
Why do Postsecondary Students Seek Counselling?

Sharon L. Cairns
Helen F. Massfeller
Sander C. Deeth
University of Calgary

ABSTRACT

The purpose of this study is to document reasons that Canadian postsecondary students seek counselling and to report counsellor ratings of the severity and complexity of presenting concerns. For over three academic years, counsellors at a large Canadian university completed a Presenting Issues Form on all clients ($N = 2,943$) following the initial session. The most frequent presenting issues were (a) relationship concerns, (b) anxiety/stress, (c) depression/grief, (d) academic, and (e) career. Global severity ratings indicated high degrees of distress. The severity of presenting concerns has implications for program development, policy development, and professional development of counsellors working in postsecondary institutions.

RÉSUMÉ

Le but de cette étude est de documenter les raisons pour lesquelles les étudiants postsecondaires canadiens se présentent au counseling et le niveau de gravité et de complexité des soucis présentés. Pendant plus de trois années universitaires, les conseillers à une grande université canadienne ont rempli un formulaire sur les problèmes présentés [*Presenting Issues Form*] pour tous les clients ($N = 2,943$) à la suite de la première séance. Les problèmes présentés le plus fréquemment étaient : (a) inquiétudes par rapport à des relations, (b) anxiété/stress, (c) dépression/deuil, (d) études, et (e) carrière. Les taux généraux de gravité indiquent un niveau élevé de détresse. La gravité des problèmes présentés affecte l'élaboration de programmes et politiques dans les établissements postsecondaires et le perfectionnement professionnel des conseillers qui y travaillent.

A routine finding from surveys of postsecondary counselling centre directors is the perception of continually increasing levels of psychopathology among the student clientele (e.g., Jenks Kettmann et al., 2007). Despite societal demographic differences between the two countries, both Canadian (Crozier & Willihnganz, 2005) and U.S. surveys of counselling centre directors (Gallagher, 2006, 2007; Guinee & Ness, 2000; O'Malley, Wheeler, Murphey, O'Connell, & Waldo, 1990) consistently report the perception that clientele psychopathology, severity of presenting issues, and usage of the services in the previous five years have been increasing. The purpose of this study is to document reasons that Canadian postsecondary students seek counselling and to report counsellor ratings of the severity and complexity of presenting concerns.

Since the 1980s, concern has been consistently expressed in Canada (Cogniglio, McLean, & Meuser, 2005; Crozier & Willihnganz, 2005), the United

States (Benton, Robertson, Tseng, Newton, & Benton, 2003; O'Malley et al., 1990; Robbins, May, & Corazzini, 1985; Stone & Archer, 1990), and the United Kingdom (Stanley & Manthorpe, 2001) that postsecondary students are seeking counselling with increasingly more severe and complex issues. Students are seeking the university counselling centre less for informational and career counselling concerns (Guinee & Ness, 2000; Robbins et al.) and more for relationship issues, stress, and anxiety (Erdur-Baker, Aberson, Barrow, & Draper, 2006). Benton, Robertson, et al. (2003) found that the rate of suicidal clients tripled over the course of their 13-year longitudinal study. As well, Coniglio et al. (2005) reported a higher rate of co-occurring issues, indicating increased complexity of presenting issues.

Several reasons have been suggested to explain the perceived increase in severity and complexity of presenting issues at university counselling centres. Among these reasons are (a) the higher populations of international students and mature students (Coniglio et al., 2005; Robbins et al., 1985; Stanley & Manthorpe, 2001), each of whom may come to university with unique challenges; (b) greater numbers of students in financial debt (Stanley & Manthorpe); (c) psychiatric medications that have allowed individuals to attend university despite serious mental health issues (Rudd, 2003); (d) the increased need for short-term therapies due to shrinking institutional resources (Gitlin & McGuff, 1995); (e) a greater willingness of students to seek treatment (Sharkin, 2003); and (f) changes in counsellors' training that result in greater recognition of psychopathology (Schwartz, 2006).

There is some controversy, however, as to whether or not there have been any *actual* changes in the severity and complexity of concerns in students seeking treatment at university counselling centres. From his analysis of the literature, Sharkin (1997) concludes "there is little direct evidence of an increase in the level of psychopathology in counseling center clients during the past several years" (p. 277). He goes on to suggest that there is only a *perception* among counselling centre staff that students' psychological needs are changing in severity and complexity and adds that there must be a distinction made between chronic psychological issues and those of a more developmental nature.

Whether the actual level of distress in postsecondary counselling clients is increasing or not, it is a fact that mental health is a significant concern within the population as a whole. The World Health Organization (as cited in Murray & Lopez, 1996) identified that mental illness is the second leading cause of disability and premature mortality following cardiovascular disease. A National Comorbidity Survey Replication (Kessler et al., 2005) of 9,282 individuals 18 years and older found median ages of onset for anxiety and depressive disorders were 11 and 30, respectively, while the interquartile range for each was 6–21 years of age and 18–43 years of age, respectively. These findings place postsecondary students in a high-risk age group for onset of anxiety and depressive disorders. Thus, there is justifiable cause for investigation of the severity and complexity of the mental health concerns of university students.

Previous Research

The U.S. has a strong history of tracking the mental health concerns of students. The vast majority of published information pertaining to the types, severity, and complexity of postsecondary client problems has been collected from counselling centre directors, counsellors, and clients in the U.S. However, a significant portion of this data is based on retrospective, subjective impressions of counsellors and counselling centre directors by means of surveys and counsellor reports. The client-sourced data to date are typically obtained from intake data at a single institution. Canada has lagged behind the United States in documenting actual student concerns and assessing distress using standardized measures.

Surveys. A major advantage to surveys is that they obtain information from diverse geographical locations and types of institutions. However, there is no standard reporting protocol, and the retrospective nature of the reports makes them vulnerable to subjective, biased reporting.

A U.S. three-year retrospective survey (Robbins et al., 1985) asked counsellors what percentage of their clients fit into each of five categories at the time of the study and three years previous. On average, counsellors reported a decline in clients with Informational/Educational Needs and Skill Training and an increase in clients with Chronic Enduring Needs and Intensive/Emotional Needs. This study, however, is outdated.

In a U.S. survey of 367 counselling centre directors, Gallagher (2006) found that 92% of directors reported an increase in the number of clients on psychotropic medication, and 92% reported an increase in students with severe psychological problems, with 40% of clients presenting with severe psychological problems. Of those with severe problems, 8% were so severe the students could not remain in school while 32% could continue their education with treatment. In Gallagher's 2007 U.S. survey of 272 counselling centre directors, 92% again reported increases in students with severe psychological problems, with 8% so severe that remaining in school was not possible and 42% classified as severe but able to continue their education with treatment. The top two concerns for directors in this latter survey were finding referrals for clients requiring long-term help and increases in demand without an increase in resources.

The perception of Canadian counsellors (Coniglio et al., 2005) and of counselling centre directors (Crozier & Willihnganz, 2005) parallels those in the United States with reports of increasing severity. For example, Crozier and Willihnganz report that 79% of 34 Canadian counselling centre directors who responded to a comprehensive survey reported increased severity of student issues in the previous five years.

Although the results of the above surveys are suggestive of increases in client severity, Schwartz (2006) suggests the perceptions reported above may be perpetuated by a number of factors including (a) lack of empirical data, (b) a consistent trend for postsecondary counselling centres to focus more on personal issues and less on vocational concerns, (c) decreasing stigma, and (d) shifts in counsellor

training that result in greater recognition of psychopathology. More specific data can be found within counsellor reports.

Counsellor reports. Case-by-case counsellor reports might be considered more reliable than the retrospective data collected in surveys. However, they are vulnerable to a variety of potential counsellor biases. In previous studies, counsellor reports of client severity have been obtained from intake and termination assessments. Two studies were located that used counsellor reports to explore the reasons for students seeking counselling.

In the first study, Benton, Robertson, et al. (2003) analyzed counsellors' Case Descriptor Lists completed at termination for 13,257 students over a 13-year period at a U.S. midwestern university campus and reported on the frequency of 19 problem areas. The researchers found percentage increases in 14 out of the 19 areas. Beginning in 1994, relationship issues declined while stress/anxiety issues increased, rates of depression doubled, and rates of suicidal clients tripled.

In the second study, Cairns (2006) used the 67-item Presenting Issues Form (PIF) to analyze a more comprehensive set of presenting issues identified by counsellors following intake over two academic years ($n = 1,442$) at a Canadian university. The most common presenting concerns were relationship issues, anxiety/stress, depression/grief, and academic issues. For the first year, the form included only demographic information and the list of presenting concerns.

For the second year, the PIF was modified to include ratings of severity and complexity. Severity was rated as follows: 1 (*minimal distress with no effect on social or academic functioning*), 2 (*mild distress with minor effect on social or academic functioning*), 3 (*moderate distress making social and/or academic functioning more difficult*), 4 (*severe distress resulting in impairment of social and/or academic functioning*), and 5 (*extreme distress with some danger of hurting self or others*). The anchors for rating complexity were 1 (*concerns relatively straightforward*), 3 (*several interrelated concerns*), and 5 (*multiple complex concerns*). Fully 24% of intakes were rated at a severity rating of 4 (*severe distress resulting in impairment of social and/or academic functioning*) or 5 (*extreme distress with some danger of hurting self or others*).

The Benton, Robertson, et al. (2003) study is suggestive of changes in presenting issues over time. Cairns (2006) reports data over too short a time period to assess changes. While providing some information on counsellors' assessments of presenting concerns, these studies lack generalizability because all of the data for each study were collected from a single postsecondary institution. The third source of information related to presenting issues is directly from clients.

Client-sourced. Another problem with previous research on severity and complexity of postsecondary students' counselling concerns is that all of the client-sourced data are derived from intake data. Furthermore, previous research has usually reported data from only one academic institution. A notable exception is a study by Erdur-Baker et al. (2006) that compared large U.S. national samples from the years 1991 (3,049 clients from 32 counselling centres), 1995 (2,718 non-clinical students from 28 campuses), and 1997 (4,488 clients from 32 counselling centres). For each of these samples, students completed a 42-item

Presenting Problems List that assessed both severity and chronicity. Increased severity of academic concerns, relationship/adjustment issues, and depression/romantic relationships were found, as well as greater chronicity over time for the clinical samples compared with the nonclinical sample.

Single-centre studies reporting client-sourced data generally demonstrate relative stability of high levels of severity over short time periods (Cornish, Riva, Henderson, Kominars, & McIntosh, 2000; Gitlin & McGuff, 1995; Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998; Schwartz, 2006). It has been argued that the stability of results may be indicative of a severity ceiling effect. This may be exemplified by Schwartz's findings over a 10-year time span. Using the Personality Assessment Inventory, he identified that the average proportion of clients with an Axis I diagnosis was 73%—a proportion that did not vary over the 10 years. Further, only 2% to 4% of clients annually warranted neither a definite nor tentative Axis I diagnosis. While this level of severity was stable, Schwartz reported a fivefold increase in the number of clients who were prescribed medication. Rather than changes in severity, he attributes this latter finding to increasing acceptability of medication and “overdue recognition of the actual nature of their distress” (p. 335).

However, Cornish et al. (2000) reported that the numbers of extremely distressed clients have been increasing, and while they were “generally low for the first three years (ranging from four to six) [they then] more than double for the fourth and fifth years (to 16 and 14 respectively)” (pp. 107–108). These authors defined extremely distressed clients as those with a Global Severity Index from the Brief Symptom Inventory equal to or greater than two standard deviations above the mean. Other client-sourced data are reported for a single institution in a single year (e.g., Johnson, Ellison, & Heikkinen, 1989) and will not be described.

Summary

The current research on changes in the severity and complexity of presenting issues in postsecondary counselling centres is meagre given continued concerns over perceived increases for the past 20 years. In addition, much of the existing data are subject to criticism due to the unreliability of retrospective data, lack of generalizability due to single-site data collection, collection of data over too short a time span to assess changing trends (Sharkin, 1997), lack of attention to diversity, and collection of data from a single perspective.

This paucity of information is even greater in Canadian postsecondary institutions. Caution must be used in assuming U.S. data would generalize to the Canadian postsecondary population as the demographics of Canadian university populations are not entirely analogous to their American counterparts.

The purpose of this study is to begin to document the reasons why Canadian postsecondary students seek counselling and to report counsellor ratings of the severity and complexity of presenting concerns. Questions this research seeks to answer include

1. What are the most frequent presenting concerns?
2. Do student concerns remain consistent from year to year?

3. What are the severity and complexity of these concerns, as rated by the counsellors?
4. Do severity and complexity vary by year, semester, gender, and student status (undergraduate versus graduate)?

The major improvement of this study over previous Canadian data is client-by-client data collection immediately following intake sessions and data collection over the span of several years. In addition, the combination of identifying counselling concerns with a rating of severity and complexity yields richer data.

For example, several counselling centre clients may present with depression and suicidal ideation. There is a significant difference between clients with a milder level of depression and only transient suicidal ideation (i.e., bothersome but unlikely to be acted upon) and clients who are so severely depressed that they are unable to keep up with their academic work and seriously contemplate acting on their suicidal thoughts. This type of documentation has far-reaching implications in areas such as program planning, policy development, counsellor training, and resource allocation within postsecondary counselling centres. As well, this empirical evidence may inform counsellor educators how to prepare graduate students to work in such settings.

METHOD

Participants

Between the beginning of fall semester (September–December) 2005 and the end of winter semester (January–April) 2008, counsellors, graduate-level practicum students, and interns at a large western Canadian university (29,000 students) counselling centre completed the PIF for a total of 2,943 students following their intake appointment. Demographics by academic year are presented in Table 1. Although it appears as if the proportion of graduate students is lower in 2007–08 compared with previous years, chi-square analyses show that there are more graduate students who attend counselling in the spring and summer [$\chi^2 = 19.0$ (4), $p < .001$]. No data are available for spring and summer (May–August) of the 2007–08 year, which likely depresses the proportion of graduate students for this year. The proportion of male students declined from 2005–06 to 2006–07 and remained about the same in 2007–08, but these differences were not significant [$\chi^2 = 5.8$ (4), $p > .05$].

Materials

The Presenting Issues Form (PIF; Cairns, 2006) was developed at this university counselling centre based on the counsellors' experiences of why students come to counselling. The form asks the counsellor to indicate up to three issues for the student attending the intake appointment. The number of issues was limited to three to ensure the most important concerns were identified. The 67 presenting

issues are grouped into 13 categories as follows: (a) academic concerns, (b) addictions/substance abuse, (c) anxiety/stress, (d) career, (e) depression/grief, (f) eating concerns, (g) living concerns, (h) physical problems, (i) relationship concerns, (j) sense of self, (k) trauma/abuse, (l) psychiatric concerns, and (m) other.

Table 1
Demographic Description of Participants by Academic Year

Description	Year		
	2005–06 (<i>N</i> = 942)	2006–07 (<i>N</i> = 1,148)	2007–08 (<i>N</i> = 853)
	Age (s.d.)	Age (s.d.)	Age (s.d.)
Mean age	24.9 (6.3)	24.0 (5.8)	24.0 (5.87)
	<i>n</i>	<i>n</i>	<i>n</i>
Semester			
Fall	326	484	448
Winter	398	469	405
Spring/summer	218	195	—
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Student status			
Undergraduate	757 (80.4)	925 (80.6)	700 (82.1)
Graduate	177 (18.8)	218 (19.0)	151 (17.7)
Undetermined	8 (0.8)	5 (0.4)	2 (0.2)
Gender			
Female	607 (64.5)	796 (69.3)	585 (68.6)
Male	334 (35.5)	352 (30.7)	268 (31.4)

In addition to identifying the primary reasons for seeking counselling, the intake counsellor is also asked to provide basic demographic information and a subjective rating of severity and complexity on five point scales. The anchors for the severity scale were developed by condensing the Global Assessment of Functioning from the *DSM-IV-TR* (American Psychological Association, 2000). Severity was rated as follows: 1 (*minimal distress with no effect on social or academic functioning*), 2 (*mild distress with minor effect on social or academic functioning*), 3 (*moderate distress making social and/or academic functioning more difficult*), 4 (*severe distress resulting in impairment of social and/or academic functioning*), and 5 (*extreme distress with some danger of hurting self or others*). The anchors for rating complexity are 1 (*concerns relatively straightforward*), 3 (*several interrelated concerns*), and 5 (*multiple complex concerns*).

Previous research using this form (Cairns & Engelberg, 2008) assessed inter-rater reliability on 16.5% of 109 forms completed by having four counsellors,

experienced with the PIF and from a second institution, complete the PIF based on the original rater's intake note with identifying information blocked out. Utilizing the same methodology as described by Benton, Robertson, et al. (2003) for calculating percentage agreements, there was 98.1% agreement on exact issues and 93.5% agreement on the categories. Category agreement was calculated because exact issue agreement was inflated by the large number of issues the raters would have agreed were not present.

Exact agreement on severity and complexity ratings was low (27.5% for severity and 38.9% for complexity). However, application of Linn and Gronlund's (2000) criterion of the ratings being within one point of each other resulted in 100% agreement for severity and 88.9% for complexity. Preliminary research (Cairns & Engelberg, 2008) indicates the severity and complexity ratings are significantly positively related to a standardized pan-theoretical assessment tool, the Clinical Outcomes for Routine Evaluation—Outcome Measure (CORE-OM; Barkham et al., 2001), which provides a measure of global distress. Severity ratings of 3 or greater were associated with falling within the clinical level of distress on the CORE-OM.

Procedure

As a part of standard operating procedures, the counselling centre at this university routinely has counsellors complete the PIF following each intake. No identifying information is included on the form. Once completed, the forms are returned to the administrative assistant who enters the data into SPSS for later analyses. The ethics review board at the university provided approval to use these secondary data for research purposes.

RESULTS

Table 2 shows the number and percentage of students presenting each year with the different categories of concerns. Consistently, the greatest percentages of students attend counselling for relationship, anxiety/stress, depression/grief, and academic concerns. While the rank ordering of the concerns remains roughly the same from year to year, there are some noticeable trends. There has been a consistent decline in relationship issues (although it does remain the primary concern presented by the majority of students) and a consistent increase in anxiety and stress. The proportions of depression/grief and academic concerns decreased in 2007–08. Finally, trauma/abuse has shown a consistent decline from the 2005–06 academic year to 2007–08.

The most common types of relationship concerns were parent/family (16.3%), conflict (11.1%), end of relationship (11.1%), intimacy (5.5%), and loneliness (5.2%). Within the anxiety/stress category, the most common concerns were stress management (17.5%) and general anxiety (11.4%). Within the depression/grief category, the most frequent concerns noted were depression (19.7%), grief/loss (8.3%), and sadness (5.0%). Academic concerns were broadly distributed, with

the most frequent being low grades (9.9%), procrastination (4.4%), test anxiety (4.0%), and extension/deferral (3.7%). Note that above percentages reflect percentage of the total sample, not percentage within a category.

Table 2
Number and Percentage of Students Presenting with Each Category of Issue by Academic Year

Category of concern	Year		
	2005–06 <i>N</i> (%)	2006–07 <i>N</i> (%)	2007–08 <i>N</i> (%)
Relationship	618 (65.7%)	745 (64.9%)	536 (62.8%)
Anxiety/stress	376 (40.0%)	490 (42.7%)	373 (43.7%)
Depression/grief	373 (39.6%)	495 (43.1%)	305 (35.8%)
Academic	344 (36.6%)	417 (36.3%)	261 (30.6%)
Career	273 (29.0%)	290 (25.3%)	207 (24.3%)
Sense of self	142 (15.1%)	189 (16.5%)	136 (15.9%)
Physical problems	100 (10.6%)	81 (7.1%)	76 (8.9%)
Trauma/abuse	93 (9.9%)	73 (6.4%)	41 (4.8%)
Living concerns	54 (5.7%)	43 (3.7%)	32 (3.8%)
Addictions	45 (4.8%)	24 (2.1%)	31 (3.6%)
Eating concerns	29 (3.1%)	42 (3.7%)	21 (2.5%)
Other	2 (0.2%)	9 (0.8%)	12 (1.4%)
Psychiatric	5 (0.5%)	5 (0.4%)	4 (0.5%)

Average severity of presenting concerns for the three academic years was 2.95 ($SD = .83$) with a range of 1 to 5. Table 3 shows the average severity rating and analysis of variance by year, semester, student status, and gender. The only significant difference was for Student Status, with graduate students presenting with more severe concerns than undergraduates. However, the effect size was small (Cohen's $d = 0.17$). Figure 1 shows the percentage of students presenting with each level of severity. Although only 1.9% of students were classified at an extreme level of severity, this represents an average of 19 students presenting with a severe risk of harm to self or others annually at this institution. A further 22% were suffering from impaired functioning, and half of the students attending counselling were rated as having their functioning made more difficult due to their presenting concerns.

Average complexity of presenting concerns for the three academic years was 2.68 ($SD = 1.09$) within a range of 1 to 5. Table 4 shows the average complexity rating and analysis of variance by year, semester, student status, and gender. There were significant differences in complexity by year, semester, and student status. Average complexity was less in 2006–07 than both the preceding ($HSD, p < .05$) and subsequent academic years ($HSD, p < .01$). Complexity is greater in the winter semester than in either the fall ($HSD, p < .01$) or spring/summer ($HSD, p < .01$).

Graduate students are rated as having more complex concerns than undergraduate students. There was no difference in complexity between women and men.

Table 3
Average Severity of Presenting Concerns by Year, Semester, Student Status, and Gender

Variable	Mean (s.d.)	ANOVA
Year		$F = 1.43 (2, 2917), p > .05$
2005-06	2.93 (.87)	
2006-07	2.94 (.80)	
2007-08	2.99 (.84)	
Semester		$F = 2.16 (2, 2917), p > .05$
Fall	2.96 (.85)	
Winter	2.97 (.82)	
Spring/summer	2.87 (.84)	
Student status		$F = 7.90 (1, 2904), p < .001$
Undergraduate	2.93 (.83)	
Graduate	3.07 (.83)	
Gender		$F = 0.47 (1, 2917), p > .05$
Female	2.95 (.81)	
Male	2.97 (.88)	

Figure 1
Severity of Presenting Concerns

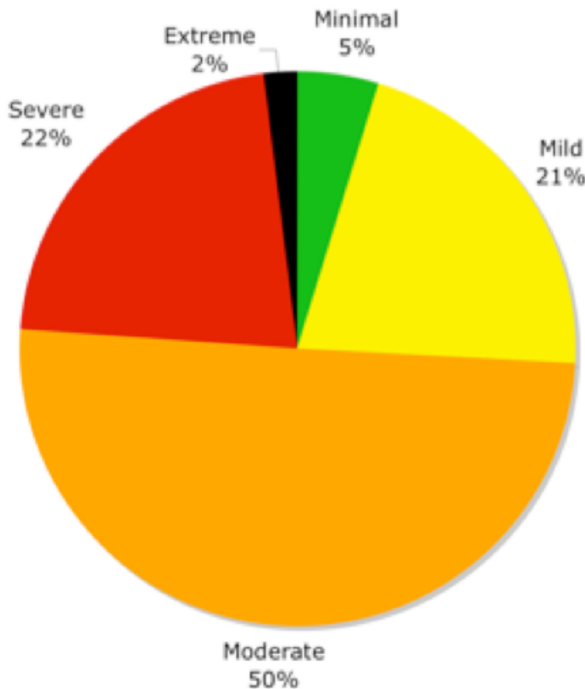


Table 4
Average Complexity of Presenting Concerns by Year, Semester, Student Status, and Gender

	Mean (s.d.)	ANOVA
Year		$F = 5.20 (2, 2916), p < .01$
2005-06	2.72 (1.14)	
2006-07	2.60 (1.00)	
2007-08	2.75 (1.15)	
Semester		$F = 7.03 (2, 2916), p < .01$
Fall	2.64 (1.11)	
Winter	2.77 (1.07)	
Spring/Summer	2.57 (1.11)	
Student Status		$F = 11.21 (2, 2903), p < .001$
Undergraduate	2.64 (1.09)	
Graduate	2.88 (1.08)	
Gender		$F = 1.40(1, 2916), p > .05$
Female	2.70 (1.07)	
Male	2.65 (1.13)	

DISCUSSION

Counselling Issues

Although students present with a broad variety of counselling concerns, there are some types of concerns that large numbers of students present with year after year. Consistent with previous research findings, (a) more than 60% of students present for counselling with issues related to relationship concerns; (b) more than 35% present with anxiety/stress, depression/grief, or academic concerns; and (c) more than 25% present with career-related issues. In a large university counselling centre, such as the one in this study that sees close to 1,000 new intakes a year, concerns presented by as few as 4% of students represent numbers large enough that a group offering could be considered a viable alternative to individual counselling. Smaller institutions, if sufficiently staffed, would likely be able to successfully offer groups for the most frequent of concerns.

Severity and Complexity

Severity. Over the course of this study, there was no statistically significant difference of severity of presenting concerns over the three years. However, there does appear to be an emerging trend of increasing severity with each successive year. This trend warrants continued observation. As cautioned by Sharkin (1997), three years may be too short a time to assess changes in level of severity. There was also no difference in severity by semester or by gender. However, there was a significant difference in severity by student status, with graduate students presenting with concerns rated as more severe by their counsellors.

While not all graduate students are older than undergraduates, one might hypothesize that this greater level of severity might be associated with Coniglio et al.'s (2005) suggestion that mature students bring more severe concerns. Alternatively, the greater level of severity could be associated with the greater demands of graduate programs compared with undergraduate programs or a combination of the two factors. If severity ratings of 3, 4, and 5 are combined, this results in a total of 74% of counselling clients with functional challenges, a number that is strikingly similar to the average of 73% of students, over a 10-year time span, meeting diagnostic criteria for at least one Axis I diagnosis as assessed with the Personality Assessment Inventory (Schwartz, 2006).

Complexity. Complexity varied by year, semester, and student status, but not gender. In terms of year, there was a decline in counsellor-rated complexity from 2005–06 to 2006–07, but this returned close to original levels in 2007–08. Complexity was rated the greatest during the winter semester and least in the spring/summer. It might be hypothesized that this pattern is consistent with the flow of the academic year. Generally, students approach a new academic year refreshed from a break over the summer, and it would be common for students to experience more transitional concerns. The break between fall and winter is often a stressful time, with various religious holidays and family pressures resulting in students returning for the winter semester with less resilience.

Finally, for most students, the spring and summer semesters often provide a reprieve from academic stressors. Another factor that should be considered is that practicum students in the counselling centre, who start in the fall, may begin to perceive greater complexity in their clients' concerns as they gain experience through the academic year. Potential reasons for greater complexity of graduate students' concerns are likely similar to those suggested for the greater severity within this subgroup. However, the above is speculative and requires empirical investigation.

Implications

Two primary implications emerged from this study: student retention and counsellor training. The frequency of concerns found in this study that are associated with parent/family issues, stress, depression, and low grades are all significant given recent findings that these factors are associated with decreased persistence in university (Wintre & Bowers, 2007). Thus, many of the students who attend counselling may be at risk of dropping out of university. In fact, counselling centre directors have reported that between 7% and 8% of their clients have psychological problems so severe that they are not able to remain in school (Gallagher, 2006, 2007).

Previous research (Cairns & Dobbs, 2004) indicates that students seeking counselling report at intake that their concerns have been interfering with their academic performance (mean = 4.1 on a scale of 1 = "definitely no" to 5 = "definitely yes"). Evaluation data collected during the course of counselling (Cairns & Dobbs) reveals that, overall, students report that counselling helped them to

maintain or improve their academic performance (mean = 3.6 on a scale of 1 = “definitely no” to 5 = “definitely yes”) and increased their commitment to complete their degree at their current institution (mean = 3.8 on a scale of 1 = “definitely no” to 5 = “definitely yes”).

DeStefano, Mellot, and Petersen (2001) also found counselling to positively affect personal, social, and academic adjustment to university. Given the nature of academic work, students do not always have the luxury of waiting for publicly funded counselling resources, and they typically do not have the financial resources to pursue private counselling. Thus, understanding the reasons why students seek counselling and then providing timely and easily accessible counselling seem key to increasing retention at postsecondary institutions.

Second, the nature and severity of counselling concerns within postsecondary students have profound implications for the training of postsecondary counsellors. The counselling issues and their severity found in this study parallel those reported by our American counterparts; therefore, it is reasonable to hypothesize that similar findings might be found across Canada.

Postsecondary counsellors must be prepared to assess and work with a wide range of concerns and clinical levels of distress. Specifically, counsellors should be well grounded in interventions for relationship concerns, anxiety/stress, depression/grief, academic concerns, and career development. Furthermore, with ongoing limited resources, developing and delivering group programs in these most common areas may provide relief on high demands for individual counselling.

Strengths and Limitations

Strengths. A major advantage of this study is that it does not rely on retrospective reporting of counselling concerns and their severity and complexity. It also utilizes an instrument with demonstrated interrater reliability and positive correlations with an objective measure of client distress. In terms of students who attend counselling, these data partially answer one of the primary questions asked in needs assessments: “What is the area of greatest need?” (Royse, Thyer, Padgett, & Logan, 2006, p. 53). However, the study does not address what the needs might be in the larger university community and if these needs differ from those who actually attend counselling. It is expected that, similar to results found in larger population studies, there are likely more students suffering from mental health concerns than actually seek and receive treatment (Esposito et al., 2007; Gollust, Eisenberg, & Golberstein, 2008).

Limitations. This study provides understanding of the nature of counselling concerns at one Canadian university. Consequently, the findings are not generalizable to other Canadian postsecondary institutions.

Another limitation of the current study is that it only documents up to three primary concerns at intake. When clients’ concerns are complex, there can be many interrelated issues, and it is left to individual counsellors to select the most important from their perspective. This perspective will be influenced by individual

counsellors' therapeutic orientation. Experienced counsellors know that the nature of the counselling issue can change once a therapeutic alliance is established. Therefore, presenting issues at intake may fail to capture the issues that end up emerging during the course of counselling.

Another limitation is that only the counsellors' subjective perspectives have been obtained and there was no attempt to offset potential counsellor bias during data collection. Stewart and Cairns (2002) identified that there are differences between counsellor and client perceptions of severity as well as between subjective and objective measures. Relatedly, Benton, Benton, Newton, Benton, and Robertson (2003) reported differences in the incidence rates of problems reported by clients at intake when compared with the incidence rates of problems reported by therapists at termination.

This study also does not examine the question of the relationship of diversity to presenting concerns and severity/complexity. Furthermore, it did not obtain information regarding previous counselling history or medication use.

Directions for Future Research

It would be useful for future research to obtain both client and counsellor perspectives of the nature and severity of concerns at intake. Ideally, these viewpoints would include objective measures to substantiate the subjective perspectives. Additionally, data need to be collected from more institutions across Canada. In this study, the authors decided to limit the number of presenting issues to three in an attempt to capture the most important. However, leaving the number of issues unlimited may provide further clarification about the nature and complexity of student concerns.

Furthermore, given that the nature of concerns will likely change over the course of counselling and that empirical data are lacking in this area, it would be informative to compare initial concerns to those identified at termination as addressed across the course of counselling. It would also be helpful if more complete demographic information was obtained in order to speak to questions related to diversity. Specifically, given the hypothesis that the concerns of international and mature students may contribute to the increased severity and complexity of presenting issues, it will be important to include this information in future research. While outside the scope of this study, it will be important for future research to explore the impact of counselling on student success and retention. Such data could provide information on how to provide cost-effective counselling services for students on campus.

CONCLUSIONS

The current study identified the most common counselling concerns at a Canadian university to be (a) relationships, (b) anxiety/stress, (c) depression/grief, (d) academic issues, and (e) career development. It also revealed that the ranking of these problems remained consistent across the three years of the study.

On average, severity and complexity have remained consistent at a moderate level throughout the time period. However, there have been small but consistent increases in the severity ratings with each successive year, a trend that warrants monitoring.

This work represents a beginning to understanding the nature, severity, and complexity of counselling concerns of Canadian postsecondary clients. Future work is needed that includes both client and counsellor perspectives at both intake and termination as well as an examination of the counselling needs of the broader campus population.

Acknowledgements

This research was supported in part by a grant from the Dean's Office, Faculty of Education, University of Calgary.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Rev. 4th ed.). Washington, DC: Author.
- Barkham, M., Margison, F., Leach, C., Lucock, M., Mellor-Clark, J., Evans, C., et al. (2001). Service profiling and outcomes benchmarking using the CORE-OM: Toward practice-based evidence in the psychological therapies. *Journal of Consulting and Clinical Psychology, 69*, 184–196.
- Benton, S. A., Benton, S. L., Newton, F. B., Benton, K. L., & Robertson, J. M. (2004). Changes in client problems: Contributions and limitations from a 13-year study. *Professional Psychology: Research and Practice, 35*(3), 317–319.
- Benton, S. A., Robertson, J. M., Tseng, W. C., Newton, F. B., & Benton, S. L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology: Research and Practice, 34*, 66–72.
- Cairns, S. L. (2006, June). *Tracking trends in severity and complexity of counselling issues*. Poster session presented at the annual meeting of the Canadian Association of College and University Student Services, Hamilton, ON.
- Cairns, S., & Dobbs, J. (2004). *Assessing counselling services: Planning for successful outcomes*. Paper presented at the Canadian Association of College and University Student Services Conference, University of Manitoba, Winnipeg, MB.
- Cairns, S., & Engelberg, S. (2008, June). *The increasingly complex world of wellness and learning*. Paper presented at the meeting of the Canadian Association of College and University Student Services, St. John's, NF.
- Coniglio, C., McLean, G., & Meuser, T. (2005). *Personal counselling in a Canadian post-secondary context*. (Available from the Canadian University and College Counselling Association, 4 Catarqui St., Suite 310, Kingston, Ontario, K7K 1Z7)
- Cornish, J. A. E., Riva, M., Henderson, M. C., Kominars, K. D., & McIntosh, S. (2000). Perceived distress in university counseling center clients across a six-year period. *Journal of College Student Development, 41*, 104–109.
- Crozier, S., & Willihnganz, N. (2005). *Canadian counselling centre survey*. (Available from the Canadian University and College Counselling Association, 4 Catarqui St., Suite 310, Kingston, Ontario, K7K 1Z7)
- DeStefano, T. J., Mellor, R. N., & Peterson, J. D. (2001). A preliminary assessment of the impact of counselling on student adjustment to college. *Journal of College Counseling, 4*, 113–121.
- Erdur-Baker, O., Abersson, C. L., Barrow, J. C., & Draper, M. R. (2006). Nature and severity of college students' psychological concerns: A comparison of clinical and nonclinical national samples. *Professional Psychology: Research and Practice, 37*, 317–323.

- Eposito, E., Wang, J. L., Adair, C. E., Williams, J. V. A., Dobson, K., Schopflocher, D., et al. (2007). Frequency and adequacy of depression treatment in a Canadian population sample. *Canadian Journal of Psychiatry, 52*, 780–789.
- Gallagher, R. P. (2006). *National survey of counseling center directors 2006*. Retrieved September 25, 2009, from <http://www.iacsinc.org/National%20Survey%20for%20Counseling%20Center%20Directors%20Results%20-%20Final.pdf>
- Gallagher, R. P. (2007). *National survey of counseling center directors 2007*. Retrieved September 25, 2009, from http://www.iacsinc.org/NsccdSurveyFinal_v2.pdf
- Gitlin, D., & McGuff, R. (1995). Eight-year trends in reported severity of student emotional distress. *Journal of College Student Psychotherapy, 10*(2), 3–9.
- Gollust, S. E., Eisenberg, D., & Golberstein, E. (2008). Prevalence and correlates of self-injury among university students. *Journal of American College Health, 56*, 491–498.
- Guinee, J. P., & Ness, M. E. (2000). Counseling centers of the 1990s: Challenges and changes. *Counseling Psychologist, 28*, 267–280.
- Jenks Kettmann, J. D., Schoen, E. G., Moel, J. E., Cochran, S. V., Greenberg, S. T., & Corkery, J. M. (2007). Increasing severity of psychopathology at counseling centers: A new look. *Professional Psychology: Research and Practice, 38*, 523–529.
- Johnson, R. W., Ellison, R. A., & Heikkinen, C. A. (1989). Psychological symptoms of counseling center clients. *Journal of Counseling Psychology, 36*, 110–114.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the national comorbidity survey replication. *Archives of General Psychiatry, 62*, 593–602.
- Linn, R. L., & Gronlund, N. E. (2000). *Measurement and assessment in teaching* (8th ed.). Upper Saddle River, NJ: Prentice Hall.
- Murray, C. L., & Lopez, A. D. (1996). *The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020*. Cambridge, MA: Harvard University.
- O'Malley, K., Wheeler, I., Murphey, J., O'Connell, J., & Waldo, M. (1990). Changes in levels of psychopathology being treated at college and university counseling centers. *Journal of College Student Development, 31*, 464–465.
- Pledge, D. S., Lapan, R. T., Heppner, P. P., Kivighan, D., & Roehlke, H. J. (1998). Stability and severity of presenting problems at a university counseling center: A 6-year analysis. *Professional Psychology: Research and Practice, 29*, 386–389.
- Robbins, S. B., May, T. M., & Corazzini, J. G. (1985). Perceptions of client needs and counseling center staff roles and functions. *Journal of Counseling Psychology, 32*, 641–644.
- Royse, D., Thyer, B. A., Padgett, D. K., & Logan, T. K. (2006). *Program evaluation: An introduction* (4th ed.). Toronto: Thomson, Brooks/Cole.
- Rudd, M. D. (2003). University counseling centers: Looking more and more like community clinics. *Professional Psychology: Research and Practice, 35*, 316–317.
- Schwartz, A. J. (2006). Are college students more disturbed today? Stability in the acuity and qualitative character of psychopathology of college counseling center clients: 1992–1993 through 2001–2002. *Journal of American College Health, 54*, 327–337.
- Sharkin, B. S. (1997). Increasing severity of presenting problems in college counseling centers: A closer look. *Journal of Counseling and Development, 75*, 275–281.
- Sharkin, B. S. (2003). Assessing changes in categories but not severity of counseling center clients' problems across 13 years: Comment on Benton, Robertson, Tseng, Newton, and Benton (2003). *Professional Psychology: Research and Practice, 35*, 313–315.
- Stanley, N., & Manthorpe, J. (2001). Responding to students' mental health needs: Impermeable systems and diverse users. *Journal of Mental Health, 10*, 41–52.
- Stewart, D. W., & Cairns, S. L. (2002). Objective versus subjective evaluation of student distress at intake: Considerations for counseling centers. *Journal of College Student Development, 43*, 386–393.

- Stone, G. L., & Archer, J., Jr. (1990). College and university counseling centers in the 1990s: Challenges and limits. *Counseling Psychologist, 18*, 539–607.
- Wintre, M. G., & Bowers, C. D. (2007). Predictors of persistence to graduation: Extending a model and data on the transition to university model. *Canadian Journal of Behavioural Science, 39*, 220–234.

About the Authors

Sharon Cairns is an associate professor of counselling psychology at the University of Calgary. Her main interests include post-secondary counselling concerns, program evaluation, and ethics.

Helen Massfeller is an assistant professor of counselling psychology at the University of Calgary.

Sander Deeth is a graduate student in counselling psychology at the University of Calgary.

Address correspondence to Sharon Cairns, University of Calgary, Room EdT 302, 2500 University Drive N.W., Calgary, Alberta, Canada, T2N 1N4; e-mail <scairns@ucalgary.ca>