *Archives of General Psychiatry, 62*, 593-602.
- Lee, D., Olson, E.A., Locke, B., Testa Michelson, S., & Odes, E. (2009). The effects of college counseling services on academic performance and retention. *Journal of College Student Development, 50*(3), 305-319. <http://dx.doi.org/10.1353/csd.0.0071>
- LeViness, P., Bershada, C., & Gorman, K. (2017). *The Association for University and College Counseling Center Directors Annual Survey*. <https://www.aucccd.org/>

- assets/documents/Governance/2017%20aucccd%20survey-public-apr26.pdf
- O'Bryant, Beverly Jones (1999). College Counseling Center Directors' Perceptions of Effective Techniques for Increasing Student Retention of High Risk College Freshmen Utilizing an Individualized Counseling Model. N.p., *Dissertations Abstract Journal*, 265, 99-268.
- Patton, M.Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Sciences Research*, 34, 1189-1208.
- Nash, S., Sixbey, M., An, S., & Puig, A. (2017). University students' perceived need for mental health services: A study of variables related to not seeking help. *Psychological Services*, 14(4), 502-512. <http://dx.doi.org/10.1037/ser0000172>
- Parcover, J. A., Dunton, E. C., Gehlert, K. M., & Mitchell, S. L. (2006). Getting the most from group counseling in college counseling centers. *Journal for Specialists in Group Work*, 31(1), 37-49. <http://dx.doi.org/10.1080/01933920500341671>
- Pascarella, E.T., & Terenzini, P.T. (2005). *How college affects students. Volume 2: A third decade of research*. Jossey-Bass.
- Ramsay, K., Ramsay, J., & Main, D. (2007). Both group peer counselling and individual counselling reduce anxiety and depression, and increase self-esteem and overall life satisfaction in palliative cancer care. *Counselling Psychology Quarterly*, 20(2), 157-167. <http://dx.doi.org/10.1080/09515070701240071>
- Ruberman, L. (2014). Challenges in the transition to college: The perspective of the therapist back home. *American Journal of Psychotherapy*, 68(1), 103-115. <http://dx.doi.org/10.1176/appi.psychotherapy.2014.68.1.103>
- Sharkin, B.S. (2004). College counseling and student retention: Research findings and implications for counseling centers. *Journal of College Counseling*, 7, 99-108.
- Teng, E. J., & Friedman, L. C. (2009). Increasing mental health awareness and appropriate service use in older Chinese Americans: A pilot intervention. *Patient Education and Counseling*, 76(1), 143-146. <http://dx.doi.org/10.1060/j.pec.2088.11.008>
- Trombitas, K. S. (2012). Financial Stress: An Everyday Reality for College Students. Inceptia. https://www.inceptia.org/PDF/Inceptia_FinancialStress_whitepaper.pdf
- Turner, A.L., & Berry, T.R. (2000). Counseling center contributions to student retention and graduation: A longitudinal assessment. *Journal of College Student Development*, 41, 627-636.
- Wacker, R.R., & Roberto, K.A. (2014). Patterns of service use and theories of help-seeking behavior. In *Community Resources for Older Adults: Programs and Services in an Era of Change* (4th ed., pp. 36-51). Sage.
- Wilson, S.B., Mason, T.W., & Ewing, M.J.M. (1997). Evaluating the impact of receiving university-based counseling services on student retention. *Journal of Counseling Psychology*, 44, 316-332.
- Wu, I. H. C., Bathje, G. J., Kalibatseva, Z., Sung, D., Leong, F. T. L., & Collins-Eaglin, J. (2017). Stigma, mental health, and counseling service use: A person-centered approach to mental health stigma profiles. *Psychological Services*, 14(4), 490-501. <http://dx.doi.org/10.1037/ser0000165>