EXPANDING COUNSELING CENTER USE THROUGH CAMPUS ENGAGEMENT AND SOCIAL NORMING

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Abstract

Social norms theory offers a useful frame for understanding student use of university counseling centers. This study found engagement in the forms of living and working on campus and estimation of how many students on campus are using the university counseling center was significantly associated with counseling center use. Students' estimation of other students' counseling center use also mediated the relationship between on-campus living and counseling center use. These results suggest a positive campus norm around counseling center use. Recommendations for how student affairs offices can encourage this norm are offered.

Keywords: University counseling center use, campus engagement, social norming

Traditional-age college students are at risk for mental illness and its associated negative outcomes. Approximately one in four Americans aged 18-25 years had a mental illness in 2018, a statistically significant increase from the roughly one in five reflected between 2008 and 2016 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). While trend data suggest treatment-seeking for this age group was statistically higher in 2018 than in years prior to 2016, only 37% of those with mental illness reported they sought treatment in 2018, which is a lower percentage than other adult age groups (SAMHSA, 2019). The discrepancy between the need for and use of treatment in this age group is further reflected in the national average of university counseling center use (Gorman et al., 2021) and self-reported use of any professional mental health services by college students: only around 13% each (Blanco et al., 2008; Eisenberg et al., 2011; Hunt & Eisenberg, 2010; Rosenthal & Wilson, 2008; Zivin et al., 2009). These statistics indicate many college students with mental illness are not seeking help when they need it (Eisenberg & Lipson, 2018). This is concerning, especially since low utilization of counseling services is known to be associated with lower rates of academic achievement, academic satisfaction, graduation, and post-college workforce participation and income (Berman et al., 2019; Eisenberg et al., 2009; Hayes et al., 2008; Lee et al., 2009; Lipson & Eisenberg, 2018; Schwitzer et al., 2018; Sontag-Padilla et al., 2016). Universities that invest in student counseling services and have higher than average rates of use reap the benefits of improved academic and career outcomes for their students (Center for Collegiate Mental Health, 2018; Lee et al., 2009; Schwitzer et al., 2018).

Much of the literature on persuading students to use university counseling centers focuses on eliminating barriers rather than identifying pathways to use. For example, researchers have considered the impact of student-perceived mental illness stigma (Berman et al., 2019; Brennan & Gorman, 2022; Gaddis et al., 2018; Gorman & Brennan, 2021; Yorgason et al., 2008), lack of knowledge about services (Hayes et al., 2008; Yorgason et al., 2008), expectations about counseling efficacy (Hayes et al., 2008; Watson, 2005; Yorgason et al., 2008), and perceived lack of social support (Berman et al., 2019) as barriers to use. In this paper, we argue inducements in the forms of social norming and positive messaging offer strong possibilities for increasing student use of university counseling centers. Several recent examples of successful efforts to increase healthy behaviors and reinforce their normative status via positive message campaigns support this expectation: some U.S. states successfully used messages to wear a mask, wash hands, and physically distance themselves from others during the COVID-19 pandemic (Goldsmith, 2020) and the #MeToo movement encouraged women to speak up about experiences of sexual harassment and abuse (Murphy, 2019). We were interested in whether the social norm surrounding student body use of a university counseling center influenced students' own use, so we applied a social norms theory framework to examine the associations between students' campus engagement, perceptions of other students' university counseling center use, and their use of the counseling center.

Background

Social Norms Theory

Social norms theory emphasizes the role of conformity in individual and group behavior. It purports one's perceptions of peers and other community members' behaviors influence one's behavior. Social norms guide behavior via a desire for social approval; thus, individuals conform their behavior to the perceived behavior of their peers (Berkowitz, 2001; 2003). Whether a norm is injunctive (i.e., what people *ought* to do) or descriptive (i.e., what the majority *actually* does) contributes to norm-related endorsement and behavior (Berkowitz, 2004; Burchell et al., 2013; Cialdini et

al., 1990). Social norms theory asserts correcting individual misperceptions about norms is important in modifying individual behavior (Berkowitz, 2003; Burchell et al., 2013; Pape, 2012). This is especially significant when attempting to change unhealthy or dangerous behavior, as individuals typically overestimate risk behavior and underestimate healthy behavior. Even though overestimation of a risk behavior does not necessarily lead to participation in the behavior, individuals who do not engage in risk behavior may not speak out against it if they underestimate community opposition to it (Berkowitz, 2003). This can be problematic in terms of behavioral change in the community.

The social norms approach is frequently used to address problematic behaviors such as substance abuse in college student populations (Berkowitz, 2001), although the accuracy of evidence regarding student overestimation of problem behaviors has been questioned (Pape, 2012). Less is known about the role of social norms in protective behaviors (Berkowitz, 2003; Park & Shin, 2017). Knowing more about the estimation of healthy behaviors such as counseling use is important, given students who would benefit from counseling might be reluctant to engage in it if the community social norm reflects opposition to use. Likewise, even if students personally believe in the value of counseling, they may be reluctant to openly voice their support, potentially perpetuating misperceptions about the community norm.

Burchell et al. (2013) note the estimation of a given behavior is tied to perceived social norms, but proximity to the issue in question and to the specified reference group influences the perception of the norm. Proximity to the reference group influences the accuracy of students' estimation of risk behavior, with overestimation more likely for distal groups such as 'other students' (Pape, 2012). Using proximal groups such as 'friends' as a target produces more reserved estimations but can still be problematic (Pape, 2012). Regarding closeness to an issue, students with little experi-

ence, and therefore only vague understandings or assumptions about the subject, often overestimate peer participation in risk behaviors (Burchell et al., 2013; Pape, 2012). Thus, students with proximal campus connections should exhibit more accurate views of campus norms about positive behaviors such as help-seeking regardless of the reference group specified (Schwitzer et al., 2018; Vogel et al., 2007).

Campus Proximity and Engagement Outcomes

The time and effort students devote to campus engagement activities are empirically linked to a variety of desired college outcomes (Kuh, 2009a; 2009b). Students who live on campus are more likely to know about and participate in campus-provided services and activities and to report higher levels of belonging (Kuh, 2009a; Strayhorn, 2008; Yorgason et al., 2008). This engagement extends to health benefits, such as decreased loneliness, isolation, and anxiety (Brown et al., 2019; Schudde, 2011). Likewise, compared to those who do not work, full-time students who work on campus experience more positive engagement outcomes due to increased interaction with faculty and staff and a heightened sense of social integration (Astin, 1993; McCormick et al., 2010; Pascarella & Terenzini, 2005). Students who participate in college clubs and organizations also show higher rates of campus involvement and satisfaction with their college experience (Montelongo, 2002; Webber et al., 2013). Student who are athletes similarly have high campus engagement, although some evidence suggests their attitudes toward counseling are less positive compared to non-athlete peers (Watson, 2005). Last, students who attend even one campus counseling session are more academically and socially engaged and more likely to be retained. This is due to the counseling center's emphasis on the development of coping skills and engagement with other university resources associated with a more successful transition to college (Bishop & Walker, 1990; Cro-

nin et al., 2021; Nash et al., 2017; Turner & Berry, 2000).

Research finds student characteristics such as degree level, race, gender, LGBTQ identity, and being a first-generation college student are also associated with campus engagement in a variety of forms, including counseling utilization (Kuh, 2009a). Graduate and professional students (Soet & Sevig, 2006) and students who identify as white (Soet & Sevig, 2006; Watson, 2005), cisgender women (Soet & Sevig, 2006; Watson, 2005; Yorgason et al., 2008), LGBTQ (Soet & Sevig, 2006), and second generation (Frogge & Woods, 2018) are more likely to report engaging in counseling on- and off campus. On the other hand, college students with under-represented identities are more likely to feel isolated and disconnected from the college environment (Kuh, 2009a; Lucas & Berkel, 2005) and are less likely to engage in campus counseling services (Yorgason et al., 2008). Even when under-represented students are engaged on campus, research finds they benefit less from being engaged (Kuh, 2009a; Pascarella & Terenzini, 2005).

Based on this research, we contend engaged students are a resource for social norming tied to university counseling center use. We apply social norms theory to investigate how student proximity to campus relates to their estimation of how many other students use the university counseling center – or the perceived 'social norm' of university counseling center use – and how that estimation is related to their subsequent engagement with the counseling center. We hypothesize campus engagement, represented by where one lives and works, how one is involved in extra-curricular activities, and whether one has previously used the university counseling center, will be positively associated with the estimation of the percentage of students on campus who use the university counseling center. We also hypothesize the likelihood of using the university counseling center will be higher for students who are engaged on campus. Last, we hypothesize the likelihood of using the

university counseling center will increase as the estimation of the percentage of the student body who uses the university counseling center increases.

Methods

Participants and Procedures

Institutional review board approval and electronic consent of participants were obtained prior to data collection. Study participants were drawn from a larger sample of 941 undergraduate and graduate students enrolled full time at a rural, regional, public university in the southeastern United States who completed a web-based, cross-sectional survey focused on perceptions of and experiences with mental illness and mental illness treatment. The survey instrument was created by the study authors and included well-validated measures from the research literature. Survey data was collected over a four-week period early in the fall 2018 semester. All students enrolled full-time in face-to-face academic programs (N=8,845) were contacted at the start of the third week of the semester with an invitation to complete the survey (response rate = 10.6%). Email reminders were distributed to students who had not completed the survey at the start of each of the three weeks following the initial week of data collection. The survey contained roughly 75-100 closed-ended questions, depending on survey branching patterns. No participation inducements were offered beyond being told the findings from the survey would be used to benefit the mental well-being and academic success of students at the university where the study took place.

At the completion of the survey, students were asked to give the researchers permission to access select academic and counseling center data from their university record. The participants reflected in this study are 307 of the 941 survey completers who also consented to have counseling center use data pulled from their student record. Data for most study variables came from the survey, but

data on student use of the university counseling center prior to and after survey completion was pulled from students' records. Direct measures of counseling center use were employed due to concerns that stigma related to mental health treatment-seeking may lead to inaccurate self-reports of campus counseling center use, as well as the need to capture counseling center use at multiple points in time.

We recognize our study findings are not generalizable beyond the institution from which the data was collected. A census sampling approach was used for the survey because college students are a highly investigated, survey-fatigued population, making nonresponse a problem that is exacerbated when using probability sampling without the ability to seriously invest in increasing respondent count. This approach allowed us to reach an acceptable survey sample size while minimizing other forms of error related to survey duration, item nonresponse, and lower power (related to less data) to investigate subgroups such as students who have used a university counseling center. We note the 307 participants for this specific study reflect twice the pre-survey counseling center use (24%) of the on-campus student population (12%) during the academic year the data was collected. Mental illness stigma negatively affects willingness to participate in mental health research, so the healthy participation rate of students who have used campus-based treatment suggests student interest in and support of mental health service provision on the campus under consideration (Woodall et al., 2010). Web-based surveys are also generally considered valuable for reducing social desirability bias and examining sensitive topics such as mental health, and this may have influenced the higher representation of respondents who have used mental health services (Aday, 1996; McCabe, 2004).

Our subsample is roughly proportional to the university's point-in-time residential student population in terms of living on campus, working on campus, racial identity, and first-generation student status. A higher proportion of athletes, campus counseling center users, graduate students, and students who identified as a cisgender woman (i.e., gender identity matches sex assigned at birth) is represented. We do not know the true population statistic for our clubs and organizations participation, estimation of student body use of the counseling center, mental health, and LGBTQ measures and cannot test for differences in absolute nonresponse for them.

Multiple Imputation

While all 307 participants completed the online survey, item non-response occurred for ten of the fourteen study variables. Under the traditional listwise deletion method, this would have resulted in only 287 of the 307, or 93.5% of students in the sample, being available for analysis, which was higher than the 5% total missing data recommendation (Manly & Wells, 2014). The percentage of missing values fell below 3.5% for all applicable variables. Based on analysis indicating that patterns of missing data were nonmonotone, we addressed the problem of missing data using the multiple imputation (MI) technique, including all analysis variables under the assumption that missing values were missing at random (Schafer & Graham, 2002). Using SPSS 26, the mersenne twister random number generator option was used along with the automatic option for imputation method. After scanning the data, the fully conditional specification, an iterative MCMC method, was selected using the default of 10 maximum burn-in iterations that generated 20 imputed datasets to improve the power of the analysis (Graham et al., 2007; van Buuren, 2012; White et al., 2011). Analyses run on each dataset were pooled according to Rubin's (1987) rules. Imputed values compared reasonably to observed values, and results using listwise deletion were similar to MI, so imputed results are presented (Manly & Wells, 2014).

Measures

Campus Counseling Center Use

During the academic year when the study data was collected, the university counseling center of interest provided services to nearly 12% of enrolled students without a waiting list and without session limits. Same-day appointments were available with a usual wait time of two weeks for follow-up appointments. The average number of appointments per client was 4.85, with a range of one to twenty-one sessions. Roughly one in four (28%) clients attended just one appointment. Students with multiple appointments reflect those seen for longer-term treatment, or those who were engaged in group sessions along with individual sessions.

We examined three representations of university counseling center use: (1) study participants' pre-survey use, (2) study participants' post-survey use, and (3) study participants' estimation of use by other students. We separated out when students had used university counseling services to create a predictor variable (any pre-survey use) and the outcome variable (any post-survey use). *Pre- and post-survey use of the university counseling center* was represented by binary variables identifying students' actual use of the university counseling center prior to completing our survey and within the year after completing our survey (0=no, 1=yes). Information for these variables was obtained from university counseling center records with participant consent. *Estimated use of the university counseling center by other students* was measured via the following survey question: "Estimate the percentage of enrolled students taking classes on campus who use [university's counseling center name] in a given year. This estimate is based on your best guess." Since students who experience distress are more likely to know about and use services, we controlled for *self-rated mental health* at the time of the survey. This is measured as two binary variables: *poor mental health* (0=no, 1=yes) and *fair mental health* (0=no, 1=yes), with good, very good, and excellent mental health combined into the reference category.

Campus Engagement

We examined five types of campus engagement, all of which were measured as binary variables (0=no, 1=yes). *Live on-campus* represented student residence, with live off-campus as the reference group. *Work on-campus* only represented where students work, with other work locations (off campus or both on and off campus) as the combined reference category. *Athletics* included participation in formalized, campus-based intercollegiate athletics, intramurals, and/or club sports, with no formal athletics participation as the reference category. *Clubs and organizations* represented participation in campus-based organizations and clubs outside of class, with no participation as the reference category. We also treated the previously described *pre-survey university counseling center* use as a fifth type of campus engagement.

Student Characteristics

We considered five demographic variables. *Undergraduate* was measured as a binary variable (0=no, 1=yes), with graduate student status as the reference group. *Student of color, cisgender woman, and LGBTQ* were measured as binary variables (0=does not identify, 1=does identify). *First-generation college student* was measured as a binary variable reflecting whether students had at least one parent or guardian who completed a baccalaureate or graduate degree (0=yes, 1=no).

Analyses

To test all hypotheses, we conducted Pearson correlation analysis of the bivariate associations between relevant study variables. To test our second and third hypotheses, we conducted binary logistic regression analyses of the influence of predictor variables representing campus engagement and estimation of study body use of

the university counseling center on our outcome variable, post-survey use of the counseling center, while controlling for mental health status and other notable student demographic covariates[1]. Logistic regression is a useful tool for calculating the odds of university counseling center use associated with different levels of campus engagement and percent estimation of the student body who uses the counseling center.

Results

All statistics in our analyses reflected pooled data from the twenty imputed datasets noted previously. Table 1 presents descriptive statistics for all study variables. For ease of interpretation, proportions are discussed as percentages. Seventy-seven percent of the sample were undergraduates and 46% were first-generation students. Cisgender women made up 77% of the sample, LGBTQ students reflected 28% of the sample, and students of color composed 15% of the sample. Our sample was reasonably engaged on campus, with 56% involved in campus-based clubs and organizations, roughly 40% living and/or working on campus, 24% having previously used the university counseling center, and 15% involved in formal, campus-based athletics. Nearly half the sample self-rated their mental health as poor (12%) or fair (31%). The average estimation of the percentage of the student body who used the university counseling center in a given academic year was roughly 38% (minimum=1%, maximum=90%, s=19.18), which is slightly more than three times the actual annual use of 12% by the student body at the university from which the sample was drawn.

Table 2 presents Pearson correlation analyses for key study variables. Only one variable representing campus engagement – previous use of the university counseling center (r=.114, p<.05) – was positively associated with the percent estimation of students who use the university counseling center, although weak in strength. This nominally supports our first hypothesis. Living (r=.186, p<.001) and working (r=.124, p<.05) on campus were positively associated with using the university counseling center, lending some support to our second hypothesis. Prior use of the university counseling center (r=-.187, p<.001) was also associated with post-survey university counseling center use, albeit negatively; thus, contradicting our second hypothesis. Estimation of the percentage of the student body who use the university counseling center (r=.146, p<.05) was positively associated with post-survey use of the university counseling center, although weakly so. This nominally supports our third hypothesis. In addition to the key study variables, some significant associations were found between covariates and post-survey use of the university counseling center (not shown in Table 2 for ease of presentation). Self-reported poor (r=.144, p<.05) and fair (r=.163, p<.01) mental health, being an undergraduate student (r=.154, p<.01), and/or a student who identifies as LGBTQ (r=.165, p<.01) were also positively, albeit weakly, associated with post-survey use of the university counseling center.

Table 3 presents the results of binary logistic regression models predicting the likelihood of post-survey use of the university counseling center associated with campus engagement (Model 1) and estimation of the percentage of the student body who use the university counseling center (Model 2) while controlling for self-rated mental health and the demographic variables shown in past research to influence campus engagement and/or university counseling center use (Models 3 and 4). Campus engagement is significantly associated with post-survey use of the university counseling center; living on campus (OR=2.35, CI=1.23-4.46, p<.01) and working on campus (OR=1.91, CI=1.01-3.60, p<.05) significantly increase the

[1]Prior to testing our hypotheses, we assessed multicollinearity via bivariate correlations, variance inflation factor (VIF), and tolerance tests for all independent variables. No predictors were correlated higher than 0.38, had a VIF larger than 1.60, or a tolerance less than 0.60.

odds of post-survey use of the counseling center, providing support for the second hypothesis (Model 1). However, previous use of the counseling center (OR=0.14, CI=0.05-0.43, p<.001) significantly decreases the odds of later use, contradicting the expectations of hypothesis two (Model 1). Increased estimation of student body use of the university counseling center increases the odds of post-survey use of the university counseling center (OR=1.03, CI=1.01-1.04, p<.01); for every percent increase in the estimation of student body use, the likelihood of post-survey university counseling center use increases by 3% (Model 2). This provides support for the third hypothesis. Additionally, the percent estimation of student body use of the counseling center partially mediates the effect of living on campus on post-survey university counseling center use. The positive effect of working on campus (OR=2.07, CI=1.04-4.10, p<.05) and estimated percent of study body counseling center use (OR=1.02, CI=1.01-1.04, p<.01) on post-survey use of the university counseling center persists when self-reported mental health status is controlled (Model 3). Unsurprisingly, self-reported poor (OR=6.10, CI=2.31-16.10, p<.001) and fair (OR=3.33, CI=1.61-6.88, p<.001) mental health each increase the odds of using the university counseling center. While the effects of working on campus and prior use of the university counseling center persist, the relationship between living on campus and use of the counseling center goes away when self-reported mental health is included in the model. In Model 4, the positive effects of engagement in the form of working on campus and estimated student body use of the counseling center on post-survey university counseling center use persist when demographic group membership variables are added to the model. Students who identify as LGBTQ (OR=3.09, CI=1.45-6.61, p<.01) have roughly three times the odds of using the university counseling center compared to students who do not identify as LGBTQ and LGBTQ identification partially mediates the influence of self-rated mental health status on university coun-

seling center use. These findings support our second and third hypotheses.

Discussion

The discrepancy between traditional-age college student mental health treatment needs and use is concerning for student mental health but also for student success in the forms of institutional integration, retention, and completion. The findings of this study offer insight into multiple pathways for increasing university counseling center use that, over time, would support student mental health, promote a campus culture that normalizes help-seeking, and improve academic and career outcomes for students. The study findings also contribute to social norms theory by providing support for some of its basic tenets and offering novel evidence in support of the role of social norms in encouraging protective behaviors in university student populations.

The most noteworthy study findings underscore students' campus engagement and perceived student body use of the campus counseling center for increasing their likelihood of using the counseling center. We found students who live and work on campus have a higher probability of being engaged with the campus counseling center. These findings support previously mentioned studies showing these two forms of campus engagement are associated with the broadest representation of student engagement outcomes, including increased participation in campus-based services and social integration (Astin, 1993; Kuh, 2009a; McCormick et al., 2010; Pascarella & Terenzini, 2005; Strayhorn, 2008; Yorgason et al., 2008). They also support findings from previous research regarding the positive health outcomes associated with living on campus, which may explain why the influence of living on campus goes away when self-rated mental health is included (Brown et al., 2019; Schudde, 2011). If students who live on campus have better mental health outcomes, they may not need to use the campus counseling center.

We also found the likelihood of using the uni-

versity counseling center increased as the estimation of the percentage of the student body who uses the university counseling center increased. This finding supports social norms research (Berkowitz, 2003; Park & Shin, 2017) by counteracting a dearth of evidence regarding the valuable role social norms play in encouraging students to engage in protective behaviors. However, the social norm reflected in our sample's average estimated student body use of the university counseling center is around three times the actual student body utilization rate (12%) and the national average (13%) for university counseling center use (Gorman et al., 2021), which contradicts the expected underestimation of healthy behaviors postulated by social norms theory and aligns more with the theoretical expectation of overestimation of problematic behaviors such as substance use (Berkowitz, 2001; 2003; 2004).

Additionally, we found little support for our hypothesis that campus engagement is positively associated with the estimation of the percentage of students on campus who use the counseling center. Previous use of the university counseling center was the only engagement variable associated with estimated student body use. Compared to students in our sample who had not used the counseling center previously, those who previously used the counseling center reported higher estimations of use by the larger student body. This finding does not align with the social norms theory postulate that students with closer proximity to a subject should exhibit more accurate views of campus norms related to that subject (Burchell et al., 2013; Pape, 2012; Schwitzer et al., 2018; Vogel et al., 2007). However, this could be due to the social norms theory focus on problematic behavior, compared to the healthy behavior of help-seeking reflected in this study. It could also be due to the dichotomous measure of campus counseling center use. While the literature clearly shows that even one university counseling center visit is associated with better engagement outcomes (Bishop & Walker, 1990; Cronin et al., 2021; Nash et

al., 2017; Turner & Berry, 2000), it could be that accuracy of students' estimation of student body use of the counseling center improves with more frequent use of the center.

Last, our study indicates self-rating mental health as fair or poor and identifying on the LGBTQ spectrum makes a student more likely to use counseling services. These findings are consistent with other research that has found mental health status (Yorgason et al., 2008) and sexual identity (Soet & Sevig, 2006) to predict counseling center use.

Implications

Specifying the Correct Social Norming Group

Our sample's average estimated student body use of the university counseling center was notably higher than the actual use reflected at the counseling center, but very closely reflects the national rate of counseling utilization (37%) for people aged 18 to 25 years (SAMHSA, 2019). This may indicate students in our sample are estimating university counseling center usage based on what they know of traditional college-age peers, not just other students on their campus (as specified in our survey question) or college students overall. This is an important distinction, given a twenty-year body of social norming research examining college student estimation of peer substance use indicates some students may not actually have pre-existing beliefs about social norms tied to specific community behaviors (Pape, 2012), which may force them to resort to perceptions of or guesses about behaviors of more general reference groups. Future research on social norming of university counseling center use must be careful to accurately identify students' norming group to assist in appropriately incentivizing counseling center use.

The University Counseling Center Isn't Just for the Few

Previous use of the counseling center was

the only campus engagement variable associated with the estimation of its use. In concert with the overestimation of student body use, this indistinct feature of estimation may suggest a positive norm about campus-based counseling use in our sample. From a social norming perspective, the overestimation of *actual* use is beneficial because it endorses and is connected to healthy, protective behavior (Burchell et al., 2013) and counteracts the misperception that the counseling center is just for a few members of the student body. Advertising the actual, lower campus utilization rate may not be helpful for encouraging students to use the university counseling center while using the social norm reflecting a higher perceived rate of student counseling center utilization or the actual rate of counseling use for traditional college-aged peers may encourage more in-need students to engage with the center. Some evidence suggests descriptive messages about the high prevalence of healthy behavior can be most effective for positive behavioral change, particularly for those who do not currently engage in the behavior (Yamin et al., 2019). This is somewhat contrary to other types of social norming campaigns (for instance, substance use norming), which are aimed at providing correct information reflecting lower use rates to decrease harmful behavior (Berkowitz, 2003). Campuses that want to increase counseling center use should consider how advertising the utilization rate may impact student help-seeking.

Campus Partners' Integral Role in Normalizing Help-Seeking

Several decades of research on social norms theory has found successful campaigns to approach healthy choices as culture change interventions that achieve the targeted behavioral modifications over the course of several years (National Social Norms Center, 2021). Thus, the collaborative work of campus partners is necessary for increasing in-need student use of campus counseling centers in the short run and promoting a campus culture that normalizes help-seeking in the long run.

Student Affairs Administrators

As a first step, student affairs administrators need to be aware of the role of campus engagement and student body norms surrounding campus counseling center use to ensure campus messaging is clear and consistent. Our findings highlight who is seeking services but also point to those who are not. University counseling centers must continue training student affairs professionals to help recognize and refer vulnerable students. This is significant given the current demand on counseling centers to reduce activities that detract time from providing individual counseling services. Student affairs administrators need to support the retention of the outreach and community training mission of counseling centers as well as the time allocation for these important activities.

Student Organizations

Student affairs offices can connect with student organizations focused on supporting health and wellness – for instance, NAMI on Campus or peer health educators – to emphasize counseling is a good fit for all students (Gruttadaro & Crudo, 2012). These engaged students can help to identify other interested and passionate students to speak publicly about the importance of help-seeking. Research suggests messaging campaigns in which students disclose the benefits of help-seeking are effective (Gruttadaro & Crudo, 2012; Yamaguchi et al., 2013) and could be incorporated into a social norming campaign to encourage in-need students to seek help. While it is important to emphasize treatment helps one to 'feel better,' similarly important is focusing on the global benefits and outcomes of treatment, including feeling more connected to campus, decreasing isolation, and improving relationships with family and friends. This emphasizes treatment itself is a form of engagement that not only positively affect one's mental health but also students' college experiences. Thus, engaged students are assisting other students to be more engaged, reinforcing the social norming campaign.

In addition to having engaged students speak

publicly about the positive outcomes of treatment, university counseling centers may also confidentially collect information about the benefits of treatment from consenting clients by including an item on their client experience survey regarding how counseling has helped them to be connected on campus. Counseling centers may ask for permission to use any quotes offered on the survey as part of their advertising efforts.

Residential Living, Student Employment, and Diversity Offices

Several factors, in addition to perceptions of overall student body counseling center use, make a student more likely to use counseling services: living and working on campus, self-rating mental health as fair or poor, and identifying on the LGBTQ spectrum. These findings are consistent with other research that found physical closeness to services (Yorgason et al., 2008), mental health status (Yorgason et al., 2008), and sexual identity (Soet & Sevig, 2006) to predict counseling center use. Other research found working on campus generally resulted in greater campus engagement (McCormick et al., 2010). We presume these results reflect the helpful connections these students have with student affairs professionals in residential living, diversity offices, and student employment. Reinforcing the social norming campaign may also be accomplished by exposing student workers to counseling center social norming as part of campus orientation and hiring onboarding. Evidence suggests injunctive messages about the desirability of healthy behaviors are most effective when communicated in a positive manner and tied to productivity goals (Yamin et al., 2019). Likewise, the message that the university counseling center is for all in-need students could be emphasized in trainings for students, staff, and faculty who oversee students, with an emphasis on the university's expectation that these leaders openly and intentionally promote its use to the students they oversee. Evidence suggests the most effective norming campaigns not only combine summaries of topically relevant general and context-specific descriptive and injunctive information in their messages to correct misperceptions and provide clear normative trends, but also expose message recipients to social actors whose experiences and viewpoints demonstrate the positive outcomes of the desired behavior (Yamin et al., 2019). Over time, this would help to reinforce a positive campus culture surrounding mental health for students and employees alike.

Embedded Counselors and Liaisons

Additionally, while most counseling center staff reside in a centralized location, universities have begun using embedded counselors and liaisons across campus such as within academic departments, residential living spaces, and athletic departments (Gorman et al., 2021). These efforts are consistent with the results of this study in that they emphasize connecting in spaces where students engage, also reinforcing that counseling is available and helpful for all students. Counseling centers can advocate for – and universities should consider designating funding to – additional staff and space to allow for this practice. Of note in our study, those who used the counseling center previously were less likely to use it again. While there exist several possible explanations for this, one important possibility is that those who had engaged in counseling previously had their needs met and thus did not require further intervention. These students also tended to have a significantly higher estimation of university counseling center usage, suggesting counseling use did not equate with an experience of being different from their peers. Indeed, both findings reflect positively on the university counseling center.

Limitations

While the findings of our study identify several pathways for advancing the use of university counseling centers, they must be interpreted within the context of the study's limitations. First, the sample size was relatively small due to our request to access survey participants' basic counsel-

ing center use data. The hesitation of some survey participants to provide access to their counseling center data suggests the presence of non-response bias tied to treatment-seeking stigma, which may have distorted the study findings. However, this also indicates the potential value of a social norming campaign for decreasing mental illness stigma on campus and, thus, positively affecting campus culture surrounding mental health and counseling use. Second, in the absence of a measure of off-campus counseling use, it is unclear whether the social norm reflected in this study is unique to on-campus counseling or reflects any counseling use. Future studies should take this into consideration. Third, we recognize this study needs replication to see whether the findings from our campus are reflective of those on other university campuses. Additionally, as noted earlier, participants may have answered the question regarding campus-wide counseling center utilization based on what they know of all their peers, not just peers at the university. Thus, future research should make clear the population of interest considered for counseling center use estimation. Finally, the timing of this survey may have influenced the results. We launched the survey in the first month of the academic year, and some students, particularly first-time students, may not have had time to participate in campus activities at the time they completed the survey[2]. Future studies considering these variables may choose to complete the study at the midpoint of the academic year.

Conclusion

Limitations notwithstanding, our study highlights the association between campus engagement and the use of the university counseling center found in past research as well as the potential for using a social norms campaign to persuade more students to use the university counseling center.

Positive social norm campaigns have been found to be effective (cost- and outcomes-wise) in encouraging healthy behaviors (Yamin et al., 2019). Embedding consistent information and interactions across university contexts such as living- and workspaces further emphasizes their value to the institutional community. Information related to implementing and assessing social norm campaigns related to university counseling center use must be shared among university communities to ensure best practices are identified.

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[2]We are unable to differentiate first-time graduate students and transfers in our data, but none of the freshmen in our sample had used the university counseling center at the time the survey data was collected. Use was fairly spread among the other degree rank groups.

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Table 1

Descriptive Statistics for All Study Variables (n=307)

Variable	Range	Mean / Proportion
<u>Dependent Variable</u>		
Counseling Center Use Post-Survey	0-1	0.18
<u>Independent Variables</u>		
Lives on Campus	0-1	0.40
Works Only on Campus	0-1	0.41
Clubs / Orgs Participation	0-1	0.56
Athletics Participation	0-1	0.15
Counseling Center Use Pre-Survey	0-1	0.24
Estimated Percent of Student Body Counseling Center Use	1-90*	37.99
<u>Covariates</u>		
Poor Mental Health	0-1	0.12
Fair Mental Health	0-1	0.31
Undergraduate	0-1	0.77
Student of Color	0-1	0.15
Cisgender Woman	0-1	0.77
LGBTQ	0-1	0.28
First-Generation	0-1	0.46

* s = 19.18

Table 2

Pearson Correlations for Key Study Variables (n=307)

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Variable	1	2	3	4	5	6	7
1 Counseling Center Use Post-Survey	---						
2 Lives on Campus	.19***	---					
3 Works Only on Campus	.12*	.24***	---				
4 Clubs / Orgs Participation	.08	.23***	.16**	---			
5 Athletics Participation	-.01	.07	-.02	.23***	---		
6 Counseling Center Use Pre-Survey	-.19***	.04	.16**	.18**	-.01	---	
7 Estimated Percent of Student Body Counseling Center Use	.15*	.05	-.03	.06	.01	.11*	---

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*p < .05. **p < .01. ***p < .001.

Table 3

Binary Logistic Regression Results Predicting Use of the University Counseling Center Associated with Campus Engagement, Estimation of Counseling Center Use, Mental Health, and Demographics (n=307)

Variable	Model 1 B [SE]	Model 1 OR [95% CI]	Model 2 B [SE]	Model 2 OR [95% CI]	Model 3 B [SE]	Model 3 OR [95% CI]	Model 4 B [SE]	Model 4 OR [95% CI]
Lives on Campus	0.85** [0.33]	2.35 [1.23-4.46]	0.78* [0.33]	2.18 [1.13-4.20]	0.65 [0.35]	1.92 [0.97-3.82]	0.371 [0.39]	1.15 [0.67-3.13]
Works on Campus	0.65* [0.33]	1.91 [1.01-3.60]	0.76* [0.34]	2.14 [1.11-4.12]	0.73* [0.35]	2.07 [1.04-4.10]	1.03** [0.39]	2.80 [1.28-6.06]
Clubs / Orgs Participation	0.44 [0.35]	1.56 [0.79-3.09]	0.46 [0.36]	1.58 [0.79-3.17]	0.41 [0.38]	1.51 [0.72-3.15]	0.24 [0.40]	1.27 [0.58-2.76]
Athletics Participation	-0.34 [0.46]	0.71 [0.29-1.74]	-0.31 [0.46]	0.74 [0.30-1.82]	-0.38 [0.49]	0.68 [0.26-1.79]	-0.36 [0.51]	0.70 [0.26-1.90]
Counseling Center Use Pre-Survey	-1.95*** [0.56]	0.14 [0.05-0.43]	-2.13*** [0.57]	0.12 [0.04-0.36]	-2.40*** [0.59]	0.09 [0.03-0.29]	-2.81*** [0.63]	0.06 [0.02-0.21]
Estimated % Student Body Use Counseling Center			0.03** [0.01]	1.03 [1.01-1.04]	0.02** [0.01]	1.02 [1.01-1.04]	0.02** [0.01]	1.02 [1.01-1.04]
Poor Mental Health					1.20*** [0.37]	6.10 [2.31-16.10]	1.43** [0.51]	4.16 [1.52-11.4]
Fair Mental Health					-3.56*** [0.52]	3.33 [1.61-6.88]	0.99* [0.40]	2.68 [1.23-5.86]
Undergraduate							0.95 [0.65]	2.59 [0.73-9.17]
Student of Color							-0.21 [0.50]	0.81 [0.31-2.16]
Cisgender Woman							0.30 [0.43]	1.36 [0.58-3.17]
LGBTQ							1.13** [0.39]	3.09 [1.45-6.61]
First Generation							-0.13 [0.38]	0.88 [0.42-1.83]

*p < .05. **p < .01. ***p < .001.