We are requesting funding for 1 full time mental health clinician position that would allow us to increase counseling capability in the direction of a more adequate student to staff counseling ratio, with the added goal of serving more students on campus and reducing the need for off campus referrals. At present CAPS staffing is seriously deficient, compared with recommended counseling staff to student ratio standards recommended by IACS, the organization that oversees and credentials counseling services. Recommended ratios are 1:1500, 1 counselor for every 1500 students. A survey last year, by the Association for University and College Counseling Center Directors, reports “understaffing” to be a problem with national average ratios of 1:1952. CAPS is currently staffed at a ratio of 1 counselor to every 3500 students (1:3500). Even utilizing a conservative 1:2500 ratio, we would need 15 counseling FTEs to be adequately staffed. This leaves us short by more than 4 full time counselors. We had hoped to increase staffing by two counselors each year over the next two years, to achieve adequate staffing, but the current budgetary climate has encouraged us to make a more modest proposal at this time. The addition of a licensed psychologist would be most advisable in terms of having a professional who is maximally trained to provide an array of clinical services as well as to examine and evaluate outcomes.

In addressing the health issues of university students, behavioral health and wellness needs must be viewed as an extremely high priority. While we sometimes think in terms of needing counseling services for crises or severe emotional problems, it is of real concern that normal pressures from school, finances, family and other relationship issues, not to mention the myriad of life choices encountered during college, pose significant emotional health challenges even to basically “well adjusted” students. Recent college health data shows that an extremely high number of university students become depressed and many even contemplate or attempt suicide during their college years. (Of note, suicide is the 2nd leading cause of death in college students, second only to accidents). However, other “mental health” issues, such as insomnia, stress, relationship issues and decision-making difficulties pose significant challenges for most students, at sometime during their college careers.

Visits to CAPS have increased 19% overall in the last three years. The intensity and severity of the problems currently being seen has increased dramatically and is requiring a third again more visits per individual than was the case five years ago. Due to staffing limitations, we are often unable to provide adequate follow-up, as dictated by professional norms. We also must rely on referring well over 10% of students who present for services to off campus resources, despite the fact that CAPS counselors have the training to address the majority of their issues. Off campus counseling referrals are not only too expensive for most students, but are not always easy to access in terms of therapist availability, time and location. More problematic, it is estimated that as many as 30% percent of students referred off campus never actually seek or receive the services they need. While a minority of these cases would still warrant off campus referrals, it would be our hope to significantly increase the number of students that could be served on campus. The wellness and successful retention of many of our students is dependent on receiving timely and adequate campus counseling services.

Utilization and referral statistics will be used to document the value added by this position.
College Counseling Centers Remain Understaffed Though Demand Is Strong, Survey Finds

By STEVEN BUSHONG

The profile of campus counseling centers has risen since the shootings in recent years at Virginia Tech and Northern Illinois University, yet greater attention has not necessarily brought greater resources.

Many campuses are noting a rising demand for mental-health services (The Chronicle, February 29, 2008). Yet centers continue to be understaffed, according to the preliminary results of a survey presented on Monday by the Association for University and College Counseling Center Directors, a nonprofit organization whose mission is to assist directors in managing counseling centers.

The survey indicates that professional-staff-to-student ratios remain close to steady—on average, at one staff member to 1,952 students. The ideal ratio is 1 to 1,500, according to the counseling group. Four-year public universities have the least adequate ratio, at one staff member for 2,607 students.

The counseling association presented the preliminary findings in Seattle at the annual conference of Naspa: Student Affairs Administrators in Higher Education. The presentation comes at a time when faculty and staff members are relying more on counseling centers for support in dealing with students’ mental-health issues.

Although interest in mental-health services is high, the recession has put pressure on administrators to cut budgets wherever they can. At times, counseling centers are in the cross hairs. Of the 391 directors who responded to the survey, 10 percent said their budgets were cut during the 2007-8 academic year. Half said their budgets stayed the same. And nearly a quarter reported that their funds increased by 3 percent or less.

Yolanda K. H. Bogan, a member of the counseling association's board, said that in response to cost-cutting pressures, counseling centers should use the survey's findings to highlight the importance of their work. For example, the counseling group reports that students who seek mental help are six times less likely to kill themselves.

“When you see clear data that indicates that students who utilize mental services are less likely to harm themselves, then the data speak,” said Ms. Bogan, who is director of counseling services at Florida A&M University. Among other findings, the survey also showed that:

- At respondents’ campuses, fewer than one student (0.59) on average died by suicide last year, while 6.5 attempted suicide.
- About 70 percent of centers offer psychiatric care, and 22.6 percent charge for the service.
- Twenty percent of centers reported they are “about where” they should be in terms of the number of hours of psychiatric services they provide, while 42 percent said they could use more hours.
- About 37 percent of clients at the centers suffer from depression, 36.6 percent have anxiety, and 14.4 percent have suicidal thoughts or behavior.
Counseling Centers Lack Resources to Help Troubled Students

Mental-health services remain understaffed, particularly at public colleges

By ELIZABETH F. FARRELL

The fatal shootings at Northern Illinois University this month were shocking yet familiar. For the second time in 10 months, a student with a record of mental-health problems went on a killing spree at a large public university.

Ever since a disturbed student fatally shot 32 students and professors at Virginia Tech last April, college administrators nationwide have been pumping more money and resources into efforts to prevent a similar tragedy on their campuses. Administrators have updated their emergency-alert systems and refined their crisis-management plans. They are working more collaboratively with their mental-health staffs and other groups on their campuses to identify at-risk students.

But colleges cannot keep up with the rising demand for mental-health services. And disagreements over exactly how to handle at-risk students have stymied efforts to allocate limited resources.

For years, directors of college health centers have bemoaned their understaffed offices and lack of money. These professionals have warned their colleagues in higher education that more students are coming to college with existing psychological problems. Depression, social anxiety, eating disorders, substance abuse, anger-management issues, and self-injury are common plagues.

Some colleges have great mental-health centers, and over all, support for students with a range of disabilities and emotional issues has grown precipitously over the last 15 years.

"We're a lot better positioned to respond to students' needs and crises than most people understand," says Vivian S. Boyd, director of the student-counseling center at the University of Maryland at College Park.

But it took the massacre in Blacksburg for many administrators to realize the potential influence improved mental-health services can have on campus safety, according to Mary M. Gartner, director of the student-counseling service at Texas A&M University at College Station.

Since last year, one-third of college counseling centers have added at least one new staff member, and 15 percent have received a larger budget, according to the Association of University and College Counseling Center Directors' annual survey. Also, 63 percent of those centers now have psychiatrists on staff in addition to counselors, a 5-percent increase over the previous year.

Those statistics show improvement, but inadequate mental-health resources at colleges are still the norm, particularly at large public universities, many experts say.

"In discussions with my counseling-center-director colleagues, there's a consistent theme of being stretched thin," says Mary C. Bolin-Reece, counseling director at the University of Kentucky. "At least on larger public campuses where resources may lag behind demand."
The International Association of Counseling Services, a nonprofit accrediting organization, recommends that colleges have a ratio of one counselor every 1,500 full-time-equivalent students. The average ratio, according to 2007 data, was one counselor per 1,969 students, and 85 percent of counseling centers reported that more students were arriving at their centers with significant histories of mental-health issues.

Fred B. Newton, director of counseling services at Kansas State University, says that like many of his colleagues, he worries that as services lag behind students' needs, more of them will fall through the cracks.

**Counseling Smarter, Not Harder**

To maximize their budgets, counseling-center directors have allocated their resources strategically. After the shootings at Virginia Tech, over two-thirds of college counseling centers reported an uptick in calls from concerned people on campus looking for advice on helping troubled students.

This heightened awareness created an opportunity for the centers to teach everyone on their campuses how to recognize and help students who might be a danger to themselves or others. Workshops called "The Distressed and Distressing Student" are now held regularly at institutions including the University of California at Davis and George Mason University, in Virginia.

Students' increased demand for treatment cuts into the time counselors can spend on educational efforts at many colleges, including Lehigh University, says Ian Birky, director of counseling and psychological services at the Pennsylvania institution. Often, the only workshops that justify taking time away from treating students are those intended to raise awareness of the warning signs students might exhibit.

"It takes the community of faculty, secretaries, fellow students, and staff to reach out and engage these students," says Mr. Birky. "In doing so, they help minimize the risk of students harming themselves and others."

Large institutions, including Texas A&M and the University of Kentucky, have been using a suicide-prevention training program called QPR — which stands for "Question, Persuade, Refer" — to educate people on their campuses to recognize a student who might be troubled. At Texas A&M, about 3,000 professors, staff members, and students have completed the program.

Counseling-center directors also report that other groups on their campuses are now keeping in closer communication with their offices and working to identify problematic students. Threat-assessment teams, which usually include mental-health professionals, academic deans, student-life officials, and faculty members, meet regularly to discuss students who might be at risk.

Even with the extra help, many counseling centers are not structured to treat the growing number of students who come to their institutions with complicated mental-health needs.

A recent study conducted by Mr. Newton, at Kansas State, analyzed mental-health statistics for 5,000 students in counseling at nine college campuses. It found that 28 percent of them had already undergone significant mental-health treatment prior to entering college. At Texas A&M University at College Station, 20 percent of students who seek mental help have been on medication previously.

Those students, who often need regular long-term care from a psychiatrist, cannot get the type of specialized treatment they need from a college counseling center. Consequently, most college counseling directors follow a protocol of referring the students to local doctors off the campus.

"We are trying to strike a balance between being a counseling center and being a clinic," says Emil Rodolfa, director of counseling and psychological services at California at Davis.

"It's trying to manage the resources to help the greatest number of students and the students most in need."
Even with that approach, the current wait time at his center for a student requesting counseling for the first time is three weeks.

"It's terrible," he says. That delay comes in spite of a jump in counseling resources at Davis over the last few years. Since 2005 the ratio of counselors to students has dropped from one per 2,700 to one per 1,800.

Because students may be referred to outside doctors, the national average number of visits a student makes to a college counseling center is only between five and six, according to various studies.

Another challenge centers face is dwindling health-insurance coverage among their student patients. Many types of counseling and medication that were covered even a few years ago are no longer affordable for students.

Assuming students in need can afford outside care, their options may also be limited by the resources available in their college town. At Kansas State, Mr. Newton says he routinely has difficulty finding available doctors in the rural Manhattan area who can offer the type of specific treatment some of his students need.

**Misguided Efforts**

Some mental-health professionals worry that the efforts of administrators and policy makers to minimize the risk posed by mentally-ill students may be misguided.

In January, Virginia lawmakers proposed legislation that would require colleges to have all new students sign a form authorizing the release of their mental-health records before they enroll. So far, the bill has not made it out of committee.

Just last week a campus-security committee at Arizona State University recommended that university officials require all students to disclose their mental-health histories to the institution. Other colleges and universities are considering similar measures.

College mental-health experts fear that such record keeping could have a chilling effect on students' willingness to seek help. They also question the efficacy of such policies.

"We know for a fact that the vast majority of successful suicide attempts have been people that never had treatment or were no longer in treatment," says Mr. Newton. "So the difficulty is not usually with the people you have records for."

Despite months of debate, mental-health professionals and other college administrators are still largely at odds over what the appropriate protocol is for referring students for counseling, and when their parents should be informed of their struggles.

In the same national survey of counseling directors, respondents were split almost evenly on the issue of whether their centers should have policies in place to actively pursue students who were referred to counseling but did not follow through.

Part of the reason some mental-health experts resist taking on a greater monitoring role is that they do not have the staffs to meet their current demands. Before they can expand their efforts, many say they need to have more financial support.

"We are telling our Board of Trustees, with greater urgency," says Mr. Birky at Lehigh. "That current staff cannot stretch forever without hitting a point where they cannot adequately treat students entering our school."