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Characteristics of College Students Seeking Mental Health Services and Reasons Given for Choosing the Mental Health Service Provider

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CHARACTERISTICS OF COLLEGE STUDENTS SEEKING MENTAL

HEALTH SERVICES AND REASONS GIVEN FOR CHOOSING

THE MENTAL HEALTH SERVICE PROVIDER

by

Ann Leslie Athorp

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of the requirements for the degree

of

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in

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ABSTRACT

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Health Services and Reasons Given for Choosing

the Mental Health Service Provider

by

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Utah State University, 1993

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The literature related to college mental health counseling suggested numerous possible factors which were hypothesized to play a significant role in choosing a mental health care agency. A questionnaire was constructed to measure demographics of students utilizing the Utah State University Counseling Center, spontaneous reasons for choosing the center as the preferred mental health agency, and literature-based reasons for the same. Subjects reported that they chose the university counseling center for practical reasons such as cost and location. However, factor analysis of the literature-based reasons endorsed by these subjects suggested that trust in the counseling center and its professionals was important. These results are discussed in terms of utility for service providers and limitations of this work.

(47 pages)

CHAPTER I

STATEMENT OF THE PROBLEM

Introduction

The role of the university counseling center is an important issue
for student services personnel. The college counseling service has
faced a continued struggle to define its place within the college
community (Fenske, 1980; Heppner & Neal, 1983). Doing so has required
that student counseling services adapt to the changing faces of
counseling and higher education. At the present time, numerous factors
shape the function of the university counseling center: (a) economic
resources and budget constraints (Altmaier & Rapaport, 1984; Cage, 1992;
Fenske, 1980; Heppner & Neal, 1983; Kimmerling, 1993; Robbins, May, &
Corazzini, 1985; Stone & Archer, 1990); (b) changes in consumer needs
(Bishop, 1990; Kimmerling, 1993; Mechanic & Greenley, 1976; O'Malley,
Wheeler, Murphey, O'Connell, & Waldo, 1990); (c) size of the university
(Auten, 1983; Gilbert, 1989); (d) community events (e.g., suicide
[Bishop, 1990; Gilbert, 1989]); (e) philosophy of the counseling center
director (Auten, 1983; Gilbert, 1989); professional and theoretical
developments in counseling psychology (Gilbert, 1989; Robbins et al.,
1985); and (f) expectations of other divisions within the institution
(Gilbert, 1989). Some of these constituents advocate for continuation
and enhancement of university counseling services while others vie for
relegation of these services to community agencies. Within this
climate, counseling centers on campus must attempt to optimize their
services in order to champion their existence (Kimmerling, 1993).

Traditionally, counseling services offered to college students
have been based on the belief that students confront a common core of
developmental and remedial needs during their college years (Carney &
Barak, 1976; Kirk et al., 1971). However, that traditional and
relatively simplistic view of college student mental health needs has
changed dramatically. The developmental needs of students have expanded
to reflect increasing psychopathology (O'Malley et al., 1990) and new

demands on personal-social adjustment (Bishop, 1990; Cage, 1992; Stone & Archer, 1990). Stone and Archer (1990) cited five areas of increasing concern that differentially impact the mental health of college students: (a) eating disorders, (b) substance abuse, (c) sexual abuse and violence, (d) dysfunctional family experiences, and (e) AIDS. At the same time, the educational and vocational counseling role of college counseling centers has become more restricted (Heppner & Neal, 1983; Stone & Archer, 1990). Typically, these latter two roles have been taken over by other campus agencies (e.g., the Career Placement Center, the Academic Services Center, etc.).

The perspective of students seeking mental health services is important in understanding the changes which have taken place in college counseling. Students are now viewed as consumers. To maintain its value, the university counseling service must be the agency of choice for these student consumers. If the university counseling service can identify and adapt to the preferences of its mental health consumers (Smith, 1974), service improvements can be made. By combining the most needed services with consumer preferences, the university counseling center can most closely match its services with the demands of today's student consumers.

Unfortunately, the current practices of university mental health services have emerged through position papers with little or no contemporary experimental evidence. The purpose of the current work is to link the experimental literature of the past with the theoretical work of the present from the perspective of students seeking mental health services. Several lines of early research suggest reasons and preferences which may contribute to students seeking counseling services at particular agencies.

Research has explored the perceptions of various campus groups regarding the appropriate function of the counseling service (Benjamin & Romano, 1980; Bishop, 1986; Carney, Peterson, & Moberg, 1990; Carney &

Savitz, 1980; Clifton, Weissberg, & Wood, 1979; Cook et al., 1984; Gallagher, 1970; Gelso, Birk, Utz, & Silver, 1977; Gelso, Karl, & O'Connell, 1972; Johnson, 1977; Kohlan, 1975; Resnick & Gelso, 1971; Shueman & Medvene, 1981; Warman, 1960, 1961; Webster & Fretz, 1978; Wilcove & Sharp, 1971). Counselors in these studies have consistently endorsed personal-social counseling as their primary responsibility. Similarly, responding by faculty members has shown a change over time from endorsement of vocational/academic counseling to endorsement of personal-social counseling as the primary responsibility now. Conversely, students have consistently endorsed vocational and academic counseling as most appropriate. However, these results lack current data and do not match a cursory review of recent concerns presented to the agency of interest in the present study, the Utah State University Counseling Center. It appears that students who seek services at this agency present primarily personal-social adjustment concerns. This suggests that these students view personal-social counseling as the most appropriate role of the college mental health service.

Additional studies have investigated the impact of the name of the center and the titles of its professionals on student perceptions (Brown & Chamber, 1986; Gelso, Brooks, & Karl, 1975; Gelso & Karl, 1974; Getsinger & Garfield, 1976; Kohlan, 1973; Salisbury, 1972; Schneider, Ellis, & Johnson, 1979; Schneider, Laury, & Hughes, 1980, Sieveking & Chappell, 1970, Simon, 1973; Strong, Hendel, & Bratton, 1971). These results showed that students derive considerable meaning from the name of the counseling service and the titles of the professionals who work there. This meaning ranged from attributions about personal characteristics to perceptions of which services are provided. All of these attributions were independent of the actual competence and range of services offered. Again, however, these results do not include current data. It is reasonable to suggest that students' perceptions

and judgments may have changed as mental health services have become more visible, understood, and accepted.

Research has also asked the age, ethnicity, religious preference, and sex of the counselor (Haviland, Horswill, O'Connell, & Dynneson, 1983; Sanchez & King, 1986; Simon, 1973; Smith, 1974). These variables emerged as highly salient to students. The desire for similarity to the counselor was a common theme in this research. These variables may be of particular interest with the proposed subjects of the present work as this sample is expected to be largely homogenous with respect to age, religious preference, and ethnicity.

Finally, the issue of confidentiality, particularly within the strictures of the university environment (Gilbert, 1989; Grayson, 1986; Halleck, 1973; Harmon, 1973), has been shown to be highly salient for college students. These authors have suggested that the college counseling center may fall into a place of suspicion as a mental health agency because students believe that it is closely tied to university administration. As a result, students may be particularly leery about issues of confidentiality and privacy in seeking services on campus. Given the ethical guidelines set forth by the American Psychological Association (APA, 1992), this should be an unfounded fear, but students may not be aware of those guidelines.

These lines of investigation provide numerous variables which may play a role in students' decision-making process. These decisions, in turn, are valuable in defining the role of university counseling services.

Purpose

The purpose of the current work is to explore why students at Utah State University choose the university counseling service for assistance with mental health concerns. Additionally, this study describes the characteristics (age, sex, ethnicity, marital status, student status, presenting concern, etc.) of those students.

Research Questions

The following research questions are addressed:

1. What reasons are cited by students for seeking counseling services at the Utah State University Counseling Center? How do these reasons correspond to the expectations of the literature from the 1970s and 1980s?

2. What personal characteristics (e.g., sex, age, ethnicity, marital status, and student status) describe students who seek counseling services at the Utah State University Counseling Center? What is the relationship between the reasons given by students and the personal characteristics of those students?

3. What do these results suggest for university counseling today in terms of program development and the suitability of the available literature for directing that program development?

CHAPTER II

REVIEW OF THE LITERATURE

Perceptions of the Appropriateness of Services

Three campus groups are typically viewed as most invested in the services offered by the counseling center: the counselors, the faculty, and the students. Studies have shown that these three groups hold differing beliefs about which services are most appropriately offered by the college counseling center (Benjamin & Romano, 1980; Bishop, 1986; Carney et al., 1990; Carney & Savitz, 1980; Clifton et al., 1979; Cook et al., 1984; Gallagher, 1970; Gelso et al., 1977; Gelso et al., 1972; Johnson, 1977; Kohlan, 1975; Resnick & Gelso, 1971; Shueman & Medvene, 1981; Warman, 1960, 1961; Webster & Fretz, 1978; Wilcove & Sharp, 1971). These disparate beliefs may influence the decisions made by students in choosing a mental health agency.

These views about the appropriateness of certain issues and concerns are important in shaping the role of the university counseling center. It is reasonable to hypothesize that if counselors view personal-social issues as their most appropriate focus, they will refer students with other concerns to different sources of assistance on campus. Equally, the counseling center may advertise services in a manner which emphasizes personal-social issues. In the same way, faculty members are likely to refer students to particular sources of assistance based on their perception of the students' problems, appropriate referral sources, and the services offered by each source. Finally, if students view particular concerns as most appropriate for discussion at the university counseling center, those types of concerns will be more frequently presented in actual practice. In this way, the beliefs of counselors, faculty, and students may become a significant factor in the role of the counseling center on campus.

Counseling Appropriateness Check List. Warman (1960) first addressed the appropriateness of certain responsibilities for college

counselors by constructing the Counseling Appropriateness Check List (CACL), a Likert-style questionnaire. Analysis of this questionnaire yielded three factors which were labelled as categories of counseling center assistance: (a) College Routine, (b) Vocational Choice, and (c) Adjustment to Self and Others. Replication of this work (Gelso et al., 1972; Kohlan, 1975; Resnick & Gelso, 1971; Warman, 1961; Wilcove & Sharp, 1971) showed disparate results within and among counselors, faculty, and students.

Use of the CACL from 1960 to 1975 with college counselors, faculty members, and students showed differences among these groups and changes in the patterns of response across the years (Table 1). In Warman's studies (1960, 1961), counselors believed their primary service should be counseling for problems with Vocational Choice issues. Personal-social adjustment concerns were cited as second as a major responsibility with problems with College Routine third. In 1971 and after, these rankings changed; college counselors surveyed in these studies consistently endorsed assisting students with Adjustment to Self and Others as their primary responsibility (Gelso et al., 1972; Kohlan, 1975; Resnick & Gelso, 1971; Wilcove & Sharp, 1971).

Responses by college faculty members presented a mixed picture. Warman (1960) and Resnick and Gelso (1971) showed that faculty members believed the college counseling center should be responsible for Vocational Choice counseling and College Routine counseling more than for personal-social adjustment counseling. However, Wilcove and Sharp (1971) disagreed with these results. Faculty members in that study endorsed Adjustment to Self and Others as the primary responsibility of the college counseling center.

The pattern of response by students was inconsistent regarding Vocational Choice counseling and College Routine counseling (Gelso et al., 1972; Resnick & Gelso, 1971; Warman, 1960; Wilcove & Sharp, 1971). These categories alternated position as the primary and secondary

Table 1

Counseling Appropriateness Checklist Results

Author	N	Vocational Choice		Adjustment to Self and Others		College Routine		Authors' Comments
		Rank	MIS[a]	Rank	MIS	Rank	MIS	
Warman (1960)	1 center							
Counselors	12	1	4.73	2	4.15	3	3.65	
Faculty	56	1	4.47	3	2.94	2	4.06	
Students[b]	61	1	4.74	3	2.92	2	4.10	
Warman (1961)	21 centers							Differences among centers related to university size and training role of center.
Counselors		1		2		3		
Resnick & Gelso (1971)	1 center							Replicated Warman (1960); increase in appropriateness of personal-social problems for all groups.
Counselors	13	2	4.17	1	4.56	3	3.92	
Faculty	68	1	4.42	3	3.30	2	4.39	
Students[b]	58	2	4.33	3	3.33	1	4.34	
Wilcove & Sharp (1971)	1 center							
Counselors	16	2	1.71	1	1.52	3	2.04	
Faculty	37	3	1.60	1	2.67	2	1.70	
Students[c]	121	1	1.55	3	2.85	2	1.87	
Gelso et al. (1972)	1 center							
Counselors	32	2	4.4	1	4.5	3	4.0	
Students[b]	91	1	3.9	3	3.6	2	3.8	
Kohlan (1975)	19 centers							Replicated Warman (1961); Adjustment to Self and Others more appropriate now. Suggested need to update CACL.
Counselors	97	2		1		3		

[a] MIS = Mean Item Score; Maximum = 5.
[b] Students were surveyed before beginning counseling.
[c] Students were randomly selected from the student body and had never been counseling center clients.

responsibilities across these studies. However, students were consistent in endorsing counseling for Adjustment to Self and Others as the least important responsibility for college counselors. Thus, while counselors and faculty viewed the counseling center on campus as an appropriate place for discussion of personal-social adjustment issues, student responses varied. This is a fundamental and important difference which could strongly impact the need for particular services on the college campus.

Other questionnaire methods. Additional studies which examined the perceived appropriateness of particular concerns without the CACL further illuminate the expectations of counselors, faculty, and students. Table 2 outlines the results of these studies.

As with the CACL, other questionnaire methods showed differences among college counselors, faculty members, and students, and changes in the patterns of response across time. Only two studies examined the perceptions of counselors (Gallagher, 1970; Gelso et al., 1977). The subjects of both studies believed their primary service should be counseling for personal-social adjustment issues. These studies were completed in 1970 and 1977 and the results were consistent with CACL results during that time period.

In Gelso et al. (1977), Clifton et al. (1979), and Benjamin and Romano (1980), college faculty members disagreed with the counselors. Faculty members viewed various types of vocational and educational concerns as the primary responsibility of the counseling center. However, Carney and Savitz (1980) showed very different results. Faculty members in this study endorsed a variety of personal problems as the primary responsibility of the counseling center, as did Bishop (1986) and Carney et al. (1990). These results were also consistent with the CACL results in reflecting the endorsement of counseling for personal-social adjustment found in Wilcove and Sharp (1971).

Table 2

Results of Other Questionnaire Methods Measuring Appropriateness of Services

Author	N	Appropriate Services
	Counselors' Perceptions	
Gallagher (1970)	NA[a]	1. Personal 2. Vocational 3. Academic
Gelso et al. (1977)	28	1. Short-term individual and group personal adjustment 2. Consultation with other campus groups 3. Supervision of doctoral students 4. Educational-vocational
	Faculty Perceptions	
Gelso et al. (1977)	105	1. Educational-vocational 2. Individual personal adjustment 3. Counseling research
Clifton et al. (1979)	163	1. Educational deficiencies 2. Self-exploration/self-worth 3. Social and relationship problems
Benjamin & Romano (1980)	111	1. Vocational and educational 2. Research and consultation 3. Personal adjustment and psychological testing 4. Educational administration
Carney & Savitz (1980)	400	1. Excessive use of alcohol, drugs, or tobacco 2. Loneliness, moodiness, or anxiety 3. Family or roommate disputes
Bishop (1986)	318	1. Personal problems 2. Educational problems 3. Vocational problems
Carney et al. (1990)	388	1. Therapeutically Focused

[a]Author did not report N for counselors.

Table 2 (continues)

Author	N	Appropriate Services
		Students' Perceptions
Gallagher (1970)	110	1. Academic 2. Vocational 3. Personal
Gelso et al. (1977)	187	1. Educational-vocational 2. Short-term individual personal adjustment 3. Study-skills training
Johnson (1977)	377 African American	1. Vocational-educational 2. Personal Adjustment
Webster & Fretz (1978)	116 Caucasian 116 African American 18 Asian American	1. Educational/vocational 2. Emotional
Clifton et al. (1979)	270	1. Self-worth 2. Educational deficiencies 3. Social and relationship problems/self-exploration
Benjamin & Romano (1980)	142	1. Vocational and educational 2. Educational administration 3. Research and consultation 4. Personal adjustment and psychological testing
Carney & Savitz (1980)	800	1. Difficulty in financing education or self-support 2. Career choice or job search frustrations 3. Difficulty dealing with the academic system
Shueman & Medvene (1981)	532	1. Vocational and Educational Future 2. Adjustment to College Work 3. Curriculum and Teaching Procedure
Cook et al. (1984)	738	1. Career Choice 2. Physical Well-Being 3. Anxiety
Carney et al. (1990)	785	1. Pragmatic

For students assessed through other questionnaire methods, the results were very uniform. The college counseling center was viewed as a source of assistance for educational and vocational concerns (Benjamin & Romano, 1980; Carney & Savitz, 1980; Carney et al., 1990; Cook et al., 1984; Gallagher, 1970; Gelso et al., 1977; Johnson, 1977; Shueman & Medvene, 1981; Webster & Fretz, 1978). Only Clifton et al. (1979) varied from these results. Students in this study endorsed concerns regarding self-worth as more appropriate for presentation at the counseling center. These results were also consistent with the CACL results described earlier.

The results of these studies using the CACL and other questionnaire methods to examine the perceived appropriateness of services show some critical disparities. First, the differences among the three surveyed groups--counselors, faculty, and students--suggest very different expectations for the services provided. These expectations may play a significant role in the decision to seek counseling at a particular agency. What does it mean when the counselors offer personal-social adjustment counseling, the faculty refer a student to the counseling center for a concern that falls within this category, and the student believes that this concern is not an appropriate topic for discussion at the counseling center?

Second, the changes in perceptions of appropriateness over time are important. It appears that counselors and faculty have moved toward much greater acceptance of personal-social counseling on campus. Students have not. However, this conclusion is hampered by the age of the literature reviewed. Of the 17 studies reviewed, only four have been conducted since 1980. Given the changes in counseling theory, in the college student population, in mental health publicity and acceptance, and in higher education over the past 10 years, these results must be cautiously applied to today's student population.

Perceptions of Names and Titles

These studies are complemented by research examining the name of the counseling service and the titles of its counselors. This research showed that students develop expectations and judgments about the counseling service as a reaction to the name of the center. Similarly, students judge the competency of the service provider based on the title of the individual. As with the general perceptions of appropriateness reviewed earlier, the name of the counseling center and titles of the counselors are important in determining the role of the university counseling center. The name of the counseling center may suggest that certain concerns are not appropriate for discussion. As a result, students with those concerns seek services elsewhere. In this way, the services offered are shaped to the needs of the consumers based on factors which may seem highly removed from the counseling process.

Name of the counseling center. The name of the counseling center as a variable in students' help-seeking behavior has been studied in conjunction with proposed name changes at a number of institutions (Brown & Chambers, 1986; Kohlan, 1973; Salisbury, 1972; Sieveking & Chappell, 1970). These authors suggested that the name of the counseling center should reflect the services offered. However, they also reported that students' perceptions of the name may be different from what it was intended to mean. Table 3 summarizes these results.

These results suggested that students derive considerable meaning from the name of the counseling service. Some variant of Counseling Center appeared to reflect to students functions including educational-vocational support as well as counseling for personal-social adjustment issues. Other possible names were viewed as more restrictive in their reflection of the appropriate topics for discussion. Again, these interpretations of appropriate function may play a powerful role in the decisions students make when choosing a mental health service provider.

Table 3

Importance of the Name of the Counseling Center

Author	N	Center Names	Associated with:
Sieveking & Chappell (1970)	376	Counseling Center	Vocational, academic, interpersonal and difficulties
		Psychological Center	Mental illness, expensive, highly professional, confidential, liberal
Salisbury (1972)	398	Guidance Center	Educational/vocational concerns
		Counseling Center	Personal-social and educational problems
		Psychological Services Center	Personal-social concerns
Kohlan (1973)	233	Student Counseling Center	good, safe, friendly, pleasant
		Psychological Services Center	bad, unsafe, unfriendly, unpleasant
Brown and Chambers (1986)	296	Personal and Career Counseling Service Psychological and Career Counseling Service Counseling, Career, and Consultation Service Psychological and Career Exploration Service	For an unspecified emotional problem, students most likely to seek assistance at Personal and Career Counseling Service, least likely at Psychological and Career Exploration Service.

Titles of professional staff. Studies have also shown that students attribute certain personality characteristics to individuals with particular titles. Equally, students have differential perceptions of which problems are most appropriate for professionals with particular titles (Table 4).

Overall, these studies suggested that students associated certain characteristics, competencies, and problem areas with specific job titles. Psychologists and psychiatrists were generally viewed as more appropriate sources of assistance for concerns involving personal-social issues (Gelso & Karl, 1974; Gelso et al., 1975; Getsinger & Garfield, 1976; Simon, 1973; Strong et al., 1971). As such, these professionals were viewed as displaying characteristics such as knowledge, analytic skills, and activity within the counseling relationship. Professionals with more generic titles such as counselor or advisor were seen as less knowledgeable and more appropriate for educational and vocational concerns (Gelso & Karl, 1974; Gelso et al., 1975; Getsinger & Garfield, 1976). Overall, the title of the professional elicited strong perceptions of personal characteristics and competencies. It is reasonable to conceive of these perceptions playing an important role in the help-seeking behavior of students.

Despite the consistent evidence presented by these studies, it is difficult to assess the importance of names and titles for today's student consumers. Again, eight of these nine studies were completed prior to 1985 (Gelso & Karl, 1974; Gelso et al., 1975; Getsinger & Garfield, 1976; Kohlan, 1973; Salisbury, 1972; Sieveking & Chappell, 1970; Simon, 1973; Strong et al., 1971). With changes in higher education and counseling, concomitant changes in student knowledge and perceptions can be expected.

Table 4

Importance of the Title of the Counseling Professional

Author	N	Title	Associated with:
Strong et al. (1971)	67	Counselor	Friendly, polite, warm, good for educational and vocational problems, personal growth.
		Psychiatrist	Intelligent, decisive, analytic, cold, humorless, rejecting, inquisitive, good for more severe personal and emotional problems.
Simon (1973)	169	Psychiatrist Psychologist Psychoanalyst Emotional Counselor Behavioral Consultant Social Worker	Ranked as listed according to whom subject would most likely consult for a personal problem. Younger subjects preferred Emotional Counselor and ranked Psychiatrist as least preferred.
Gelso & Karl (1974)	240	Counseling psychologist . . Clinical psychologist Psychiatrist	These groups were not significantly different on adjective checklist or type of problem. More desirable personal characteristics than college counselor, high school counselor, advisor.
		College counselor . . . . . High school counselor Advisor	These groups were not significantly different on adjective checklist or type of problem. Less desirable personal characteristics.
Gelso et al. (1975)	187	Counseling psychologist . . College counselor Clinical psychologist Advisor Psychiatrist	These groups were not significantly different on adjective checklist.
		High school counselor . . .	Less desirable personal characteristics than other groups.
		Counseling psychologist . . Psychiatrist	Equally likely sources of help for all personal problems.
Getsinger & Garfield (1976)	50	Counselor . . . . Guidance counselor . . . . Counseling psychologist . .	Personal growth, vocational issues. Personal growth, vocational issues. More active; personal growth, personal-emotional problems.

Age, Sex, Ethnicity, and Religious Preference of Counselor

The personal characteristics of the mental health service provider may also be factors in consumers' decision-making. Ethnocentrism of many types leads people to believe that only members of their group are able to fully understand their situation. Thus, characteristics such as age, ethnicity, religious preference, and sex of the counselor become important issues (Haviland et al., 1983; Sanchez & King, 1986; Simon, 1973; Smith, 1974). Table 5 summarizes these results.

This research suggested that age, ethnicity, religious preference, and sex of the counselor were very important variables to student consumers. This was true for majority and minority ethnic group members. In some situations, students desired counselors with characteristics similar to their own (Haviland et al., 1983; Sanchez & King, 1986; Smith, 1974). In other cases, some other criteria influenced preferences for specific characteristics (Haviland et al., 1983; Simon, 1973; Smith, 1974). Regardless of the reason, these variables must be recognized as important to college students who may become mental health consumers.

There are a number of limitations to the literature on personal characteristics of counselors. First, only two student minority groups were included. How do students from other ethnic groups view mental health service providers? Second, consideration of other specialized groups such as international students and re-entry students would also contribute to this investigation. Investigation of these questions may provide valuable information about the role of mental health services on the college campus.

Table 5

Age, Sex, Ethnicity, and Religious Beliefs of the Counselor

| Author | Subject Ethnicity | Age | Characteristics of Counselor | | |
			Sex	Ethnicity	Religious Beliefs
Simon (1973)	None specified (N = 169)	40-year-old counselor preferred over 55-year-old preferred over 25-year-old.	Male counselor preferred by all.		
Smith (1974)	None specified (N = 636)	Prefer counselor's age similar to client.	Same sex important if personal-social concerns.	Ethnicity important if students were minority group members.	Religious beliefs important if moral, ethical or religious problems.
Haviland et al. (1983)	Native American (N = 62)		Male students preferred male counselor. Female preferred female counselor if personal problems.	Preferred Native American counselor.	
Sanchez & King (1986)	Mexican American (N = 70)		No significant differences.	Students who more strongly identified with Mexican American culture preferred Mexican American counselor.	

Confidentiality

The studies reviewed to this point have examined the differential evaluations students have of counseling center demographics. A discussion of students' perceptions of university counseling services must also confront the issue of confidentiality within the campus environment. Gilbert (1989) described the college community as a "bounded, closed interpersonal system" (p. 478). Within that closed system, students' independence and privacy can be perceived as threatened. This image has been a source of concern for the community's members who must strive to develop their independence within this system. As a result, confidentiality, especially within mental health services, is a vital issue of concern.

Halleck (1973) described several facets of confidentiality through a series of vignettes which illustrated the role that the counseling center is often placed in as an agent of the university. This author contended that the college counselor not only has an obligation to the client but also has a "commitment to help create a smoothly functioning college climate" (p. 85). This second obligation may result in the necessity of breaking the privilege of confidentiality. Students, however, are not oblivious to this dual role of the counselor. Halleck explicitly stated the belief that students' awareness of political and legal issues cause them to seek counseling services at outside agencies. The issue of confidentiality, then, is particularly relevant to the decision-making process and university-based counseling.

Grayson (1986) examined the issue of confidentiality within the unique environment of a small college campus. This author cited four characteristics of small campuses which contribute to concerns about confidentiality:

1. Therapists are relatively visible on the small campus.
2. They are more inclined to form social ties with people on campus from outside the mental health and health services.

3. It is relatively common for patients who know one another to share the same therapist.
4. The communications network on campus is highly efficient (p. 187).

These aspects of the small college community demand a proactive stance by the counseling service. This author concluded that the counseling center must not only adhere to strict ethical practices, but also maintain a carefully monitored involvement in the campus community. In this way, the mental health service can best develop and preserve its reputation for confidentiality.

Gilbert (1989) described the college counseling center as "caught between the rock and the hard place of...conflicting loyalties" (p. 477). This author strongly supported strict adherence to legal and ethical limits to confidentiality. He explicitly stated that those limits must be observed in preference to the demands of the college or university. However, Gilbert proposed that student confidentiality has been superseded by the institution's quest for information.

The necessity felt by these authors in making statements regarding confidentiality within university mental health services underscores the reality of student concerns. The university counseling center is a part of the university. As such, it falls within a political, legal, and economic situation that is not a part of private mental health practice. Students are aware of that situation and may doubt the promises of confidentiality (Harmon, 1973). That doubt is likely to play a significant role in students' decisions regarding counseling.

Conclusions

These previous investigations have explored various perceptions about university mental health services. However, most of this work was completed in the 1970s and 1980s. Since then, significant changes have occurred in higher education and in counseling psychology. Much of this change has been presented to professionals in the form of theoretical position papers. Little empirical validation of these theories is

available. Further work should strive to integrate these various aspects of college counseling and to join the theoretical and empirical work in a contemporary literature. This will provide a unified picture of the aggregate influence of these variables on the decisions people make about mental health services and mental health service providers. In turn, these decisions can be viewed as a measure of the role of the university mental health service.

CHAPTER III

PROCEDURES

The purpose of this study was to investigate the reasons
identified by students for choosing to seek mental health assistance at
the Utah State University Counseling Center. Additionally, this study
described the demographics of students who sought treatment at the
university counseling service during the 10 months of the study.

Population and sample

Subjects were Utah State University students seen for an initial
intake interview at the Utah State University Counseling Center between
March 9, 1992, and December 18, 1992. Surveys were completed by 151
students.

Data were gathered via a survey instrument (Appendix A) which was
administered as part of the counseling center's routine intake
procedures. The time required to complete the survey was five to ten
minutes for each subject. Subjects were asked to read and sign an
agreement to participate (Appendix B) which outlined the source and
purpose of the study and solicited their assistance. Subjects were
informed that all information provided was strictly anonymous to the
researcher and that their participation was voluntary. Declining
participation in this study had no effect on the services provided by
the counseling center.

Counseling services are provided to Utah State University students
who are registered for a minimum of seven hours of academic credit.
Limited services are provided to spouses and other family members of
students if a student is the identified client. There is no cost to
students for these services. Individual and group counseling are
available. In order to maximize staff time, most services are limited
to 10 sessions, but clients are provided with services past this limit
if necessary. The counseling center is located on the third floor of

the student center building on campus. It is completely accessible to students with physical disabilities.

During the course of this study, the counseling center was staffed by four full-time licensed psychologists and one full-time marriage and family therapist. Two master's-level psychology graduate students were employed in half-time positions and four psychology graduate students provided services in their practicum training program (practicum students did not provide services during the summer months of the study).

Data and Instrumentation

A survey instrument was constructed for the purposes of this investigation (Appendix A). The initial section of the survey recorded basic demographic data about subjects (i.e., sex, age, ethnicity, marital status, student status, presenting concern, etc.). Prior to reading and responding to a list of possible reasons (described below), subjects provided spontaneous answers to the question, "Why did you choose this mental health agency?". The survey also asked subjects to indicate which local agencies were considered as possible sources of assistance before choosing the counseling service.

Finally, this instrument examined what factors influenced the decision to choose the counseling center over other agencies. Development of this section of the survey was based on the review of the literature. For example, in reviewing the literature on which services were believed to be appropriate for the counseling center, it was hypothesized that students would have congruent beliefs about their particular problem and the university counseling service. These beliefs would likely transfer to statements such as, "The therapists here will understand my problem better than at other agencies," and "I am able to see a therapist with a particular area of expertise or knowledge here." Additional reasons were added following discussions with mental health

professionals at the Utah State University Counseling Center and at Bear River Mental Health, Inc., Logan, Utah.

Students rated each possible reason on a 5-point Likert-type scale. On this scale, "0" signified "this reason was not important to me in making my decision to seek services at this particular agency rather than at some other agency" and "4" signified "this reason was very important."

Analysis

Descriptive statistics (percentage of total responses) were used to analyze the data in the following areas:

1. Demographics of Utah State University students who seek counseling services at the University Counseling Service.

2. Other mental health agencies considered before choosing the university counseling service.

3. Spontaneous reasons cited by Utah State University students for seeking services at the agency of their choice.

To explore the relationships among the Likert-scaled reasons, results obtained from this section of the questionnaire were factor analyzed using principal components analysis with Kaiser normalization. An orthogonal varimax rotation was performed. Descriptive factor names were assigned based on the reasons which loaded on each factor.

Regression factor scores were computed for each subject. Multiple regression analyses were completed holding the identified factors as dependent variables and other demographic variables as independent.

CHAPTER IV

RESULTS

Subject Demographics

Demographic information is summarized in Table 6. The students who utilized the Utah State University Counseling Center during the time period of this study were primarily female (66.2%) and Caucasian (89.4%). They were 25-years-old or younger (73.5%) and had never been married (66.2%). The majority of these students (65.6%) identified themselves as members of the Church of Jesus Christ of Latter Day Saints (LDS). Most of these students had lived in the local area (Cache Valley) for five years or less (78.8%). Only slightly less than half (44.4%) of the students had received mental health counseling prior to their current interview.

In terms of student status, most of the subjects were undergraduates (86.1%) who were carrying 12 to 15 credit hours (57%). Only 7 (4.6%) international students and 28 (18.5%) nontraditional students (returning to school after a break of five or more years) sought counseling at the center during this time. All of the eight colleges of the university were represented with the greatest percentage (29.1%) from the College of Arts, Humanities, and Social Sciences; 6.6% of the students had not yet declared a major field of study. Over half of the subjects were not eligible for financial aid based on need or had not applied for financial aid (50.4%).

Table 6

Subject Demographics

Characteristics Sampled	Number of subjects	Percent of Total
Gender:		
Female	100	66.2
Male	51	33.8
Ethnicity:		
Caucasian	135	89.4
Other	14	9.2
Age:		
17-20 years	45	29.8
21-25 years	66	43.7
26-30 years	23	15.2
Over 30	17	11.3
Marital Status:		
Never married	100	66.2
Married	33	21.9
Separated or Divorced	18	11.9
Religious Affiliation:		
LDS	99	65.6
Other Christian	20	13.2
Other	9	6.0
None	22	14.6
Living in Cache Valley:		
5 years or less	119	78.8
More than 5 years	31	20.5
Prior Counseling Experience:		
Yes	67	44.4
No	77	51.0
Student Status:		
Undergraduate	130	86.1
Graduate	19	12.6
Credits:		
1-8 credits	23	15.2
9-11 credits	20	13.2
12-15 credits	86	57.0
More than 15 credits	19	12.6
College:		
College of Agriculture	7	4.6
College of Business	18	11.9
College of Education	30	19.9
College of Engineering	7	4.6
College of Family Life	5	3.3
College of Humanities, Arts, and Social Sciences	44	29.1
College of Natural Resources	7	4.6
College of Science	10	6.6
Financial Aid Based on Need:		
Yes	62	41.1
No	38	25.2
Don't know/Have not applied	38	25.2

Mental Health Problems and the Agency Chosen for Assistance

Following questions about basic demographic information, subjects were asked to describe the problem or concern which motivated them to seek help (Table 7). Responses were highly varied and were sorted into Warman's (1960) CACL categories (Adjustment to Self and Others, College Routine, and Vocational Choice) to aid in summarization and interpretation. Although most subjects described their problem with several words or phrases, only 10 subjects gave responses which fit into more than one CACL category. Most of the subjects were primarily concerned about problems with Adjustment to Self and Others (84.1%). Examples of responses in this category included: "I'm sad all the time," "my confidence in making decisions for myself," "childhood issues" and "dont [sic] get along with spouse." College Routine issues were listed by 6.0% and Vocational Choice issues were cited by 2.0% of the subjects.

Table 7

What concern or problem motivated you to seek help at this time?

Warman (1960) CACL Category	Sample Percentage
Adjustment to Self and Others	84.1%
College Routine	6.0%
Vocational Choice	2.0%

Subjects were asked to list their reason(s) for choosing to seek assistance at this particular agency (Table 8). The five most frequent responses described practical aspects of the Utah State University Counseling Center. Other reasons included having been a former client, trusting the confidentiality and ability of the therapists, reading an article about the counseling center in the campus newspaper, and liking or knowing specific therapists. Percentages add up to greater than 100 because many students offered more than one reason for choosing the Utah State University Counseling Center.

Table 8

Why did you choose this mental health agency?

Reason Given	Sample Percentage
No cost	40.4%
Referred or recommended by someone	35.8%
Available to USU students	16.6%
Located on campus	15.2%
"Convenient"	12.6%

Subjects also reported which other mental health agencies were considered as possible sources of assistance (Table 9). Most did not consider any other agencies (60.3%). Again, percentages add up to greater than 100 because subjects indicated that they had considered one or more other agencies.

Table 9

Which other mental health agencies did you consider?

Other Agency Considered for Service	Sample Percentage
No other agencies	60.3%
Private practice psychologist	10.6%
LDS Social Services	9.3%
USU Psychology Department Community Clinic	4.0%
Logan Regional Hospital	2.0%
Psychiatric and Psychological Associates	2.0%
Intermountain Sexual Abuse Treatment Center	1.0%

Factor Analysis of Reasons

Four factors with eigenvalues greater than 1.0 were extracted, explaining a total of 56.2% of the variance in scores (Table 10). The first factor (Trust) accounted for 27.2% of the variance. Items loading on the Trust factor suggested belief in the knowledge and ability of the counseling center professionals. This factor also reflected the professional conduct (i.e., confidentiality) of the counseling service.

Table 10

Items Loading on Extracted Factors

Item	Loading
Factor 1 -- Trust	
The therapists here will understand my problem better than at other agencies.	.837
The therapists here are more knowledgeable than at other agencies.	.808
I am able to see a therapist with a particular area of expertise or knowledge here.	.733
I am concerned about confidentiality at other agencies.	.622
Someone I know has received help here before.	.499
Factor 2 -- Convenience	
This agency has more convenient hours for me.	.766
This agency is more conveniently located for me.	.765
I am able to receive help immediately rather than being placed on a waiting list.	.549
Factor 3 -- Superficial	
This agency is more affordable for me.	.680
I am able to see a therapist of a particular gender here.	.605
I did not know that other agencies were available for my type of problem.	.552
I have received help here before.	.493
Factor 4 -- People	
I am able to see a therapist with a particular religious orientation here.	.798
I was referred to this agency by _____.	.607

Factor 2 (Convenience) explained 11.8% of the variance. The Convenience factor showed more pragmatic aspects of the counseling center such as the hours during which it is open, its convenient location, and the perception that the center did not have a long waiting list of clients.

Factor 3 (Superficial) explained 9.2% of the variance, and Factor 4 (People) explained 8.1%. Items loading on Factor 3 (Superficial) and Factor 4 (People) were difficult to interpret. The Superficial factor included affordability, gender of the therapist, lack of awareness of other mental health agencies, and former clients returning for further assistance. These items might have reflected a degree of naiveté or shallowness on the part of the individual seeking assistance. That is to say, concern for cost over mental health, exterior characteristics of the therapist rather than ability, and inability/unwillingness to investigate other avenues of assistance may have been evident in these reasons.

The People factor included two items: religion of the therapist and acquaintance with others who have received help at the counseling center. These items may have reflected an aspect of trust different from Factor 1. That is, the People factor showed trust in individuals who share similar religious/spiritual beliefs and trust in friends/advisors who recommend the counseling center.

Multiple Regression Analysis

Multiple regression analyses using the forward inclusion method were conducted. The dependent variables for these procedures were each identified factor taken separately. The independent variables for these procedure were the surveyed demographic characteristics (i.e., gender, age, marital status, etc.). In order to be included in the regression equation, the independent variable was required to attain an F-value of 0.050 or greater. For each of the dependent variables, no independent variable met this criterion. Thus, multiple regression analysis showed

that no combination of demographic variables was significant in predicting factor scores.

CHAPTER V

CONCLUSIONS

Sample Demographics

The sample was not significantly different from the Utah State University student body during Fall Quarter, 1992, on the variables of age (χ^2 [2, $\underline{N}$ = 151] = .93, $\underline{p}$>.20), student status (χ^2 [1, $\underline{N}$ = 149] = .63, $\underline{p}$>.20), and college (χ^2 [7, $\underline{N}$ = 140] = 9.00, $\underline{p}$>.20). There was a significant difference between the sample and this population for sex (χ^2 [1, $\underline{N}$ = 151] = 14.50, $\underline{p}$<.001); the sample was composed of proportionately more women than was the population. Comparisons on other demographic variables were not possible because population data were not available (S. Broadbent, personal communication, February 5, 1993).

Presenting Problems

For students who seek mental health assistance at the Utah State University Counseling Center, personal-social adjustment issues were the primary concern. This result was very different from what was suggested by the reviewed literature. However, it confirmed the impressions of the Utah State University Counseling Center staff who saw personal-social concerns as the most common presenting problem. The difference may be reflective of the perceived changes in student needs which are now contributing to the drive to optimize counseling center services. Equally, students may now simply be better informed about what services are most appropriate from the view of counselors and faculty.

A number of early position papers discussed marketing as a primary weakness of campus counseling services (Cook et al., 1984; Heppner & Neal, 1983; Whiteley, Mahaffey, & Geer, 1987). These studies hypothesized that students did not know what mental health services were available on their campuses. As a result, students developed

perceptions and expectations that did not match the reality of services offered. Thus, changes in marketing might be the most judicious explanation for the current finding.

A number of factors unique to Utah State University may also contribute to this finding. The counseling center secretaries who are responsible for scheduling intake appointments are able to conduct a cursory screen of potential clients. Those individuals who are seeking primarily academic assistance are immediately referred by them to other university services and are not provided any services by the counseling center. Equally, the services provided by the counseling center and those provided by other agencies on campus (i.e., the Personal Development Center, the Testing Center, Career Placement, the Academic Service Center, the Learning Assistance Center) are relatively well-publicized and well-known to other individuals who may serve as referral sources.

Spontaneous Reasons

When subjects were asked to spontaneously list the reasons which influenced their decision-making process, they focused on functional aspects of the university counseling service: cost, referral or recommendation, availability, location, and convenience. These reasons reflected a practicality that was not evident in variables suggested by the literature.

If it can be proposed that spontaneous responses reveal some fundamental reality, it appears that students experiencing mental or emotional distress do not analyze the appropriateness of their problem, the titles of potential help-givers, ethnicity, or other literature-based variables. Students seek assistance as quickly and conveniently as they can. To this end, the variables suggested by the literature may be viewed as somewhat contrived and certainly as secondary in choosing a mental health service provider.

Comparison to Literature-Based Reasons

However, when prompted to respond on a Likert scale to the variables proposed by the literature, students seeking assistance did make attributions which support some of those variables. In this sample, Trust emerged as a relatively strong factor. This factor may reflect beliefs related to which problems are appropriate for the university counseling service, assumptions about its professionals, and expectations about confidentiality.

Interestingly, Convenience was reflected in Factor 2. However, the functional issues which appeared in this factor were not the same as those given spontaneously. Most of the reasons given spontaneously were scattered throughout the four factors. Factor 1 reflected recommendations from a friend; Factor 2, location; Factor 3, cost; and Factor 4, referral. Again, these results suggest that the available literature has misconstrued the importance of other variables in choosing a mental health service.

Utility for Service Providers

Student services personnel and the university counseling service must optimize their services. This can be accomplished by catering to the needs and preferences of the consumers: college students. The current work offers considerable insight into what such optimal service must entail.

The literature of the 1970s and 1980s offered a number of disparate and somewhat fanciful reasons which were thought to contribute to student preferences and decision-making. The current work suggests that student needs and preferences may not be strongly linked to this literature-based complexity. Students seek assistance from the university counseling service when personal and social issues become too difficult to manage. They solicit academic and educational/vocational aid from other sources. Once the decision to seek assistance has been

made, cost and convenience become the most salient factors in choosing an agency.

The literature-based changes in higher education and counseling psychology can use this data as the beginning of empirical support. It reflects some significant changes in student perceptions since the completion of earlier work. Equally, it offers support for the continued relevance of some of this work.

The student services personnel associated with the counseling center at Utah State University have reached a high level of optimal service. Cost and convenience cannot likely be improved. Equally, the orientation of the counseling service toward insight-oriented personal counseling meets students' needs. As these services are provided, the positive reputation of this counseling service will undoubtedly grow and prosper.

Limitations of the Current Work

This work is limited by a number of difficulties encountered in the collection of the data. The survey used was originally designed to collect and compare data from three mental health agencies. In this way, students utilizing the university counseling center could be compared to students utilizing other local agencies. This comparison study was discontinued when three months of data collection resulted in only five subjects from each of the other agencies. At that time, it was decided that data collection would continue at the counseling center alone. The survey instrument was not modified to reflect this change and may contain distractor items as a result. Further work in this area may find this original focus to be a fruitful area of study if appropriate samples can be found.

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APPENDICES

APPENDIX A

SURVEY INSTRUMENT FOR GATHERING SUBJECT DATA

Please answer the following questions:

1. Gender: a. Female
            b. Male

2. Age: a. 17-20 years
         b. 21-25 years
         c. 26-30 years
         d. 31-39 years
         e. 40 years or older

3. Marital status: a. Never married
                    b. Married, currently living with spouse
                    c. Married, separated from spouse
                    d. Widowed
                    e. Divorced

4. Racial/Ethnic group: a. African-American
                         b. American Indian/Alaskan native
                         c. Asian/Pacific Islander
                         d. Caucasian
                         e. Mexican American/Chicano/Hispanic
                         f. Other (specify) _____

5. Are you an International student?   a. yes   b. no

6. Religious Orientation: a. LDS
                           b. Protestant
                           c. Roman Catholic
                           d. None
                           e. Other (specify) _____

7. How long have you lived in Cache Valley? a. Less than one year
                                             b. One to two years
                                             c. Three to five years
                                             d. Five to ten years
                                             e. More than ten years

8. Student status: a. undergraduate   b. graduate

9. Are you a Re-Entry student (returning to school after a break of 5 or more years in your education.)   a. yes   b. no

10. How many academic quarters have you <u>completed</u> at Utah State? (Do not include this quarter.) a. This is my first quarter
                                             b. One to three quarters
                                             c. Four to eight quarters
                                             d. Nine to twelve quarters
                                             e. More than twelve quarters

11. What is your major field of study? _____

12. How many credit hours are you currently taking? a. 1-5 credit hours
                                             b. 6-8 credit hours
                                             c. 9-11 credit hours
                                             d. 12-15 credit hours
                                             e. More than 15 hours

13. What concern or problem motivated you to seek help at this time?

    _____

14. Why did you choose this mental health agency?

    _____

15. Have you received mental health counseling before?   a. yes   b. no

16. Are you currently eligible for or receiving financial assistance based on
    need?   a. yes
             b. no
             c. I don't know
             d. I have not applied

17. Will your insurance or your parents' insurance pay for this mental health care?
             a. my insurance
             b. my parents' insurance
             c. I don't have insurance

18. Which other mental health agencies did you consider before choosing this one? (Check
    all that apply.)
    a. _____ University Counseling Center
    b. _____ Psychology Department Community Clinic
    c. _____ Logan Regional Hospital
    d. _____ LDS Social Services
    e. _____ Intermountain Sexual Abuse Treatment Center (I.S.A.T.)
    f. _____ Psychiatric and Psychological Associates
    g. _____ Other private practice psychologist
    h. _____ Other (specify) _____
    i. _____ No other

19. Why did you seek services at this agency rather than at one of these other agencies?
    (0 = Not important; 2 = Somewhat important; 4 = Very important)

0 1 2 3 4   This agency is more conveniently located for me.

0 1 2 3 4   This agency has more convenient hours for me.

0 1 2 3 4   I am able to see a therapist of a particular gender
                 here.

0 1 2 3 4   This agency is more affordable for me.

0 1 2 3 4   I was referred to this agency by _____.

0 1 2 3 4   I am able to see a therapist with a particular
                 religious orientation here.

0 1 2 3 4   I am able to receive help immediately rather than
                 being placed on a waiting list.

0 1 2 3 4   The therapists here are more knowledgeable than at
                 other agencies.

0 1 2 3 4   Someone I know has received help here before.

0 1 2 3 4   The therapists here will understand my problem
                 better than at other agencies.

0 1 2 3 4   I am concerned about confidentiality at other
                 agencies.

0 1 2 3 4   I am able to see a therapist with a particular area
                 of expertise or knowledge here.

0 1 2 3 4   I have received help here before.

0 1 2 3 4   I did not know that other agencies were available
                 for my type of problem.

0 1 2 3 4   Other (please specify) _____
                 _____

APPENDIX B

AGREEMENT TO PARTICIPATE

The attached survey is to collect information for a graduate
student thesis at Utah State University. This study is
designed to explore why Utah State University students
choose the mental health services they do. If you are
<u>currently</u> a student at USU and you are willing to
participate in this study, please complete the following
Agreement to Participate.

Agreement to Participate

I, _____, agree to participate in the
study examining the characteristics of Utah State University
students who seek mental health services and their reasons
for choosing this agency as their mental health service
provider. I agree to complete the attached survey honestly
to the best of my ability. I understand that all
information gathered by this study will be tabulated
anonymously and that my confidentiality will be guaranteed.
I also understand that my participation in this study is
voluntary and will in no way affect the mental health
services that I will receive.

_____   _____
Signature   Date