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Increased demand for mental health services on college campuses: Perspectives from administrators

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Abstract

This study examined changes in the demand and role of student mental health services as reported by administrators from college counseling and mental health centers (CCMHCs). Ten CCMHC administrators from US institutions engaged in semi-structured interviews. Four themes characterized the changes in demand and role of student mental health services: 1) an increase in the severity of mental health concerns and demand for services; 2) overall psychosocial differences in today's college student population; 3) changes in the roles of counseling centers; and 4) institutional challenges and the response to those challenges. Administrators' responses provided an enriched understanding of the current mental health needs of college students, the potential psychosocial and societal causes of these needs, and the importance of dynamic and flexible responses by counseling centers and institutions more broadly as the mental health profile of students continues to evolve.

Keywords

college counseling centers, college students, mental health, psychosocial factors, services

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Introduction

One of the most significant concerns for adolescents and young adults today is their mental health, particularly as they progress through important life transitions and increase their independence in college and beyond. Yet unfortunately, most lifetime mental disorders have first onset before or during the traditional college age of 18–24 (Kessler et al., 2005). Increasing in severity, mental disorders are as prevalent among the college student population as they are among same-aged non-students (Blanco et al., 2008). In the 2008 National College Health Assessment sponsored by the American College Health Association (ACHA-NCHA), more than one in three undergraduates reported feeling so depressed it was difficult to function at least once in the previous year and nearly one in ten reported seriously considering attempting suicide in the previous year (American College Health Association 2009). According to a study of 26,000 students from 70 colleges and universities in 2006, more than half reported having at least one episode of suicidal thinking at some point in their lives (Drum et al., 2009). Evidence suggests that the mental health problems of students are more severe now than they have been in the past and that a greater number of students are seeking help. For example, in a national survey of directors of campus psychological counseling centers, 95 percent of directors reported a significant increase in severe psychological problems among their students. Likewise, the number of students who have ever been diagnosed with depression has increased from 10 to 15 percent since 2000 (Gallagher, 2008). Such data suggest that mental health problems are highly prevalent among college students, and raise the question: is there an increase in demand for mental health services on college campuses?

Beyond the growing concern that mental health problems pose for college students, they also represent a valuable opportunity for mental health professionals to intervene. Campuses have a number of resources through which they can make a positive impact on the mental health of their students. For many individuals, college represents the only time when a single integrated setting encompasses their main activities – both career-related and social – as well as health and other support services. Attempting to take advantage of this opportunity to improve young people's well-being leaves campus mental health administrators with rising challenges and limited resources. For example, 96 percent of directors have reported treating more students with severe psychological problems than in prior years (Gallagher, 2008). Because of this increase in demand, 64 percent of directors also reported staff burnout and shortages during periods of peak utilization.

Challenges with current college students

Current college students, often referred to as 'millennials', are those born between 1982 and the present. They are generally described as optimistic, team oriented, and high-achieving rule-followers (Broido, 2004; Howe and Strauss, 2003). Aptitude tests for millennials are high across all grade levels as well as the pressures

to succeed. Previous studies have reported that millennial students of color are the most racially diverse generation in US history. In 2002, non-white Latinos accounted for 37 percent of the 20 and under population. One in five millennial college students have an immigrant parent and 1 in 10 have a non-citizen parent (Howe and Strauss, 2003). Recent reports have found that consecutive generations of diverse millennial students report more mental health problems, even when gender composition, region, and decreases in defensive responding are controlled (Twenge, Gentile, DeWall, Ma, Lacefield and Schurtz, 2010). Given such changes to the college student population compared to years prior, institutions are faced with several concurrent issues. These issues are: 1) increasing numbers of students with severe emotional problems (Kitzrow, 2003), 2) students and families who look primarily to universities to provide mental health and other supportive services for their students, and 3) budgetary cutbacks that make growth in mental health staffing difficult (Marsh, 2004). College counseling centers face many challenges in the current higher education environment, but little is known about how they are responding to the increased demand for their services and the increased severity of their students' problems. Therefore, the purpose of this study is to examine the changes in demand and role of student mental health services as reported by college counseling and mental health center (CCMHC) administrators. In order to investigate important issues raised by previous quantitative studies (Gallagher, 2008), using in-depth qualitative interviews was essential. In particular, an aim of this study was to ascertain a richer, more in-depth understanding of the changes in demand, the psychosocial reasons for these changes, and how counseling centers and institutions have responded to these changes.

Method

Study design and administrative participants

Data comes from qualitative interviews of campus mental health administrators as part of the *Healthy Minds Study*, which also involves surveys of students on mental health and help-seeking behavior (see Eisenberg, Golberstein and Gollust, 2007 for more about the *Healthy Minds* quantitative study). The *Healthy Minds Study* was reviewed and approved by the Institutional Review Board of all participating campuses. Potential CCMHC administrators were identified through a list of study coordinators at each of the 13 institutions involved in the fall 2007 study. These administrative participants represented an information-rich, purposeful sample, as they were all leaders in their campus counseling centers and were highly involved in the decision-making process of their centers. Recruitment efforts included sending an email invitation to each one of the 13 key contacts and offering them a \$50 incentive for completing the interview. Ten out of 13 contacts agreed to participate in the interview. Of the ten individuals who participated, two held non-directorial research-oriented positions, and the other eight participants were

directors of the centers at their respective institutions. Henceforth, the term ‘administrators’ is used to refer to the respondents from the interviews.

Data collection

Semi-structured, administrator interviews were used as a means of data collection for this study because they provide rich and detailed insight into a target audience’s perceptions and motivations (Ulin, Robinson and Tolley, 2005). Administrators were informed that the interviews would be audiotape recorded and informed consent was obtained from each administrator prior to the start of each interview. Administrators were also assured that their information would remain confidential and that all identifying information that could be linked to them would be excluded from the interview transcripts. Questions from the interview protocol were administered over the telephone by an MD-level research fellow and lasted approximately 60–80 minutes. The interview protocol was organized into four sections: 1) decision-making regarding mental health resources; 2) use of research and data to inform practice and policies; 3) coordination/integration of mental health services on campus; and 4) significant changes. The present study focuses on the ‘significant changes’ section of the interview protocol (Table 1) as it underscored the administrators’ responses to the demand and role of student mental health services as well as the psychosocial changes that have occurred in college student mental health.

Table 1. ‘Significant Changes’ Section of the Questionnaire

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1. What significant changes in any of the previously discussed items would you like to discuss?
 2. More specifically, how has demand for services, and actual provision of services, changed in the past 5 years? If there have been increases, how have you dealt with this increase?
Probes:
 - How has the role or function of your college counseling center changed over the past 5–10 years to accommodate this increase?
 - What barriers to change have been present?
 3. What are the perceived reasons for changes in the demand for services?
Probes:
 - What are the most significant stressors on campus that could possibly lead to this increase?
 - What changes in student demographics could explain the increase?
 - What changes in academic challenges or stressors could explain the increase?
 - What psychosocial differences in today’s student population could explain the increase?
 4. What are your most significant challenges with respect to student mental health?
 5. How are you dealing with these most significant challenges?
-

Data management and analysis

Transcription. All administrator interviews were transcribed verbatim by a professional transcriptionist. After transcriptions were completed, the data were entered into a computer software program for data management, reduction, and analysis. Microsoft® Excel was used to manage and organize the administrator interviews for this study because it facilitates content analysis, allowing text data to be categorized and indexed via the spreadsheet and charting features (Stockdale, 2002; Swallow, Newton and Lottum, 2003; Ulin, Robinson and Tolley, 2005).

Content Analysis. Classical content analysis, known simply as ‘content analysis’, was used to analyze the interviews because it not only involves the ‘chunking’ of text to identify relevant phrases, concepts, and ideas, but also the frequency of codes to determine which concepts are most cited throughout the data (Leech and Onwuegbuzie, 2008). From the ten administrative interviews, a taxonomy that organized related themes under each major heading from the interview protocol was created. Specifically, the focus of the analysis was how CCMHC administrators expressed their thoughts about the changes in demand for mental health services at their respective institutions, the response to these changes by their respective centers, and the possible psychosocial and societal reasons for these changes. All data management, coding, and analysis procedures were performed by three MD- and PhD-level researchers directly associated with the study.

Findings

The ten counseling center administrators represented a diverse selection of institutions with differing service demands (public vs. private), student populations, geographic locations, and academic emphases (research vs. teaching) (See Table 2).

Table 2. Demographics of the Administrators’ colleges and universities

School ID	Description	Geographic location (US)
A	Public, mid-sized	West
B	Public, mid-sized, Hispanic-serving	West
C	Private, small	North-east
D	Private, mid-sized, research intensive	South
E	Public, mid-sized	Mid-west
F	Public, mid-sized	South-east
G	Public, large, research intensive	Mid-west
H	Public, large, research intensive	East
I	Private, small	North
J	Public, large, research intensive	South

From the interviews, four main themes characterized the changes in demand and role of student mental health services: 1) an increase in the severity of mental health concerns and the demand for services; 2) overall psychosocial differences in today's college student population; 3) changes in the roles of counseling centers; and 4) institutional challenges and the response to those challenges. Below each theme is discussed in detail.

Increases in the severity of mental health concerns and the demand for services

Administrators were asked to discuss the demand and role of mental health services at their respective campuses. The first major theme that emerged was the increase in the severity of mental health concerns for current college students. The administrators reported that although the number of students they see each year remains consistent, the severity of the mental health concerns of these students has increased. This has resulted in an increase in the types of demands for mental health services on their respective campuses. For example, an administrator from School A stated:

We seem to have the same number of students coming in, but the problems tend to be more serious. But really the numbers stay pretty steady. We see about 1,000 students a year, a little more than that . . . we're taking on more difficult kinds of long-term issues, so it's more and more of that.

According to administrators, the mental health concerns of their students ranged from an increase in what they called the 'typical' developmental challenges (e.g. stress, anxiety) to more severe mental disorders (e.g. major depressive disorder, schizophrenia). Some administrators discussed mental health trajectories while others reported the emergence of less prevalent mental disorders on campus. According to the administrator from School B:

We have Tourette's syndrome. We never used to see that on campus. Asperger's is growing. People are on medication – people who would never have come to college a decade or two ago, are here.

Mental disorders are a major concern, but substance use on college campuses remains a pressing concern for CCMHC administrators. Administrators reported additional challenges involved with the increase in poly-substance abuse on several of their campuses. According to an administrator from School C:

...one thing this past year, there's been a real up kick in drug use on our campus.... We've got more poly-substance abuse going on, at least that the kids are reporting to us as counselors. We're seeing more students with toxic blood-alcohol levels....

The aforementioned findings suggest that the severity and complexity of mental disorders among current college student populations have led to an increase in the demand for mental health services on college campuses as reported by their CCMHC administrators.

Overall psychosocial differences in today's college student population

The administrators reported that the increased severity of mental health issues in the current college student population stems partly from the psychosocial differences in today's college student population versus the college students from prior generations. In fact, this 'millennial' generation has a number of characteristics that concern administrators. For example, an administrator from School E noted, *'Millennials have brought with them a level of anxiety and perfectionism and OCD and ADD that contribute to record numbers of panic attacks and panic disorders and things like that.'* Administrators also discussed the notion of societal pressures and how these may result in increased anxiety among current college students. The administrator at School D stated:

...what I worry about is the anxious push for us to have children and raise children, to be sure that they are absolutely the best, that they go to absolutely the best schools... the best this or best that, and the reason is because if they don't, they aren't going to get into the accelerated programs, not going to be able to get into this private school, they're not going to be able to get into this particular college, not going to be able to get into the Top 25 Colleges and Universities... I think because of that, there are kids who are very anxious, very pressured, very focused on everything except running out to form a good healthy relationship, or perhaps having fun....

Also speaking about the current millennial student population, an administrator at School E noted:

...[due to] the perception that they have to be more competitive in order to be successful, they have to achieve, at even higher rates than their predecessors, we see a larger number of students with double majors and a minor – they're taking on more. The high achieving millennial starts before they even go to preschool, and they bring the same attitudes about achievement to college with them and they haven't learned how to fail. We've taught them how to succeed very well – we haven't taught them how to fail, and learning to cope with failure is a significant part of adolescence.

Beyond the pressure that college students experience from society, CCMHC administrators also discussed the impact that *'hovering, nervous, anxious, and far too involved helicopter-type parents'* have on student development, growth and

preparedness for college, as well as the potential stressors therein. For instance, the administrator from School E also shared:

... I think that this is a generation that has grown up relying heavily on having things done for them; participating in structured activities, etc., and being a relatively dependent group and one that's, you know, closer to the apron strings than previous generations. That translates into people breaking down with more frequency and more willingness to ask for help and to expect help to be there.

Likewise, an administrator from School F stated:

I think a lot of parents may be more closely involved in their son or daughter's life growing up which is positive in a lot of ways, but they heighten the contrast when the student gets to the age when it's normal to start making more decisions themselves or doing more. In some cases that comes as a shock or maybe they didn't have the opportunity to build up some decision-making and problem-solving or conflict-resolution skills because the parents were being helpful, so some of those challenges may come up when they're on their own in college.

Several administrators stated that due to the severity of the mental health concerns of their students prior to college, a number of them received mental health services before they arrived. This exposure to mental health services prior to college strongly influences the students' need for services upon arrival. Compared to students from previous generations, current college students have more exposure and experience with mental health services prior to their campus arrival. According to the administrator from School G:

A concrete reason is that this is the first generation of students who have both received mental health services themselves, and have seen their parents receive mental health services. Previous generations did not have that unless they were 'really crazy', either themselves or ... their parents.

Due to the unique experiences of these students, CCMHCs feel a renewed responsibility to provide a continuation of care and more complex models of care. While continued care presents advantages for college students who require more specialized attention, an administrator from School H saw this to be a major challenge:

I think more and more people are in treatment prior to coming to college. And in many ways that is a wonderful thing because it allows them to be successful and go on to college, but then they also bring those issues with them to college ...

Moreover, other treatment advancements, such as those related to medications, emerged as an important reason for the success of current college

students who face mental health challenges. The administrator from School F believed:

... that some of the advances in mental health medication have helped a number of students be successful enough in high school to get to college and then part of the picture of continuing to be successful in college is continuing to make use of mental health services. So there are some folks, who 20 years ago, might not have even been able to get to college....

Issues surrounding stigma also emerged as important facilitators to the provision of mental health services across various campuses. Some CCMHC administrators reported that their increase in mental health services resulted from a reduction in stigma on their campuses. Furthermore, this has provided educational opportunities to students who may not have been able to go to college in previous years. According to the administrator from School E,

Lowered [mental illness] stigma among college students and their parents regarding mental health services [has led to increased services] for sure,

while the one from School F affirmed:

I think that some decreased stigma has helped students make use of counseling even before they get to college....

Also noteworthy is the increase in the number of students of color on college and university campuses and how, according to college counseling administrators, this creates a complexity in itself. According to the School B administrator:

... this campus is minority/majority and low SES. We have a lot of first generation; we have a lot of immigrant families. Spanish is probably spoken in more homes in the community than English. There are a lot of parents who are not well educated, certainly not about mental health issues or higher education in general... I'm not an expert on the perception of mental health issues in the Hispanic community, but there are some issues there... I think that some community resources may have dried up. We become the day-treatment program. You've got a family that has a mentally ill child. The family is holding onto hope – higher education is the hope. It's somewhat distorted at times and so they're at their wits end and they have two or three other kids at home and so they drop the kid off at the campus.

Likewise, the administrator from School F shared:

... of the 16 schools in the [school] system... close to 30 percent of the student body meets a category for ethnic diversity. I don't know that that would necessarily play

into mental health concerns, but it might increase the percentage of first generation students

Administrators reported that another psychosocial difference in the college student population of today compared to that of previous years was students' dependence on technology. Some administrators believe that this dependence makes students unprepared for societal pressures and the responsibilities that come with higher education and have thus, focused their campus outreach efforts on these deficiencies. For example, the administrator from School C stated:

I think that the economic pressures are really tough on the kids, and there's a relationship between the development of technology and students seeming to arrive at school with little ability to tolerate the stress . . . I think it's really hard for them to tolerate typical, normal, human effects and experiences, and in terms of programming, that's what we're working on – to get students in to learn some of these things.

Similarly, the administrator at School H stated:

I think generally students that are arriving on campus are different today than ten years ago. They've grown up with cell phones, instant messenger, internet, the instant gratification and resolving things very quickly has been a growing issue for 20 or 30 years but there is a way in which students are not accustomed to, not everybody, but many students are not accustomed to have to tolerate and work through

Due to the unique characteristics of the college students, their parents, the stigma associated with mental disorders, millennial students of color, and student's dependence on technology, there are noteworthy differences in the psychosocial factors of today's college student population compared to college students from previous generations.

Changes in the roles of counseling centers

The administrators were asked to discuss if (and how) their counseling centers have handled the increase in demand and how their roles have changed over time given the psychosocial differences of today's college student population. Primarily, administrators reported that an increase in funding for training programs, such as those that offer services by graduate students, proved helpful in managing case-loads across CCMHCs. For example, the administrator from School I noted,

Having psychiatric services on campus [has allowed us to] become a lot more helpful to students experiencing suicidal thinking, and a greater acceptance and tolerance that this is part of the risk you carry working with young adults

while according to the administrator at School B:

We've had a pre-doctoral internship that's been pretty marginal in terms of support... we've got an APA-approved counseling psych program on campus that we work closely with and certainly they like us going to the approved internship model... the overall numbers aren't going up because I have had a cap on what I can deliver... it used to be that five or 10 years ago I could say we wouldn't be fully booked until later in October. Now that probably comes a month earlier. So we're really juggling case loads and demand and running at full speed at least a month sooner.

Also noteworthy were the administrators' discussions regarding the recent shifts in their campus mental health services – shifts that now focus on outreach (e.g. *'I think one of the biggest changes I've seen since I've been here is being able to do more outreach or being able to interact with students and faculty and staff outside of the office more'*; and *'... I think we're doing more outreach, giving out more brochures, and participating with Active Minds...'*)¹

An area of focus discussed by the administrators involved expanding the services that they provided to their students based on the specific mental health needs generated by their campus climates. For instance, one campus administrator said, *'... we started a bipolar support group... we're taking on more difficult kinds of long-term issues...'* while others reported expanded services based on other changes in the climate and focus of their campuses. The administrator from School B stated:

I think in the last 10 years we have become more of a mental health center focusing on crisis intervention, serious and persistent mental health issues, suicide issues, self-harm, harm to others, more legal concerns, and we've made a conscious decision to do that to meet the demand of the students coming to the door... in the past year we've made a decision, to invest a little more in campus consultation and outreach... We're becoming too much of a little island of mental health and not serving some of the other ways we could serve this campus...

Whereas the administrator from School F shared:

... for the students with more severe mental health concerns, just continuing to be able to do what we can to help meet their needs and in some cases both helping them not engage in self-injurious or not act on suicidal thoughts so they can both be safe and then also be functioning well enough to stay in school... to be able to help students that are dealing with more severe concerns like that...

Campus climate also reflected changes to administrative decisions about the responsibilities of and training for center staff, particularly at School H where

the administrator stated:

... requests for crisis services were up like two or three times worth over previous years and that has required us to adjust staffing and responsibility so that those people can get seen... we don't have more staff to apply to that, we just have to reorganize staff to be available....

This is compared to the administrator from School C who affirmed:

... we're training folks in substance abuse because before I got here the counseling center actually didn't work with kids who were substance abusers that were coming to health services... So there have been huge changes....

Given this shift in the role of counseling centers, institutions such as School E reported the new level of respect that their campus mental health counseling center has received in recent years: '*... we've been more recognized as the experts on campus when it comes to dealing with student crises...*' To complement this discussion, administrators also discussed the challenges that their respective institutions have faced in response to their changing roles.

Institutional challenges and the response to those challenges

Administrators were asked to describe how their institutions have responded to the challenges that arise from the increase in the demand for mental health services. The majority of administrators reported that their institutions are still struggling to provide enough resources for their counseling center to address the increase in demand for services. For example, the School A administrator said:

One thing is that the clinicians feel a little bit overwhelmed and they're afraid of liability issues... So it's just hard to keep up with how things are changing and maybe look at other things we can do to be creative....

To remedy this, administrators suggested that their respective institutions provide more resources in the form of staff hiring ('*If we had more people we could do better long-term care – that we have to do this little band-aid of a short-term, it's frustrating for the clinicians, it's frustrating the students*'). For other administrators, such as the one from School E, issues surrounding physical space emerged as a challenge to providing services during increases in demand:

Physical space actually is getting to be part of the problem; we've outgrown our space... Those are the things that scare the heck out of us here. We end up having students on campus that we can't do anything else with that need a great deal of supervision and contact [us] and we just can't provide it.

Although the topic of space emerged as a major challenge for administrators, there was consistency in their responses: they virtually had no control over a request for space at their respective institutions. However, in order to help manage the increase in demand for mental health services, some campuses were able to share their caseloads with other service providers on campus, such as those offered by a Department of Psychiatry, Social Work, or those connected to a community clinic. For example, School J's administrator shared:

...there's the Psychological Service Center in the Department of Psychology and the clinical psychology program...we like to refer students to them for more ongoing care, but we're really the hub....

Beyond the institutional factors that administrators reported as contributing to their ability to meet the demand for student mental health services, there were other, more external, factors that emerged during the interviews. For example, the violent tragedies on college campuses and the responses to these events by the campuses were perceived as major challenges, as School G's administrator stated:

...so some of that Virginia Tech stuff has produced an overreaction, sometimes an under-reaction...it's really trying to make sure that we're doing good consultation with faculty and staff...and then I think the last thing for our campus and other big campuses [to consider is]...does it feel like the pieces fit into a coherent whole?

While there were obvious challenges that resulted from the Virginia Tech and Northern Illinois tragedies, the administrator from School E was able to use these events as a way to advocate for the development of gatekeeper training for their faculty and staff:

Well the main [changes we have seen] are the ones that are happening now with regards to the training of the gatekeepers...Gatekeepers being faculty and staff that are probably the first line of folks that would encounter a student that's struggling, so that's a big effort now and again it comes after Virginia Tech and Northern Illinois' tragedies. Faculty and staff are more open and asking for this kind of training now, whereas prior to this, we would offer them services and they would pay little attention. It has increased steadily....

It is also worth mentioning that administrators discussed the pressures that they face from their institutions in addressing the mental health concerns of their students. The administrator from School H stated:

I think...one of the most significant challenges regarding student mental health is this notion of risk. There is almost nobody who can predict the future and yet when it

comes to mental health, counseling centers are being increasingly put on the spot to predict what a student is going to do . . . People's ability to predict human behavior is very poor and that's a huge stressor on counseling centers. It's an increasing stressor, and it's one that I think administrators in many cases doesn't fully understand. . . .

Addressing these concerns involves implementing a collaborative model, particularly when faced with the more challenging mental health cases. The administrator from School H summarized the thoughts expressed by many of the other administrators:

It really takes a teamwork approach to handle really difficult, complex cases. It takes open channels of communication . . . and so I think counseling centers have to play an important consultative, coordinative, but also educative role around helping campuses cope with this new reality where we're looking at threat and risk assessment and things like that . . .

Discussion

The purpose of this study was to examine the changes in demand and role of student mental health services as reported by CCMHC administrators. Interviews with campus mental health administrators revealed four main themes. Our qualitative findings are consistent with quantitative reports from other studies on the status of mental health services on college campuses (Gallagher, Gill and Sysko, 2000; Kitzrow, 2003). The increase in the severity of mental health concerns has not only resulted in an increase in demand, but also an increase in the types of demands for services. For example, some administrators stated that based on the more complex needs of their students, they have required more training for their staff and affiliates to increase their competency for handling these more complex cases. Likewise, as severity increased among students, counseling centers were burdened with a growing demand for their services without receiving increased resources for staffing or physical space. As a result, administrators reported that their staff sometimes felt overwhelmed and ill prepared to handle the complex mental health concerns of their students and the related demand for their services. The increase in demand for services without a subsequent increase in resources has been a major challenge in comparable studies as Gallagher, Gill and Sysko (2000) reported that only twenty-one percent of counseling centers reported a corresponding increase in staff in the previous year. Many counseling centers appear to be in unsustainable positions, and college campuses will have to provide more staffing resources or else redefine the roles of counseling centers and direct students to other resources such as those in the surrounding community.

The administrators from the current study reported several changes in campus climate, including the role of parents in the lives of students, an increased number of students of color, and students' dependence on technology. Other authors have

reported similar changes in campus climate over time and how these changes influence student mental health (Berger, 2002; Gallagher, Gill and Sysko, 2000; Goetz, 2002). Certainly, the role of parents in the lives of college students has changed over the years. Today's students tend to have more parental involvement during their college years compared to previous generations (England, 2009). This change over time has resulted in the lack of preparedness for college students, as well as their success during college and post graduation. Future research on this topic could benefit from more focused research on the impact of parenting approaches on the experiences of college students.

Administrators from this study also reported that an increase in the number of students of color affects the demand for and role of mental health services on their campuses. Since an increased number of students of color may lead to an increased number of these students needing counseling services, a number of studies have examined the impact of cultural norms and gender role identity of college students of color and the impact of such psychosocial factors on their mental health and well-being. For example, early studies postulated that black college men might underutilize mental health services because of the lack of applied theoretical models that are reflective of the African American experience. Therefore, authors have suggested that mental health research and services for black men must be generated out of the African American experience, and the distinct cultural ideology must be affirmed and reflected in the instruments and constructs used (Parham, White and Ajamu, 2000; Rich, 2000). Similar models can be suggested for other students of color. Given this, future studies on college students of color would benefit from culturally appropriate, gender-sensitive approaches to mental health service provision.

Another notable topic that emerged during the interviews was that of college students' dependence on technology and how this influences the demand for and role of mental health services on college campuses. The CCMHC administrators reported that students are entering college with a reliance on modern technological advances that were not available to previous generations. While technology provides a number of benefits to college students, the administrators agreed that reliance on technology has placed their students at a disadvantage with regard to coping with the stressors of everyday college life. Likewise, the reliance on the instant gratification that technology offers leaves students reluctant to effectively maneuver through the time-consuming challenges that the college experience presents. Therefore, these findings confirm that the increase in demand for services may reflect the challenges that are present in American culture all together and consequently influence the college student population (Berger, 2002; Goetz, 2002).

Another concern raised by the administrators was that of the recent tragedies on college campuses across the US. For example, administrators noted that emotionally disturbed students have gained a lot of media attention, which has resulted in a higher level of vigilance across campuses. This is aligned with previous studies, such that 81 percent of counseling center directors reported a significant increase in calls from faculty and staff seeking consultation about emotionally disturbed students

(Gallagher, 2008). The boost in the number of and support for crisis centers and available mental health services appears to be related at least in part to these events. Moreover, our study was too soon after the 2007 Virginia Tech tragedy to identify changes that are more lasting. As the workloads of counseling centers significantly increase, efforts will need to translate into increases in counseling centers' roles in campus violence prevention and other resources to parallel the theme of more serious mental illnesses present on campuses. Recent government cuts in mental health services in general may present barriers for such plans; however, institutional administrators will need to continue their push for support to maintain the health and safety of their students.

This study found consistencies across the ten campuses for responding to the mental health needs of their students. These findings were comparable to those of other national college mental health studies (Gallagher, 2008). For example, 284 institutions from the National Survey of Counseling Center Directors found that ninety-five percent reported an increase in severe psychological problems such as depression, anxiety, panic attacks, and suicide ideation (Gallagher, 2008). For CCMHC administrators, such increases have led to a number of concerns, including staff burnout (64.4%), shortages during peak times (64.2%), a decreased focus on students with less severe concerns (62%), and the need to end cases prematurely (33.5%) (Gallagher, 2008). Next, and aligned with previous research, our findings supported the impact of mental health crises on the demand for and role of mental health service of other campuses. Oftentimes the broader campus becomes aware of the mental health needs of their students only after a crisis occurs (Anderson, 2003) leaving administrators perplexed about how to address the current crises as well as maintain mental health promoting services pre- and post-crises. Increased efforts to maintain the importance of mental health throughout the entire college experience would help CCMHCs sustain their role on campus. In addition, remaining vigilant over the mental health needs of college students prior to a crisis would better prepare CCMHC administrators and staff for the potential challenges that may arise after a crisis occurs.

Though several novel themes emerged from this study, the findings must be interpreted in light of its limitations. Although 10 counseling center administrators who represented a diverse selection of institutions with differing service demands, student populations, geographic locations, and academic emphases were interviewed, the findings may not be generalizable to counseling centers at other institutions with differing administrative structures and organizational environments. When considering the themes presented, it is critical to consider the source of the information within context. In this study, 10 perspectives of campus counseling centers are offered. Next, beyond basic job title and affiliation, we did not obtain specific socio-demographic information from the administrators we interviewed. Such information would have been helpful while interpreting the interview data. Finally, the administrators we interviewed were asked to speak openly and honestly about the climate at their respective institutions, understanding that our study would focus primarily on their perceptions of their campuses. To avoid depicting

a negative image of their college or university, some administrators may have spoken more favorably about some topics compared to others.

This study provides insight to the psychosocial factors that may contribute to the increase in demand for services and the roles that college mental health services have in responding to this increase. Future qualitative and quantitative studies that focus on the experiences of counseling center clinicians and staff should further develop the themes identified in this article to test their statistical association with campus-level mental health and the role of the counseling center. For example, studies that examine variations across campuses that are demographically akin could further develop this area of inquiry. Similarly, a more in-depth look into the psychosocial differences across campuses and how these differences influence services could also advance this area of study. The campus environment enables opportunities for prevention and treatment, which can place late adolescents and young adults on a path to success and well-being. Since mental health is a foundation for student well-being and academic success, colleges and universities can play an integral role for students.

Conclusions

The current qualitative study is an important step toward understanding counseling centers' behaviors and responses to increased demand of services on campuses. The findings are an advancement in this area of study, as direct quotes from administrators about the societal and psychosocial changes of their campus climate and how these changes impact student mental health are presented. Administrators from this study described several determinants that influence the role of and demand for mental health services on their respective campuses. Their responses provide an enriched understanding of the current mental health needs of college students, the potential psychosocial and societal causes of these needs, and the challenges faced by counseling centers when attempting to address these needs. Campus mental health administrators will need to be receptive to the evolving climate on their campuses and modify their approaches to delivering mental health services accordingly.

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Note

1. Active Minds is a national organization – with student-run branches across various campuses – that works to strengthen the student voice on campus with regard to mental health through awareness, education, and advocacy (Active Minds, 2010).

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