

Combatting Negative Stigma and Communication Obstacles for University Counseling Services: A Case Study at Florida Institute of Technology

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The increased need for counseling services is evident with the steady rise in mental health conditions in college-aged students. However, a number of factors inhibit students from seeking help. This study argues that mental-health climates need to be assessed on individual campuses in order to improve counseling services outreach tactics. Results of surveys and interviews at Florida Institute of Technology suggest the awareness of mental health services and the availability of counseling staff need improvement. The presence of mental-health stigma and high levels of self-reliance among students would complicate the awareness improvement effort, but several measures could be effective.

Keywords: counseling, higher education, mental health, stigma

INTRODUCTION

During their college years, students experience many life changes. Many struggle to balance the social, academic, and personal stresses that come with these changes (Van Brunt & ACCA PAPA Committee, 2010). Counseling and psychological services are designed to assist students in addressing the difficulties they encounter and to promote greater overall wellness for students across college campuses (Van Brunt & ACCA PAPA Committee, 2010). According to the National Alliance on Mental Illness (NAMI, n.d.), approximately one in five students today face a mental health condition. Depression and anxiety are the most common of mental health issues in college students, and suicide has been named the second leading cause of death in the same group (Center for Collegiate Mental Health, 2016; Sabatke, 2016).

Every year, approximately 1,100 college students commit suicide (“Crisis on Campus,” 2015). Seventy-five percent of mental health conditions are said to emerge by the age of twenty-four, which means college-aged students, who traditionally fall within the 18-24-year age range, may be susceptible to them (NAMI, n.d.; National Center for Education Statistics, 2017). Suicide rates, as well as the diagnosing of previously mentioned mental diseases, have skyrocketed in recent years (CCMH, 2016). The prevalence of “threat-to-self” characteristics like suicide ideation (suicidal thoughts) has increased for the sixth year in a row, according to the CCMH 2016 Annual Report. The same report also found persistent increases in depression and anxiety over the last six years. Substance Abuse and Mental Health

Services Administration's (SAMHSA) 2006 national survey on drug use and health found that approximately 18% of 18-22-year-olds enrolled in college reported psychological issues.

Counseling, as defined by the American College Counseling Association, is "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education and career goals" (Van Brunt & ACCA PAPA Committee, 2010, p. 2). College campuses across the nation, over the past decade, have had established counseling services.

Despite the establishment of mental health services across colleges nationwide, research shows that mental health issues in college students are continually on the rise (CCMH, 2016). Typically, "many individuals tend to hold negative perceptions about mental health problems and counseling and need accurate information about mental health issues and treatment" (Kitzrow, 2003, p. 175). The presence of negative stigma associated with counseling centers is one reason, researchers say, students may choose not to seek help (Eisenberg, Downs, Golberstein, & Zivin, 2009). In the past seven years, the percentage of students seeking and utilizing counseling services provided has remained at 10-15% (Francis & Horn, 2016). The same research affirms that the other 85% of students that are not taking advantage of them may choose not to due to stigma, fear of isolation, and marginalization (Francis & Horn, 2016). "Stigma associated with mental illness has been identified as a key attitudinal factor that may impede on mental health service use, and stigma reduction is a central objective of national mental health policies today" (Eisenberg, Downs Golberstein & Zivin, 2009, p. 2).

A substantial amount of national research on college students and mental health issues is based on data collected from students enrolled at large groups of institutions ranging in population size from 1,000 or less to over 50,000 students (CCMH, 2016). Some organizations, like the American College Health Association, have created health assessments to be distributed on campuses for evaluation of physical health, safety, exercise, etc. for universities. However, only a few of the questions included in the assessments relate to mental health, specifically. The numbers collected from data involving students from a wider web of universities typically lead to more general conclusions. Therefore, in order to successfully address the needs of their students, college and university counseling centers must analyze their respective campus environments by finding the best methods of improving student awareness of services, remedying the presence of mental health stigma, and increasing university community (faculty, staff, and administration) support of the counseling center.

The issue, according to Gene Beresin (2017), is that even if there are adequate resources available, mental health problems are stigmatized universally. Beliefs and attitudes about mental illness and treatment are likely to influence an individual's tendency to perceive a need for help (Eisenberg et al., 2009). With the rise in mental health issues, comes an increase in demand for university counseling services (Kitzrow, 2009). Therefore, it is important for counseling and psychological centers on college campuses to evaluate their methods for advertising their services and outreach, and it is equally important that the counseling centers see an increase in resources from the university administration.

Faculty members' level of interaction with students gives them the responsibility of "adopting an attitude that student mental health is a legitimate concern" (Kitzrow, 2009, p. 654). Mental health safety as not only the "sole responsibility" of counseling centers but, "the entire institution" (Kitzrow, 2009, p. 654). With the support of faculty and administrative staff (professors, teachers, assistants, registrar, tutoring center, dean, etc.), counseling centers can respond effectively to mental health challenges (Kitzrow, 2009).

As of Fall 2017, Florida Tech's main campus student population was 36% international, according to data reported by the Office of Institutional Research. The department also indicates that the diverse student population is made up of students from all 50 U.S. states and 125 countries. According to Vogel, Wester, and Larson (2007), "cultural values, beliefs, and norms can affect the perceived barriers to using professional services" (p. 414), and values found within minority cultures may conflict with those rooted in counseling services (Diala et. Al., 2000; Root, 1985, as cited in Vogel, Wester & Larson 2007, p. 404). Research demonstrating differences between cultures (both in the United States and abroad) and their help-seeking tendencies suggest all college students have to adapt to new social and educational

environments (Ginter & Glauser, 1997 as cited in Mori, 2000). This means cultural adjustments may be an additional stressor, especially for those students from other countries (Mori, 2000).

Additionally, the Office of Institutional Research at Florida Tech reported fall 2017 enrollment at 3496 undergraduate and 1499 graduate students on its main campus. Hyun, Quinn, Madon, and Lustig in their 2006 study stated: “discipline-specific norms and academic culture can impact attitudes toward mental health as well as utilization of services” (p. 262). Further implications of student classification as it relates to mental health help-seeking is discussed in the literature section of this paper. Understanding the discrepancies in university population demographics and their respective cultures are important for counseling center outreach purposes (Vogel, Wester & Larson, 2007).

CAPS at Florida Tech

Counseling and Psychological Services (CAPS) at Florida Tech provides a variety of mental health and wellness services to assist students with their overall health. According to their university webpage, the purpose of the services is to supply students with methods for learning the best ways to work through challenges that life brings about, as well as assist in their development of necessary skills to lead healthy lives (“Counseling and Psychological Services,” n.d.). Its mission is to promote the best possible academic, vocational, and emotional health for Florida Tech students (“Counseling and Psychological Services,” n.d.). For the Fall 2017 academic semester, Florida Tech had approximately 8,939 enrolled students, with about 4,852 on-campus students (Florida Tech, n.d.). Every Florida Tech student is eligible for on-site CAPS services at Florida Tech’s Melbourne campus, including online and extended studies students (“Counseling and Psychological Services,” n.d.). The university counseling center has counseling, assessment, and educational services available for students, including individual psychotherapy, crisis intervention, couple and group counseling, learning disorder evaluations, psychological evaluations, career assessments, outreach/consultation, and many others. According to the university webpage and CAPS director, Dr. Robyn Tapley, the counseling center reassures students that those who use the services at the counseling center will have their confidentiality respected. This notion, the center assures, is a commitment to laws and ethics of their professional service (“Counseling and Psychological Services,” n.d.). A level of confidentiality, the webpage also explains, helps to provide an environment in which students are able to feel safe to work through any personal challenges they may have.

In an effort to properly educate students and faculty at Florida Tech on mental health issues, CAPS holds a variety of outreach events in different areas in the semester (whether spring or fall). Fliers advertising group-counseling sessions for the present semester, as well as outreach events, are posted throughout buildings across Florida Tech’s campus both inside on walls, elevators, and doors as well as outside. Research shows that participation in both individual and group counseling was associated with higher academic performance...than was individual counseling alone” (Francis & Horn, 2016). This advertising technique is one the center has been using in recent years to increase student outreach and encourage group participation. The counseling center also writes articles for the student-run newspaper, The Florida Tech Crimson, and has tabling events, vocally sharing center information and mental health education. Articles typically highlight outreach events and include a blurb on psychology education. In addition, CAPS director, Dr. Robin Tapley, sends mass emails through Florida Tech’s FitForum, an email forum to which students, faculty, and campus organizations are able to subscribe for purposes of sharing and receiving information.

Endeavors such as these are meant to increase the use of counseling center available services. However, CAPS also faces other challenges, including low attendance at outreach events and a lack of feedback from potential and past clients. Dr. Robyn Tapley (personal communication, January 12, 2018), Director of Counseling and Psychological Services at Florida Tech, stated that they “know there are students whom they don’t see and staff that don’t know how to help.” One goal, she said, is for CAPS to be more visible to students and staff who interact with them. However, with an increase in visibility comes an increase in the need for more counseling center staff and resources. When it comes to visibility, in order to collect data to improve their services, CAPS surveys students who attend them. Even so, those

who do not take part in their services are not surveyed. It is important that counseling centers like CAPS at Florida Tech attend to the effects that inhibiting factors such as negative public stigma, self-reliance, and a lack of knowledge of resources, have on students on campus (Eisenberg et al., 2009; Jennings et al., 2015).

CAPS services are, in fact, used by select students on campus. Nevertheless, research suggests the need to account for students on campus who may need services, but do not use them (Linville, Yorgason & Zitzman, 2008). Thus, the need to establish the most effective counseling center outreach and education strategies for the university community, as well as the presence of stigma and help-seeking barriers in the campus environment, is demonstrated.

Research Questions

Some universities create task forces and teams to investigate mental health issues on their campuses following multiple deaths by suicide or other mental health-related incidents (e.g., University of Pennsylvania Task Force Report, JHU Task Force of Student Mental Health and Well-Being Final Report). The University of Pennsylvania (U Penn) created its task force following the deaths of six university students by suicide in the span of fifteen months (Freinkel, 2015). Johns Hopkins University President Ronald Daniels commissioned a Task Force on Student Mental Health and Well-being after the university's SGA President stepped down "due to mental health struggles" (Wooden, 2018 para. 22). The university task force creates recommendations for the school, and it is then up to administrators to ensure they are implemented on campus.

Actions such as this by universities can be characterized as reactive. Parents of a Cornell University student who died by suicide requested the establishment of an independent mental health task force, which was denied by the university president (Juneja, 2018). The request stated the university failed to create a strategy addressing the spike in college student suicide rates, citing the CCMH 2016 report mentioned in the introduction of this project. National surveys on mental health issues in college students, similar to those reported by NAMI, the CCMH and other studies conducted around the United States, collect data from students at a specific list of universities and come to general conclusions further demonstrating rise in mental health issues (CCMH Annual Report, 2017; NAMI, n.d.). Through data such as this, the need for universities to devote more attention to the phenomenon of the rise of college student mental health issues is present, but the general data may not be a fully accurate representation of each campus. (Wood, 2012). highlight the dynamics and challenges of working with college students' mental health needs at an individual institution.

The dialogue around mental health that includes the discussion of tactics for combatting negative stigma, increasing awareness of counseling services, and university community knowledge of mental health issues is, at a university level, mainly focused on single programs at institutions much larger than Florida Tech. This case study looked closer at challenges and issues faced by an individual university's counseling services, such as low attendance at outreach events and a lack of feedback from potential and past clients, as indicated by the director specifically for the Florida Tech counseling center.

CAPS at Florida Tech has not done an in-depth analysis of student or faculty knowledge of mental health services on campus, the existence of stigma, or perceptions of the campus mental health climate as a whole. Therefore, it was necessary to collect data from Florida Tech students on their awareness of services on campus, students' interactions with CAPS services (or lack thereof), their perceptions of the services, as well as their overall opinions of mental health issues. In addition, information on student gender, cultural background, and academic level classification were important to examine due to the fact that literature states these factors may contribute to the presence of stigma (Diala et. Al., 2000; Root, 1985, as cited in Vogel, Wester & Larson 2007).

Based on the experiential and theoretical literature, the following research questions guided the research design, data collection, and data analysis:

RQ1: *What is the degree of awareness among Florida Tech students regarding available campus counseling and psychological services (CAPS)? In answering this question, data collection will also attempt to analyze the extent of proliferation of mental-health stigma and other help-seeking hindrances among Florida Tech on-campus students.*

RQ2: *What are the current and potentially effective channels of communication outreach for Florida Tech student body regarding available mental health services? The effectiveness of communication tactics will analyze the student and faculty and staff knowledge of CAPS resources. Faculty and staff knowledge of available resources is necessary for examination as this group will have the most interaction with students on campus and can therefore act as liaisons between the counseling center and students.*

LITERATURE REVIEW

Bishop (1995, p. 33) emphasizes the importance of “data illustrating that counseling plays a role in retention efforts” at colleges and universities, due to the fact that student retention rates are important statistics across institutions. He points out empirical evidence of positive effects of counseling use among students on their decision to remain at an educational institution. This connection emphasizes the crucial role that the awareness about counseling services plays in the overall goal of educational institutions—to see their students successfully complete their degrees.

Student Perceptions and Outreach Tactics of Counseling Centers

Cerel, Bolin, and Moore (2013) conducted a study at the University of Kentucky and found that knowing someone who has attempted or died by suicide was common for college students. Their findings indicate a need for campus resources to be directed toward men, non-white students, and international students, as these groups exhibited higher levels of mental health risks. According to the report on Florida Tech’s Student Diversity Data page, 66% of the university’s student body is male (Florida Institute of Technology, n.d.), and up to 32% is composed of international students.

The Midwestern Higher Education Compact 2016 research brief found that depression and anxiety are two of the most common mental health issues on campus, with anxiety being the primary issue affecting 38 to 55% of students (Francis & Horn, 2016). However, over the last seven years, 10-15% of students were seeking counseling services on campus, the study found. When looking at numbers, 15 percent of 10,000 students is a large amount. However, it is important that universities account for the other 85% of students who may be experiencing mental health issues and are not seeking treatment (Lee, n.d.).

The role of counseling centers, Kitzrow (2009) explains, is continually changing and evolving as a result of the changes in college student populations. The rise in mental health issues and the resulting demand for more counseling requires counseling centers to find more ways to meet students where they are. The need then for “outreach and consultation is greater than ever” on college campuses (Kitzrow, 2003, p. 175). Because research shows a presence of negative stigma in college students regarding their perceptions of mental health issues and counseling, it is necessary that they have accurate information about mental health issues and treatment (CCMH, 2016; Kitzrow, 2009). In addition, to engaging and advertising available services to students, Kitzrow suggests conducting “an active outreach campaign to educate administrators, faculty, and staff” (Kitzrow, 2009, p.656). Faculty and staff members including academic advisors, graduate teaching assistants, and resident assistants, Kitzrow suggests, should all have working knowledge about recognizing and referring students in need of counseling center services. Florida Tech currently provides information about CAPS to faculty members at faculty orientations. But, faculty members do not have formal training for recognizing and referring students to CAPS services like the training they take part in for Title IX related incidents.

Stigma, Self-Reliance and Mental Health

Perceived public stigma, according to Corrigan, is “what a naive public does to stigmatize a group when they endorse stereotypes” (Corrigan, 2004, p. 616). Public stigma mentioned in the phrase is defined as the negative stereotypes and prejudice about mental illness held by a naive public (Eisenberg, Downs, Golberstein & Zivin, 2009). Findings from Corrigan’s article also suggest “perceived public stigma may hinder people from using mental health services to avoid possible criticism or discrimination from others” (Corrigan, 2004, p. 3). The process of stigma, according to Eisenberg, et al (2009), is said to move as such:

An individual becomes aware of public stigma (perceived public stigma), then forms personal attitudes (personal stigma) that may or may not concur with perceived stigma and then determines whether or not to apply these stigmatizing attitudes to the self (self-stigma) (Eisenberg et. al., 2009).

Perceived public stigma will affect an individual’s desire to seek treatment, as well as their concerns about what others think. Counseling centers should find the most effective ways to reduce the public stigma of mental illness on their respective campuses and tailor services to meet the needs of students (Corrigan, 2004). Organizations like Active Minds are placed on campuses with the sole purpose of fighting stigma and educating students on mental health as a whole; Florida Tech has an on-campus chapter.

Self-reliance is another barrier suspected to be associated with help-seeking, as a Clemson University study found (Jennings et al., 2015). Jennings indicated that those who are aware of stigma may not seek treatment because they feel as though they can handle the issue on their own. The same study suggests that barriers of stigma arise when one individual experiences a problem and proceeds to consider social consequences that are associated with treatment. The authors found a correlation between participants who had a greater preference for self-reliance and negative attitudes toward treatment-seeking. Self-reliance is something commonly seen in college students who, upon initial arrival to college, are presented with a newly gained sense of independence.

Third-person Effect and Perceived Public Mental Health Stigma

Davison’s (1983) presupposed third-person effect (TPE), “predicts that people will tend to overestimate the influence that mass communications have on the attitudes and behavior of others” (p. 3). The effect occurs when individuals believe the greatest impact of a particular message will be on “them” not the “me” or “you” (Davison, 1983, p. 3). In the case of mental health stigma, it can be assumed that the “them” or third-person involved is perceived public stigma and negative stereotypes associated with it.

METHODOLOGY

The mixed-methods research approach was used in this study in order to develop a deeper understanding of the state of mental health on Florida Tech’s campus. The approach combines both quantitative (online survey) and qualitative (interviews) research methods to help develop better insight into topics of interest (Venkatesh, Brown & Bala, 2013).

For faculty interviews, the goal was to get participation from members from a variety of disciplines. Students pursuing degrees in diverse academic departments at the university were asked for contact information for their instructors. In total, four faculty members were interviewed. One faculty member was invited through email and chose not to accept.

Within the survey questionnaire, students who indicated that they had utilized CAPS services were asked if they would be willing to participate in a confidential qualitative interview regarding their experience. As a result, four students were interviewed, and another five who provided a contact email did not respond with times and availability.

Quantitative Data Collection

For the purposes of this project, students were asked about their knowledge of CAPS, service usage, questions related to mental health stigma, campus climate, and general demographic questions. The web-

based survey questions were derived from Healthy Minds Study (HMS), which has standard questionnaire modules previously used in studies based on topics related to the research goals including stigma, help-seeking, knowledge of resources, and campus mental health climate (Golberstein, Golust & Eisenberg 2009; Eisenberg, Downs & Golberstein, 2009; Downs and Eisenberg, 2012). In addition, the HMS study collected data across large college student populations regarding counseling center service utilization and other related mental health topics.

Responses were collected from a total of 110 students aged 18-years or older. The web-based survey was distributed to students enrolled at Florida Tech, recruiting them through quota and snowball sampling methods. This method of distribution ensured students of a variety of demographics were reached on campus. The survey was published on Google Forms and distributed first through an email forum requesting responses from students. The link to the instrument was included in the email, and responses were limited to one per person by means of selecting 'limit to 1 response' in Google Forms settings. Second, three faculty members who teach courses typically taken by students from a diverse set of academic majors were sent an email asking them to distribute the instrument to their classes. Next, members of student organizations (athletic teams, sorority) were asked to distribute the instrument to their organization members. In addition, survey respondents were asked to distribute it to others.

Qualitative Data Collection

The qualitative interview question guide for students was designed to gain a more in-depth understanding of the perceptions of CAPS services from students who had previously used or were currently using them. In addition, it gathered data on the campus climate from the perspectives of participants, as well as what they believed the organization could do more to enhance their outreach (RQ2). Four students participated, and five students who left their email addresses in the web-based survey did not respond to an email asking for their time and availability. Interviews with students were conducted in a reserved room in the Florida Tech Evans library. Four faculty members participated in the interviews. Conversations took place in their respective offices on Florida Tech's main campus.

Semi-structured interviews were conducted with flexible interview guides containing areas for open comments items. "Qualitative research involves the collection, analysis, and interpretation of data that are not easily reduced to numbers" (Anderson, 2010, p. 1). The interview guide for faculty members was modeled after one used in a University of Massachusetts study on the outreach practices of a small college counseling center (Ferriero, 2014). To begin conversations, students were asked to describe their experience with CAPS on a scale of 1-10, understanding one was equal to very poor and ten very good. They were then asked to describe how they heard about the services and why they chose to use them. They were later asked what they believed the counseling could do more to improve their outreach tactics. Though the questions were structured a specific way, it was important that they were open-ended so that the movement of the interview relied on the answers given by the interviewee.

RESULTS AND FINDINGS

A total of 110 students participated in the online survey. Sociodemographic information results are as follows: 70% of respondents were female, 28% were male. Twenty-six percent were juniors, 24% seniors, 32% were graduate students, 8% were freshmen, and 10% of respondents were sophomores. Thirty percent of participants were engineering majors, 21% psychology, and nearly 15% science. Sixty-one percent of the participants were Caucasian, 12% Hispanic, 8% Black, and 7% Asian. Thirteen percent of respondents indicated they had been diagnosed with both depression and anxiety, 7% depression alone, and 7% anxiety disorder alone. This section of the questionnaire gave students the option to select more than one illness. A total of 36% of respondents indicated they had been previously diagnosed with one or more of the mental health conditions listed.

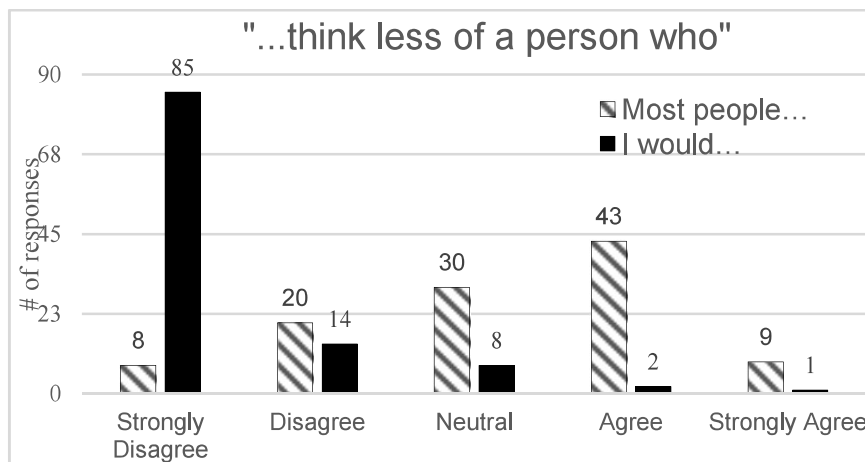
Knowledge and Perceptions of Services

Fifty-six percent of respondents agreed that if they needed to seek professional help for their mental or emotional health they knew where to go on campus. Forty-eight percent of survey respondents indicated they had received counseling before and of those, 49% said they used CAPS. Of those who used CAPS, 62% said the services were useful to them. When asked if they were aware of the services provided by CAPS, 66% of respondents said they were. The top three sources in which students learned of CAPS services were flyers on campus, emails and the university website at approximately 48%, 44%, and 32%, respectively. Finally, when it came to the question asking participants' opinion of the presence of a good support system on campus, 49% only somewhat agreed that was true. There were no significant correlations found in comparing variables in this category.

Stigma and Help-Seeking Intentions

Fifty-six percent of respondents agreed that if they needed to seek professional help for their mental or emotional health, they knew where to go on campus. Forty-eight percent of survey respondents indicated they had received counseling before, and of those, 49% said they used CAPS. Of those who used CAPS, 62% said the services were useful to them. When asked if they were aware of the services provided by CAPS, 66% of respondents said they were. The top three sources in which students learned of CAPS services were flyers on campus, emails, and the university website at approximately 48%, 44%, and 32%, respectively. Finally, when it came to the question asking participants' opinions of the presence of a good support system on campus, 49% only somewhat agreed that was true. There were no significant correlations found in comparing variables in this category.

FIGURE 1
PERCEIVED PUBLIC STIGMA VS PUBLIC STIGMA (N=110)



Campus Climate

When asked if they believed students' mental health and emotional well-being was a priority at school, 39% of respondents disagreed. In the question asking if the "administration is listening to the concerns of students when it comes to health and wellness," 37% disagreed, and approximately 45% were neutral. When asked whether the campus environment had a negative impact on students' mental and emotional health, 45% agreed. A few significant correlations resulted from tests in this category. The statement "at my school, I feel that the campus environment encourages free and open discussion about mental and emotional health" positively correlated with "the administration is listening to the concerns of students when it comes to health and wellness," at the .05 level of significance [$r(110) = .587, p = > .05$].

Qualitative Interviews

Responding to the first question on stigma and help-seeking (RQ1), most students indicated that the services were excellent, and overall personal experiences were good, but comments from each respondent revealed that scheduling conflicts had a negative effect. For the initial introduction to CAPS (RQ3), most named “freshman orientation” and “flyers,” “email blasts,” and “friends” as their first sources of information. However, though they learned of the services at freshman orientation, what encouraged most of the respondents to use the services was word of mouth, such as recommendations from friends, parents, and the health center. According to respondents, a change in the way CAPS makes themselves known to students may significantly improve outreach: “Letting more people know more specifically what’s available would help a lot...”. “Having more active integration into freshman orientation” was a way one student suggested. “During orientation week, there are already so many other events going on...but if they take a few minutes and just talk to everyone... it would give them the feeling that it’s there.” Another suggested, “explaining more about the specific services available at CAPS during orientation.”

Faculty interview questions generated data for RQ4, analyzing faculty awareness of CAPS and their role on campus. While describing their relationship with the counseling center, most indicated that they had interacted with the Director at one point, but not frequently. Their knowledge of the counseling center ranged from 5-6 on a 10-point scale, with all having a different level of knowledge about individual services offered by CAPS. Three explained, that they knew about advertised programs, but admitted there were things they were sure CAPS could offer that they did not know about. All explained that they knew if something related to mental health was a concern, they would refer to CAPS. Two respondents indicated that they give incentives to students to visit the counseling center or a group session for class and for other student activities because they realize that it is “super important” and “a valuable resource to students.

When asked how faculty role as liaison is shown to be true on campus, and how they think it can be improved, one faculty member indicated, “maybe it’s on us [faculty] to be a little more knowledgeable about what they do so we can maybe help them.” Each participant said they had referred students to CAPS at least once, three indicating they walked the student to the center personally. “We’re not doing due diligence by just seeing something and not saying anything about it, especially when it comes to mental health,” one respondent said. In addition, they also commented on CAPS confidentiality and how it sets a limit on what they know: “Their commitment to confidentiality means I won’t know a whole lot about what’s going on...but that does make me think they could do a better job reaching out to faculty” and “legal issues complicate things...but... we can support their efforts in terms of referring students to them especially if we think they [the student] could benefit.” Suggestions from respondents for improving their role include actions from CAPS: “Having communication with faculty because some probably just wouldn’t know...or some sort of training... allowing people working on campus to be aware” of if they “tried to make it to the first couple of department meetings every year... as a reminder, they’re here on campus.”

Faculty members were also asked what role they believed the counseling center had in addressing student issues such as violence, increases in student mental illness, and retention. According to two respondents, available resources play a significant role in what the counseling center can do: “I’ve referred students there, and they have trouble getting in and getting appointments...” and “if we’re helping more students it may keep them here... so providing them with the necessary resources to be able to help as many students as possible.”

DISCUSSION AND CONCLUSIONS

The research goals of this project were to (1) To investigate the degree of awareness among Florida Tech students regarding available campus counseling and psychological services (CAPS), and (2) identify current and potentially effective channels of communication outreach for Florida Tech student body regarding available mental health services. Results from both the quantitative and qualitative data exhibit

the presence of mental health issues at Florida Tech as well as barriers to usage, including stigma and student, faculty, and staff knowledge of services.

The small sample size (95% confidence level, $CI = \pm 9.24$) used to generate the data does not fully represent the university as a whole and is not proportionate to gender distribution among students. However, the preliminary findings can serve as a foundation to commence a more in-depth analysis of the mental health climate on Florida Tech's campus and at other similar institutions. Nationally, one in five students is said to have a mental health condition (NAMI, n.d.). Of the 110 surveyed in this project, 36% indicated they had been diagnosed with one or more mental health conditions listed in the questionnaire. When compared to national data, the information collected from participating students shows that Florida Tech is no exception.

To evaluate the information gathered from interviews the following overarching themes were identified: 1) Effective communication channels currently used by CAPS, 2) Barriers to the usage of counseling services, 3) The importance of improving faculty and student outreach from CAPS and, 4) Pros and cons to faculty mental health support.

The overarching theme of barriers to usage derived from interviews was identified from a common thread of responses from participants. Their various narratives demonstrated that scheduling conflicts was an issue shared by students and heard by faculty members. One respondent expressed: "The services were excellent... but finding time for both myself and the clinicians was a little difficult." Faculty participants also reported hearing comments from students: "[They] have so many students that it's hard to get an appointment." From this data, a recommendation can be made for improvement in available resources for the counseling center.

CAPS currently has two full-time licensed psychologists, one full-time director and a licensed psychologist, and seven masters-level doctor of psychology students on staff to meet the needs of 4,852 on-campus students. If 10-15% of students seek counseling on campus, the counseling center will need to service 482 to over 700 students (Francis & Horn, 2016). Wait-list times at a California university decreased following the addition of staff counselors to its counseling center (Goldberg, 2015). The university planned to add six counselors to the center's staff, and after seven positions had been filled, the wait-times for initial assessments decreased "from seven business days to 72 hours" (Goldberg, 2015, para. 7). Evidence of the lack of available resources further exhibits a need for more at CAPS, so that they may increase their staff numbers and meet the needs of Florida Tech students. Top-level support of counseling centers from all in the university community is critical for improvement (Kitzrow, 2009).

The results of the stigma and help-seeking survey measures demonstrate a strong presence of perceived public stigma and personal stigma on campus (RQ1), as well as their variations, in this sample of the student body. Comparisons of the "... would think less of a person" stigma measures included in the questionnaire using the phrase "most people..." (perceived public stigma), and "I..." (personal stigma) statements yielded results that demonstrate personal stigma and perceived public stigma are two issues that may prevent students from seeking the help they need (Corrigan, 2004). These results also prove the existence of the third-person effect as it relates to mental health stigma. 47% of students agreed that "most people" would think less of a person who has received mental health treatment, while a whopping 90% disagreed that they ('I' in the survey question) personally would think less of a person who received mental health treatment.

Other help-seeking barriers include scheduling conflicts with the counseling center, lack of knowledge of services (included in data for RQ2), and self-reliance. Survey data show that these factors may be contributing to stigma and help-seeking on campus: 39% of participants disagreed that students' mental health and emotional well-being is a priority at school. In addition, 45% of students in the sample believed that the campus climate has a negative impact on students' mental and emotional health. In answering RQ1, the extent of proliferation of mental-health stigma at Florida Tech was exhibited and thus highlights the need for an analysis of effective communication outreach from the counseling center.

Data collected in the survey and interviews with students and faculty members identified the currently used communication tools. This as well as research from university mental health task force reports were

used for purposes of developing potentially effective communication tools for the counseling center (RQ2).

According to the results of the questionnaire, measuring awareness of services provided by CAPS, nearly 66% of students said they were aware of the services. At a 95% confidence level, the calculated confidence interval was ± 9.24 , which means, it can be estimated that nearly 23-42% of the on-campus population are either somewhat or not at all aware of the services available. Student interviews presented data for counseling center outreach tactics through the analysis of each individual narrative as well as research relating to counseling center outreach tactics. The overarching theme of faculty/student outreach importance was noted after examining similarities in responses from both faculty and student participants.

Currently, as a form of marketing their services CAPS makes presentations at freshman and new faculty orientations, introducing themselves to the respective audiences and informing them of their presence on campus. The seeming ineffectiveness and need for improvements to this outreach strategy was demonstrated by student's suggestions for improvement: "During orientation week, there are already so many other events going on... but if they take a few minutes and just talk to everyone... it would give them the feeling that it's there." As well as: "Setting up [tables] in the dining hall or in the student union building and having flyers and brochures, being open for people to just come up as they're walking by."

These suggestions were reported following a question asking students what outreach improvements CAPS could make. Another student reported they learned of CAPS at freshman orientation but was encouraged by friends to use the services. One suggestion they indicated may be more effective included: "explaining more about the specific services available at CAPS during orientation." One also suggested that CAPS be "more involved with the students because, for the most part, all you see about [CAPS] is flyers on campus." This statement was similar in narrative to that of a faculty member who reported knowing about "programs that are advertised" but not knowing anything about the individual services they provide to students.

Drawing from this data, keeping improvements for both student and faculty knowledge of services in mind, the following recommendations for CAPS communication outreach tactics were made: First, in addition to the counseling center's presentations at freshman orientations, CAPS should increase the frequency of its tabling events for purposes of reaching as many students as possible. Scheduling tabling days for once every month during the spring and fall semesters. Tabling should be done in areas typically populated by students (Panther Dining Hall, and the Denius Student Center), and informational brochures and flyers should be readily available for students to take.

Results demonstrated student lack of knowledge of services from the counseling center, calling for a simple addition to syllabi given to students at the start of all academic semesters. The Florida Tech website contains a guide for instructors for creating "a well-crafted syllabus" ("How to Create a Great Syllabus, n.d.). The guide features a list of items to include in the syllabus—things like course objectives, required text, grading/attendance policies, and academic honesty. The list also suggests instructors include information on where students should get academic help (The Academic Support Center, The Writer's Den, the Math Advancement Center), information on disability services on campus, and Title IX. The list does not, however, include a suggestion for information on CAPS. The following proposed language for a syllabus addition was adapted from University of Michigan's course syllabi addition from University of Minnesota and Ohio State (Nasr, Rothman & Taguci, 2016).

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. Florida Institute of Technology is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. You can learn more about the broad range of confidential mental health services available on campus via [insert CAPS website].

For CAPS to accurately measure the effectiveness of its methods of outreach to students, a short survey, asking them where they learned of the services, as well as their knowledge of services offered on campus, is recommended. This strategy was originally proposed by the University of Michigan in their Mental Health Task Force official report. The survey should be distributed to students at the end of each semester through the university's online learning management platform (Canvas) in order to ensure participation from each student, accounting for new, incoming students as well. This method is currently used for student course evaluations. Each year at the end of the spring term, results should be compared to the previous academic year.

Faculty members on a university campus who work closely with students have a role in facilitating their growth and development (Kitzrow, 2009). In order for faculty and administrators to work with counseling centers to ensure students are aware of services and seek the help they need; they must have knowledge of available services and understand the proper courses of action for referring a student to the counseling center. Most faculty members reported not knowing exactly what services were available to students at the counseling center. One was even under the impression that services were not free. When asked about referring students whom they believe to be in need, one faculty member reported:

If we knew more about groups [CAPS] has and were given more notification, we could tell students there was a group setting for it rather than relying on things distributed to the student population. Stigma and a lack of understanding of proper methods of approaching a referral situation are obstacles that limit faculty roles as liaisons: "Even when I recommend [CAPS] to students sometimes there is still that resistance." As well as: "Students are able to trust me, but I'm not qualified to give the advice they need... I feel under-acknowledged on how the whole process is supposed to go." Resistance in fully taking on the role as liaison may lie in a lack of clarity in faculty responsibility: "It's not my job... once you're involved, you have to stay involved."

The final addition to the counseling center's communication outreach tactics comes from the University of Michigan's 2017 Mental Health Task Force Report, which proposed the inclusion of a mental health question to be featured in student course evaluations (Nasr, Rothman & Taguci, 2016). Course evaluations give students an opportunity to evaluate courses and professors. The inclusion of a question to be featured in the instructor effectiveness area of the course evaluation would contribute to faculty member knowledge of student mental health climate in their respective courses. The suggested question is presented following the discussion. It is important that CAPS educate faculty, staff, and administrators of the "importance and value of counseling services and their role in serving the mission of the university" (Kitzrow, 2009).

Limitations

The aggregated data only represent a portion of the student population, which means the gravity of need will only be known if a representative sample of students on campus is surveyed.

Participation for student interviews regarding experience with CAPS was self-selected. Self-selection was present in both the questionnaire and interview participation and is said to be a "key component" in overall bias (Dutwin and Buskirk, 2017). Those who chose to participate in interviews may have chosen to do so due to a strong opinion on the topic or interest in the subject area (Groves, Presser & Dipko, 2003; Hendricks, 2012). This can be regarded as a limitation for data collection because there is a chance that respondents who disclosed their mental health condition(s) may have had more knowledge about them, exaggerating the total number of students diagnosed with mental health issues. In addition, relating to self-selection bias in interview data, there could have been a wider variety of interview answers had other students and faculty members chosen to participate.

In addition, the time period in which data was collected may have affected participation and responses. March is a time of the semester when midterms are occurring on campus. Which means both students and faculty members may be busier than normal and may choose not to take the time to participate in the survey or interview. On the other hand, those who did participate may have had stronger feelings regarding their mental health because of stress they were experiencing as students and faculty members, exhibiting timing bias. However, to the researcher's knowledge, there is no perfect time to

collect the necessary data, as students and faculty members have times during the entire fall, spring and summer semesters where their stress levels may change. Limitations with data collection bring forth implications for research in the future.

Implications for Future Research

In the web-based survey, the percentage of survey participants who indicated they had been diagnosed with one or more of the mental health conditions listed came to 36%. Thirteen percent selected both depression and anxiety, 7% depression alone and 7% anxiety disorder alone. Though the sample size is not an accurate representation of the entire student population it brings forth the need to fully examine just how prevalent these conditions are in Florida Tech students.

Survey data relating to campus mental health climate yielded results that call for an addition to the student and faculty interview guides used in this paper's methodology. The addition of questions asking students what effect the campus environment has on their mental health would provide CAPS and the university administration insight on the role they play in student mental well-being.

Other institutions should take the proactive methods mentioned and use them to gain a better understanding of the state of mental health on their campuses. With more resources and longer data collection, universities can collect sufficient information to represent their student population and yield even more accurate results.

A great deal of academic research on college student mental health examines the problems on campus either from a number of participating universities or one with a larger student population. This study contributes to research by investigating the presence of the mental health issues, stigma and communication obstacles on campus at a small university by not only collecting survey data but conducting interviews with faculty and students as well. In order to solve the issue of mental health in college students, the phenomena must be investigated on individual campuses and solutions created for each respective school. The use of precursory research to discover the best methods is necessary because it is the only way to ensure they will work. However, what is true on one college campus may not be on another, and what may be a prevalent issue for one counseling center may not be for another. Even with research available and data presented, it is up to campus administrators recognize the need for haste and implement the changes.

To combat stigma and communication obstacles on college campuses, thereby bringing the rise in college mental health issues to a halt, universities must investigate the state of mental health on their respective campuses and do what is necessary to make the modifications.

REFERENCES

- Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education*, 74(8), 141.
- Beresin, G. (2017, March 15). The college mental health crisis: Focus on general wellbeing. *The Huffington Post*. Retrieved from https://www.huffingtonpost.com/entry/the-college-mental-health-crisis-focus-on-general_us_58bd93bce4b0ec3d5a6ba0ea
- Bishop, J.B. (1995). Emerging administrative strategies for college and university counseling centers. *Journal of Counseling and Development: JCD*, 74(1), 33.
- Brown, M.T., & Chambers, M. (1986). Student and faculty perceptions of counseling centers: What's in a name? *Journal of Counseling Psychology*, 33(2), 155-158.
- Cerel, J., Bolin, M.C., & Moore, M.M. (2013). Suicide exposure, awareness and attitudes in college students. *Advances in Mental Health*, 12(1), 46-53.
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625.
- Counseling and Psychological Services, student counseling center. (n.d.). Retrieved from <http://www.fit.edu/counseling-and-psychological-services/>

- Davison, P.W. (1983). The Third-Person Effect in Communication. *Public Opinion Quarterly*, 47(1), 1-15.
- Downs, M., & Eisenberg, D. (2012). Help-seeking and treatment use among suicidal college students. *Journal of American College Health*, 60(2), 104-114.
- Dutwin, D., & Buskirk, T.D. (2017). Apples to oranges or Gala versus Golden Delicious? *Public Opinion Quarterly*, 81(S1), 213-239.
- Eisenberg, D., Downs, M.F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 66(5), 522-541.
- Florida Institute of Technology. (n.d.). *Student Diversity Data*. Retrieved from <https://www.fit.edu/institutional-research/student-diversity-data/>
- Florida Institute of Technology International. (2017). Retrieved from <https://www.collegefactual.com/colleges/florida-institute-of-technology/student-life/international/>
- Ferriero, J.R. (2014). Outreach practices of a small college counseling center: A comprehensive model to serve the college community. *Doctoral Dissertations May 2014 - current*. Retrieved from 81.http://scholarworks.umass.edu/dissertations_2/81
- Francis, P.C. (2015). Counseling issues in college students. In M.A. Stebnicki, *The professional Counselor's Desk Reference* (2nd ed.). New York, NY: Springer Publishing Company.
- Francis, P., & Horn, A. (2016). Campus-based practices for promoting student success: Counseling services. *Midwestern Higher Education Compact*. Retrieved from http://www.mhec.org/sites/mhec.org/files/201602counseling_services.pdf
- Freinkel, J. (2015, February 15). Mental health task force releases final report. *The Daily Pennsylvanian*. Retrieved from <http://www.thedp.com/article/2015/02/mental-health-task-force-recommendations>
- Goldberg, E. (2015, November 18). *The Counseling Center's mission for more resources*. Retrieved from <https://dailytrojan.com/2015/11/17/the-counseling-centers-mission-for-more-resources/>
- Groves, R.M., Presser, S., & Dipko, S. (2003). The role of topic interest in survey participation decisions. *Public Opinion Quarterly*, 68(1), 2-31.
- Juneja, S., Cronin, A.H., & Subramaniam, A. (2018, February 06). *Pollack Rejects Creation of Independent Task Force to Review Cornell's Mental Health Policies*. Retrieved from <http://cornellsun.com/2018/01/15/pollack-rejects-creation-of-independent-task-force-to-review-cornells-mental-health-policies/>
- Kitzrow, M.A. (2003). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal*, 46(4), 165-179.
- Kitzrow, M.A. (2009). The mental health needs of today's college students: Challenges and recommendations. *Journal of Student Affairs Research and Practice*, 41(1), 646-660.
- Jennings, K.S., Cheung, J.H., Britt, T.W., Goguen, K.N., Jeffirs, S.M., Peasley, A.L., & Lee, A.C. (2015). How are perceived stigma, self-stigma, and self-reliance related to treatment-seeking? A three-path model. *Psychiatric Rehabilitation Journal*, 38(2), 109-116.
- Lee, C.L. (n.d.). *Improving student access and utilization of campus mental health resources*. Retrieved from https://www.naspa.org/images/uploads/main/Lee_NASPA_Memo.pdf
- Mori, S.C. (2000). Addressing the mental health concerns of international students. *Journal of Counseling & Development*, 78, 137-144.
- Nasr, G., Rothman, M., & Taguchi, Y. (2016, September). *Central Student Government Mental Health Task Force Official Report* (Issue brief). Retrieved from <https://umcsg.files.wordpress.com/2016/09/mental-health-taskforce-2017-official-report.pdf>
- National Alliance on Mental Illness. (n.d.). *Mental health conditions*. Retrieved from <http://www.nami.org/Learn-More/Mental-Health-Conditions>
- National Alliance on Mental Illness. (2012). *College students speak out: A survey report on mental health*. Retrieved from https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf

- Sabatke, S. (2016, January 30). *Mental health on college campuses: A look at the numbers*. Retrieved from <http://college.usatoday.com/2016/01/30/mental-health-by-the-numbers/>
- Student Enrollment. (n.d.). Retrieved from: <http://web2.fit.edu/oir/student-enrollment.php>
- University of Pennsylvania Task Force. (2015). *Report of the Task Force on Student Psychological Health and Welfare*. Retrieved from <http://www.upenn.edu/almanac/volumes/v61/n23/pdf/task-force-psychological-health.pdf>
- Van Brunt, B., & ACCA PAPA Committee. (2010). *The preparation and role of college counselors (ACAPCD-36)*. Alexandria, VA: American Counseling Association. Retrieved from <https://www.counseling.org/resources/library/ACA%20Digests/ACAPCD-36.pdf>
- Venkatesh, V., Brown, S.A., & Bala, H. (2013). bridging the qualitative-quantitative divide: Guidelines for conducting mixed methods research in information systems. *MIS Quarterly*, 37(1), 21-54.
- Vogel, D.L., Bitman, R.L., Hammer, J.H., & Wade, N.G. (2013). Is stigma internalized? the longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology*, 60(2), 311-316.
- Vogel, D.L., Wester, S.R., & Larson, L.M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling and Development: JCD*, 85(4), 410-422.
- Wood, M. (2012). The State of Mental Health on College Campuses. *Inquiry: The Journal of the Virginia Community Colleges*, 17(1), 4-15.
- Wooden, A. (2018, March 1). *Hopkins releases report on student mental health*. Retrieved from <http://www.jhunewsletter.com/article/2018/03/how-can-hopkins-improve-student-mental-health>
- Yorgason, J.B., Linville, D., & Zitzman, B. (Eds.). (2008). Mental health among college students: Do those who need services know about and use them? *Journal of American College Health*, 57(2), 173-81.