

Institutional Struggles when Supporting Counseling Services and their Students

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Abstract

The ability to support students in college with mental health issues is extremely important as it can affect all aspects of life, including personal and academic. The two most common mental illnesses students suffer from are anxiety and depression. Most institutions cannot afford to increase the budget for counseling services on campus, but they certainly cannot afford the loss of a student with much potential. Funding is a major barrier to better services, but Francis and Horn (2017) show how the current operation for this office cannot continue to function effectively until the waitlist and referral processes are improved. This paper will further discuss the importance of student mental health, how institutions are managing client loads today, and how an effective service and Christian values contributed to my lifelong journey to healing.

Keywords: anxiety, counseling services, Christian, depression, higher education, student mental health

Most mental health disorders begin before the age of 24 which is also the age of a traditional college student who would complete their bachelor's degree within six years (Clark, 2017). According to Francis and Horn (2019), ages 18 to 25 are the time where concerns of mental health development arise as the human brain is not fully developed until the age of 25 (University of Rochester Medical Center, n.d.). From 2007 to 2017 the percentage of college students in the United States with a lifetime diagnosis of mental health disorders rose from 22 to 36 percent (DeAngelis, 2019). Navigating college can be a stressful situation for any young adult depending on the student's background and other factors. Once mental health issues are involved, the somewhat normal challenges of college are harder to bounce back from. Therefore, the question is: why are institutions struggling to support counseling services for students beyond lack of funding?

Importance

This issue has reached institutions and its leaders across the United States, much so that 80 percent of college presidents agree that student mental health is a priority (DeAngelis, 2019). Although college presidents have stated that student mental health is a priority, the importance of the issue was seemingly weakened when asked about the possibility of more funding. With funding as one of the main issues for lack of an efficient intake process, 58 percent "said they would hire additional staff, mostly in counseling centers, if they had unlimited resources" (DeAngelis, 2019, para 4). Unfortunately, almost 80 percent of students who committed or attempted suicide never used counseling services at their institution (Francis & Horn, 2017). This could be due to various determinants, but one cannot rule out the possibility that if there were better solutions than a lengthy waitlist, someone's life could have been saved. More funding for staffing and initiatives would be phenomenal, but since that is not the reality now, leadership will

need to show support through other cost-effective ways, such as community knowledge of mental health and implementation of initiatives. Since some mental health illnesses are invisible, it is critical to understand students may still need assistance and cannot go through the journey of healing alone.

Significance

The ability to support students in college with mental health issues is extremely vital as it can affect their overall well-being, in addition to their academic performance (Francis & Horn, 2019). Overall, counseling centers are having difficulty managing the increase in mental health issues on campus because of greater utilization, lack of staffing, referrals for serious issues, and waitlists (Francis & Horn, 2017). Seeking a solution beyond funding will need to be explored to support students especially do to COVID-19. Many higher education institutions will be considering budget cuts in places where they can continue services, so there is a chance that counseling services will take a financial hit (Murakami, 2020). Since it may take a while for institutions to operate as normal, considerations of supportive environment initiatives for student mental health for all faculty and staff could be an effective alternative instead of having the load solely on the center's professionals.

Impact

Although counseling centers in 4-year institutions are having difficulty handling the workload required, they have made several attempts to create a better process with the staff and resources they have. A counseling center researched by Francis and Horn (2017) was able to find a better process for intakes through a triage system. The triage system would benefit the students who desperately need assistance as soon as possible, but they could not eliminate the waitlist portion of the intake process (Francis & Horn, 2017). John Hopkins University's counseling

center is unique in its approach as the counseling center will see all new clients without an appointment during their drop-in hours (John Hopkins University, n.d.). There are drop-in hours during various times of the day, but students may experience wait time depending on the client's traffic during that time. This is still more beneficial than the average waitlist wait time of 10 business days for institutions that enroll between 20,001 to 25,000 students (LeViness, Bershad, Gorman, & Braun, 2018). On the other hand, the University of Virginia requires students to partake in a brief phone screening which lasts 15 minutes. If the center decides they can assist the student, they will be asked to come in for a 90-minute session to complete a questionnaire and discuss an action plan with a counselor (University of Virginia, n.d.). Regent University has a counseling services center as well, but information on the site is vague and hidden (Regent University, n.d.). Students, especially as Christians, who seek assistance could be afraid of the unknown and hold on to religious views instilled in them about mental health care, so they may not reach out to an office who does not describe the process of assistance.

Since some institutions are not able to increase the budget for counseling services, Francis & Horn (2017) suggest multiple ways that promote support of student mental health. One of the recommendations is for centers to educate the campus community of the early signs of mental illness through training, such as bystander training for suicide prevention. A common myth which society is slowly breaking out of is that talk about suicide would encourage the act, but research shows the opposite (Borenstein, 2017). By openly discussing this heartbreaking topic, we remove the shame and guilt from others, and show that they have the support and are not alone.

Another beneficial recommendation is for institutions to provide self-help resources (Francis & Horn, 2017). By offering self-help material it can open the line of communication and

connection between an afraid student and the true help they need. Also, it could help students experiencing short temporary feelings of stress and overwhelming. In addition to the resources, group discussions can be a way to support those students who do not necessarily have a mental health illness and/or able to overcome their issues with information.

Institutions can also implement a policy that provides multiple ways for students to request counseling services beyond the center itself. Providing efficient counseling services can create a positive ripple effect and lead to better grades, lower academic success, or even increase their likelihood of graduating within six years (Francis & Horn, 2017).

Biblical Worldview

God knew we would struggle with feelings of shame, guilt, and grief from the beginning as shown through the familiar story of the first sin of man (Genesis 3, New International Version). He prepared us for difficult seasons through various stories in the Bible, but it is crucial for Christians to know the difference between spiritual struggles and mental illnesses (Stetzer, 2013). As Christians, we should always lean on God and offer verses of encouragement to others who have a tough day, but we need to notice when those days turn into weeks. I am a testament to this as I was diagnosed with generalized anxiety disorder, GAD, shortly after giving my life to Jesus in 2014 and major depressive disorder in 2017. I attended church and prayed time and time again, crying out to Him asking for help. All the while He was working on my prayer as I was attending counseling sessions at my college. With the combination of Christ Jesus, therapy, effective medication, and a knowledgeable counseling team, I was able to break through my depression within a year. I truly believe if I did not know the love of God before my illness was increasingly worse, I would have given up because He was the only reason for me to keep pushing through. Psalm 34:4 (NIV) says “I sought the Lord, and he answered me; he

delivered me from all my fears.” I will have GAD for the rest of my life and a higher chance of struggling with depression again, but I lean on the fact that God has delivered me before. If I ever need reminding that God is not done healing and performing miracles, Elevation Worship’s (2017) song *Do It Again* keeps me grounded.

Conclusion

It is easy to see why 80 percent of college presidents say student mental health is a priority. Sadly, some students may not have the ability to access mental health services outside of the institution, such as minority students and other underprivileged populations. Ensuring an efficient and effective process for counseling services is important for not only the wellbeing of the institution but for the community as well. Unfortunately, invisible illnesses such as these could affect academic performance, which can damage the self-esteem of the student and success and retention rates of the institution. Since most institutions cannot afford to increase funding strictly for counseling services, they will need to fix the intake process soon. John Hopkins University is a great example of how to care for a client’s first appointment by having drop-in hours for intakes. Otherwise, appointments that are far out in advance have the risk of being canceled by the students because they believe they are better or lost their courage to come back. Every institution is different, but Francis and Horn (2017) provided an extensive list of recommendations that can be altered to provide customizable solutions. I was blessed to know I can lean on God while I was waiting, but there are students who do not know Him yet, do not have a support system, and cannot wait another day. As a first-generation, minority student, I am grateful to have benefited from the counseling center at my alma mater and to receive the services needed. Since I work at my alma mater today, I am more aware of the challenges students and counseling services are facing, so as a staff member I cannot help but to wonder

will my student get the attention needed. This is where the institution will need to take an investment in time to train and make everyone aware of the symptoms for common mental illnesses and take the first step in preventive care.

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