Too little, too late

*Counseling and Psychological Services at IU are lauded for doing as much they can with what they have. But are their resources sufficient to treat the needs of a student body increasingly seeking help?*

BY MEGAN JULA

She hit bottom before she tried to schedule a counseling appointment. Self-harm. Skipping class. Not sleeping.

“I couldn’t do it on my own anymore,” Constance Rodenbarger, a 32-year-old fine arts student, said.

She called Counseling and Psychological Services, IU’s resource for students seeking help, last October. “They scheduled me the first available appointment, but things got too ahead. Things just escalated very quickly.”

Before her appointment two weeks later, Constance attempted to kill herself. She doesn’t remember how she got down from the scarf she used as a noose. Maybe she fell. She just remembers waking up at IU Bloomington Hospital.

Constance missed her appointment with CAPS.

“I actually called them from the hospital to say, ‘hey I’m not going to make my appointment, I’m actually in the hospital from hanging myself,’” Constance said. “They were like ‘oh, well shit, ok.’”

It’s the kind of story that CAPS strives to avoid. CAPS has a walk-in crisis service, but for phone calls like Constance’s, there was no way of knowing how immediately she needed care. After collaborating with the IU Student Association, CAPS implemented a program this semester called CAPS Now, which allows students to see a counselor within 48 hours for an initial assessment.

“We wanted to be able to assess and figure out a student’s problem very quickly after their calling CAPS,” Nancy Stockton, director of CAPS, said. “After the CAPS Now appointment, they might go into an emergency service immediately or into a very timely appointment or they may feel very comfortable waiting between a week and two weeks. If they’re suicidal, they’re not just having to wait two and a half weeks. It allows us to get them in at the appropriate time.”

With 22 counselors serving more than 46,000 students, CAPS has its hands full. There’s never a time where we are just sitting around twiddling our thumbs, CAPS counselor Chris Meno said in an interview. In fact, in addition to a 40-hour workweek, counselors often work nights and weekends on side projects or outreach programs.

The majority of funding comes from the student health fee, which hasn’t increased in \_\_\_\_ years, while the number of visits in the last decade has increase by almost 6,000.

“There’s a higher demand on limited resources and we have to use them wisely,” Stockton said.

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**CAPS NOW and other improvements**

CAPS estimated about 24 appoints through the new program a day. They hired two part-time counselors to handle about half the sessions, with the remaining spread among current counselors.

“We were really, swamped is probably too strong of a word, but there was a very strong response to CAPS NOW at first,” Stockton said. “Now it has kind of leveled out.”

Stockton said she wasn’t sure why visits have increased over the last ten years.

CAPS offers two free counseling sessions to students, and a CAPS Now visit does count as one.

The idea for the program began as a collaboration between IUSA and CAPS.

The student government wanted to emphasize mental health, but they weren’t sure where to begin.

“The biggest concern we had as we began to research more, before addressing numbers of free sessions or things like that, we wanted to make sure students were getting seen.” IUSA President Andrew Braden said. “The wait time for students that could be up to 2 or 3 weeks. General it’s just a few days, but there’s those peak periods when things spike.”

Braden emphasized that IUSA has a great working relationship with Stockton and Health Center Pete Grogg who both tried to soak up as much student knowledge as possible.

“I think it was a result of us saying we think this is a problem and them saying yeah it is,” Braden said.

Constance was unaware of the new program during an interview in February.

“Trying to get into CAPS is a nightmare,” she said. “Those people who are picking up the phone to make appointments, they need to be picking up the phone thinking it’s a crisis situation.”

When she learned that CAPS Now could address this issue, she was supportive.

“That’s going to be super helpful,” she said.

Yet wait times aren’t the only concern for counseling center serving a Big Ten student population.

Braden said often CAPS is hesitant to confirm they need more money or resources.

“A lot of times it will be difficult to have a CAPS representative say, we need more of this,” He said. “They are not demanding. Which is where I think the student piece and the advocacy piece is important, because even if they are not willing to say it, we can say yea we do need this.”

When asked what other areas could be improved, Stockton emphasized that CAPS manages resources well.

“I guess we have worked on efficiency for years,” she said. “There’s always room for improvement, but not I’m sure I can just whip off five things we can quickly improve.”

“Of course we could use more resources,” She added. “I think our resources are managed well.”

About a year ago, CAPS added a case manager to its staff to handle the logistics of students’ cases.

“The volume and complexity of patients we are seeing through CAPS, we need somebody to manage those patients and make sure nobody falls through the cracks,” Health Center Director Pete Grogg said.

It’s on CAPS and the Health Center to determine if more money or a new position is needed.

“The need for the change kind of just becomes apparent,” Grogg said. “When counselors or psychologists or staff are spending a lot of time managing the logistics, finding providers and transferring records, it’d be better managed by somebody that can do it full time.” The new case manager, Mary Jane \_\_\_\_ does this half time.

The recommendations begin with CAPS, which is under the health center, and then work up the hierarchy.

“Doctor Stockton approaches me and says ‘Pete, we have this need,’” Grogg said. Hopefully, new position line up with new budget, but needs also pop up within the year. “I go to Dean Goldsmith, who is my boss, and say we have this need. This will make our providers more efficient.”

**Stigma**

Constance is a fine arts major going into a masters program for archival sciences, photographic preservation and collections management. She hopes to work for NASA or the Smithsonian in archival collection.

“I’ve struggled with mental illness my whole life,” she said. “I was diagnosed with major depressive disorder in second grade. This is a life long thing.”

Still, she thought she was in a good place, attending college after years of having to push her education back.

Her downward spiral caught her by surprise.

“By the time I was finally realizing, I need to call CAPS, it was already bad,” she said.

After being released from the hospital, she was immediately contacted by CAPS and is currently attending counseling sessions once a week.

The return to class was jarring, she said. The Dean of Students had notified her teachers that she was in the hospital and her absences were excused, but they had no idea of the reasons.   
“They asked me, ‘Are you feeling better?’” she said.

“I’ve got one class where there is 9 people in it and we all work together and to never even get a single ‘Hey, you have been gone four days…’” she said. “It made me feel even more anonymous and more replaceable. That the loss of my person was not some sort of loss to society.”

She was able to tell her CAPS counselor about these emotions.

“Had I not had CAPS to talk to about these feelings it would have been tough,” she said. Now that she is in the system, she is able to receive help regularly.

“Once I got in, I’m in,” she said.

Sophomore Rebekah Eichberg, Culture of Care VP, began counseling before attending college. She began working with Culture of Care, a movement that originated with IUSA her \_\_\_\_ year.

“I just wanted people to know they don’t have to go through what they are going through alone and there are a whole variety of resources on campus that they can use,” she said.

Her counselor during high school in Miami, Florida connected with her current CAPS counselor before she came to IU, so that Rebekah would feel comfortable.

“Normally I try to go once a week, just to keep my anxiety in check,” she said. “Obviously, not every week I can get an appointment. That’s where it can kind of get a little complicated. We’ll try to books two weeks out and get appointments, but they are not always available.”

She said she wasn’t nervous before her first appointment at CAPS.

“I just see therapy as such a healthy thing, and I just don’t want to attach any stigma to it at all,” she said. “I think everyone should get their dosage of therapy, because it just really helps you stay grounded and helps keep your focus and stay present.”

But other students may not feel the same way initially she said.

“Most of them are scared because they think people will think they are ‘crazy,’” she said. “They’ll think that they have something wrong with them.”

Getting to the center is often the hardest step for students.

“I think once you break out and think I have to do this for myself to feel better it becomes fine,” Rebekah said. “For myself, I had a low point and I had to go do this for myself, I’m not enjoying the quality of life I’m living right now and I just want to improve it.”

If students are more open about counseling, it will become more social acceptable she added

“As it becomes more popular I think more people will feel more comfortable, it doesn’t have to be a hidden secret on your phone agenda,” she said.

Not every experience has been as seamless and successful as hers, she acknowledged, referencing friends who went and weren’t happy with the session.

“I think a lot of reasons why students don’t go they don’t have the experience beforehand and they don’t know what style works for them,” she said. “They go and they had a bad experience and they go ‘oh, they are not good.’ They make a sweeping generalization that nobody there is good for them. It’s encouraging them to go back.”

**Campus Culture**

Anxiety has over taken depression as the most common reason students go to counseling centers, Stockton said.

It’s an issue that’s both prevalent and misunderstood, Rebekah said.

“It either hits really close to home or people aren’t involved in it and they think that their hair being frizzy in the morning is a stressor,” she said. “Then you have people who are really suffering on campus. It’s a whole different spectrum of different people going through things. “

Chris Meno, the counselor who coordinates outreach for CAPS, sees the campus atmosphere heading in the right direction.

“I really like the way that the campus culture is going, in order to start this conversation,” she said. “As much as we do here, and I think we are doing so much here, there is only so much a counselor can do to tell the campus to come see us. It’s got to be the students saying to each other ‘hey, do you know about CAPs’”

**FEE and BUDGETS and SPACE and NEW IDEAS**

But once students get to the center, what resources will be available?

“Mental health is something that is difficult to talk to because it’s hard enough to get funding and you don’t want to seem like you are being too greedy in some ways, that’s been the trend at the university level,” Braden said, drawing on his perspective as IUSA president.

CAPS is funded from three sources: 1. The student health fee, which students pay alongside other fees like transportations fees 2. User fees, charged per session and 3. The Health Centers ancillary income, meaning revenue generate from their pharmacy or other internal areas.

The health fee supplies a majority of the funding, while the user fee makes up only about 10%.

A full time student pays a health fee of $220.44 for the academic year. Two counseling sessions are offered for free, with a $20 user fee charge to students for each following hour-long? session. Psychiatrics visits, where a student can be prescribed medication, start at $40 and following sessions are $20.

“At home, a session is $225 an hour,” Rebekah said. “My parent’s were like go every day.”

Other Big Ten counseling centers vary in how they fund and charge for their sessions. Some, like Ohio State University, receive general funds from the university budget. Ohio State offers ten free sessions. Other universities, such as Illinois, don’t charge for session at all. *Of course, the money has to come from somewhere else.*

The fees for a session are a relatively small, Stockton said.

“If you know anything about therapy rates in the area, that is ludicrously low,” she said.

Units on campus are only allowed to increase their fees by a certain percentage each year. There has not been an increase in the IU Health fee for 2 years. In fact, two budgets ago, the fee was reduced because the Health Center had a reserve to run down.

But now, with the reserve depleted and demand increasing, Grogg is presenting a new budget that will raise both the health fee and the costs per session.

“Trying to get back to balanced budget, but we want to moderately increase user fees and the health fee,” Grogg said. “User fees haven’t increased in at least ten years.”

The Health Center is aiming to diversify and increase their revenue flow, for example opening up their pharmacy to faculty and staff, so in the future they can rely on the healthy fee less.

“It is still cheaper than comparable services,” Braden said of IUSA’s response to the new budget. “But can see in foreseeable future a push for free services.”

“It really comes down to a quality of care issue,” Grogg said. “We don’t want anything that sacrifices care and if we can afford to do it we put it in the budget.”

CAPS currently occupies about 6,000 square feet of the Health Center. CAPS used to be one wing of the building; now, it’s a whole floor.

“You really get into a time now where we might need an immediate care type clinic in this building,” Grogg said. “We need office space for these counselors.”

Braden said space is a topic that hasn’t been clearly addressed.

“In many ways they are at their limits in terms of physical space,” Braden said. They will kind of allude to it and allude to it, but will never say we need more space.”

Grogg is full of new ideas to improve or modify CAPS services. Counselor in academic residence. Hiring a Mandarin speaking counselor. Telecounseling.

“Those are all kind of things we are looking at,” Grogg said. “How can we improve access how can we make it as easy as possible and quick as possible when a patient determines they need it?”

Students should know how their money is being used within the Health center he said.

“Every dollar we spend is your dollar,” Grogg said. “We are not getting tuition dollars in here. More and more of that money is being earmarked for mental health type services. If we do add programs, we do kind of have to work together to figure out how we are going to finance them.”

Running at a deficit will only pass on a debt to the next year’s students.

“Those are the things I think it’s really important to have dialogue with the students so they understand what constraints we are under and what we are capable of accomplishing,” he said. “Everything is pretty much doable, if not you’ll know why.”

That’s why, for example, Braden and his IUSA peers didn’t push for CAPS to double their free counseling sessions.

“I think CAPS is efficient and does very well with the funding they receive,” Braden said. “I think in terms of the University funding, I do think they are underfunded.”

The difficulty, he said, is that the university believes hiring one more counselor won’t relieve any of the mental health needs of students. In academia, if there are a shortage of professors per student, you just hirer another professor, he added.

“I think that the mentality is, that no matter how many professionals they hirer the need will just keep growing,” he said.

Meno said every person in the health center would welcome more staff.

“The more people the better to help when it comes to mental health,” Chris Meno said. “I think every university would answer yes. Not just universities, but every hospital every community health. There is never going to be a time when counselors just sit in their office and are bored. So the answer is yes absolutely, and the reality of most finances, states fund most schools and they don’t have the money or don’t think it’s the most important thing to put the money toward. So even though lots of people think it’s a great idea, it’s not always happening.”

Students don’t want to see their tuition increase so that we can have 10 more counselors, she added.

Receiving funding from another source, such as the university general fund, would require approval at every level, including the state.

“I do that there needs to be additional funding available,” Braden said. “I can see the logic and the appeal of the argument that if we hire 10 new counselors, there will just be 10 times the need, but I also think we are at the point where we do need, physically and in terms of services, additional funding from the university. “

**RATIO and IACS**

No one would complain if CAPS hired more counselors, Meno said.

“That’s something that everyone in this building is wanting, just not sure how to make that happen,” Meno said. “There are space limitations.”

How many counselors does it take to counsel 46,000 IU students? What do other schools in the Big Ten do?

“I don’t have other peoples numbers,” Stockton said. “I’ll the make the generalization, I think we compare quite favorable in terms of our efficiency, our staff number of students ratio I admirable.”

Dr. Morton Silverman is a senior advisor to the Jed Foundation, a national organization dedicated to promoting emotional health and preventing suicide among college students.

In the United States there is no official accrediting body mandating a certain counselor to student ratio, he explained.

Rather, these standards are determined by the center itself.

“Depending on where the funding comes from and how it is dispersed often dictates how larger a staff you have, how available you are in terms of hours, etc,” he said.

“What is the ideal? I don’t know.”

There are national and international organizations that will accredit a health center. CAPS is accredited by three different ones: \_\_\_ , \_\_\_\_ and the International Association of Counseling Services .

IACS examines the center’s relationship to the community, counseling services roles and functions, ethical standards, counseling service personnel and other guidelines.

Some guidelines, like the counselor to staff ratio, are suggested, not required for accreditation.

Under IACS suggested ratio of 1 counselor for every 1,500 students, IU should have 30.6 full time equivalent counselors. CAPS currently employs only 22.

According to the IACS website, “Most Centers approach this ratio to some degree but many accredited centers do not. In examining this issue, the Board takes into account how closely a site approximates this ratio, the existence of other campus mental health agencies, budgetary constraints, impact on service, etc. Often IACS will recommend and advocate for additional staffing for a center as part of the evaluation review.”

“It’s very idealized,” Stockton said about the suggested ratio. “You do the best you can. Big Ten universities often can’t meet that ratio. IACS evaluates us on other criteria as well.”

Small, private schools are more likely to meet that ratio, Dr. Sharma, head of Ohio State’s counseling and consultation services said. Ohio State does not meet the ratio either, he said, and is applying for IACS accreditation regardless.

“It’s not a deal breaker,” he said. “It would be a recommendation.”

Silverman said there is not a hard and fast number to determine how well a counseling center is meeting student needs.

“The correct question is how do students identify the fact that they are in need of counseling and how available are these resources to them” he said. “Having said that, it will always be the case I think whether, they are college student or in a community, that the demand often outstrips the availability of slots. I mean eventually, hopefully, all individuals are assessed.”

Grogg said one way to serve students without meeting the suggested ratio is through the group counseling programs.

“We may have five to ten students with a counselor in one session,” he said. The ratio has generally worked with the way we have been staffed.”

CAPS monitors wait times and other criteria to make sure they are meeting student needs, he said.

“If our ratio is what I currently is and it’s taking a month, 2 month to get in, we basically have this funnel problem,” he said. “We’re just not seeing that. At worse we are 2 weeks.”

“But if you are that student who finally reaches out for help, no student wants to hear that,” he said. “The 2 weeks is too long. When a student finally reaches out and they want help, they don’t want to be told that they have to wait.”

Numbers have steadily increased in the past decade.

“We’ve seen around a 5-7% increase in CAPS utilization,” he said. “The more students coming in the more counselors we need to have. We expect that demand to continue, that trend to continue.”

**GROUP SESSIONS and OUTREACH**

Sometimes students are a little leery of group sessions, Chris Meno said.

“Once they overcome their apprehension they tend to like them a lot,” she said. “We get really feedback, really good responses at the end of the group session.”

Groups can be helpful to both the student and center’s workload: providing a community of people dealing with the same problems while allowing more students to receive counseling.

“In part groups are seen as accommodating more people in a shorter period of time,” Silverman said. “They might say, ‘you can be seen individually in 2 weeks or 3 weeks, but we can see you this week in a group.’ Lots of people do benefit from group therapy, it may be actually the treatment of choice.”

Meno said CAPS group session aren’t about improving efficiency.

“It’s really not about supply and demand,” she said. “I know people think that.”

“That’s not the main reason we have group here,” she said. “Group is shown to be a more effective treatment for several things college students are working on. Even more ideal that they are in a group of students where they can get feedback.”

Not every student is happy to hear a group session suggested.

““Our first job is to find out what they want to work on and find out what’s going to be the best match for them to reach that goal,” Meno said. “Sometimes they don’t like what we say. Sometimes they really want to see an individual counselor and we will say that’s fine if that’s what you prefer, but that’s really not the best treatment that I can offer you. Sometimes they’ll walk away kind of mad about that, and that’s understandable. Sometimes my doctor tells me things I don’t want to hear.”

Meno is also in charge of 6? Outreach programs throughout the year (Sex,Drugs, and Rock and Roll, EveryBODY week….), is one of three counselors working with the student group Crimson Corp, and is in charge of the Body Project training for sororities.

“Most counseling centers have come to the realization that they can’t just sit back and wait for someone to come and walk through the door,” Silverman said, speaking on a national level.

Meno said in her outreach, students first identify CAPS with the two free sessions they offer. She said she isn’t sure if increasing the free sessions would have completely positive results.

One year, CAPS sent out a postcard reminding students about their 2 free sessions. “In the next week, our front desk was just inundated with calls,” she said.   
Which is good in some ways, but I can also tell you that I saw from that influx, that many of the students who came in didn’t actually have anything they wanted to work on.”

One improvement she would live to see however, is a change in the campus culture.

“One can not sit back and feel as though all is well and nothing needs to be done,” Silverman said. “There always should be quality improvement.”

**Outsourced CRISIS LINE (possible tangent)**

CAPS services are available Monday through Friday from 8 am to 4:30 pm.

After hours, or on the weekends, CAPS contracts with a crisis line in Oregon.

“We contract with a service called Protocall run out of Portland, Oregon staffed by master’s level counselors,” Stockton said. “They know local police numbers, they know local resources.” If Protocall can’t handle the situation, they can call her, she said. “I occasionally get calls at 3 am or something. Not too often.”

In the Big Ten, it’s typical to use a service like Protocall rather than have a staff member on call 24 hours a day.

Silverman, who was the health center director of the University of Chicago for \_\_\_ years, did have such a person.

“It is not the standard by any means,” he said. “A number of schools do outsource, if you will, their after hours services or crisis numbers. It doesn’t necessarily bode poorly if there is a good working relationship between them.”

“I think one measure of the stress was the increase in crisis calls,” Stockton said of last fall when four students committed suicide.

Braden said a lot of students don’t consider or aren’t aware of the crisis line in the heat of the moment. Replacing the line with a local staff member isn’t a top priority with the amount of money CAPS has, he said.

“In terms of giving the funding we have, what’s the priority,” he said. “I think for them the priority is getting students in. And the crisis line is something, for better or worse, that you can out source.”

Meno said the line is working well in the vast majority of situations.

“Honestly, I don’t think students care if they are speaking to a CAPS counselor or another counselor,” she said. “They just need some help. It makes zero difference, or very little difference, if they are in Bloomington or Portland.”

**SACS (This is a really tangent issue involving sexual assault and an IUSA resolution)**

26 years ago SACS was started .Admin wanted it to be a free service with a 24 hour crisis line. It’s been very much a part of CAPS but administratively a little different. Side by side offices with CAPS. “They can refer to the CAPS psychiatrist just as any CAPS counselor can.”

“Was a little convoluted. Heart was in the right place.”

Waiving psychiatry visit charges for victims of sexual assault.

“I don’t know where you draw the line. Maybe part of it is just lately maybe there is so much emphasis on sexual assault.”

“financially, it was not a major impact for us.” A psych will see about 180 visits a year related to sexual assault. 80% psychologist. Sometimes referred for medication.

“The revenue is insignificant enough that the benefit outweighs the cost.”

Relationship so that they don’t have to pass a resolution in order for them to get us to do something that they think is important.

“another reason we were interested in mental health, the focus on sexual assault at a national level, I think will translate into an increased discussion in terms of mental health.”

“I’m happy that hopefully IU can get ahead of some of the things. I think in a good way there’s going to be a lot of conversation coming about these things.”

“I think it just serves us better to jump on this thing now, but again I think that in 5 years its going to be similar to sexual violence. You better do it if you want to remain a leader.”