Students versus Counselors: A preliminary qualitative investigation of prominent stressors and outreach programming from the perspective of Scottish undergraduates and university counselors.

Meghan Pickett
Department of Psychology
North Central College
30 N. Brainard
Naperville, IL 60504 USA

Faculty Advisor: Dr. Leila Azarbad

Abstract

Rates of stress in Scottish undergraduate students are increasing at alarming rates. One study found that almost 90% of these students reported experiencing high levels of stress[1]. Despite consistent findings that Scottish undergraduates experience higher levels of stress relative to undergraduates in other countries, little is known about this population's primary sources of stress. Additionally, though university counseling centers provide outreach programming as a way of addressing student stress, not much is known about whether students perceive this programing to be effective. The purpose of this study was to compare student and campus counselor perceptions with respect to (a) prominent sources of stress among Scottish college students, and (b) types of outreach programs believed to be most beneficial for reducing student stress. Participants consisted of eight Scottish undergraduates and four campus counselors at a large Scottish university, who participated in a semi-structured interview that assessed perceptions of prominent student stressors, as well as the overall success of stress relief outreach programming provided by the university counseling center. Qualitative analysis was conducted to explore themes with respect to the two stated research aims. Results indicated that students saw their academic stressors as being more dynamic and influential than the counselors, while counselors were more focused on individual characteristics. Outreach was predominantly unused by the students due to a general lack of awareness while the counselors saw the service as effective, but underused. This disconnect would suggest a need for more student input in programs to address issues mentioned as being particularly relevant. Equally important is the need for programs that address awareness of the services available.

Keywords: Stress, Undergraduates, Outreach

1. Introduction

Rates of undergraduate stress in Scotland are increasing at alarming rates compared to other countries. A study of four higher education institutions in the United Kingdom (UK) revealed that 29% of undergraduates experienced clinical levels of psychological distress, with 8% of those being moderate to severe levels[4]. An earlier study done in the United Kingdom showed 77.6% of students were moderately stressed and 10.4% suffered from serious stress[1]. These numbers are higher than that of other countries; for example, a study of Norwegian undergraduates revealed clinical levels of distress to be around 21%[11], whereas a study in Turkey found that of a group of 1,617 students, 27% had experienced serious levels of distress[3]. American data however, shows far higher numbers with one study claiming 85% of students felt distressed[6].

The Working Group for the Promotion of Mental Well-Being in Higher Education (MWBHE) reported that in the UK just over 80% of university counselors, reported that the demand for provision of mental health services had significantly increased over the previous five years, and an additional 13% thought that it had slightly increased[7].

Similarly, the number of Scottish undergraduates reporting mental health difficulties has increased over the last decade from 5 in 10,000 to 30 in 10,000 as of 2005[18.] Results from a study that examined stress in college students from four UK institutions one month before starting school and again half way through the middle of their second year, showed that of the previously symptom free students, 20% showed clinically significant levels of anxiety while 9% had developed depression[2]. That same study found that an increase in adverse, stress inducing life events was linked to a higher percentage of both depression and anxiety in the undergraduate population[2]. This data, paired with the increased use of antidepressants in Scotland, 40% more per head than England, suggests that there is a need for a better understanding of what is contributing to these unusually high levels of college stress in this part of the world[12].

1.1 Sources Of Stress Among College Students

Few studies have specifically examined common sources of stress among college students in the UK. However, there is data to suggest that academic and financial strain may be prominent stressors among this population. With more students attending college now than ever before, with 62,550 males and 82,985 females studying at Scottish universities in 2009, the focus on academic success is more prevalent[15].Compared to the generations before them, the millennial age group reported that their two greatest worries were grades and college admission[9]. A recent study[5] looked at the stressors of millennial age undergraduate students in the US and found a significant increase in the desire for achievement and academic success compared to earlier generations. This could be connected with the current mindset that in order to succeed in a desirable career an individual must have at least one degree, in some cases more. Higher education is no longer an institution for the privileged but an expected next step for many individuals.

Financial strain may also be another stressor among Scottish college students. Hodgson and Simoni's 1995 study showed a link between student's financial issues and academic failure, as well as poor psychological functioning[8]. Starting in the 1990s, grants for students in Great Britain were frozen for four year before decreasing 10% per year, reducing their value[14]. This reduction in grants has led to an increasing number of students forced to take out loans in order to pay for school, leading to a substantial number of students falling into financial debt. The National Union of Students 1994 survey of British college students showed just over half of their sample reported being in debt, with several students stating that they were considering dropping out due to financial reasons[14].

1.2 Barriers To Seeking Mental Health Treatment

From 1994-2003 both England and Scotland experienced an increase in negative attitudes regarding individuals with mental illness[10].Several studies in the UK have specifically examined barriers to seeking counseling on college campuses. A study done at the University of Leicester showed only 7% of students sought help from campus counseling services while 65% asked peers or family for assistance first, which may reflect a reluctance to seek professional help[17]. A later study indicated that students assumed that campus counseling services could be used to address academic concerns[13]. Overall, these results suggest that there is a great deal of stigma among college students in the UK when it comes to seeking campus counseling services.

A final barrier to seeking treatment may lie in differences in the types of outreach programs that students and counselors find beneficial. Very little research has examined the difference in student versus counselor perceptions of effective outreach programs, something that could give incredible insight into a better way to help students struggling with stress and other forms of mental distress. A majority of higher education institutions provide assistance for students who are experiencing mental health issues, often in the form of a counseling center. Their role on campus is to address student mental health issues through outreach programming ,described as "any organized program, workshop, media effort, class, or systematic attempt to provide psychological education— includes systematic attempts to modify the campus environment" (p. 557)[16]. Unfortunately, issues and programs surrounding mental health and the process of seeking help are often stigmatized, and the individuals who seek that help discriminated against, deterring individuals from utilizing the resources available to them. While minimal research has been done in the area, if the students are not utilizing the campus counseling services, it is possible that there is a disconnect between what the counselors and students see as stressors for the undergraduate population. This could mean that the programs set to encourage students to learn skills or seek help for any stress, while beneficial, are not appealing to the student body.

1.3 Summary Of The Problem & Study Aims

As discussed above, students in the UK are experiencing increasing levels of stress; however, much more remains to be learned about the primary sources of stress among college students in this part of the world. Additionally, little is known about outreach programming and students' perceptions of it. Therefore, aims of this study were to 1) examine student and counselors' perceptions of the prominent sources of stress for college students in Scotland, and 2) compare student and counselor perceptions regarding the types of outreach programs they believe would be beneficial for college students. It was hypothesized that a) both students and counselors would consider academics to be the most predominant source of stress, with students perceiving it as a larger issue than the counselors, and b) Scottish students would perceive the university counseling center as being less effective at reaching out to and addressing the sources of student stress compared to the campus counselors.

2. Methodology

2.1 Participants

Due to the time-intensive nature of data collection and the time restrictions of the college grant that funded this project, a small sample size was targeted. Participants consisted of eight undergraduate students (two males, six females) and three university licensed mental health campus counselors (two males, one female) from a large public university in Scotland consisting of approximately 20,000 students. Student participants were recruited via fliers posted around campus and snowball sampling. Counselor participants were recruited by the Head of Service at the Counseling Center. The recruitment process for university counselors was conducted by e-mailing an invitation to participate in an undergraduate research project.

2.2 Measures

2.2.1 student perceptions of stress and outreach programming.

This self-devised, semi-structured interview consisted of 22 items which assessed the students' perceptions of the prominent sources of stress for Scottish undergraduates, their awareness of the current outreach programming at the university, and the barriers to mental health treatment in Scotland. Each interview lasted between 30 and 60 minutes due to the semi-structured nature which allowed for the participants to discuss each topic in as much detail as they wished.

2.2.2 counselor perceptions of stress and outreach programming.

This self-devised, semi-structured interview was similar in content to the Student Perceptions interview with approximately 22 questions assessing the counselors' perceptions of the prominent sources of stress for Scottish undergraduates, their awareness and perception of the outreach programming at the university, and the barriers to mental health treatment among undergraduates in Scotland. The interviews were semi-structured allowing the participants to guide the conversation and spend as much time as they desired on each topic, resulting in each interview lasting approximately one hour.

2.3 procedure

Ethical approval was obtained from both the home and host Institutional Review Boards. Each participant was met with independently and provided a description of the study they were partaking in and an informed consent form. The interviews lasted between 30 and 60 minutes and were audio recorded with participant consent. Following each interview, a debriefing form was provided to each participant outlining the true purpose of the study as well as a brief summary of past research and the research hypotheses.

3. Results

After the interviews were completed they were transcribed verbatim and qualitative coding was conducted to identify themes and results.

3.1 sources of stress

Three major themes emerged from the data, which were then broken down into more specific sub groups.

3.1.1 academics

As hypothesized, the students described academics as the most obvious and influential stressor. Every participant mentioned exams and the stress associated with the build up to the two hour examination period. Several put it into context by referencing the exams they had taken in high school and the difference in expectation and pressure.

> "Everything counts so much more because it's actually your whole life now whereas before it was just like a couple of exams, whereas now you know these exams are actually counting towards what you're probably going to be able to do later in life."

> "…you get to a stage where you're really fretting about passing the exams to get a good grade, to get a good job, and then you are not going to use it, it can be very frustrating."

> "I think people get worked up about things, people who are perfectionists, people that come from high school thinking 'oh I get A's all the time' and then come here and get Cs. Which is a normal, natural thing to happen because a C equals an A in high school until you learn to be able to write like an academic."

While exams were by far the most prevalent answer, the student participants continued to break academics down into several smaller facets that they considered equally important contributors to the overall stress students were feeling. The second most frequent response was the structure of the academic system or the academic culture.

> "You've got a massive concentration of lots of people freaking out about the same thing."

> "I think like, the culture stresses you out more than necessarily if you, if you sat in a room by yourself and did university on your own."

> "But the workload is very stressful, and time management and organization and balance. And if you can't get one of those right you add stress on immediately because of the workload."

This data provided a sense of the building stress that students are feeling as work from multiple classes begins to build up. As one student mentioned, the structure of grading for many classes rests solely on the grade of one final exam. This focus on one grade could be why exams were the most commonly identified source of stress, as that grade determines the score in the course overall. Other students described the pressure to compete, to stay on par with your peers, and the constant comparison not only between individuals but between disciplines. Finally, the students also mention the lack of professor contact hours as being an area of concern.

It is clear that for the student participants, academic stress is not only the most predominant issue, but also a multifaceted one. When looking to assist the students, the counselors were aware that academics presented the largest issue. Again it was a frequently cited stressor.

> "But certainly the final exams, there is something about them that is…something of the monster in them that is fearful. It's like a bus coming down the middle of the road."

> "A lot of anxiety and depression with, surrounding stressors with regard to university assignments."

It is clear that the counselors were aware that exams facilitate a large portion of the stress their students were feeling. However they did not expand on the academic stressor by differentiating beyond exams. As seen above, the students discussed not only exams but the workload, lack of professor contact hours, the system itself, and the pressurized, competitive culture surrounding academic performance.

3.1.2 social stressors

While there was a difference in the extent to which academics were discussed, both groups identified similar social stressors that affected the students. These were most often the transition from home life to living on one's own, creating new friend groups, and the university culture.

> "People have got lots of things to deal with they haven't had to deal with before, like even just homesickness or things like having to cook their own meals."

> "However, one thing I have noticed is that there's not a huge friendship kind of based relationships in the course, there's a lot of acquaintances."

While the students expressed these concerns more frequently, the counselors presented almost identical sentiments. Social stressors were acknowledged as a part of any large change in situation, such as the transition to university. Perhaps because these stressors were in some ways expected, they did not seem as urgent to the majority of participants when compared with academic stressors. Many mentioned that while they knew social stressors were a concern for some, they believed the majority of individuals coped well.

3.1.3 individual characteristics

Although both the students and counselors identified academics and varying social aspects as causing stress, the counselors brought forth a third source of stress that the students either did not identify or did not find relevant. These individual characteristics consisted of high achieving, negative self-esteem, and the experience of existential confusion.

> "I would hesitate to call it a theme. The closest I can get to it is high achievers and the desire, or the drive not to fail at the end of the day. And not just to not fail but to do really really well. Real performance anxiety."

> "The negative thought patterns, really low self-esteem, a lot of self-doubt, a lot of just ongoing negative self-talk."

> "A lot of existential anxiety, so the unknown. The existential anxiety of what's the future for, what's it all about, where does this lead me?"

This focus on the individual and their inner experience could be a result of the counselors' field and training. They may be more aware of these stressors than the students themselves.

3.2 Outreach Programming

3.2.1 awareness

Two of the students were completely unaware that the Counseling and Psychological Service existed, while five had very basic knowledge about its existence and service, and finally only one student had any direct experience with the service. Due to this experience the student was aware of individual and group counseling opportunities. Another student was able to discuss the schools crisis team, which the counseling center was involved in, because of their job on campus working with students, but this was the extent of their awareness.

> "I don't really know anything about them!"

> "I didn't even know there was one!"

Similarly, two of the counselors could discuss at length the type of one-on-one counseling they participated in, group counseling, and the drop-in-service, while only one counselor could provide an extensive list of available services. Given that the remainder of the 10 participants were only aware of individual and group counseling and the crisis team, there appeared to be a large discrepancy in awareness of available programs and services that address student stress and mental health.

Due to the general lack of awareness about the existence or function of the services, it was difficult to discover if the programs already in place were effective. If the student sample is representative of the general student body, it can be assumed that even sound programs are not effective if they are not being utilized by the population that needs them. However, the student who had participated in previous services, while placing a caveat on availability, advocated for the general effectiveness of the program he participated in.

3.2.2 barriers to seeking help

Qualitative coding revealed that the most prevalent barrier to help-seeking was mental illness stigma, which came in many forms and affected each individual uniquely. The student participants spoke of their reluctance to visit the counseling center some, pointing out the perspectives of peers and staff, others about their own interpretation of what counseling would entail; however, the frequently occurring idea was the barrier of being Scottish, and the Scottish tradition. As participants in each group stated, the stigma is rooted in tradition, which is not only difficult, but time and resource consuming to change.

> "It [treatment seeking] has connotations of being properly demented"

> "I kind of associated with counseling– depression, anti-depressants, people crying in offices, laying on chaise lounges and pouring your heart out to someone you don't know and stuff."

> "It's like, almost like fathers brainwashing their sons to grow up as men…but anyways its tradition and it will take a long time for that to change, or maybe it doesn't need to because I don't necessarily think it's a bad thing…It's all ingrained in the media, it's all ingrained in tradition and like family values."

Despite a majority of the students expressing this idea of a Scottish stigma preventing people from seeking help, there were also statements of mediation. Some believed that although there was clearly an issue, it was getting better through education, and one even mentioned stigma as being a nonissue. Interestingly, the counselors, who, unlike the students, were not all Scottish, also recognized and commented on the same issue.

> "Expressions of love, expressions of disappointment, expressions just of how you feel is difficult. And that is common amongst student populations from this culture. It's not something that's common in English students, foreign students, and even some students from this culture."

> "This real reluctance, inability, to cry, to love, to be annoyed, to show annoyance in a measured, constructive way. To love in a constructive way. To be angry in a constructive way."

> "Scotland is quiet a racist culture…is very sectarian culture. When you have those polarized viewpoints then that does make it harder to appreciate difference. …you become an outsider, the prejudice goes against you.."

4. Discussion

The results of this study suggest that a) academics were identified as the most predominant source of Scottish undergraduate stress, by both students and counselors, b) the most needed form of outreach programming is awareness about the service's existence, followed by topic specific programs, and c) that there is a strong stigma surrounding mental health treatment, some of which is unique to Scottish culture.

Academics were mentioned by all participants as being the most significant source of stress for undergraduates. As suspected the students broke academics into several smaller sections, describing each in detail and focusing only briefly on the social stressors experienced. The counselors however, focused more on individual characteristics and

social stressors, summing up academics by simply describing examination. This could reflect a miscommunication on the sources of student stress, if the counselors are missing the finer details involved with the academic experience. The student's detailed focus on academics could also stem from their lives revolving primarily around academics. The counselors on the other hand, deal with a variety of students whose experiences may not accurately encompass the average student's interaction with stress. The counselor's general focus on individual characteristics and their function in the development of mental health issues could also be result of years training in the field and being attuned to look for these aspects of their client's personalities. The students may not look inward for sources of stress, preferring to look outside at the environment and the aspects of life they can alter. Equally minimal focus on social stressors could be a result of the expected nature of change. Many students are prepared either in school, at home, or through the media for the social stressors they will encounter due to a significant shift in location and friendships. Many universities put incredible effort into creating an atmosphere that encourages students to join clubs and make friends. These programs of integration may be successfully decreasing the stressors that students feel surrounding their social life.

The general lack of awareness surrounding the service and its programs clearly impacted the overall effectiveness of the service as students who would perhaps utilize the service were unaware they had the option. Overlap with services already offered and those students were interested in seeing indicates that counseling services should focus more on building awareness of current services in an effort to not only increase cognizance but also to reduce stigma associated with mental health services.

Finally, the barriers to mental health need to be addressed. Stigma, while an issue for most mental health affiliated organization, appears to be having an increased effect on the Scottish students as it is so deeply ingrained in their culture and tradition. Historically, Scotland is an industrial country, with much of its original wealth stemming from factory work and manual labor in shipyards and coal mines. This work was done primarily by men and the culture of hyper-masculinity that built up around it could potentially be contributing to the current culture of silence on the subject of illness, especially mental illness, which could be perceived as weak. As one counselor mentioned, there is a negative connotation surrounding the discussion of feelings of any kind which can often result in issues. Both the students and counselors recognized this as a prevalent issue. For many, the issue seemed an overwhelming obstacle, but some recognized that it was beginning to change as mental health became a more socially acceptable topic of discussion worldwide. However, it was often noted that the Scottish mentality and culture was not conducive to encouraging such discussion, with many of the participants feeling uncomfortable discussing their regular stress. It is suggested that more positive programs, such as the therapy dogs, which will shed a happy, socially acceptable light on the Services' programs, may reduce initial stigma amongst the students and encourage attendance at more programs.

As with all research, this study had limitations. First, the sample size was small, which was in part influenced by the qualitative nature of the study and the time limitations imposed around the grant that funded this project. Given the small sample size, the results of this study cannot be generalized to the Scottish population at large. Another limitation consisted of the student's general reluctance to discuss in detail any stress they personally experienced; many of them indicated they did not believe the research would remain confidential and/or would somehow negatively affect their academic record. It was also difficult to gain a sense of the effectiveness of the outreach programming currently being done as some of the students were unaware of the Services' existence and all with the exception of one, claimed to have no direct involvement with the Service or their programs. Finally, while the student sample was comprised of all Scottish undergraduates, the counselors were of mixed ethnic backgrounds. While their cultural backgrounds are not exceedingly different, they still may lend themselves to so biases such as the stigmatization of mental illness.

Future studies should begin by exploring the same issues, but utilizing a larger sample size, and one that includes more males, in order to better understand the Scottish student experience. More research is warranted on the direct effectiveness of outreach programs currently being utilized, and also on the awareness of the student body of those programs. The issue of stigma, specifically Scottish stigma, needs to be addressed, particularly concerning the male experience as participants mentioned this perhaps affecting them more. In an attempt to provide cross-cultural comparison with respect to the experience of stress and the creation of more effective outreach programming between Scottish and American undergraduates, a follow-up study is being planned that will replicate the present study in an American university of comparable size and characteristic. Ultimately, better understanding the stressors and perceptions of campus mental health programming will assist in the creation of more effective campus-based mental health services.

5. Acknowledgements

6. References

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