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A College Campus Crisis: Are Students Getting The Mental Health Support That They Need During the COVID-19 Pandemic?

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A COLLEGE CAMPUS CRISIS: ARE STUDENTS GETTING THE MENTAL HEALTH SUPPORT THAT THEY NEED DURING THE COVID-19 PANDEMIC?

by

Shannon Revelant

Thesis

Submitted to the
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Dedication

This thesis is dedicated to all of the students I currently work with and all of the students I will work with in the future. You juggle many roles and responsibilities in your college career. Please make sure that you are taking care of yourself and asking for help when you need it. You are a human first, a student second, and everything else after that. Allow yourself to grow and recognize that the process of growing will have ups and downs. Regardless of these ups and downs, please always remember: you are loved, you are valued, and I am proud of you.

Acknowledgements

For everyone who has told me "you can do it," thank you for believing in me when I wasn't sure I would make it to the finish line, and for reminding me of my inherent value, the significance of what I bring to the table, and the merit of the work that I do.

To my graduate school friends -- Erin, Jeffon, Juniper, Reena, Joe, Wylie, Shikha, Rice, and many others -- thank you for the nights filled with laughter, tears, and verbal encouragement. I would not have made it through these past two years without your support and friendship. To Fox, Shaw, Hannah, Krista, and Debbie-- thank you for the reassuring conversations and the general check-ins. Thank you for buying me lunch on days I'm fully engrossed in my work, for sharing pictures of your dogs with me to make me smile, and for watching movies over Zoom from 1,200 miles away on the days I'm extra stressed. Those moments may have seemed trivial to all of you, but are ones that have made all the difference to me. I hope I lead, supervise, and support students in the way that you have led, supervised, and supported me.

Finally, to my family, who have sung my praises to all of their friends and our extended family regarding this journey -- thank you for telling me you're proud of me and for always wanting to learn more about the work that I do. To my young nephews specifically, Jake and Wade, please never give up on learning. I promise it is the most eye-opening way to understand the world around you and it is so, so worth it.

Abstract

Shannon Revelant
A COLLEGE MENTAL HEALTH CRISIS: ARE STUDENTS GETTING THE
MENTAL HEALTH SUPPORT THAT THEY NEED DURING THE COVID-19
PANDEMIC?
2021-2022
Stephanie Lezotte, Ph.D.
Master of Arts in Higher Education

The purpose of this research study is to address the increased need for mental health support among college students during the COVID-19 pandemic, and to ensure students are getting the full mental health support that they need from their campus counseling center. The study will include residential students from Rowan University who have utilized the university's Counseling and Psychological Services (CPS) office. Mixed methods of quantitative and qualitative data will be used to collect student responses and answer the research questions. First will be an online survey that collects student demographic information and asks participants to indicate the type of experiences they have had with the CPS office using a five-point likert scale. Next, participants will be randomly selected to participate in semi-structured interviews where they will be asked to reflect more on their experiences with the office and express any impacts they believe COVID-19 may have had. To analyze the data, I will compare the overall experiences of the students who took part in my quantitative survey to determine whether or not the Counseling and Psychological Services office has shown significant support to students with mental health disorders. I will then use the qualitative information I gathered from my interviews in the randomly selected subgroups to further interpret why students did or did not feel supported by the Counseling and Psychological Services Office, and what support (if any) may have been impacted by the COVID-19 pandemic.

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Chapter 1

Introduction

Statement of the Problem

Individuals all over the world struggle with issues regarding their mental health, but in the United States specifically, there has been quite an upsurge in mental illness and disorders in one particular area over the past decade (Locke et al., 2016; Eisenberg et. al., 2013; Castillo & Schwartz 2013). This upsurge can be found in the college-student age group, where many first-time adults are beginning to learn how to balance a personal, professional, and academic lifestyle on an even larger scale than that of their secondary education (Locke et al., 2016). College students across the nation are becoming parts of national trends that show more severe symptoms associated with mental health struggles and an increased need to seek out services for support (Xiao et al., 2017; Zivin, 2009; Gallagher, 2012). While a number of students have received treatment for mental health concerns prior to coming to campus, and may continue that treatment off-campus during the extent of their college experience, there are also a significant number of students seeking out services for the first time. Over the past few years, the need for services has increased and college counseling centers have had to find new ways to support their students and provide them with the proper amount of time and attention that they need for their specific concerns (Locke et al., 2016); however, even with these new methods, unforseen alterations were needed in light of the COVID-19 pandemic (Galea et al., 2020).

Significance of the Problem

Outside of the college campus environment, the COVID-19 pandemic has caused massive distress among many individuals, and has both created and intensified mental health disorders (Son et al., 2020). Yet, students specifically, are still being asked to maintain all of their normal day-to-day functions with little-to-no room for a mental break, and so with that, and the increased amount of isolation, many of those students are now struggling to find a balance among their roles, even if they were not struggling prior to the pandemic. So the question is: what have college campuses done to help support their students in light of the pandemic? Many college counseling centers have altered the way they facilitate their interactions with students —relying heavily on telehealth communications in order to stay in coherence with state and federal guidelines (Galea et al., 2020). This may work for some students, but in reality, we need to ensure that *all students* — seeking services and afraid to seek services — are getting the support they need during this time of crisis. To do so, we must understand what mental health and mental health services are, how college counseling centers function and the services they provide their students, what changes have occurred to their functions due to the COVID-19 pandemic, and why certain students are not seeking those services.

Purpose of the Study

The purpose of this study is to address the increased need for mental health support among residential college students during the COVID-19 pandemic. With national trends showing increased severity in symptoms associated with mental health disorders and a greater volume in students seeking out services on campus over the past

few years (Xiao et al., 2017), as well as individual's overall increased fears and concerns surrounding health, social interaction, routine, and stability associated with the pandemic (Son et al., 2020), students are now at an increased risk for even more severe mental health disorders. College counseling centers play an integral role in ensuring students can handle the everyday stressors that coincide with managing personal, academic, and professional roles on campus, and since so many unforeseen stressors and anxieties have occurred alongside of the pandemic that go beyond normal everyday stressors, it is important to make sure that students are getting the full support that they need.

Assumptions and Limitations

Based on the research in my literature review that reflects on the struggles that college counseling centers face, some of the studies that took place prior to the COVID-19 pandemic, and the barriers associated with students reaching out for mental health support, an assumption could be made that students have limited access to mental support due to various reasons beyond their control. Additionally, limitations of existing research would include the fact that the COVID-19 pandemic began very recently (within the past two years) and therefore, the amount of research that is available on this specific topic may be minimal.

In terms of the study process, the anticipated time frame of the study was significantly reduced due to time restrictions. Additionally, the survey portion of the study was available to students for approximately one week rather than multiple. This means that the quantitative sample set was also reduced due to these restraints. Instead of 358 responses, which aligns with the desired sample size, 93 responses were received: 41

of those 93 responses were relevant to the research. Furthermore, students self-identified their experiences with these mental health services, meaning there is potential for data to be skewed, as students may respond to the survey even if they have not utilized the services or they may provide socially desirable answers in their responses.

Operational Definitions

1. Good Mental Health - Refers to an individual's ability to cope with typical, everyday stress and maintain societal functions (Fusar-Poli et al., 2020, p. 35).

2. Mental Health Disorder(s) - Refers to one's struggle or inability to cope with everyday stressors, and causes a significant negative impact on normal functions (Bhugra et al., 2013, p. 3).

3. CCAPS-62 - Refers to a clinical test utilized by mental health professionals to determine whether or not an individual struggles with a mental health disorder, the type of disorder they struggle with, and the severity of the struggle with this disorder (Locke, 2011).

4. Outpatient Treatment - Refers to mental health "treatment completed by a therapist, psychologist, psychiatrist, social worker, and counselor through partial-day treatment" (Miller, 2016).

5. Inpatient Treatment - Refers to mental health treatment that typically requires staying overnight or longer for observations and additional support services at a designated mental health facility (Miller, 2016).

Research Question and Hypotheses

The research questions guiding this study are:

1. To what extent do residential students on Rowan's campus feel supported by the university's Counseling and Psychological Services Office?

2. How do residential students describe their experiences with mental health support through the Counseling and Psychological Services (CPS) Office during COVID-19?

My hypothesis is that despite efforts to reach students who are struggling with mental health concerns during COVID-19, the university's Counseling and Psychological Services Office is unable to support all students' mental health to the extent that they need during the pandemic.

Chapter 2

Literature Review

What is Mental Health?

As mentioned, in order to understand how to support the mental health of others, one needs to understand what mental health is. Fusar-Poli et al. (2020) defines good mental health as "a state of well-being that allows individuals to cope with the normal stresses of life and function productively" (p. 35). Unlike one's physical health, mental health caters to that of one's psychological and emotional well-being. It helps ensure that one's typical daily tasks and commitments are of no significant negative impact on the way they might perceive themselves or the work that they are accomplishing. It is also stated that good mental health "provides people with skills and resilience to face and most productively deal with abnormal and potentially destructive stressors" (Fusar-Poli et al., 2020, p. 42). This means that even when individuals are struggling with an overwhelming situation or have a large stressor that does not normally take place in their everyday routine, they still have the skills and abilities to cope positively and move forward with little-to-no symptomatic concerns of a larger mental health crisis.

When thinking of positive mental health though, it is important to note that many variables and factors, both internally and externally, are at play. It is said that:

Core domains that define good mental health encompass: (i) mental health literacy, (ii) attitude towards mental disorders, (iii) self-perceptions and values, (iv) cognitive skills, (v) academic/ occupational performance, (vi) emotions, (vii) behaviours, (viii) self-management strategies, (ix) social skills, (x) family and

significant relationships (xi) physical health, (xii) sexual health, (xiii) meaning of

life, (xiv) and quality of life (Fusar-Poli et al., 2020, p. 34).

While these are not the *only* elements, one should know that these, among others, all

interact with one another and impact one's experience with their own mental health.

Yet even if an individual is only struggling with one of these areas, there may still

be a severe impact on mood and overall mental health. Sometimes, based on the personal

experiences of an individual, a situation that occurs and has no significant impact on one

individual, can have a detrimental negative impact on another. There are many variations

of mental health disorders, as well as variations in symptom and severity. Based on

categories distinguished by the World Health Organization, the most common disorders

lie within depressive and anxiety disorders, including: Major Depressive Disorder,

Depressive episodes, Dysthymia, Generalized Anxiety Disorder, Panic Disorder, Phobias,

Social Anxiety Disorder, Obsessive Compulsive Disorder, and Post-Traumatic Stress

Disorder (Center for Collegiate Mental Health, 2017). Other clinical tests such as the

CCAPS-62 also study general concerns surrounding the following areas: Depression,

Eating Concerns, Substance Use, Generalized Anxiety, Hostility, Social Anxiety, Family

Distress, and Academic Distress (Locke, 2011). Some individuals may struggle with

multiple concerns across areas and others may only struggle with one, but the major point

is that there are many variables to mental health and to the type of mental disorders one

may struggle with.

When diagnosed with a mental health disorder, most individuals have trouble

maintaining their usual daily functions (Bhugra et al., 2013). Since mental health is a

combination of numerous domains, it is always possible that one may struggle to function

in one or multiple of those areas and environments. External factors (i.e. - COVID-19) can also put pressure on these factors, and therefore, play a role in further creating mental health concerns among students on campus (Bono et. al., 2020; Scheibler, 2021). As Bhugra et al. (2013) states, "Mental health is seen as affecting one's abilities to function and make the most of the opportunities that are available, and to participate fully with family, workplace, community and peers" (p. 3). This suggests that when one is feeling particularly low internally, relationships and responsibilities externally become affected. This is why it is important that when someone feels as though they are struggling with a mental disorder, they try to reach out to someone for support. This may be a friend or family member, or it may be someone who offers clinical mental health services.

Mental Health Services

Just like there are variations in types of mental health disorders and the symptoms and severity that are associated with them, there are also variations in mental health services that one may seek out or be referred to. The three major service options are: outpatient services, inpatient services, and psychotropic medication (Miller, 2016). College students are more likely to use outpatient services, such as "treatment from a therapist, psychologist, psychiatrist, social worker, and counselor through partial-day treatment" (Miller, 2016, n.p.). This option is accessible on college campuses through the use of the counseling center, and unlike inpatient services, allows for more flexibility to maintain or adapt one's schedule so that they can continue certain daily routines and functions (i.e. class, social activities, etc.). It typically allows students to uphold their roles and get the support they need to continue some, if not most or all, of the responsibilities associated with them in a balanced and healthy way.

Inpatient services tend to inhibit some of these functions, as one is typically held overnight or longer for observations and additional support services (Miller, 2016). Many domains are considered when determining whether inpatient services are needed for an individual (Singh et al., 2016). College counseling centers will typically be the first to be notified in severe situations that may later require inpatient services, but they will usually refer students to outside resources for prolonged support (Locke et al., 2016). As for psychotropic medication, this is known for "treating emotions, nerves, or mental health problems, excluding treatment for substance use disorders," and it is not uncommon for this medication to coincide with one of the latter services (Miller, 2016, n.p.). Again, not all college campuses are able to provide these medications, as they focus more so on out-patient services alone; however, they still provide student support to those who utilize their office.

Mental Health and Services on College Campuses

According to a number of sources, college counseling centers have seen an increased need in services, as well as an increase in "severe symptomatology" associated with various mental health disorders (Locke et al., 2016; Xiao et al., 2017; Castillo & Schwartz 2013). Locke et al. (2016) found that "forty‑five percent of the general population of college students report that some aspect of their lives is traumatic or very difficult to handle" (p. 20). This suggests that almost half of the college population is struggling to maintain positive mental health. Whether or not they are seeking out services for support, the need to address these issues and find better ways to promote healthy environments on campus is truly important, and it can be argued that the students who do not seek out services are especially vulnerable.

Miller et al. (2016) states:

Despite having high levels of need, young adults are less likely than members of

other age groups to use mental health services. [Despite an increased number of

mental health disorders and] having access to campus services, only half of

college students with mental health problems use supports (p. 642).

With upward trends in anxiety, depression, and distress among students (Xiao et al.,

2017), college counseling centers need to ensure they are doing all that they can to help

students through their struggles; however, it is understandable that it can be especially

difficult to meet all of the individual needs of each student when the growth in scheduled

counseling center appointments is "6x the rate of institutional enrollment" (Xiao et al.,

2017, p. 411). For this reason, college counseling centers should ensure that they are

incorporating new methods of outreach for students, as well as creating additional

opportunities for beneficial mental health services off-campus, should their center

become too overwhelmed with a high number of appointments.

It is especially important to note that college counseling centers do not have one

set role. They may have one common goal of supporting students, but their interactions

with students on campus and with community partners are plentiful and versatile. Aside

from scheduling appointments with students for clinical services, college counseling

centers also need to provide advertising, programming, and liaison connections (Glass

2020). This is because they need to provide different forms of outreach to ensure that

students know where to go and how to develop skills that will benefit their college

experience and mental health, as well as so that the center has well-built connections with

other on-and-off campus resources that can help promote a positive environment for all

students (Glass 2020). This is especially important in order for students to feel comfortable seeking out those services.

In a clinical sense, on top of scheduling intakes and appointments for students with mental health concerns, college counseling centers and institutions "must be well prepared, trained, and staffed to respond to threat-to-self situations safely and effectively" (Locke, 2016, p. 26). While not all mental health disorders produce a threat to the safety of oneself or others, staff members must still be able to address those situations when needed to ensure the safety of all those involved. For this reason, they are trained in crisis management and typically have an on-call counselor for after-hour crises (Coulter, 2003). Regardless of the time of day, college counseling centers are prepared for any and all mental health concerns, no matter how severe.

Campus Counseling Center Funding

When mental health services are well-funded on campus, students and staff have more access to resources. Some argue that college counseling centers are underfunded in relation to the amount of students that they oversee (Xiao et al., 2017). This causes a struggle for counselors and university administration when trying to find the best methods for helping students overcome their struggles, and recognizing this is important so that colleges can begin and continue to think about how they allocate their funding in order to try and provide beneficial resources to their students.

According to Hunt et al. (2012), there are four main reasons that colleges consider increasing funding for mental health services, including: mental health crises, data, activism, and upper-level leadership. In regards to the point on mental health crises, Hunter et al. (2012), states that "Administrators appear willing to fund mental health

services if they believe it will help avert a crisis on their own campus" (p. 852). They suggest that if nearby or national trends show a significant amount of increased mental health crises, then college administrators are more likely to acknowledge the impact and attempt to act on the issue before it escalates or occurs on their campus. For administrators, the action is increased funding for services on campus to ensure students have the proper resources available to them. As for data, administrators focus on internal and external surveys and benchmarks collected by students and college counseling centers to determine whether or not "[satisfaction], patient volume, wait list length, and number of suicide attemps and completions" could be a sign of a need for increased funding (Hunt et al., 2012, p. 853). If the data suggests that a larger-than-normal amount of students are in need of services or are unhappy with the resources provided to them, they tend to believe that reallocating their funding may be beneficial for student support and retention.

Additionally, activism plays a role through student, parent, and counseling center staff involvement (Hunt et al., 2012). When advocating for one's needs or the needs of others, activism can have a significant impact on administration. With more representation of individuals, organizations, and community members fighting for a similar cause, university officials are more likely to consider adhering to their goals and expectations. Activism tends to show the importance of the issue to those in the greater campus population, and therefore, provides a new desire to help support their desires. Finally, upper-level leadership holds a great deal of weight in determining funding allocation (Hunt et al., 2012). Due to their powerful role on campus, and previous roles that they might have held in various areas of higher education, upper-level administrators

"with an appreciation of the importance of mental health to overall academic success" are large advocates in making sure services such as campus counseling centers are able to provide beneficial resources to their students (Hunt et al., 2012, p. 854). If someone in an upper-level leadership position does not understand this viewpoint, it then becomes a bit more difficult to understand and acknowledge the need for these resources.

The Effects of COVID-19

In light of the COVID-19 pandemic, one must recognize that there is not a significant amount of data on its overall impact on mental health yet; however, Galea et al. (2020) reminds researchers that:

...large-scale disasters, whether traumatic, natural, or environmental, are almost always accompanied by increases in depression, post-traumatic stress disorder, substance use disorder, a broad range of other mental and behavioral disorders, domestic violence, and child abuse (p. 817).

This suggests that when individuals experience traumatic situations such as COVID-19, which promotes elements of solitude and distance through social distancing guidelines, quarantines, and isolations, they tend to experience increased levels of distress. COVID-19 has, in the very least, provided "documented stressors such as infection, fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma" (Son et al., 2020, n.p.). Since so many aspects of people's lives have been affected by this pandemic, it would be almost impossible to believe no changes in mental health among individuals have occurred.

According to Son et al. (2020), students were struggling significantly during the pandemic in the following areas: fear and concern for one's own health and the health of

loved ones, difficulty concentrating, disrupted sleep patterns, increased social isolation, concerns about academic performance, disrupted eating patterns, financial difficulties, increased class work, depressive thoughts, and suicidal thoughts. Many of these areas reported heightened trends, while others stayed relatively moderate. Since many of these areas have been specifically impacted by COVID-19, it is not unlikely that individuals would be struggling more with their day-to-day lifestyles. These struggles may then lead to increased mental health concerns (Huckins et. al., 2020; Ekman et. al., 2022; Kessler et. al., 2021).

With the changes posed by COVID-19 on individual mental health, also came additional changes as to how college counseling centers can interact with students. Most centers have transferred to telehealth communications to reach out to students while still meeting state and federal mandated guidelines (Galea et al., 2020; Liu et. al., 2020). This has been a partial barrier to some students who "do not feel comfortable talking about mental health issues over the phone" (Son et al., 2020, n.p.); however, it is also one of the only ways in which college counseling centers know how to function with these new challenges. Moving forward there needs to be an exploration of how to best adapt to these challenges and how to meet the needs of students regardless of them.

Barriers to Seeking Out Services

Continuing the discussion of barriers, there are a number of reasons why students choose not to seek out mental health services when dealing with a mental health concern. For some, it is a simple preference of wanting to handle the issue alone or to talk to a family member or friend, rather than someone they do not know (Ebert et al., 2019; Vidourek, 2014). For a lot of students, there is a certain level of anxiety paired with

talking to a stranger about the struggles they are going through or the personal details of their day-to-day life, and for this reason, they do not feel comfortable seeking out services on campus for support. Other students tend to minimize their struggle and believe that the issues they are dealing with are not "severe enough" for services to be sought out (Son et al., 2020, n.p.). These reasons, along with others, may feed into the national stigma surrounding mental health. This is perhaps one of the biggest barriers among students seeking out services, because students feel embarrassed or undeserving of services accessible to them (Ebert et al., 2019). Due to this, it can be said that there needs to be more access to college campus environments that allow students to feel comfortable sharing their struggles with those around them and seeking out support when they need it.

Chapter 3

Methodology

Context of Study

This study was conducted at Rowan University's Glassboro campus in Glassboro, New Jersey. Rowan University is a four-year public research institution, originally founded in 1923 as the Glassboro Normal School. While the school was very small then, today, the university has campuses in three different locations of the state: Glassboro, Stratford, and Camden. Rowan University hosts approximately 19,678 undergraduate and graduate students across campuses and online. Of the 19,678 students, 15,963 students are studying at the undergraduate level, 2,466 of these students are studying at the graduate level, and 1,249 of these students are studying at the professional/medical level.

On the Glassboro campus, Rowan University hosts the Wellness Center in Winans Hall. The Wellness Center provides a multitude of services to students including: Student Health Services, Counseling and Psychological Services, Alcohol and Other Drug Services, Emergency Medical Services, and Healthy Campus Initiatives. These offices work together to provide student support, help students maintain physical and mental well-being, and provide campus programming. They have also been providing symptomatic and asymptomatic testing for students and employees during the COVID-19 pandemic.

Currently, residential students at Rowan make up approximately 5,178 students within the overall enrolled population. They reside in on-campus housing overseen by the Residential Learning and University Housing Office, and these buildings host both

undergraduate and graduate students. Residential Learning and University Housing staff occupies these buildings with undergraduate, graduate, and professional staff members who offer support to these students throughout their time living on-campus and work to provide them with resources to support their holistic development. Many resources, including the Counseling and Psychological Services Office, are available to them through student fees, and the convenience of living on campus makes the Counseling and Psychological Services Office a great resource for these students.

Population and Sample

This study focused on residential Rowan University students at the undergraduate and graduate level who utilized the university's Counseling and Psychological Services Office between March 2020 and March 2022. There were no exclusions as to what students may or may not participate in the study, so long as they were a residential Rowan University student who utilized the office during that time frame. The sample target size (n=358) for the quantitative portion of this study was calculated based on the population size of students residing on campus (5,178), a confidence level of 95%, and a margin of error of 5%. These sample sizes will help ensure the study is generalizable and representative of the overall population. As for the qualitative portion of this study, approximately ten students will be interviewed.

Data Instrumentation & Procedure

In this study, I used explanatory sequential mixed method research data to focus on Rowan University's Counseling and Psychological Services Office and determine how well they have been assisting students with mental health struggles during COVID-19 (McMillan, 2016). This study addressed the following research questions: To what extent

do students on Rowan's campus feel supported by the university's Counseling and Psychological Services Office? How do students describe their experiences with mental health support through the CPS Office during COVID-19?

Online Survey

The quantitative survey that was used at the beginning of this study used a five-point likert scale to indicate the type of experiences students had with the Counseling and Psychological Services office (McMillan, 2016, p. 183). At large, a mass email was sent through residential listservs provided by the Residential Learning and University Housing Office to all residential students across campus with the survey, asking them if they have utilized the Counseling and Psychological Services and, if so, to rate their experiences with the office based on a specific set of questions. These questions included demographic questions, as well as the following questions:

1. Have you ever utilized the Rowan University Counseling and Psychological Services Office?

2. Did you utilize this office's services between March 2020 and March 2022 (while the COVID-19 pandemic has been present)?

3. On a scale of 1-5 (5 being very easy), how easy was it to make an appointment at the counseling center?

4. On a scale of 1-5 (5 being a great connection), how would you rate your connection with your counselor?

5. On a scale of 1-5 (5 being very helpful), how helpful were the coping mechanisms you learned during your counseling sessions?

6. On a scale of 1-5 (5 being a great experience), how would you rate your overall experience with the counseling center?

7. If given the opportunity, would you recommend utilizing these services to a friend on campus if they needed additional mental health support?

8. After completing this survey would you be willing to participate in a follow-up interview about your experience with the Counseling and Psychological Services Office?

9. If you answered yes to the previous question, please provide your email address so I can contact you.

Using the data that was collected, students were then randomly selected, following a self-identified interest in continuing to participate further in the study, to move forward with the interview portion of the study.

Interviews

From the survey responses, 10 students were randomly selected to participate in a qualitative interview. The qualitative interview was conducted in a semi-structured format (McMillan, 2016). The questions being asked were all predetermined and structured in the same way to provide consistent data, but allowed for variations in response and follow-up questions based on personal experiences (Britten, 1995). The following questions were asked:

1. During what time frame did you utilize resources at the Counseling and Psychological Services office?

2. Can you reflect on your experience with the Counseling and Psychological

Services office?

3. What factors do you believe have impacted your positive and/or negative experiences with the Counseling and Psychological Services office?

4. How do you think COVID-19 might have impacted your experience with the Counseling and Psychological Services office?

5. Do you believe the Counseling and Psychological Services office has helped you maintain/ obtain positive mental health?

6. How do you think the Counseling and Psychological Services office on campus can better serve their students in encouraging, promoting, and supporting positive mental health?

Data Analysis

To analyze the data, I compared the overall experiences of the students who took part in my quantitative survey to determine whether or not the Counseling and Psychological Services office has shown significant support to students with mental health disorders. A series of negative results would suggest a trend that students are not receiving the mental health support that they need and that additional steps would have to be taken to address these concerns. A series of positive results would suggest students feel as though the services have provided support and were beneficial to the student population who utilized them. The goal would be to obtain a large enough sample size (n=358) to ensure reliability and validity to my research. Additionally, I used the mean of my likert-scale responses to showcase common trends and frequencies as a means of interpreting the data (McMillan, 2016).

As a form of explanatory sequential used in mixed method research (McMillan, 2016), I then used the qualitative information I gathered from my interviews based on the randomized student selection to further interpret why students did or did not feel supported by the Counseling and Psychological Services Office, and what support (if any) may have been impacted by the COVID-19 pandemic. When looking at my transcripts, I used predetermined codes to organize my data and guide my interpretation of responses (Stockdale, 2002). An example of my codes would be the words "connected," "valued," "understood," and "heard" promoting a positive experience with their counselor or at the counseling center. Additionally, although there were pre-established codes, I remained open to establishing and incorporating new codes during the data analysis process. I also provided clear and concise justifications to my interpretations when needed to ensure credibility and trustworthiness. An example of this would be to utilize member-checks so that participants within my interviews would be given the opportunity to read and correct any mistakes in their transcripts.

Chapter 4

Findings

The purpose of this study was to understand student experiences with the campus counseling center during COVID-19 and to find ways in which the counseling center on campus could better support their students in gaining positive mental health. Utilizing a survey, students self-identified themselves as someone who utilized the campus counseling center between the dates of March 2020 and March 2022. This survey asked students to provide demographic information, identify the time period in which they utilized the services, rate their experiences with the center, and determine whether or not they would recommend that service to a friend.

Towards the end of this survey, students chose whether or not to volunteer their information to participate in a virtual one-on-one interview via Zoom to further expand on their experiences. Ten students were chosen at random to complete these interviews and share their points of view. While 93 students responded to this survey, only 41 of these students self-identified as utilizing the counseling center on campus during the given time period; therefore, the data analyzed below will only include those 41 students. This chapter will provide student demographic information, as well as a thorough data analysis of the information gathered through this research.

Student Demographics

The students in this study ranged from undergraduate to graduate students that resided on campus during the Spring 2022 academic semester. A list of 5,178 emails were generated based on residential listservs provided by the Residential Learning and

University Housing Office. Of those 5,178 emails, 93 students responded to the survey. 41 of those students self-identified as individuals who had used the counseling center on campus between the dates of March 2020 and March 2022.

Of those 41 students, 37 were identified as undergraduate students, while 4 were identified as graduate students. All stated that they were between the ages of 18-25 years old. In terms of gender identity, 24.39% of students identified as male, 53.66% of students identified as female, and 19.51% identified as gender fluid or non-binary. An additional 2.44% preferred not to answer this question. Most students who participated in the survey identified as White (60.98%), Latino or Hispanic (17.07%), or African-American (14.36%). An additional 4.88% of students identified as Asian and 2.44% identified as other. No students who participated in the survey self-identified as Native American or Pacific Islander.

Survey Data

Following the demographic information portion of the survey, students were asked to respond to four questions related to their experiences with the counseling center on campus. The questions were formatted to receive likert scale responses, ranging from 1-5. The number "1" represented a more negative experience, while the number "5" represented a more positive experience. The four questions that pertained to this portion of the analysis were as follows:

- On a scale of 1-5, how easy was it to make an appointment with the counseling center?
- On a scale of 1-5, how would you rate your connection with your counselor?

- On a scale of 1-5, how helpful were the coping mechanisms you learned during your counseling sessions?

- On a scale of 1-5, how would you rate your overall experience with the counseling center?

Appointment Scheduling

The first question students were asked to answer was: "On a scale of 1-5, how easy was it to make an appointment with the counseling center?" Students denoting a "1" on this scale had an extremely difficult time trying to schedule an appointment. In contrast, students denoting a "5" on this scale had an extremely easy time trying to schedule an appointment.

Table 1

On a Scale of 1-5, How Easy Was It to Make an Appointment at the Counseling Center?

Ease in Appointment Scheduling	f	%
1 - Extremely Difficult	3	7.32
2 - Somewhat Difficult	8	19.51
3 - Neither Easy nor Difficult	8	19.51
4 - Somewhat Easy	15	36.59
5 - Extremely Easy	7	17.07

In this table, "*f*" refers to the number of students who responded to the given ranking. For example, three students responded that making an appointment with the counseling center was extremely difficult for them. Out of the 41 students, this represents 7.32%. Based on the responses above, most students (36.59%) had a "somewhat easy" time scheduling an appointment. This was followed by 8 students (19.51%) who found it "somewhat difficult" and 8 students (19.51%) who were neutral about the experience. The average of all 41 responses would generate a response of 3.4, which leans towards an overall neutral response.

Connection to Counselor

The second question students were asked to answer was: "On a scale of 1-5, how would you rate your connection with your counselor?" Students denoting a "1" on this scale felt no connection at all to the counselor they were paired with during their counseling sessions. In contrast, students denoting a "5" on this scale felt very connected to the counselor they were paired with during their counseling sessions.

Table 2

On a Scale of 1-5, How Would You Rate Your Connection with Your Counselor?

Connection with Counselor	*ƒ*	%
1 - Not Connected at All	4	9.76
2 - Minimal Connection	7	17.07
3 - Neither Connected nor Not Connected	8	19.51
4 - Somewhat Connected	9	21.95
5 - Very Connected	13	31.71

Table 2 shows that most students (31.71%) felt "very connected" to the counselor they were paired with for their counseling sessions on campus. This was followed by 9 students (21.95%) who felt "somewhat connected" and 8 students (19.51%) who were neutral about the connection they had with their counselor. The average of all 41 responses would generate a response of 3.5, which leans slightly more towards an overall response of "somewhat connected."

Helpfulness of Coping Mechanisms

The third question students were asked to answer was: "On a scale of 1-5, how helpful were the coping mechanisms you learned during your counseling sessions?" Students denoting a "1" on this scale felt like the coping mechanisms they learned during their sessions were not helpful at all. In contrast, students denoting a "5" on this scale felt like the coping mechanisms they learned during their sessions were extremely helpful.

Table 3

On a Scale of 1-5, How Helpful Were the Coping Mechanisms You Learned During Your Counseling Sessions?

Helpfulness of Coping Mechanisms	*f*	%
1 - Not Helpful at All	7	17.07
2 - Minimally Helpful	5	12.20
3 - Neither Helpful nor Unhelpful	6	14.63
4 - Somewhat Helpful	15	36.59
5 - Extremely Helpful	8	19.51

Table 3 shows that most students (36.59%) felt like the coping mechanisms they learned during their sessions were "somewhat helpful." This was followed by 8 students (19.51%) who felt like the coping mechanisms they learned during their sessions were "extremely helpful" and 7 students (17.07%) who felt like the coping mechanisms they learned during their sessions were "not helpful at all." The average of all 41 responses would generate a response of 3.3, which would represent a neutral response.

Overall Experience

The fourth question students were asked to answer was: "On a scale of 1-5, how would you rate your overall experience with the counseling center?" Students denoting a "1" on this scale felt as though they had an awful experience with the counseling center on campus. In contrast, students denoting a "5" on this scale felt as though they had a great experience with the counseling center on campus.

Table 4

On a Scale of 1-5, How Would You Rate Your Overall Experience with the Counseling Center?

Overall Experience	*f*	%
1 - Awful Experience	5	12.20
2 - Slightly Bad Experience	5	12.20
3 - Neither Good nor Bad Experience	9	21.95
4 - Somewhat Good Experience	13	31.71
5 - Great Experience	9	21.95

Table 4 shows that most students (31.71%) felt like their overall experience with the counseling center on campus was a "somewhat good experience." This was followed by 9 students (21.95%) who felt like their overall experience with the counseling center on campus was a "great experience" and 9 students (21.95%) who felt like their overall experience with the counseling center on campus was a "neutral." The average of all 41 responses would generate a response of 3.4, which would represent a neutral response.

Willingness to Refer

As one of the final questions, students were asked to select whether or not they would recommend the counseling center on campus to a friend. The question was a simple "yes" or "no" question with no room for a neutral or slighted response. It was

written as follows: "If given the opportunity, would you recommend utilizing these services to a friend on campus if they needed additional mental health support?" A total of 24 students, representing 58.54% of the data, responded "yes," meaning they would recommend the on-campus counseling center to a friend. 17 students, representing 41.46% of the data, responded "no," meaning they would not recommend the on-campus counseling center to a friend.

Interview Data

Directly following the survey, 10 respondents were selected at random to participate in a virtual, one-on-one interview via Zoom. The selected participants self-identified as individuals who had utilized the counseling center on campus during the March 2020-March 2022 time frame and were interested in speaking further in a 1:1 setting with the interviewer regarding their experience with the counseling center. All interviews were completed through Zoom to maintain consistency among participants, as well as to limit any potential risk factors associated with COVID-19. Similar to the survey, participation was voluntary and students were provided with the opportunity to stop the interview at any point.

Prior to starting the interview, participants were given a summary of the study and were asked to confirm that they gave full permission to move forward with the audio-recorded interview. All participants agreed and were then asked the interview questions. As previously stated the interview questions were as follows:

1. During what time frame did you utilize resources at the Counseling and Psychological Services office?

2. Can you reflect on your experience with the Counseling and Psychological

Services office?

3. What factors do you believe have impacted your positive and/or negative experiences with the Counseling and Psychological Services office?

4. How do you think COVID-19 might have impacted your experience with the Counseling and Psychological Services office?

5. Do you believe the Counseling and Psychological Services office has helped you maintain/ obtain positive mental health?

6. How do you think the Counseling and Psychological Services office on campus can better serve their students in encouraging, promoting, and supporting positive mental health?

The end of the interview also provided participants with an open-ended opportunity to share any additional information they liked regarding the context of the study. To maintain validity and accuracy, participants were also asked if they minded additional outreach from myself if further clarification or information was needed about the information we discussed.

Upon completion of the interviews, audio recordings were transcribed for clear data analysis via an online tech-assisted program. In addition, in order to compare and contrast experiences and determine whether or not the information that students shared catered to a negative or positive experience, each interview was given a particular set of codes that helped me analyze the data and develop themes among student responses.

Time Frame

Similar to the survey, only survey respondents who self-identified as individuals who had utilized on-campus counseling services during the time frame of March 2020

and March 2022 were selected to participate in an interview regarding their experience. In addition to this information, it is also important to note that some students who participated in the interviews have utilized the counseling center more than once. This means that while all students utilized it during COVID-19, two students self-identified that they had also used on-campus counseling services prior to the start of the COVID-19 pandemic. For this reason, when responding to questions, I asked them to specify which period of time they were referencing to ensure data was pertinent to the specific time frame of the study.

Experiences and Factors

In these interviews, experiences with the Counseling and Psychological Service Office ranged depending on what aspect of the experience participants were referring to and reflecting on. For example, some participants highlighted that they had great interactions with the counseling center staff which created a positive aspect of the experience; however, they may not have had a direct counselor that they connected to strongly, which provided a negative impact on their experience. Some had opposite responses, where they had a discouraging interaction with the counseling center staff, but the direct counselor they were paired with was a great fit for them. No participant stated that their experience with the counseling center was completely negative. A majority of participants determined their experiences were overall neutral. Three students explicitly claimed to have an overall positive experience. This corresponds, as well, to the overall data shown in the survey responses. The contradictions throughout participant responses within these interviews may show inconsistency in the way in which students are interacted with at the counseling center. For example, there wasn't a large majority or

minority regarding one particular aspect, factor, or experience. The only exception to this regards the ease associated with scheduling an appointment. Seven out of the ten participants stated scheduling an appointment in a desired time frame was not difficult for them. This also correlates with the survey results that stated most participants found the process of scheduling an appointment "somewhat easy."

In terms of other positive experiences participants shared about the counseling center, these included:

- Adaptability of virtual WebEx sessions (3)
- Student input on what works best for the them in terms of counseling approach – i.e. individualized vs. group therapy (2)
- Nice, approachable, diverse staff (4)
- Good connection with counselor (2)
- Felt as though they received a clear diagnosis (1)
- Learned positive coping skills (3)

The number in parenthesis to the right of the bulleted item represents how many participants mentioned this as a factor that impacted their experience. Apart from the ease associated with scheduling an appointment, the top two responses participants gave that indicated a positive experience revolved around the adaptability of virtual WebEx sessions and the niceness, approachability, and diversity associated with counseling center staff.

In terms of negative experiences participants shared about the counseling center, these included:

- Lack of personality and technological restrictions associated with virtual WebEx sessions (4)

- Lack of input on what works best for the them in terms of counseling approach – i.e. individualized vs. group therapy (3)

- Negative or discouraging interaction with staff regarding utilization of services (4)

- Lack of connection with counselor (1)

- Felt as though they didn't received a clear diagnosis (1)

- Lack of follow through in terms of the counseling center offering to send additional information and the student not receiving it (1)

- Negative stories associated with friends/peers utilizing the services (2)

- Short-term solutions to longer-term problems (3)

- Wait time associated with scheduling an appointment (2)

The number in parenthesis to the right of the bulleted item represents how many participants mentioned this as a factor that impacted their experience. In direct contrast to the positive data, the top two responses participants gave that indicated a negative experience revolved around the lack of personality and technological restrictions associated with virtual WebEx sessions and a negative or discouraging interaction with staff regarding utilization of the services.

While aspects such as virtual platforms are slightly more out of control of the counseling center due to the nature of COVID-19, counseling center staff interactions are well within the realm of control. Although positive experiences had been relatively generalized, negative experiences included participants sharing comments from

counseling center staff such as "I don't actually think you will ever need sessions after today" or "You're one of the lucky ones that gets to come see us." These participants stated that these comments made them feel as though their feelings were dismissed or that they should feel grateful to utilize the resource (even though the participant also mentioned feeling guilty because it felt like it meant someone else couldn't utilize it). While mixed experiences such as these make it difficult to understand the overall effectiveness, once again, it does seem to show a potential lack of consistency among interactions.

Overall, when asked if the participants felt as though the counseling center had played a role in helping them maintain or obtain positive mental health, all participants responded that it had in some way. While some participants indicated that their sessions felt more beneficial to them in a short-term sense, they still mentioned seeing a benefit in at least 2-3 regards throughout the interview. Furthermore, while it may be easy to look at the bulleted lists above and determine that there are more negative points than positive ones, one should note that certain aspects were only listed by one participant, as opposed to a number of participants. This means that although it was listed as a factor, there aren't other responses that correlate with this data, meaning it may only affect a small portion of students who utilize the service.

COVID-19

In terms of whether or not COVID-19 played a role in impacting a students utilization of the on-campus counseling center, most interview participants had stated that it did in at least 1-2 ways. Two participants explicitly stated that COVID-19 was a direct reason they decided to attend the counseling center. One participant shared "I was having

a lot of anxiety about COVID-19 and that's why I was going there," in addition to "It definitely helped with my first anxiety with coming back because I really did not want to go back in person. In Spring of 2021, I was really worried about getting coronavirus…so it helped a lot." Another participant stated "COVID itself kind of caused me to go to therapy." Responses like this are supported by research and the idea that COVID-19 has impacted students' mental health (Son et al., 2020; Hansel et. al., 2022).

The use of WebEx to host virtual counseling center sessions with students was a direct result of the COVID-19 pandemic. While some participants praised these sessions, stating: "COVID-19s impact [made] an increase in telehealth appointments, which I think [has] been great for accessibility purposes and convenience as well," others have stated:

Each session is only an hour long, and when it's virtual, there's that plus or minus 10 minutes of time to log in, make sure we have a stable connection, have the first five minutes of 'Can you hear me?,' and all of that which impact[ed] my counseling session,

or "It made it harder to feel comfortable telling this person I don't know information about me when I couldn't see them face-to-face or physically. It provided that impersonal aspect…" For these reasons, in addition to impacting student mental health, one may also conclude that COVID-19 had both positive and negative impacts on sessions themselves and the ways in which students interacted with the counseling center between the dates of March 2020 and March 2022.

Chapter 5

Summary, Discussion, Conclusions, and Recommendations

This chapter will discuss a summary of the study, as well as discussions regarding the data collected throughout the survey and interview responses. Additionally, it will cover final conclusions regarding the information as it pertains to the research questions and recommendations for future practices and research.

Summary of Study

This study explored residential student experiences with and perceptions of on-campus counseling centers and their role in supporting positive mental health. Additionally, it explored the impact of COVID-19 on student mental health and the experiences the pandemic impacted as it relates to student's utilization of campus counseling centers. The survey portion of the study looked at 41 undergraduate and graduate students who reside on campus and have utilized the counseling center. Furthermore, the interview portion of the study focused on the viewpoints of 10 randomly-selected participants and the experiences with Rowan's Counseling and Psychological Services Office. The data from both portions of the study was then looked at to determine key findings and recommendations.

Discussion of Findings

Survey Responses

The students who responded to the survey portion of this study provided data that depicts a predominantly neutral experience towards the counseling center and their services. In areas such as appointment scheduling, helpfulness of coping mechanisms, and overall experience participant responses averaged out to a 3.3-3.4 rating. On a 1-5

scale, this would fall upon a neutral rating. Connection to counselor averaged out to a 3.5 rating, pushing the average experience slightly over neutral to a slightly more positive experience. This shows me that while participants haven't had an extremely negative experience with the counseling center on campus, they also haven't had an extremely positive one. This data reflects that participants are relatively content with their experiences.

Interviews

A salient theme that came out of the interviews is that participants expressed an overall neutral attitude towards the counseling center. While there were areas for growth that participants believed the counseling center could focus on, participants also recognized that their overall experience with the service played, at least partially, a small role in their attainment of positive mental health; however, it is important to note that some participants mentioned that this positive impact may only provide short-term relief for their long-term mental health concerns.

In addition to the factors associated with participants' desire to gain more/better support from the Counseling and Psychological Services Office, COVID-19 has also played a role in the student experience. For some students (and even individuals outside of higher education), COVID-19 provided the push to utilize these services; either students finally had the time to address their mental health concerns or they were pushed to a stress point that motivated them to address those concerns. Furthermore, COVID-19 directly impacted the counseling process during the March 2020-March 2022 time frame, as students were asked to utilize WebEx to attend virtual counseling sessions for health and safety reasons. For some students, this provided a flexible and adaptable approach

that they were thankful for. For other students, this created elements of difficulty and challenge. Regardless of the negative or positive correlation, every student who utilized this resource during the given time frame was impacted by COVID-19 in some way.

Conclusions

Students have received, at the very least, short-term mental health support on-campus during the COVID-19 pandemic. Based on survey and interview responses, the neutral findings show that, while it may not be the best support for students, they are receiving at least 2-3 positive outcomes as a result of utilizing the Counseling and Psychological Services Office. I believe there are areas in which the counseling center definitely needs to address concerns and take accountability for flaws, and that there are more things that they can be doing to support students on their journey towards positive mental health; however, I also recognize that there are areas in which students have a particular set of expectations that may need to be addressed in order for them to better understand the resource and how their procedures function. This may require the Counseling and Psychological Services Office to market themselves in different ways and provide more opportunities for students to learn about and fully understand their services, but I think this type of clear communication would only further benefit both sides in the long run.

Colleges and universities need to recognize that campus counseling centers have the opportunity to truly set up students for success – not just academically, but also personally. More resources and funds need to be allocated to improving and supporting these offices in order to better support the entire student population, because while yes, these students have had a generally neutral experience, their relief is likely short-term and

will potentially provide unwanted opportunities for those students to fall back into the same situation they started in. Furthermore, it limits the capabilities and potential for positive impact that these resources can have on students in their college careers.

During COVID-19 especially, students were forced to change and adapt to new environments and circumstances. For some COVID-19 was a detriment to their mental health and caused great distress. For others, it simply changed the way in which they interact with those around them and involvements they may have with various resources, organizations, and offices. Either way it played a role in each students' every day functions. Again, colleges and universities need to recognize this and learn to adapt to the changes, as well as the new or different needs that students may have in light of the global pandemic.

Recommendations

Recommendations for Future Practice

Following this research study and its findings, my recommendations for practice at Rowan are as follows:

1. Ensure that the students you are serving on campus are being heard. In terms of higher education and the departments, offices, and services associated with it, student input is valuable to the success of themselves and the college or university.

2. In terms of the Counseling and Psychological Services Office, market your services well. In order for students to see value in what you have to offer, they need to fully understand what you are offering and the procedures that guide those services.

3. Recognize that all students have been impacted by COVID-19 in some way and can benefit from additional support. Students in this research mentioned COVID-19 being their final push to go to counseling and get help, but it's also important to help students prior to that breaking point. General outreach can go a long way for some students.

4. While it may be easy to schedule an appointment through the counseling office, cutting down the wait time until a student's first session (which participants stated is typically two weeks at Rowan), or providing students with updated resources or coping mechanisms to utilize until then, could benefit those students who are struggling to wait that long (Mowbray, 2006).

5. Ensure students have a voice in their counseling sessions – help them understand why group therapy may be beneficial for them, make sure they are comfortable with the counselor they were assigned to, help them gain support for longer-term struggles (whether that is inside or outside of that office), and have clear communication with them every step of the way.

6. Colleges and universities need to start allocating more resources and funds to these offices. In order for counseling centers to better market their services, provide more outreach to students, limit wait times between sessions, and cater to the needs of their students, they need more support to do so. At larger institutions especially, a minimal amount of full-time counselors cannot feasibly support an entire campus.

Recommendations for Further Research

Following this research study and its findings, my recommendations for further research would be to extend the time frame of the study in order to develop a stronger sample size. Additionally, one could expand the study to include all students to include those beyond the residence halls, as students who do not live on campus can also typically utilize these resources as well.

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Appendix A

Institutional Review Board Approval

Rowan University

DHHS Federal Wide Assurance Identifier: FWA00007111
IRB Chair Person: Dr. Ane Johnson
IRB Director: Eric Gregory
Effective Date: February 2, 2022

Notice of Approval - Initial

Study ID: PRO-2021-600
Title: A College Campus Crisis: Are Students Getting the Mental Health Support That They Need During the COVID-19 Pandemic?
Principal Investigator: Stephanie Lezotte
Study Coordinator: Shannon Revelant
Co-Investigator(s): Shannon Revelant
Sponsor: Department Funded

Submission Type: Initial
Submission Status: Approved

Approval Date: February 2, 2022

<center>**Appendix B**</center>

<center>**Verbal Consent Form**</center>

<center>**VERBAL SCRIPT FOR INTERVIEWS**</center>

Agreement to participate:

Thank you in advance for taking the time to speak with me today. Before we begin, I want to provide you with information about this study and answer any questions you may have.

I am Shannon Revelant, from Rowan University's Educational Services and Leadership graduate program who is currently working on my thesis. I am conducting a research study on addressing the increased need for mental health support among college students during the COVID-19 pandemic. The research will help me understand student experiences with counseling centers on campus and campuses can better support student mental health concerns.

Today you will be asked to participate in an individual virtual interview, which should take approximately 20-30 minutes. Your participation is voluntary. There are minimal risks associated with this interview, but I will do my best to limit them. Risks of this study may include emotional stress or discomfort associated with particular questions. You can skip any question or ask to stop the interview at any time without any consequences.

Your responses will be completely anonymous and your name will not appear anywhere in the final write up. With your permission, the interview will be audio recorded. The audio files will be stored in a Google Drive only accessible to the study team.

There are no costs or compensation to participate in this study.

If you have any questions about this study, now, during, or after study participation, please let me know or feel free to contact the Principal Investigator, Stephanie Lezotte. If you'd like to speak to someone outside of the research team, you can contact the Rowan University's Office of Research Compliance.

Do you have any questions?

      [IF YES: take time to answer all questions.]

      [IF NO: proceed.]

Do you agree to participate in this interview?

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[IF YES: proceed.]

[IF NO: thank them for their time.]

Do I have your permission to audio record this [activity]?

[IF YES: proceed.]

[IF NO: ask if they would like to continue without being recorded, or thank them for their time.]

Interview:

1. During what time frame did you utilize resources at the Counseling and Psychological Services office?

2. Can you reflect on your experience with the Counseling and Psychological Services office?

3. What factors do you believe have impacted your positive and/or negative experiences with the Counseling and Psychological Services office?

4. How do you think COVID-19 might have impacted your experience with the Counseling and Psychological Services office?

5. Do you believe the Counseling and Psychological Services office has helped you maintain/obtain positive mental health?
6. How do you think the Counseling and Psychological Services office on campus can better serve their students in encouraging, promoting, and supporting positive mental health?

Conclusion:

Is there anything else you would like to share before we conclude the interview?

Once again, thank you for taking the time to participate in this study. Do you mind if I contact you again if I have any questions or need clarification about the things we have discussed today?

As a reminder, you can reach out to me or the Principal Investigator Stephanie Lezotte at any time if you have any additional questions. If you'd like to speak to someone outside of the research team, you can contact the Rowan University's Office of Research Compliance. If you'd like to take down contact information, I can give it to you now:

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