

College Students' Well-Being: Use of Counseling Services

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ABSTRACT

A significant number of college students experience varying levels of stress, anxiety, homesickness, and depression which may negatively impact their academic performance or personal functioning. However, many college students do not seek professional help from campus counselors. Recent research supports the effectiveness of counseling centers in reducing the effect of stress, anxiety, homesickness, and depression on the students' well-being. The purpose to the current study was to analyze students' reports on their levels of stress, anxiety, homesickness, and depression, grouping them based on previous counseling participation. It was hypothesized that those who had gone to counseling or were currently attending counseling would report better overall improvement than those students who had never attended counseling. The following study included college students at a Southeastern university who have attended counseling or were currently attending counseling through the services provided by the University, or from any outside service. A group of students who had never attended counseling previously also participated. The research assessed varying levels of mood and academic performance and any differences between the groups. To gather a broader scope of knowledge, the study investigated demographic information and potential hindrances to treatment. It also focused on any barriers that would impact the likelihood of counseling attendance, and the manner in which students learned about the services offered. It was found that those students who attended six or more counseling sessions reported more positive perceived change in their levels of depression, anxiety, and stress than did students who attended five or fewer counseling sessions. Most students reported that they would not attend counseling due to not having enough time and suggested online or weekend sessions. Finally, students stated that they predominantly learned about services from advertisement.

KEYWORDS

Counseling; College Students; Depression; Homesickness; Anxiety; Stress; Mood; Academic Performance

INTRODUCTION

Traditional college students are often between the ages of 18 and 24 with a developing sense of identity.¹ Often, a student's time at university is a period of exploration in interests, interpersonal and romantic relationships, and potential careers. These students have typically moved away from home and are experiencing a high level of independence. Without the presence of previous guidance, and often with the newer freedom expressed during college, new challenges and difficulties arise. Such new experiences and challenges can create situations that expose psychological disorders previously overlooked. During this time period, 12–25% suffer from a diagnosable psychological disorder.^{2,3} By the age of 24, 75% of all psychological disorders have manifested among college students.³ The most common psychological disorders noted on university campuses include anxiety disorders and mood disorders, often comorbid with substance abuse.¹ There are a number of different factors that impact the likelihood of college students seeking professional help including social influences, cultural differences, stigmas, and gender. A holistic understanding of college students, their psychological disorders, and their reasons for seeking treatment need to be fully understood in order to effectively provide services.

Psychological disorders have often been associated with poor academic performance and ultimately school dropout.⁴ Most concerning, given the prevalence of psychological disorders on university campuses, is the fact that more than two-thirds of the students do not seek help or talk about their prevailing issues.³ In fact, while the rate of diagnosed psychological disorders has increased among college students, the percentage of students who seek professional services yearly has remained constant at an average of 9–15%.^{5,4} Early intervention and psychological treatment is extremely vital in order to help prevent possible suicidal ideology and the later development of more severe psychological problems.⁵

Adjustment problems and homesickness are common concerns among students across universities. Adjustment problems have been associated with increased psychological distress that can generate symptoms of depression, anxiety, somatic distress, and low self-esteem.² Researchers discovered that freshmen and transfer students are most prone to struggle with homesickness and

adjustment.² According to another study, cultural differences contribute to difficulties in adjustment.⁶ For international students, homesickness is more common and intense in comparison to other students. Moreover, these students tend to attend counseling services at lower rates than American students and are also less likely to return after the initial intake session.⁶ Researchers continue that adjustment concerns are a significant predictor of retention rates.⁶

Problems related to social and emotional adjustment were the most important determinant for predicting future college retention.² Students who partake in counseling services have higher rates of college retention than students who do not. In fact, in a study with 10,009 college freshman and transfer students, seventy-nine percent of those who participated in counseling services designed to improve academic performance and retention remained enrolled at the university for at least another four semesters.² However, the study found that the services did not have a direct relationship with academic performance.² It should be noted that these findings cannot be generalized to the entirety of counseling services as they were specifically designed to increase academic performance and retention and did not have a broader role in the services offered. However, another study conducted by researchers found results in opposition to previous findings, highlighting the mixed nature of the research.⁷ This opposing study concluded that counseling services had a positive impact on academic performance, regardless of whether or not academic concerns were the presenting problem.⁷ Seventy-nine percent of 1,369 students in this study reported that seeking professional help influenced their decisions to remain in school when they had previously considered dropping out. Researchers found that counseling services led to improvement in academic motivation and class attendance, academic performance, and academic focus among students who reported adjustment difficulty.⁷ Moreover, women and commuters (students who do not live on campus) reported more positive changes in their emotional well-being after attending counseling compared to men and residents (students who lived on campus).⁷ These findings are consistent with similar research.^{5, 2}

Many university students are subject to increased responsibilities in their social, work, school, and home lives.³ It is not surprising, therefore, that anxiety affects between 38–55% of college students.⁴ Anxiety symptoms are often expressed as decreased energy, decreased concentration, and sleep disturbances.⁸ Common stressors include academic performance, financial needs, finding a romantic or intimate partner, fitting into social groups, and issues of separation and individuation from family of origin.¹⁻³ Further stressors include the use or abuse of alcohol and drugs, engaging in unwanted sexual experiences, dealing with unwanted pregnancies, sexually transmitted diseases (STD), or eating disorders. These often lead to academic difficulties, relationship problems, or eventual dropping out of school.¹ Moreover, there are differences in anxiety expressions and treatment habits among differing cultures.

Depression is the most common and prevalent psychological disorder among college students.³ It affects more than 12% of college students every year.⁴ Symptoms include anxiety, prolonged and intense sadness, anger, guilt, hopelessness, irritability, withdrawal, loss of interest, lack of concentration, problems falling asleep or too little or too much sleep, body aches, and thoughts of suicide or attempts.³ It further affects mood, social interactions and relationships, cognition, and the ability of the individual to cope with life's stressors. Depressive symptoms are correlated with poor academic performance, strained personal relationships, and decreased psychosocial well-being overall.³ These depressive symptoms greatly impact motivation and productivity, and often lead to sleep disturbances, reduced energy, and difficulty maintaining concentration.⁸ Often, depression is masked by college students through the use of drugs, alcohol, tobacco, and food, as well as unsafe sex, reckless driving, vandalism, and self-harm.³ Moreover, loneliness is associated with depression and poorer physical health.⁶ Next, social hopelessness can be defined as a negative cognitive thought pattern in relation to one's interpersonal relationships, such as fear of never fitting in or having intimacy with a significant other. Specifically, symptoms of social hopelessness are an important distinguisher between students at risk of suicide in comparison to general hopelessness.⁶ As these levels of social hopelessness decrease, the levels for personal commitment and expectations to improve in counseling increase.³

Views and expression of depression, as well as attitudes towards seeking professional help, differ among cultures.³ Differences occur between men and women. Women are more likely to have a greater understanding of depression and depressive symptoms than men.³ They have a more positive attitude toward seeking help when compared to men. Researchers found that women are twice as likely to suffer from depression as men though that could be related to their habits of seeking professional help.³ Finally, freshmen have a greater number of psychological problems than older students.¹ This is often attributed to the difficulty associated with initial adjustment, both in a social and academic context. However, the suicide rate for college freshmen is substantially lower than the suicide rate for their cohorts that are currently not in school.¹ In addition, an average of 28% of college freshman do not return for their sophomore year as compared to 33% of students who drop out before six years.⁹ For university students, the average rate of suicide is estimated to be about 6.5 to 7.5 per every 100,000 students, with 3.4 per every

100,000 falling between the ages of 17 and 19.^{4,10} It could be that college freshman are more likely to drop out when feeling stressed than they are to commit suicide. Next, research further shows that both anxiety and depression respond well to brief treatment interventions.⁸ However, for students who struggle with severe depression, brief treatment interventions are often not as effective. As the intensity of depression increases, the students' improvement in academic performance following treatment decreases. Often, anxiety and depression are comorbid disorders among college students and have been associated with decreased academic performance. The research also highlights that there is a strong positive correlation between clinical treatment and decreased academic distress. This correlation was strongest for students with depression ($b=0.53$), generalized anxiety ($b=0.40$), and social anxiety ($b=0.37$).⁸ These correlations are encouraging; although, one cannot determine the direct causal relationship between treatment and levels of distress.

Research supports the high prevalence rates of psychological disorders among college students and the effectiveness of counseling interventions. However, many students continue not to use the services offered. Many research studies have investigated possible impediments to student counseling attendance. First, stigmas still exist.³ They can be divided into a public—or self—stigma.¹¹ A public—stigma is how the general public acts upon a stereotyped belief; whereas, a self—stigma is the internalization of a belief by an individual and how they act upon a stereotype. Stigmas are further defined as the general populations' negative attitude toward a specific psychological disorder, toward counseling services, toward individuals who have a psychological disorder, or in relation toward seeking treatment.³ Most often, these perceived stigmas or discriminations toward psychological disorders are created by the views of family and friends.³ If individuals perceive there to be stigmas, they are less likely to seek counseling services. This self—labeling that occurs due to stigmas has been associated with lower self—esteem and decreased levels of hope.³ Self—stigmas are often generated from the public—stigma and become a driving factor of the individual's thoughts. As these negative public—stigmas increase, the self—stigmas increase, resulting in a decrease of the attitudes related to seeking help.¹¹

In addition, social influence is an important factor in the difficult decision—making process related to seeking professional help. Encouragement from family or peers increases the likelihood of the student's willingness to seek professional treatment.¹¹ Studies show that young adults often consult with their social circles before making the final decision to attend counseling services.³ In fact, in most cases, friends are the first people who the student approaches for advice, followed by parents, faculty, and psychological services.¹² A more recent study supports this finding, determining that college students tended to disclose more information to those to whom they felt close and did not disclose information when they felt that they would be misunderstood or judged.¹³

A significant amount of the research conducted in the last few years supports the correlation between counseling services and improved overall health. Students who attend counseling often report higher levels of social, academic, and emotional adjustment, and are more likely to graduate in six years than students who have not (with increased odds by a factor of three).⁴ These students also report gains in intrapersonal skills.⁷ Further changes include healthier lifestyles, increased understanding of one's identity, improvements in self—esteem and confidence, better critical thinking skills, and improvements in stress management and communication skills. Overall, students who use counseling services report significant reductions in severity of mental health symptoms and improvement in both personal and academic functioning.⁷ Brief treatment practices on university campuses are effective at treating high levels of generalized anxiety, social anxiety, eating concerns, hostility, and substance abuse and supports findings of increased retention rates among students who use counseling services.⁸

The opinion, attitude, and perception that a student has of counseling services are vital indicators of seeking treatment.¹² A recent study found that if students have low expectations of either counseling or the outcomes, they are less likely to go to counseling.³ While many of the negative perceptions of counseling have diminished, students who tend to struggle with more severe psychological problems still avoid seeking treatment due to fear of diagnosis or alienation from peers.^{4,5} However, there have been mixed results; for students in general, the more serious the problem is, the more likely they are to seek services.¹¹ Students further reported that they did not feel their issues were important enough or severe enough for treatment.¹² To elaborate, many of the issues discussed are normal occurrences that a large proportion of students deal with. It is difficult to determine when they become a problem. For example, sleep disturbances are considered a normal happenstance as one out of three students suffer from regular and severe sleep problems.⁶ Sleep disturbance is second to stress in the negative impact it has on academic performance. Furthermore, related specifically to substance use, students tend to overestimate the drinking behaviors of their peers and are less likely to notice when someone else or they themselves need help.⁶ Researchers further reported that students also felt uncomfortable at the idea of counseling as well as the limitations of confidentiality that it would present, especially when students do not consider professionals to be competent.^{12,14} Men tend to have more negative attitudes toward seeking help from

counseling services than women.⁹ Finally, some of the barriers surrounding counseling services and their continual lack of use include negative stigmas and a lack of understanding of psychological disorders as well as what services are offered. Researchers state that higher levels of mental health literacy among students on college campuses are equated with increased help-seeking attitudes and levels of acceptance and support among peers.³ Limitations to the above research include the sample size and participants, the generalizability to all university campuses, cultural diversity, and mental health literacy among students.

The present study was conducted to determine students' perceived effectiveness of counseling services at a Southeastern university while also generating common perceptions and knowledge about counseling services. Homesickness, overall adjustment, mood, depression, anxiety, demographic information, and academic performance were compared in students who had and had not attended counseling services. Stereotypes and stigmas were analyzed along with students' knowledge about counseling services. Gender and other cultural differences were also analyzed and correlated with the above-mentioned variables. The study also evaluated the effect of social influence on counseling attendance rates by assessing the means from which students learned about the services offered. It was hypothesized that students who had gone to counseling would report better mood overall, or improvement in mood, as well as a perceived increase in academic functioning when compared to students who had never gone to counseling. The researcher believes that differences in demographic information will appear between the two groups, and that stigmas may affect the participation rate of those who do not attend counseling.

- Research Question: The primary research question of interest in the study was whether or not college students that go to counseling services have better adjustment, mood, and academic performance than students who do not go to counseling.
- Hypothesis 1: It is predicted that students who have gone to counseling will report better overall mood or improvement in mood when compared to students that have never gone to counseling
- Hypothesis 2: It is predicted that students who have gone to counseling will report a perceived increase in academic functioning when compared to students that have never gone to counseling.
- Hypothesis 3: It is predicted there will be gender differences in overall mood and academic performance.
- Hypothesis 4: It is predicted that students who attend more counseling sessions will report more significant changes in overall mood than those that do not attend many sessions.

METHOD AND PROCEDURES

Participants

A campus-wide email was sent to all undergraduate students, receiving 277 responses. Approximately 20% of enrolled students participated in the survey. However, three responses were eliminated given one participant was under the age of 18 years and could legally not provide informed consent, and two other participants did not fully complete the survey (N=274). Fifty-four reported that they have gone or are currently going to counseling (20%). Of those who participated, 79 were men (28.8%) and 195 were women (71.2%). The age of the participants ranged from 18–49, with the largest percentage being 19 years of age (24.8%). Furthermore, the academic class of the participants was well distributed (Freshman/1st Year = 28.8%; Sophomore = 21.2%; Junior = 23.0%; Senior = 21.9%; and, Fifth Year = 5.1%). Moreover, 53 students had majors in the Arts and Humanities (Art, History, English, Communication, Spanish, Missions and Ministry, Theater, Music and Journalism); 110 in the Sciences (Chemistry, Math, Physics, Biology, Public Health, Fitness and Sport Science, Exercise and Sports Science, and Health and Physical Education); 53 in Business (Accounting, Business Administration, and Information Technology); 54 in Education; 105 in the Social Sciences (Human Services, Psychology, Criminal Justice, and Political Science); and 6 in Other disciplines (5 Undecided and 1 Independent Directions Program). Many students indicated having double or triple majors. Ethnic diversity of the participants included 252 Caucasians (92%), 13 African Americans (4.7%), 6 Asians (2.2%), and 9 Hispanic or Latino students (3.3%), with some reporting to be of mixed race. Finally, the state or country in which the participants were from was compiled into geographical regions based on the census division.¹⁵ Two-hundred and fourteen students were from the South, with the largest regional group composing 193 participants in East South Central. Thirty students were from the Midwest, 12 were from the West, and 3 were from the Northeast. From the participant pool, 12 were International. Three responses were omitted as two provided their country of origin rather than region, and the other listed none.

Materials

Mood (including anxiety, depression, stress, and homesickness) and academic performance were measured using a survey that was constructed by the researcher for use in the present study (See **Appendix A**). This survey collected demographic information: age, race, major, academic year, home state, gender, barriers to seeking counseling, and the likelihood of counseling service attendance.

Most of the demographic questions were forced choice. However, questions related to age, major, and home state/country of origin were open response. Next, there were two yes or no questions that determined the questions that followed. If participants had utilized counseling services currently or in the past through the Southeastern University or through another party, they responded to a Likert scale in relation to how their mood had improved or deteriorated since their attendance. They were also asked to report the range of the number of sessions they had attended. This range was determined after speaking with the Director of Behavioral Health, who stated that most students self-report improvement after three to seven sessions. If the respondent had not attended counseling, s/he skipped ahead to question 15, where s/he answered questions on a Likert Scale related to his/her levels of the differing emotions. Both Likert scales were on a scale from 1–5 and had instructions on the levels of functioning that each number represents. Afterward, all participants responded to questions about their academic performance. They selected one option from a limited number, which was given a scoring system, followed by a Likert scale for their satisfaction perception. The Cronbach's alpha for the 10 Likert scale items was 0.79. The last question the participants were asked to complete was related to barriers to counseling. Students had a selection of options where they could choose any number of hindrances as well as add their own.

Procedure

After receiving approval to conduct the study by the Institutional Review Board, a campus-wide email was sent to all undergraduate students from the Dean of Undergraduate Studies. Students were asked to complete the survey by clicking on a link. The survey was created using Survey Monkey. The first screen that appeared displayed the informed consent form. Only those affirming informed consent could access the survey. Next, participants saw the first survey question. There was only one question on the screen at a time, except regarding demographic questions, and participants could not move on until the previous question had been answered. The first six questions were demographic, including age, gender, and race. The participants then continued on to the survey questions. They were asked if they had attended counseling services, either at a university while an undergraduate student or within a two-year time frame elsewhere. Depending on the answer, participants were directed to specific questions using a Likert scale to rate the features of mood. The researcher had no contact with the participants. The survey was available for the participants to complete at any convenient time during a 3-week time frame between midterm and final exams of the Fall semester. Once students had completed the survey, they submitted their responses, and nothing further was necessary. Finally, participants had the option to include their email to be entered into a drawing for the chance to win a \$25 Amazon gift card. A random selection was made by an online number random generator and the winner was notified and able to pick up the gift card at a designated campus office.

RESULTS

Operational Definitions

One variable of interest was whether the students have received counseling services either on campus or from an outside service. Other variables for this study were the differing moods, including stress, homesickness, anxiety, and depression, as well as the academic performance of the participants. Stress was operationally defined as a state of mental tension and worry/anxiety caused by problems in life related to work, school, etc. that can be exhibited as a physical force or pressure.¹⁶ Next, the operational definition for anxiety was characterized as a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome. Depression was operationally defined as repeated feelings of sadness, significant weight loss or gain, lack of energy, inability to concentrate, feelings of worthlessness, and loss of interest.¹⁶ In addition, homesickness was operationally defined as the distress or anxiety caused by being separated from home. It was further characterized by feelings of longing due to separation from one's home environment or loved ones.¹⁷ Finally, academic performance satisfaction was defined as the extent to which a student has achieved their educational goals.⁸ Academic performance was defined as the grade point average (GPA) accumulated while at the university. Overall mood was defined as the students' rating of their current mood, taking into consideration their levels of anxiety, stress, homesickness, and depression. These variables were given a Likert scale rating (see **Table 1**).

Rating:	1	2	3	4	5
Anxiety, Depression, Homesickness, & Stress for Counseling	Significantly Decreased	Somewhat Decreased	Neutral/No Change	Somewhat Increased	Significantly Increased
Anxiety, Depression, Homesickness, & Stress for No Counseling	None	Below Average	Average	Above Average	Very High
Overall Mood	Very Poor	Poor	Acceptable	Good	Very Good
Academic Performance Satisfaction	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Table 1: Rating scale measures for operational definitions.

Counseling

Students who had attended counseling rated perceived changes to their levels of anxiety, depression, stress, and homesickness on a Likert Scale, and the averages of the responses were analyzed. Responses of a two indicated somewhat decreased levels of the abovementioned moods; whereas, a three indicated no perceived change. A score of four, however, indicated somewhat increased levels of the differing moods. First, anxiety (M=2.58, SD=0.94) was reported to have the largest decrease in levels compared to the other three variables (see Table 2). Scores tended to range from 1 to 4, indicating a wide range of scores that were considered to be the average response (see Figure 1). Typically, scores ranged between somewhat decreased to no perceived change in levels of anxiety. Stress and homesickness were slightly decreased (M=2.83, SD=1.04; M=2.83, SD=0.88 respectively). The majority of scores for stress ranged from 1 to 5. Again, this is a wide range with some scores reflecting somewhat decreased levels in stress since attending counseling; whereas, others indicated a perception of significant increase. The average response places stress as only slightly decreased and close to no perceived change. Compared to anxiety, levels of stress had less decreased results. Homesickness scores typically ranged from 1 to 5. Similar to stress, the results indicated very little decrease in levels of homesickness on average. The results typically indicate no perceived change. Finally, depression scores (M=2.63; SD=1.07) typically ranged from 1 to 5. Once more, this is a wide range with some scores reflecting somewhat decreased levels in depression as well as somewhat increased levels. On average, students reported no perceived change in their levels of depression.

	N	M	SD
Anxiety Level	52	2.58	0.94
Depression Level	54	2.63	1.07
Stress Level	54	2.83	1.04
Homesickness Levels	54	2.83	0.88

Table 2: Means for counseling. 1=significantly decreased; 2=somewhat decreased; 3= no change; 4=somewhat increased; 5=significantly increased; N=number of participants; M=mean; SD=standard deviation.

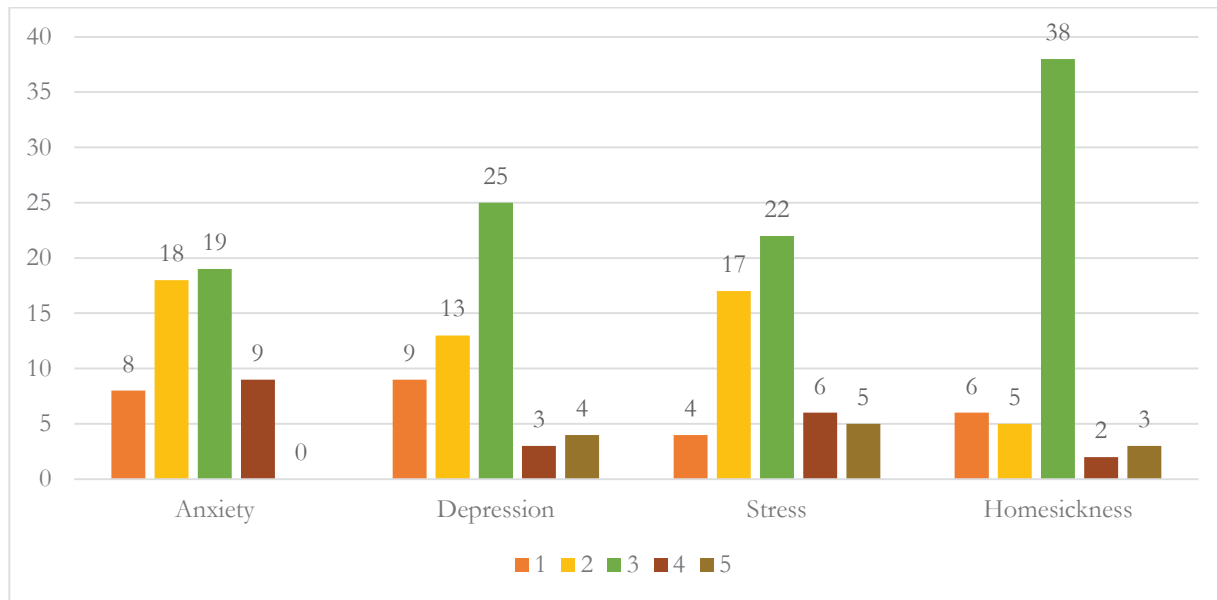


Figure 1: Frequency responses of Likert scale ratings by counseling attendance.

Non-Counseling

Next, students who had never attended counseling also provided Likert scale ratings of their levels of anxiety, depression, stress, and homesickness which were also analyzed using the average response. In this case, a score of three indicated average levels of the differing moods listed above. A response of two conveyed below average levels and a four indicated above average levels of anxiety, depression, stress, and homesickness. First, anxiety level scores (M=3.18, SD=1.03) ranged from 1 to 5. Typically, anxiety levels ranged from below average to above average, although the majority of students had slightly higher than average levels of anxiety. Scores for depression levels (M=2.53, SD=1.14) ranged from 1 to 5 (see **Figure 2**). Similar to anxiety, depression scores ranged from below average to only slightly above average. Typically, depression levels for students who do not attend counseling are below average. Stress (M=3.54, SD=0.91) was reported to be the highest of the four differing levels of mood with an average response of above average. Scores typically ranged from 1 to 5 or ranged from average levels to slightly above average levels of stress. Finally, homesickness levels (M=2.25, SD=1.08) were below average. Scores ranged from 1, or no homesickness, to 5, or very high levels of homesickness, with the majority of responses being average (see **Table 3**).

	N	M	SD
Anxiety Level	216	3.19	1.03
Depression Level	216	2.53	1.14
Stress Level	216	3.56	0.91
Homesickness Levels	216	2.25	1.08

Table 3: Means for non-counseling. 1= none; 2= below average; 3= average; 4=above average; 5= very high. N=number of participants; M=mean; SD=standard deviation.

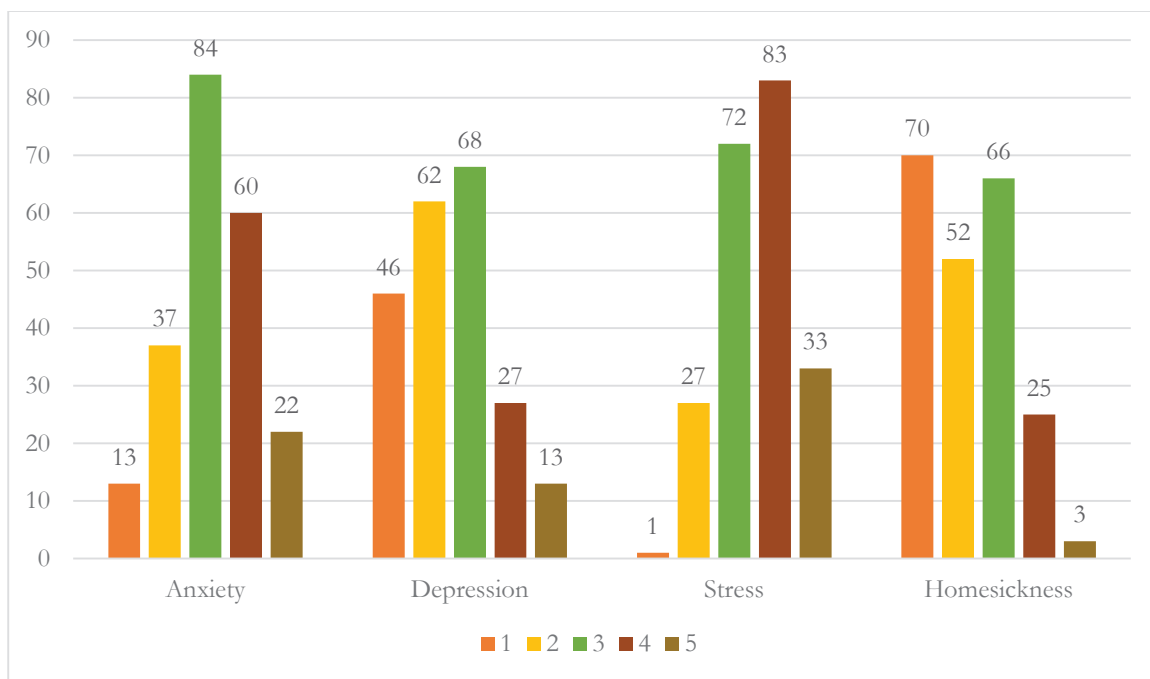


Figure 2: Frequency responses of Likert scale ratings by non-counseling attendance.

Overall Mood and Academic Performance Satisfaction

An independent samples t-test was conducted to compare the means of the responses to overall mood and academic performance satisfaction (see **Table 4**) between both students who had attended counseling previously with those who have never gone to counseling. However, neither overall mood [$t(267) = -1.66, p=0.098; d=0.26$] nor academic performance satisfaction [$t(264) = 1.27, p = 0.204; d=0.19$] were significantly different between counseling (M=3.22, SD=1.03; M=3.85, SD=0.95 respectively) and non-counseling (M=3.48, SD= 0.97; M=3.67, SD=0.93 respectively).

	Counseling			Non-Counseling		
	N	M	SD	N	M	SD
Overall Mood	53	3.23	1.03	213	3.48	0.97
Academic Performance Satisfaction	53	3.85	0.95	213	3.67	0.93

Table 4: Independent samples T–test to compare means between counseling and non–counseling attendance. For overall mood, 1= very poor; 2=poor; 3=acceptable; 4=good; 5=very good. For academic performance satisfaction, 1=very dissatisfied; 2=dissatisfied; 3=neutral; 4=satisfied; 5=very satisfied.

Gender

A second independent samples t–test was conducted to compare the means of the responses to anxiety levels, depression levels, stress levels, homesickness levels, overall mood, and academic performance satisfaction between men and women students whether or not they have attended counseling previously (see **Table 5**). The factor of anxiety level was determined to be significant [$t(266) = -4.47, p=0.001; d=0.60$] between men ($M=2.65, SD=1.00$) and women ($M=3.25, SD=1.00$). Depression levels were also determined to be significant [$t(268) = -1.99, p=0.048; d=0.28$] between men ($M=2.34, SD=0.99$) and women ($M=2.64, SD=1.16$). Another significant result was for the variable of stress levels [$t(268) = -3.55, p=0.001; d=0.47$] between men ($M=3.09, SD=0.95$) and women ($M=3.54, SD=0.97$). The levels of homesickness also had significant differences between the sexes [$t(268) = -2.83, p=0.005; d=0.38$] of men ($M=2.09, SD=1.10$) and women ($M=2.49, SD=1.03$). Next, overall mood was indicated to be significant [$t(176.39) = 4.90, p=0.001; d=0.63$] between men ($M=3.84, SD=0.82$) and women ($M=1.00, SD=1.00$). Finally, academic performance satisfaction was significant [$t(264) = -2.15, p=0.036; d=0.29$] between men ($M=3.51, SD=0.95$) and women ($M=0.92, SD=0.92$).

	Men			Women		
	N	M	SD	N	M	SD
Anxiety Levels	79	2.65	1.00	189	3.25	1.00
Depression Levels	79	2.34	0.99	191	2.64	1.16
Stress Levels	79	3.09	0.95	191	3.54	0.97
Homesickness Levels	79	2.09	1.10	191	2.49	1.03
Overall Mood	79	3.84	0.82	190	3.26	1.00
Academic Performance Satisfaction	78	3.51	0.95	188	3.78	0.92

Table 5: Independent samples T–test to compare means between men and women. For the differing levels of mood:1= none; 2= below average; 3= average; 4=above average; 5= very high. For overall mood: 1= very poor; 2=poor; 3=acceptable; 4=good; 5=very good. For academic performance satisfaction: 1=very dissatisfied; 2=dissatisfied; 3=neutral; 4=satisfied; 5=very satisfied. N=number of participants; M=mean; SD=standard deviation.

Counseling Attendance Based on Sessions

While not initially part of the study, the opportunity presented itself to delve deeper into the counseling group to evaluate the perceived effectiveness of the differing attendance of counseling services. A third independent samples t–test was used to evaluate the means of the differing levels of anxiety, depression, stress, and homesickness between students who had attended counseling. These students were grouped by the number of counseling sessions that they had attended (see **Table 6**). Based on frequency results revealing nearly half the distribution had attended 6 or more sessions, the participants were divided into two groups: 1–5 sessions and 6 and more sessions (see **Table 7**).

	1–5 Sessions			6 or more Sessions		
	N	M	SD	N	M	SD
Anxiety Levels	27	2.89	0.89	27	2.19	0.88
Depression Levels	27	3.15	0.82	27	2.11	1.05
Stress Levels	27	3.11	1.12	27	2.56	0.89
Homesickness Levels	27	2.93	0.78	27	2.74	0.98

Table 6: Independent samples T–test to compare means between sessions. 1=significantly decreased; 2=somewhat decreased; 3= no change; 4=somewhat increased; 5=significantly increased. N=number of participants; M=mean; SD=standard deviation.

Anxiety levels were significant [$t(52)=2.92, p=0.005; d=0.79$] between students who had attended 1–5 sessions ($M=2.89, SD=0.89$) and those who had gone to 6 sessions or more ($M=2.19, SD=0.88$). Next, depression levels were significant [$t(52)=4.05, p=0.001; d=1.10$] between the 1–5 session group ($M=3.15, SD=0.82$) and the 6 and greater group ($M=2.11, SD=1.05$). Finally, the results indicated that the levels of stress were also significant [$t(52)=2.02, p=0.049; d=0.54$] between participants who had gone to 1–5 sessions ($M=3.11, SD=1.12$) and those who had gone to 6 or more sessions ($M=2.56, SD=0.89$). However, the levels of homesickness were not significant [$t(52)=0.77, p=0.447; d=0.21$] between the two groups ($M=2.93, SD=0.78; M=2.74, SD=0.98$, respectively).

	Frequency	Percent	Cumulative Percent
1–2 Sessions	20	7.3	34.5
3–5 Sessions	10	3.6	51.7
6–9 Sessions	13	4.7	74.1
10 or more sessions	15	5.5	100.0

Table 7: Frequency of session attendance.

Pearson Correlation

A Pearson correlation analysis was completed among all participants, those that had attended and had not attended counseling, between the variables of age, academic class (e.g. Freshman, Sophomore, Junior, Senior, and Fifth year), gender, race, academic performance satisfaction, geographical states, geographical regions, students’ first, second, and/or third major(s), overall mood, academic performance based on GPA, and counseling/non–counseling. Not surprisingly, results of the correlation indicated that there was a significantly moderate and positive association between age and academic class [$r(274)=0.486, p=0.001$]. The correlation analysis also found a weak and positive relationship between the variables of academic class and academic performance satisfaction to be significant [$r(266)=0.125, p=0.042$]. There was a significant weak and negative correlation between academic class and major [$r(274)= -0.125, p=0.038$]. The variable of gender correlated weakly according to the results of the Pearson correlation with the variables of academic satisfaction [$r(266)=0.131, p=0.032$] and overall mood [$r(269)= -0.267, p=0.001$]. While the direction of the relationship between gender and overall mood was negative, the results indicated a positive correlation between gender and geographical states [$r(259)=0.137, p=0.028$], and gender and academic satisfaction. However, the Pearson correlation results indicated a weak and negative correlation between race and academic performance satisfaction [$r(266)= -0.127, p=0.038$]. Finally, the results indicated a weak and positive correlation between academic performance satisfaction and overall mood [$r(266)=0.128, p=0.036$], and a moderate and positive relationship between academic performance satisfaction and academic performance based on GPA [$r(266)=0.541, p=0.001$]. To be noted, no significant correlation coefficient occurred between any of the variables and counseling/non–counseling.

Methods of Receiving Information

Participants were asked to respond to three qualitative measures of data. The first asked for student awareness of free counseling services offered at the university. Students responded to a fixed response of “yes” or “no” before having the opportunity to elaborate on their response. Of the 274 participants who responded, 211 (77.01%) had heard of the services, while 63 (22.99%) stated that they were unaware that such services were offered. Two–hundred and eighteen participants elaborated on how they learned of the services, and these responses were then coded between two observers into one of seven categories (with a strong interrater reliability of 77.78%; see **Chart 1**). The coders were given the list of responses and then grouped similar responses, providing a title with no interaction between them. The largest proportion of participants stated that they had learned of the services through advertisement, including pamphlets, flyers, emails, and memos in the resident halls ($N=67$). Fifty–five of the respondents stated that they were informed from informational settings or events, such as freshman or resident assistant orientation, resource fairs, and engage events among others. Nonprofessional relationships, such as peers, friends, or word of mouth, were other popular means of sharing information ($N=54$). Professional relationships followed ($N=52$): teachers, Student Services, coaches, resident assistants, and peer leaders. Twenty–two participants responded that they heard about the counseling services on campus from the school website, 6 participants are attendees, and 9 were categorized as other.

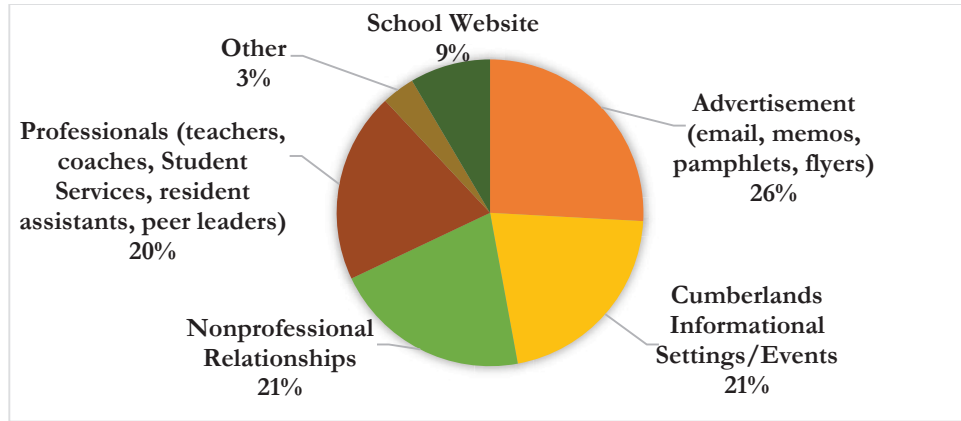


Chart 1: Methods of receiving information.

Reasons Why Students Would Not Attend Counseling

Moreover, participants were asked to choose the reasons why they might not attend counseling in a forced choice question, but also had the option of creating a response of their own (See Appendix A). An analysis of the open-ended responses between two independent raters (interrater agreement = 80%) revealed five themes of responses (see **Chart 2**). The most frequent response to impediments to seeking counseling was related to students not having enough time, or having a busy schedule (N=169). The next largest response (N=82) was that students would attend counseling. To be noted, participants were also asked previously to rate their likelihood of counseling attendance on a scale of 1–5, with 1 being very unlikely, 2 being unlikely, 3 being undecided, 4 being likely, and 5 being very likely. Of the 269 participants who responded to the question, 18.59% stated that they were very unlikely to attend, 27.51% rated their attendance as unlikely, 33.83% chose undecided, 13.38% responded with likely, and 6.69% stated that their attendance was very likely. Such results need to be considered alongside the 17% who responded that they would attend counseling in a later question. Moreover, fear of judgment was a frequent concern (N=70), followed by confidentiality worries (N=33), unawareness of services (N=28), and misconceptions or beliefs of “couch” therapy, or the stigma often associated with services (N=27). Next, participants stated that they would not attend due to counselor unavailability (N=16) or due to a perception of specific problems within the program (N=9). Such problems included negative previous experiences and misunderstandings. Other barriers to seeking counseling included cultural/language barrier (N=5), participants already having a support system (N=4), or other (N=2).

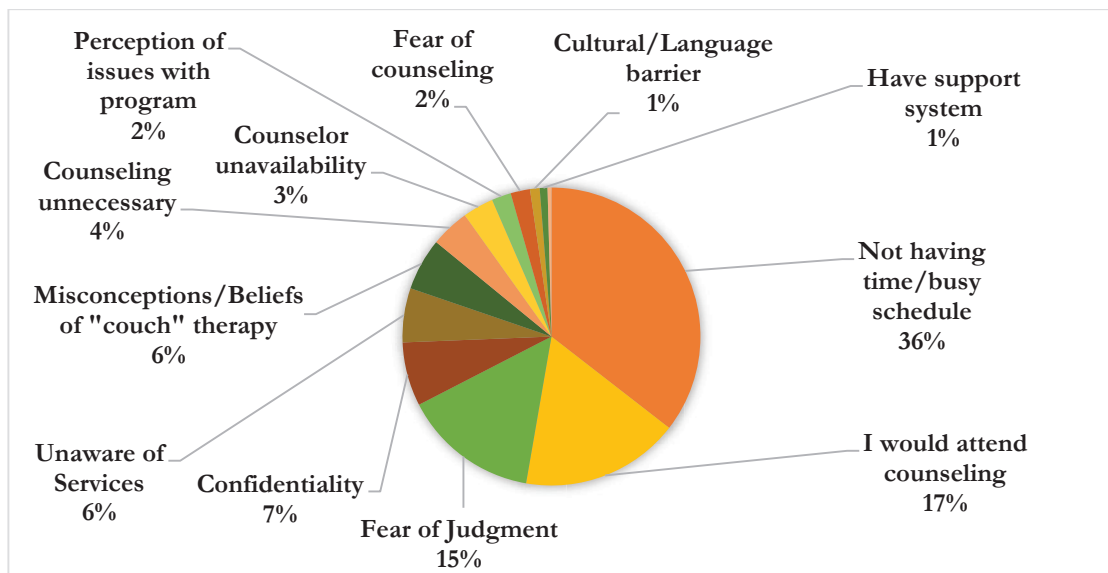


Chart 2: Reasons students would not attend counseling.

DISCUSSION

Gender Differences

The purpose of this study was to evaluate participants' reported scores on their perceived levels of mood and academic performance between those who had and those who had not gone to counseling. A large amount of research has been conducted on the effectiveness of counseling services in the treatment of college students' depression, anxiety, stress, and homesickness. In fact, depression is one of the most prevalent concerns among students, with women reporting more depression than men.³ Similar results were obtained in this experiment as women reported higher levels of depression. However, past research has found counseling to be effective in reducing depressive symptoms.³ Such results were not universally supported in this study, as the students who had attended counseling reported no significant perceived changes in their levels of depression since receiving services; although, those students who had gone to six or more sessions did report more significantly decreased levels. Students who had not gone to counseling reported lower than average levels of depression. Moreover, women also reported higher levels of anxiety, stress, and homesickness than men did. Past research has shown that men tend to report more positive emotional well-being than women.⁷ This study found similar results as men reported more positive overall moods than women. Finally, in the comparison between men and women, the results indicated that women reported more satisfaction with their academic performance.

Perceived Effectiveness and Relationship of Counseling

Overall, much research supports that counseling attendance has led to improvement in academic focus and motivation.⁷ While similar results were expected, such conclusions did not seem to be supported by the present research. Counseling services did not seem to have any perceived effect, either positive or negative, on the levels of homesickness. Participants reported no perceived change in their homesickness levels no matter their counseling attendance length, and while past research has found homesickness to be of great concern for many college students, the non-counseling group reported below average levels of homesickness and did not seem to be in need of services.⁶ This could indicate that students who have significantly high levels of homesickness typically do not remain at college past their first year. Future research could focus on homesickness to see if there is the possibility of such feelings to decrease naturally over time, indicating that treatment measures are not always necessary. Moreover, counseling did not seem to have a relationship in either increasing or decreasing students' reported stress levels for those who attended less than 6 counseling sessions. For those who completed 6 or more sessions, counseling did lead to reported decreased levels of stress. Similar to homesickness, students who have never gone to counseling reported only slightly higher than average levels of stress, rendering no need for assistance. Such higher than average levels of stress could be attributed to scheduling of the survey between midterms and finals. This final portion of the semester can involve multiple projects and assignments coming due, which can be quite stressful to students.

Participants who did not attend counseling reported levels of anxiety that were only slightly higher than average, but lower than above average, indicating the perception that there was no pressing need for services. Again, this in large part could be attributed to the timing of the survey. The students who went to counseling reported little perceived change in their anxiety levels. Overall, the portion of the sample that had never attended counseling seemed to be rather healthy and had limited perceived need to attend counseling. However, those students who sought counseling for less than 5 sessions report no perceived improvements, which could bring into question the relationship of the services offered and the length of time treatment, or that some students may be unwilling or unable to adhere to a lengthier counseling process, although this cannot be gathered in certainty in the present study. Future studies could look more in-depth at the length of counseling service attendance. Much of the open response data touched on student perception of a number of different issues about the counseling program. For instance, most college students do not disclose information when they feel they will be misunderstood or judged.¹³ Qualitative data from the present study highlighted much mistrust among many students: students stated that they would not attend for fear of judgment from peers or family; concerns of not being taken seriously as having a need; and, fears of scaring counselors.

Stigmas also exist and affect student attendance and potential intervention effects.³ Students expressed a need to eliminate the stigma of counseling being equated with an individual as having a problem, recognizing it as a hindrance to attendance. Perceived stigmas were reasons that some would not seek counseling and were also expressed as a need to be overcome in considerations of improvements of the counseling program on the university campus. Many of the statements illustrated misunderstandings of what actually happens during a counseling session, which could be remedied by providing better information. Students expressed the importance of counseling, but also focused on many issues perceived as hindrances to effective treatment. The lower the expectations that students have for the effectiveness of counseling, the less likely they are to seek professional help.³ Similar

results were found in the qualitative data as many students who had previously attended stopped going after less than six sessions due to a number of different factors such as schedule conflicts, perceived judgment, and perceived problems with counselors.

Students who attended six or more sessions reported significantly perceived decreased scores on anxiety, stress, and depression than did students who attended five or fewer sessions. Homesickness was not found to be significantly different between the two groups based on length of counseling attendance. The students who only attended one to five sessions of counseling tended to report no perceived change in their levels of anxiety, stress, and depression. The longer the student was in counseling, the more perceived changes that occurred and, thus, the more effective counseling was perceived to be. Unfortunately, based on participant comments, many students reported negative experiences or feeling worse rather than better after meeting with a counselor. Many felt that counseling did not help and did not return for further sessions. Importantly, students reported that a common means of communication among them is through word of mouth from peers and friends. As such, many perceptions about the services could be spread by the student body in a very negative way based on students' previous experience. Students who have had negative experiences share it with peers, as evidenced in many of the comments in response to why students would not attend counseling. Most students also consult social circles before going to counseling.³ Similar results were found in this study as some students stated that they would not attend counseling because they feel that they have a sufficient support system.

Correlational Interpretations

Results of the study also indicated a weak relationship between academic class and academic performance satisfaction. The results suggest that the longer the student has been in college, the more likely s/he is to be satisfied with his/her grade point average (GPA). However, this correlation is rather weak and indicates that other factors could impact their satisfaction with their GPA. Future research could focus on such factors, exploring possible confounds such as emotional development and academic expectations. In other words, older students are more aware of what to expect from their classes and are more emotionally and cognitively mature than younger students. Another relatively weak correlation suggests that women tended to be more satisfied with their academic performance than men. These findings support previous findings with self-report measures. Again, the relationship between gender and academic performance satisfaction was rather weak, indicating the need for further research on other factors that could impact satisfaction. In addition, another weak relationship indicated that women tend to have more negative overall moods than men which does support previous findings. Once more, additional research is necessary to see what other factors could also impact the variable of overall mood. Next, White students seemed to have the greatest academic performance satisfaction, followed by African Americans, Asians, Latinos, and those of mixed race. However, the relationship is very weak and the majority of the sample size was White. The survey did not sample a large enough minority group to reasonably determine the strength of the relationship. There is a need for further studies to corroborate such data. Additionally, academic performance satisfaction is a small factor in determining overall mood. Again, such a relationship is weak and future research could focus on other impacting factors. Finally, as GPA increases, so too does a students' academic performance satisfaction. GPA moderately impacts satisfaction, and thus, GPA also affects overall mood. Further research is necessary to completely understand the relationship between GPA and overall mood however.

Research in the past has found a correlation between counseling services and overall mood.⁴ While similar results were expected, they were not found. Counseling was not correlated with overall mood, academic performance, or any of the demographic information. In other words, one demographically comparable group of students was not more likely to go to counseling than another. For example, a student's major, and whether it is predominantly human service based or science based, did not determine whether the student was more likely to go to counseling. Moreover, women were not more likely to attend over men, students from the United States were not more likely to attend over international students, and a certain race was not more likely to attend counseling than another, among many other variables. Such data indicates the universality of acceptance of counseling services, most specifically on campus. One specific group of students is not more likely to attend than a different group, highlighting the larger acceptance of counseling as a whole. Many of the comments stated that students would attend counseling if they felt that there was a need. The services offered are not specific to one population of student, which is very encouraging given students from all backgrounds seem to be neither more nor less likely to attend based on a specific demographic variable.

Finally, the likelihood of student attendance differed on two different questions. The first was a Likert scale for the likelihood of counseling attendance. The majority of respondents stated that they were very unlikely or unlikely to attend. However, when students were later asked to respond to the question on possible impediments to counseling attendance, a large percent stated that they would attend counseling as no other variables impacted their decision. Many respondents even stated that they had no problems with counseling, and would go if they felt it necessary. As indicated by early discussion, many of the students who went

to counseling report average levels of homesickness, stress, depression, and anxiety. The population is relatively healthy, but many are not opposed to seeking counseling if they felt it necessary. However, many perceived barriers should be addressed first. Many indicated that they would not attend due to counselor unavailability. Overall, students are very aware of the services offered and are not completely opposed to counseling.

Potential Confounds and Limitations

The reliability of self-reported scores as to the effectiveness of counseling needs to be considered. It is possible that students who have gone to counseling may not understand themselves well enough to notice any possible improvements or deterioration. A student's perception is his/her reality and his/her understanding of his/her anxiety, stress, homesickness, and depression is subject to personal interpretation. The survey asked for subjective responses on the levels of the differing variables of mood (stress, depression, anxiety, and homesickness) which are based on the interpretation and understanding of the rater. To illustrate, one student may not handle anxiety as well as another, rating it as much stronger than another might. Finally, another limitation is that students may not accurately, nor truthfully, report their levels of mood, which typically tend to fluctuate. Other potential confounds include the possibility that students with a strong opinion, either negative or positive, toward the counseling department might have been more likely to respond to the survey than students who had more positive, or more neutral experiences. The survey was given towards the latter half of the Fall semester. For example, it is possible that students may have been more overwhelmed by their responsibilities, generating higher, but temporary, levels of stress. It is possible that at this point of the semester, students do not feel as homesick, since they have had the opportunity to make friends and create healthier relationships with other students and faculty.

While careful considerations were taken, there are always limitations or extraneous variables that could have had an effect on the results revealed in this study. First, the sample size was rather small and limited to students from a smaller, Southeastern, faith-based university. Most of the students were born in the United States, and while a number of different states were represented, the vast majority was from the Southeast. Moreover, the sample size included a larger proportion of women than men and the White race was overly represented. While such results may be representative of the attending undergraduate population at this Southeastern University, the results do not have much external validity as it cannot be generalized to the population outside of campus. Two possible threats to internal validity that have been noted are selection, as only a select and interested group may have responded to the survey, and demand characteristics, as the participants may have responded in manners that they believe they should have. For example, students who have gone to counseling may inflate their overall improvement scores with the belief that they should feel better, and thus, respond accordingly. To address these problems, the study could be replicated at other colleges and universities using a larger and more diverse sample. Other limitations included self-selection bias, as students chose whether or not to participate, and retrospective reporting. Further, there was no confirmation of counseling attendance, thus, students could have falsely reported their previous counseling history. Importantly, the study used non-valid assessment measures in the assessment of the variables.

Future Directions

Overall, previous research supports the effectiveness of counseling services for college students. Moreover, college students today are reported to have increased rates of anxiety and depression in comparison to previous cohorts, while the number of those students who seek professional help remains constant. These trends highlight the importance of counseling service centers on campuses. Understanding student concerns and possible impediments to counseling attendance could help create effective means of increasing student attendance rates. The findings from this study highlight the importance of educating students on available services and minimizing potential barriers when students need to seek counseling. This study also suggests students could benefit from multiple counseling sessions when addressing symptoms of anxiety, stress, and depression. Future research is warranted on strategies to promote regular counseling attendance by college students when needed. Given the potential benefit of counseling services to the well-being of college students, the best practices for advertising and delivering these services must be understood.

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ABOUT STUDENT AUTHOR

Morgan Huenergarde worked on this project during her junior year at the University of the Cumberlands. She will graduate in May of 2019 and intends to pursue a doctorate degree in Clinical Psychology the following year. Her goal is to become a licensed clinician, working with juveniles in the administration of assessments and evaluations.

PRESS SUMMARY

A lot of college students suffer from stress, anxiety, homesickness, and depression which may negatively impact their academic performance or daily lives. However, while such negative feelings are common, many college students do not seek professional help from campus counselors. Recent research supports the importance of counseling centers to help students address the above-mentioned issues. The following study included college students at a Southeastern university who have attended counseling or are currently attending counseling through the services provided by the University, or from any outside service. Students who had also never attended counseling participated in the study. The research asked students to consider their varying levels of mood and academic performance, and then compared the responses between the two groups. To better understand students, the study also asked for demographic information and potential reasons why they would not attend counseling. It also focused on how students learned about services offered to better understand how students communicate on campus. The study found that college students who went to six or more perceived changes of less anxiety, depression, and stress than did students who only went to five or fewer sessions. Most students stated that they did not have to attend counseling and suggested online or weekend sessions. Finally, students mentioned that they learned about counseling services through advertisement.

APPENDIX A*Survey*

1. Age: _____ (fill in)
2. Academic Standing: (please choose one)
 - Freshman/1st Year
 - Sophomore
 - Junior
 - Senior
 - Fifth Year
3. Major(s): _____ (fill in)
4. Gender:
 - Male
 - Female
5. Race: (please choose all that apply)
 - White
 - Native Hawaiian or Other Pacific Islander
 - Black or African American
 - Asian
 - American Indian or Alaska Native
 - Hispanic or Latino
 - Other: _____
6. Location (U.S. state or country) where you are from. Example: TN or Tennessee: _____ (fill in)
7. Are you aware that the University offers free counseling services? If yes, please indicate how you heard about it.
 - Yes. Comment: _____
 - No
8. Have you ever gone to/sought services at the counseling center at the University?
 - Yes
 - No
9. Have you ever gone to/sought services at counseling centers other than those attributed to the University in the last two years?
 - Yes
 - No

If yes, answers automatically skip to questions 10-14.

If no, answers automatically skip to question 15-19.

10. Given the list below, please indicate how many counseling sessions you have attended, either at the University's counseling center or another location.
 - 1-2
 - 3-5
 - 6-9
 - 10 or greater

Please choose the number that most accurately describes your response to the question using the following guide:

1. Significantly Decreased
2. Somewhat Decreased
3. Neutral
4. Somewhat Increased
5. Significantly Increased

11. Anxiety is characterized as a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome. How would you rate your level of anxiety since receiving counseling services?

1	2	3	4	5
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Please choose the number that most accurately describes your response to the question using the following guide:

- 1. Significantly Decreased
- 2. Somewhat Decreased
- 3. Neutral
- 4. Somewhat Increased
- 5. Significantly Increased

12. Depression is characterized as a repeated feeling of sadness, significant weight loss or gain, lack of energy, inability to concentrate, feelings of worthlessness, and loss of interest. How would you rate your level of depression since receiving counseling services?

1	2	3	4	5
---	---	---	---	---

Please choose the number that most accurately describes your response to the question using the following guide:

- 1. Significantly Decreased
- 2. Somewhat Decreased
- 3. Neutral
- 4. Somewhat Increased
- 5. Significantly Increased

13. Stress is characterized by a state of mental tension and worry/anxiety caused by problems in life related to work, school, etc. that can be exhibited as a physical force or pressure. How would you rate your level of stress since receiving counseling services?

1	2	3	4	5
---	---	---	---	---

Please choose the number that most accurately describes your response to the question using the following guide:

- 1. Significantly Decreased
- 2. Somewhat Decreased
- 3. Neutral
- 4. Somewhat Increased
- 5. Significantly Increased

14. Homesickness is classified as the distress or anxiety caused by being separated from home. It is further characterized by feelings of longing due to separation from one’s home environment or loved ones. How would you rate your level of stress homesickness since receiving counseling services?

1	2	3	4	5
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After completing question 10-14, survey skips automatically to question 20.

15. On a scale of 1 to 5, how likely are you to use the counseling services:
1. Very unlikely
 2. Unlikely
 3. Undecided
 4. Likely
 5. Very likely

1	2	3	4	5
---	---	---	---	---

Please choose the number that most accurately describes your response to the question using the following guide:

1. None
2. Below Average
3. Average
4. Above Average
5. Very High

16. Anxiety is characterized as a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome. How would you rate your levels of anxiety?

1	2	3	4	5
---	---	---	---	---

Please choose the number that most accurately describes your response to the question using the following guide:

1. None
2. Below Average
3. Average
4. Above Average
5. Very High

17. Depression is characterized as a repeated feeling of sadness, significant weight loss or gain, lack of energy, inability to concentrate, feelings of worthlessness, and loss of interest. How would you rate your levels of depression?

1	2	3	4	5
---	---	---	---	---

Please choose the number that most accurately describes your response to the question using the following guide:

1. None
2. Below Average
3. Average
4. Above Average
5. Very High

18. Stress is characterized by a state of mental tension and worry/anxiety caused by problems in life related to work, school, etc. that can be exhibited as a physical force or pressure. How would you rate your levels of stress?

1	2	3	4	5
---	---	---	---	---

Please choose the number that most accurately describes your response to the question using the following guide:

1. None
2. Below Average
3. Average
4. Above Average
5. Very High

19. Homesickness is classified as the distress or anxiety caused by being separated from home. It is further characterized by feelings of longing due to separation from one’s home environment or loved ones. How would you rate your levels of homesickness?

1	2	3	4	5
---	---	---	---	---

Please choose the number that most accurately describes your response to the question using the following guide:

- 1. Very Poor
- 2. Poor
- 3. Acceptable
- 4. Good
- 5. Very Good

20. Mood includes the factors of anxiety, depression, stress, and homesickness. How would you rate your overall mood at this particular point in time?

1	2	3	4	5
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21. For what reasons would you not attend the counseling services on campus? Please choose all that apply.

- Fear of judgment
- Confidentiality
- Unaware of services
- Cultural/language barriers
- Counselor unavailability
- Not having time/busy schedule
- Misconceptions/ beliefs of “couch” therapy
- I would attend counseling
- Other: _____

22. In what ways do you think that the counseling services on campus or the information related to the services offered can be improved?

- Comments: _____

23. Academic Performance is the extent to which a student has achieved their educational goals. Please indicate your cumulative GPA

- GPA: 3.5 - 4.0
- GPA: 2.5- 3.49
- GPA: 1.5 – 2.49
- GPA: Below 1.5

Please choose the number that most accurately describes your response to the following question using the guide below:

- 1. Very Dissatisfied
- 2. Dissatisfied
- 3. Neutral
- 4. Satisfied
- 5. Very Satisfied

24. Academic Performance is the extent to which a student has achieved their educational goals. How would you rate your academic performance satisfaction at the University of the Cumberland at this time?

1	2	3	4	5
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Thank you for your time. If you would like to include any email address (not limited to the University email address) in order to be entered into a random, anonymous drawing to win a \$25 Amazon gift card, please do so here (optional):

Email: _____