

Student Mental Health Concerns and Community Response at a Mid-Size Private University

Mary-Margaret Koch
Interdisciplinary Studies
American University
4400 Massachusetts Ave NW
Washington, D.C. 20016

Faculty Advisor: Dr. Jane E. Palmer

Abstract

College and university students are struggling with emotional and behavioral health problems at higher rates than previous generations. Between 2001 and 2008, the number of incoming students reporting mental health issues increased by 90% at four-year institutions. At a mid-size private university, demand for counseling services has increased significantly since 2011. The top concerns that cause students at this university to make an appointment at the University Counseling Center are student stress and anxiety. The research will seek to answer the question: Did the needs of the community surrounding stress and anxiety change between 2011 and 2015, and if so, how has the University Counseling Center responded to these changing needs? This mixed-methods research study will examine data collected from the 2011 and 2015 administrations of the American College Health Association's National College Health Assessment at a mid-size private university. The quantitative data will be examined by the demographics of gender, race, grade in school, and housing location. The qualitative data comes from questions added to the 2015 version of the survey that asked students to describe sources of stress and anxiety as well as what actions the university could take to reduce student stress. This research will inform the University Counseling Center at the university which demographics of the student population have experienced the most changes from 2011 to 2015, as well as provide recommendations for actions the university could take to reduce student stress.

Keywords: Student Stress, Anxiety, National Collegiate Health Assessment

1. Collegiate Mental Health

1.1 Overview

College and university students are struggling with emotional and behavioral health problems at higher rates than previous generations.¹ Between 2001 and 2008, the number of incoming students reporting mental health issues increased by 90% at four-year institutions in the United States.¹ A recent study of college seniors found that 25.7% of students have sought counseling during their university tenure.¹ The Healthy Minds study at the University of Michigan found that 32% of college and university students are dealing with a mental illness.² Of these students with mental illnesses, 5% screen positive for panic disorders, 6% screen positive for anxiety disorders, 9% screen positive for major depression, and 15% screen positive for self-injuring with thoughts of suicide.² The rate of students living with mental illness increases when substance abuse and eating disorders, conditions common amongst student populations, are factored in to frequency rates of mental illness.²

1.2 Student Stress & Anxiety

The terms “stress” and “anxiety” have become common in colloquial English language. However, the words are frequently misused and their meanings can be misinterpreted. Common usage has moved away from the clinical definitions of these psychological conditions. For the purpose of this study, stress is defined as any uncomfortable emotional experience accompanied by predictable biochemical, physiological and behavioral changes.³ Stress is situational and has the ability to go away over time. Conversely, anxiety is classified as an emotion characterized by feelings of tension, worried thoughts and physical changes such as increased blood pressure.⁴ Unlike stress, symptoms of anxiety are not situational, as the emotions of worry and fear are not merely situational, they become permanent.⁵

In 2014, anxiety became the most cited mental health concern for students seeking treatment from a university counseling center, with 55.1% of students who received treatment nationwide citing it as their primary reason to attend counseling.⁹ Previously depression was the most cited mental health concern; therefore, college and university counseling centers are making changes within their centers to reflect this change in collegiate mental health.

1.3 Collegiate Mental Health Services

University counseling centers increase student academic performance, bolster campus safety, help reduce suicide rates, help reduce rates of substance abuse, and promote resilience and reduce stress amongst students.⁷ Students who utilize counseling services at their campus generally report improvement in their mental health, class attendance, and overall quality of life.⁷ When students experience a higher quality of life, they are less likely to leave their university. The Healthy Minds Network, an additional collegiate mental health measurement tool, found that by treating 100 students that are depressed, six dropouts can be averted, and thus saving the university an average of \$240,000.² Therefore, it is financially favorable for college and universities to mental health services.

This study used a mid-size private university as a case study to examine student mental health concerns and community response. The Mid-Atlantic university has an undergraduate population of around 7,000 students and in recent years has become increasingly selective in its admittance rates.

The Counseling Center at this university is the main resource that students have access to that addresses mental health concerns. The Counseling Center offers both individual and counselor-lead group therapy. Additionally, the center refers students to the psychiatrist at the Student Health Center and can help connect students with other mental health services in the region. In order to serve the greatest number of students possible, the Counseling Center cannot offer unlimited individual therapy. After 6-8 sessions, the Counseling Center typically will refer students to a different mental health provider if they need to continue receiving services. Additionally, the Counseling Center offers crisis walk-in hours from 2-4 PM every weekday. These services do not require an appointment. From the 2010-2011 to 2014-2015 school year, the total number of clients seen by the Counseling Center has increased.⁸ Figure 1 displays the number of clients seen by the Counseling Center over the last five school years.

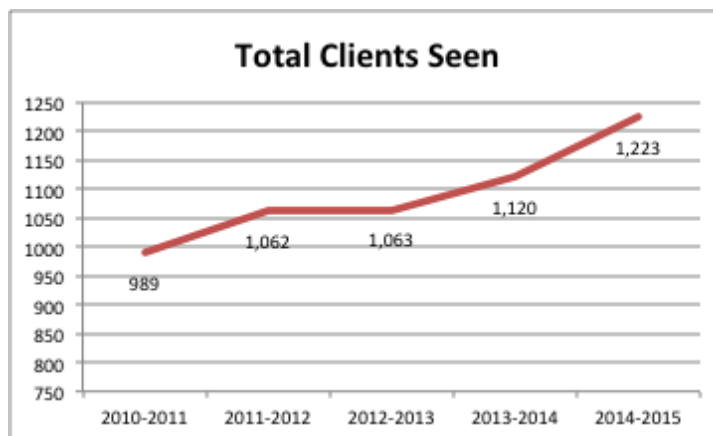


Figure 1. Total number of clients seen 2010-2015

1.4 Changes in Student Concerns

In addition to seeing additional clients, the nature of student concerns at the University Counseling Center has also changed. The top student concerns in the 2010-2011 academic year and the number of times these concerns were endorsed are shown in Table 1, and the same information for the 2014-2015 academic year is displayed in Table 2.

Table 1. Nature of student's concerns 2010-2011

Nature of students' concerns (Data derived from clinicians during initial appointment. Listed below are the top five concerns.)	% of students exhibiting condition	# of times endorsed
1. Stress	64.5%	636
2. Relationship Issues	58.6%	578
3. Anxiety	52.6%	519
4. Depression	51.8%	511
5. Family Relationship Problems	39.0%	385

Source: (Counseling Center, 2015)

Table 2. Nature of student's concerns 2014-2015.

Nature of students' concerns (Data derived from clinicians during initial appointment. Listed below are the top five concerns.)	% of students exhibiting condition	# of times endorsed
1. Anxiety	61.3%	741
2. Stress	60.1%	727
3. Relationship Issues	47.4%	573
4. Depression	46.2%	558
5. Academic Performance/Experience	36.0%	435

Source: (Counseling Center, 2015)

2. National Collegiate Health Assessment

The National Collegiate Health Assessment (NCHA) is a survey that asks respondents questions about their health. In addition to collecting demographic data, the NCHA includes many questions regarding different components of personal health. The categories on the survey for these questions are as follows:

- Health, Health education, and Safety
- Alcohol, Tobacco, and Drugs
- Sex Behavior and Contraception
- Weight, Nutrition, and Exercise
- Mental Health
- Impediments to Academic Performance

In total, the NCHA survey instrument asks students to answer 66 questions about their health. This survey collects categorical data from respondents that can then be analyzed using quantitative research methods. Responses to the quantitative questions on the NCHA survey are sent to the American Collegiate Health Association (ACHA). The ACHA compiles data from universities across the country to create a national collegiate health report. This report is widely cited to understand mental health trends, and all contributing universities receive a report about how student health at their institution compares to national trends and norms. In the 2015 version of the NCHA survey, universities were given the opportunity to add university-specific qualitative questions that students could answer at

the end of the NCHA assessment. ACHA also provides universities with a dataset so they can analyze quantitative and qualitative responses.

2.1 NCHA at the Institution

The Wellness Center at the university administers the National Collegiate Health Assessment on a biennial basis. This survey is emailed to all students, and responses are submitted directly to ACHA. At the university, there were 462 survey responses collected for the 2011 NCHA, and 1,096 survey responses collected for the 2015 NCHA. For the 2015 version of the NCHA, students who responded to the survey were entered into a raffle to win one of 16 gift cards. This incentive increased the number of responses for the 2015 NCHA survey, resulting in a data set that is a better representation of the student population.

3. Research Methods

Using both quantitative and qualitative data collected at the University for the NCHA for 2011 and 2015 administrations of the survey, this research seeks to answer the question:

- Did the needs of the the University community surrounding stress and anxiety change between the 2010-2011 academic year and the 2014-2015 academic year, and if so, how has the the University Counseling Center responded to these changing needs?

A data analysis software program called SPSS was used to conduct all of the data analysis in this study. Responses were coded to be 0 / 1 dichotomous variables, and multiple variables had to be combined before any tests could be conducted. Additionally, the 2011 and 2015 NCHA data sets were separate, and had to be combined into one large data set. Chi Square tests for significance were calculated on a 95% confidence interval.

For each of the qualitative questions from the 2015 NCHA survey, the responses were analyzed in the qualitative software program NVivo. Within NVivo, the responses were manually coded into categories based on similarity in responses. Then, categories were coded into overall categories and sub-categories.

4. Quantitative Findings

Four questions from the mental health portion of the National Collegiate Health Assessment for 2011 and 2015 were analyzed in this study. These questions asked respondents the questions:

- Last 12 months – felt overwhelming anxiety
- Last 12 months diagnosed/treated anxiety
- Ever received mental health services – University
- Consider seeking help from mental health professional in future

These questions were chosen because they touched on the topics of student stress and anxiety, the focus of this research study. An analysis was conducted which compared the results from the 2011 NCHA to the 2015 NCHA using a Chi Square test on a 95% confidence interval, controlling for the different demographic variables of gender, race, year in school, and housing.

4.1 Gender

Survey respondents were asked to provide their gender. Students could answer this question using the following options: female, male, and transgender. Due to the small sample of transgender individuals, seven individuals who identified as transgender were removed from the dataset. Table 3 displays the percentage of the female population that answered yes for each question in 2011 and 2015, as well as the Chi Square test comparing the years within the demographic, and Table 4 displays the same variables for the male population. There were statistically significant differences in the amount of women who felt overwhelming anxiety and were diagnosed / treated for anxiety in

2011 compared to 2015. There were statistically significant differences in the amount of men who would consider seeking help from a mental health professional in the future in 2011 compared to 2015.

Table 3. Female responses

NCHA Questions	% within 2011 (n=315)	% within 2015 (n=795)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	59.7%	68.8%	0.005
Last 12 months – diagnosed/treated anxiety	13.2%	22.5%	0.000
Ever received metal health services – University	21.5%	25.4%	0.182
Consider seeking help from mental health professional in future	76.8%	80.0%	0.237

Table 4. Male responses

NCHA Questions	% within 2011 (n=142)	% within 2015 (n=294)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	45.1%	53.1%	0.080
Last 12 months – diagnosed/treated anxiety	11.3%	14.1%	0.415
Ever received metal health services – University	14.9%	17.9%	0.430
Consider seeking help from mental health professional in future	58.2%	75.5%	0.000

4.2 Race

Survey respondents were also asked to provide their race. Students could answer this question using the following options: White, Black, Hispanic or Latino/a, Asian or Pacific Islander, American Indian, Alaskan Native, or Native Hawaiian, Biracial or Multicultural, and Other. To have statistically significant populations, the respondents who were Black, Hispanic or Latino/a, Asian or Pacific Islander, American Indian, Alaskan Native, or Native Hawaiian, Biracial or Multicultural, and Other were recoded into a new variable named “Nonwhite.” Table 5 displays the percentage of the nonwhite population that answered yes for each question in 2011 and 2015, as well as the Chi Square test comparing the years within the demographic, and Table 6 displays the same variables for the white population. There was a statistically significant difference in the amount of nonwhite students who would consider seeking help from a mental health professional in the future in 2011 compared to 2015. There was a statistically significant difference in the amount of white students who felt overwhelming anxiety, were diagnosed / treated for anxiety, and would consider seeking help from a mental health professional in the future in 2011 compared to 2015.

Table 5. Non-white responses

NCHA Questions	% within 2011 (n=68)	% within 2015 (n=280)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	50.0%	59.5%	0.092
Last 12 months – diagnosed/treated anxiety	9.4%	15.0%	0.245
Ever received metal health services – University	12.5%	21.7%	0.098
Consider seeking help from mental health professional in future	57.8%	73.2%	0.016

Table 6. White responses

NCHA Questions	% within 2011 (n=395)	% within 2015 (n=816)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	56.2%	66.3%	0.000
Last 12 months – diagnosed/treated anxiety	13.2%	22.0%	0.000
Ever received metal health services – University	20.7%	23.9%	0.216
Consider seeking help from mental health professional in future	73.1%	80.8%	0.003

4.3 Year in School

Survey respondents were asked to provide their year in school. Students could answer this question with the following options: 1st year undergraduate, 2nd year undergraduate, 3rd year undergraduate, 4th year undergraduate, 5th year or more undergraduate, graduate or professional, not seeking a degree, and other. Since the focus of this study was the undergraduate population, students who checked graduate or professional, not seeking a degree, and other were removed from the dataset. Students who checked 5th year or more undergraduate were recoded as 4th year undergraduates. Table 7 displays the percentage of the 1st year undergraduate population that answered “yes” for each question in 2011 and 2015, as well as the Chi Square test comparing the years within the demographic, Table 8 displays the same variables for the 2nd year undergraduates, Table 9 displays the variables for 3rd year undergraduates, and Table 10 displays the variables for 4th year undergraduates. There was a statistically significant difference in the amount of first year undergraduates who were diagnosed / treated for anxiety, and had received mental health services at their university in 2011 compared to 2015. There was a statistically significance in the amount of second year undergraduates who felt overwhelming anxiety in 2011 compared to 2015. There was a statistically significant difference in the amount of third year undergraduates who felt overwhelming anxiety, had received mental health services at their university, and would consider seeking help from a mental health professional in the future in 2011 compared to 2015. There was a statistically significant difference in the amount of fourth year undergraduates who felt overwhelming anxiety and were diagnosed/treated for anxiety in 2011 compared to 2015.

Table 7. 1st year undergraduate responses

NCHA Questions	% within 2011 (n=117)	% within 2015 (n=382)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	52.1%	60.7%	0.124
Last 12 months – diagnosed/treated anxiety	12.1%	21.1%	0.030
Ever received metal health services – University	11.2%	19.1%	0.049
Consider seeking help from mental health professional in future	67.8%	74.9%	0.131

Table 8. 2nd year undergraduate responses

NCHA Questions	% within 2011 (n=118)	% within 2015 (n=276)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	64.0%	62.5%	0.023
Last 12 months – diagnosed/treated anxiety	14.5%	22.2%	0.082
Ever received metal health services – University	20.9%	23.4%	0.592
Consider seeking help from mental health professional in future	72.4%	77.9%	0.244

Table 9. 3rd year undergraduate responses

NCHA Questions	% within 2011 (n=130)	% within 2015 (n=219)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	50.8%	69.1%	0.003
Last 12 months – diagnosed/treated anxiety	13.2%	17.9%	0.249
Ever received metal health services – University	17.7%	27.5%	0.037
Consider seeking help from mental health professional in future	69.0%	81.7%	0.007

Table 10. 4th year undergraduate responses

NCHA Questions	% within 2011 (n=91)	% within 2015 (n=205)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	53.8%	69.2%	0.039
Last 12 months – diagnosed/treated anxiety	10.0%	19.3%	0.048
Ever received metal health services – University	31.1%	27.7%	0.555
Consider seeking help from mental health professional in future	75.6%	85.0%	0.052

4.4 Campus Housing

Survey respondents were asked to provide where they lived. Students could answer this question with the following options: campus residence hall, fraternity or sorority house, other college / university housing, parent / guardian’s home, other off-campus housing, and other. The “campus residence hall” and “other college / university housing” variables were combined to form a new variable named “campus housing.” The “fraternity or sorority house,” “parent / guardian’s home,” “other off-campus housing,” and “other” variables were combined to create the new variable “off-campus housing.” Table 11 displays the percentage of the campus housing population that answered yes for each question in 2011 and 2015, as well as the Chi Square test comparing the years within the demographic, and Table 12 displays the same variables for the 2nd year off-campus housing population. There was a statistically significant difference in the amount of students living in campus housing that felt overwhelming anxiety and were diagnosed/treated for anxiety in 2011 compared to 2015. There was a statistically significant difference in the amount of students living off campus that felt overwhelming anxiety, were diagnosed/treated for anxiety, and would consider seeking help from a mental health professional in the future in 2011 compared to 2015.

Table 11. Campus housing responses

NCHA Questions	% within 2011 (n=234)	% within 2015 (n=675)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	57.5%	61.9%	0.005
Last 12 months – diagnosed/treated anxiety	12.9%	19.3%	0.029
Ever received metal health services – University	16.4%	21.9%	0.073
Consider seeking help from mental health professional in future	69.0%	76.3%	0.029

Table 12. Off-campus housing responses

NCHA Questions	% within 2011 (n=224)	% within 2015 (n=414)	Chi Square “p value”
Last 12 months – felt overwhelming anxiety	52.9%	69.3%	0.000
Last 12 months – diagnosed/treated anxiety	12.2%	21.9%	0.003

Ever received mental health services – University	22.6%	25.8%	0.379
Consider seeking help from mental health professional in future	73.1%	82.9%	0.003

4.5 Quantitative Discussion

The results of this study demonstrate the importance of secondary data analyses of NCHA data beyond the report provided by ACHA. When the 2011 and 2015 data sets were compared in the preliminary tests, significant results were found in two questions: “In the last 12 months have you been diagnosed or treated with anxiety?” and “If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?” Yet, when these questions were examined based on the demographics of gender, race, year in school, and housing, statistically significant results were found within at least one population demographic for each question. The Chi Square tests for a statistically significant relationship between two variables, but it cannot determine if the relationship is positive or negative. Yet, it is possible to examine the descriptive statistics to determine whether an increase or decrease occurred between the 2010-2011 and 2014-2015 academic years.

Students at the university indicated feeling overwhelming anxiety at rates higher than the national average. Students who are members of the female, white, 2nd year undergraduate, 3rd year undergraduate, 4th year undergraduate, campus housing and off-campus housing demographics all indicated a higher rate of feeling overwhelming anxiety in the previous 12 months. The only exception was 2nd year undergraduates, as this population experienced a decrease from the 2011 to the 2015 administration of the NCHA. Therefore, it is possible to conclude that more students are experiencing anxiety at the university in 2015 than were experiencing anxiety in 2011. This is supported by the trend seen at the University Counseling Center. In the 2014-2015 academic year, anxiety was the top concern that caused students to seek counseling services, making it logical that the percentage of students in each of these populations that experience overwhelming anxiety would also increase. To meet the increased need of students experiencing overwhelming anxiety, the Counseling Center added drop-in hours in the 2013-2014 academic year, and has increased these hours in each subsequent year.

Students at the university were diagnosed or treated with anxiety at rates higher than the national average. In the 2015 ACHA-NCHA reference undergraduate sample, 15.8% of students had been diagnosed or treated for anxiety within the last 12 months, while at the University, 18.0% of students had been diagnosed or treated for anxiety during that same time period.⁹ The female, white, 1st year undergraduates, 4th year undergraduates, campus housing, and off-campus housing populations experienced statistically significant changes in the percent of students diagnosed or treated for anxiety in the previous 12 months. For each of these populations, the percentage of students that was diagnosed or treated for anxiety increased. This result is a positive outcome; as a larger percentage of students are experiencing overwhelming anxiety, more of these students are seeking treatment, causing the percentage of students diagnosed or treated with anxiety in the last 12 months to increase from the 2011 NCHA to the 2015 NCHA.

1st and 3rd year students experienced a statistically significant change in the percentage of students who had ever received mental health services at the University. For each of these populations, the percentage of students who had received services increased from the 2011 to the 2015 NCHA. This means that the University Counseling Center has improved its outreach to 1st year undergraduates especially, by making them aware of the services that the Counseling Center offers.

Lastly, statistically significant results were observed within the male, nonwhite, white, 3rd year undergraduate, campus housing, and off-campus housing populations for the percentage of students who would consider seeking help from a mental health professional in the future. For each of these demographics, an increased percentage was seen from the 2011 NCHA to the 2015 NCHA. This may mean that students are becoming more receptive to the concept of seeking treatment for mental health concerns, which would help result in positive outcomes for student health.

5. Qualitative Findings

In the 2015 version of the NCHA survey, two open-ended questions were asked of respondents on the topic of student stress. The first of these questions asked students to:

- *List factors and/or situations you have found stressful or witnessed being stressful for other students.*

The second question asked:

- *What institutional changes can the university make AND/OR what programs can the university offer to help reduce students' stress?*

5.1 Factors and/or Situations Students Have Found Stressful for Themselves or Others

A total of 961 students responded to the first question. The responses were coded into fourteen different categories: Academics, Balancing Time, Everything, Family, Financial, Future Plans, Health, Housing Situation, Internship, Personal, Social, Stress, Work, and None. The top three categories were Academics, Social, and Financial. The majority of respondents listed multiple factors that contribute to their stress. Therefore, despite there only being 961 responses to this question on the NCHA survey, there were 2080 category references that were recorded. Table 13 displays the number of category references for each of the fourteen categories.

The “Academics” category (32%) contained all responses that mentioned academics, academic pressure, grades, professors, schoolwork, and having a large number of assignments due on same days. In the “Social” category (16%), a variety of factors including discrimination, extracurricular activities, friends, peer pressure, relationships, social anxiety, and other social concerns were record. The “Financial” category (10%) described responses related to both personal finances and the stress of paying university tuition. The “Balancing Time” category (8%) describes topics related to dividing time between commitments, there not being enough time in a day to complete all necessary work, procrastination, and time management. The “Family” category (6%) referred to responses that referenced family pressure, relationships with family, and other family-related situations. The “Work” (6%) category included stress related to jobs and being a student worker. In the “Future Plans” category (5%), responses related to finding a job, choosing a major, and general anxiety about the future were recorded. The “Health” category (5%) described stress contributors including drinking, personal health concerns, mental health concerns, and sleep deprivation. The “Housing Situation” category (5%) described responses related to roommates and finding housing. In the “Internship” category (4%), responses related to the work from internships as well as the pressure to intern were recorded. The “Personal” category (4%) included a variety of concerns including appearance, homesickness, and personal problems. The “Stress” category (1%) included respondents that indicated stress without indicating a source of that stress. As the name suggests, the “Everything” category (0%) describes all responses where students indicated that everything in their life is a source of stress. The “None” (0%) category referred to responses from students who did not experience any stress.

Table 13. Student stress factors

Category Name	Number of References
1. Academics	664
2. Social	338
3. Financial	197
4. Balancing Time	156
5. Family	122
6. Work	122
7. Future Plans	102
8. Health	100
9. Housing Situation	95
10. Internship	81
11. Personal	42
12. Stress	20
13. Everything	10
14. None	5
Total	2080

5.2 Changes or Programs that the University Can Offer to Help Reduce Student Stress

The second qualitative question asked respondents to suggest changes that the university could make or programs that the University could offer to reduce student stress. A total of 842 students responded to this question. The responses were coded into eight overall categories: Academic Changes, Campus Culture Changes, University Meeting Needs, University Operations Changes, Campus Resource Changes, Programming, Don't Know, and Nothing University Can Do. 815 responses were coded into the eight overall categories. Table 14 displays the number of category references for each of the eight categories.

The "Programming" category (27%) included responses related to animal therapy, de-stressing events, mandatory sexual assault prevention training, stress management resources, and time management. The "Campus Resource Changes" category (24%) included suggestions related to advertising campus resources, the Counseling Center, and the Wellness Center. The "Academic Changes" category (17%) encompassed responses related to assignment extensions, better professors, workload, mandatory sensitivity and race training, mental health accommodations, professor sensitivity, and to spread out the workload of a semester. The "University Operations Changes" category (16%) included responses related to housing assignments, food quality, financial aid, tuition, federal work study (FWS) jobs, and student space. The "Don't Know" category (10%) included all responses where respondents answered the question but did not contribute any ideas for suggestions the university could take to reduce student stress. The "Campus Culture Changes" category (3%) described the pressure related to academics, involvement and social relationships students experience at the University. The "Nothing University Can Do" category (2%) referred to responses that indicated that there are no additional actions the university can take to reduce student stress. The "University Meeting Needs" category (1%) referred to the responses that indicated that the university is meeting needs with respect to student stress.

Table 14. Changes the university can make to reduce student stress

Category Name	Number of Category References
Programming	218
Campus Resource Changes	198
Academic Changes	138
University Operations Changes	133
Don't Know	83
Campus Culture Changes	28
Nothing University Can Do	13
University Meeting Needs	4
Total	677

5.3 Qualitative Discussion

There are many factors that contribute to the stress students experience at the University. Many of these factors are common contributors of stress that are experienced by all populations, and others are unique to college students. In terms of the suggestions that students offered for changes that the university could make to reduce their stress, the largest number of students offered suggestions for programming. These are tangible actions and events on campus where the impact on student stress is immediate. Many students suggested that changes be made to the Counseling Center, however these sentiments largely are not possible for the Counseling Center to implement. There will always be a waitlist for collegiate counseling, and it is the responsibility of the Counseling Center to serve all students at the university, not just the students that utilize their services.

6. Conclusion

This study examined changes in student stress and anxiety at the University between 2010-2011 and 2014-2015 academic year. It was determined that students are experiencing anxiety at higher rates in the 2014-2015 academic year than they were in the 2010-2011 academic year, and anxiety has overtaken stress and depression to become the main reason students attend the University Counseling Center. However, despite the emergence of anxiety as the

main mental health concern amongst the university population, students continue to experience stress. The University Counseling Center has made significant strides between the 2011 and 2015 NCHA, with a greater percentage of students reporting that they would consider seeking help from a mental health professional in the future across all demographics of the student body. It is clear that the needs of the student population at the University has changed, but by adding and then increasing the frequency of services such as drop-in crisis hours, the University Counseling Center has been successfully able to adopt to meet these changing needs.

7. Acknowledgement

I would like to thank the entire staff at the University Counseling Center for allowing me to collaborate with them on this capstone project. Additional thanks are warranted to the University Office of Campus Life for allowing me to analyze the 2011 and 2015 NCHA data for this university. Lastly, I would like to thank Dr. Jane Palmer for her support and guidance through this process.

8. References

1. Brunner, Jon L., David L. Wallace, Linda S. Reymann, Jes-James Sellers, Adam G. McCabe, "College Counseling Today: Contemporary Students and How Counseling Centers Meet Their Needs," *Journal of College Student Psychotherapy* 28, no. 4 (2014): 257-324.
2. Eisenberg, Daniel, Justin Hunt, and Nicole Speer, "Mental Health in American College and Universities: Variation Across Student Subgroups and Across Campuses," *Journal of Nervous and Mental Disease* 201, no. 1 (2013): 60-67.
3. Baum, Andrew, "Stress, intrusive imagery, and chronic distress," *Health Psychology* 9, no. 6 (1990): 653-675.
4. Alan E. Kazdin, *Encyclopedia of Psychology* (Washington, D.C., New York: Oxford University Press, 2000).
5. National Institute of Mental Health, "Anxiety Disorders," <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
6. Center for Collegiate Mental Health, "2014 Annual Report," <http://ccmh.psu.edu/wpcontent/uploads/sites/3058/2015/02/2014-CCMH-Annual-Report.pdf>
7. Kognito. "The Benefits of Investing in Students' Mental Health," http://www.ocde.us/HealthyMinds/Documents/Landing%20Page/Return_On_Investment_Mental%20Health%20Kognito_WhitePaper.pdf
8. Counseling Center. (2015). 2014-2015 Data. Received on Nov 23, 2015.
9. American College Health Association. American College Health Association-National College Health Assessment II: Undergraduate Student Reference Group Executive Summary Spring 2015. Hanover, MD: American College Health Association; 2015.