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# COVID-19 and Anxiety and Depression Prevalence in College Counseling Centers

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**COVID-19 and Anxiety and Depression Prevalence in College Counseling Centers**

Elizabeth Densen

Trinity College

## Abstract

Today more than ever, college students in the United States feel increased stress, leaving them more vulnerable to mental illnesses like depression and anxiety. With the Coronavirus-19 pandemic running rampant throughout the world, mental health concerns have been at the forefront of our issues, especially in the already vulnerable college population. While counseling centers have been present in colleges since the 1900s, their roles have significantly changed especially in the context of COVID-19. Therefore, due to the novelty of the virus, there is little research on the effects of COVID-19 on college students' mental health and what that means for college counseling centers. While there is some research on factors that impact a student's decision to receive counseling services, such as social stigma and strength of social support, little is known about how these factors have changed or stayed the same since the pandemic began. The present study examines Trinity College students' feelings of their own current mental health, factors that students cite as affecting their attendance of their college counseling center, and college counseling center directors from Trinity College and Connecticut College's perceptions of their roles in the context of the pandemic. Those who have attended the counseling center had significantly higher mean anxiety and depression ratings than those who have not attended, suggesting that those who need help are successfully receiving it. Long waitlists for appointments was the main reason both groups gave for not attending the counseling center, and those who have not attended the counseling center overwhelmingly cited uncertainty on how to schedule appointments.

*Keywords:* Anxiety, depression, Coronavirus-19, college counseling center, virtual therapy.

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## COVID-19 and Anxiety and Depression Prevalence in College Counseling Centers

**Mental Health Disorders Prevalence**

Today more than ever, mental health is important to learn and talk about due to its wide overall impact on all types of people and because of its potential for tragic repercussions. There are infinite ways that mental health concerns may present themselves in different people as well as plenty of different overall types of diagnoses, with anxiety and depression disorders being among the most prevalent. For example, in the United States, 3.1% of the US population has Generalized Anxiety Disorder, but only 43.2% of those nearly 6.8 million people are receiving treatment. As for depression, 6.7% of US adults experienced at least one major depressive episode in 2017 and 21% of US adults will go on to develop Major Depressive Disorder at some point in their lives ([ADAA.org](http://ADAA.org)). Living with mental illnesses is more than just a label, as it often comes with rather negative impairments, yet less than 45% of US citizens with any mental health condition have received any form of mental health care services (National College Health Assessment II, 2018; Lancaster and Arango, 2021). Inability to address mental health concerns can lead to outcomes such as physical health deterioration and suicide, which is the second leading cause of death for individuals aged 10-34 in the United States (CDC, 2021).

College students are among the most vulnerable for developing mental health conditions due to them being in a transitional period of their life. A study by Mowbray et al. (2006) finds this uptick in college students and mental illnesses, citing a plethora of different causal factors like the mere fact that more young adults than ever are choosing to pursue education past high school. While the increase in population size certainly adds to an increase in mental illnesses, they note that a similar rise in the overall psychiatric diagnoses of young adults should not be ignored. They note that the availability of mental health services likely accounts for the uptick in

mental health disorders among college students, because in years past, those with mental illnesses did not pursue higher education as frequently, but the increase in services throughout the years makes it so that those with mental illnesses can still successfully pursue higher education.

In 2018, 60% of college students in the United States reported feeling stressed or anxious and 87% reported feeling overwhelmed (Madrigal and Blevins, 2021). With this huge number of college students feeling this unwell in the past few years, it should come as no surprise that the added stress of living and attending college during the coronavirus pandemic even more so negatively impacts college students' mental health. In a 2021 study, 65.3% of college students reported feeling negative emotions such as sadness, anxiety, stress, and fear due to COVID-19, and some students reported that their mental health deteriorated as a direct response to the pandemic with increased thoughts of self-harm and challenges coping (Copeland et al., 2021).

However, there are many reasons why many students struggling with their mental health may not seek and/or receive services. Berman, Bevan, & Sparks (2019) find that some reasons students opt out of seeking help from their counseling centers include perceptions of a lack of social support and high levels of social stigma. Their findings show that there is a positive correlation between students feeling that they are able to communicate well with their counseling centers about their mental health and the amount of social support available to students. They also find a weaker negative correlation between social support and mental health stigma. Additionally, Nash et al. (2017) show that some people are more impacted by these types of factors than others. They find that female Hispanic students who are under financial burden and work longer while in school are more likely to feel that they need to but do not receive help from

counseling centers. These findings suggest that there are significant differences between and within different types of people regarding how likely they are to receive counseling services.

### **COVID-19 and Mental Health**

Since March 2020, the Coronavirus Disease 2019 has been running rampant throughout the entire world. While this pandemic is known especially for its deadly consequences, having killed over 412 million people globally, it also has other types of effects on all individuals ([CNN, 2022](#)). Some of the most serious differences in daily life since the start of the pandemic stem from the utter instability and uncertainty that each day may bring, causing feelings of anxiety, depression, and loneliness to manifest in many individuals. These damaging psychological impairments have been felt since the early days of the COVID-19 pandemic and still are present today. For example, a study by Abrams (2020) evaluated undergraduate students at Pennsylvania State University in the spring semester of 2020, right at the start of the pandemic. They find that the pandemic had a serious enough impact on students' mental health that there was an increase in counseling center appointments. Additionally, out of that increase, a total of 47% of those total appointments were made citing COVID-19-related concerns, especially family distress, academic distress, and social anxiety (Abrams, 2020). COVID-19 also has made students uneasy about things such as finances and relationships with their peers, and much of the stress can be traced back to the sudden shift to a virtual world. Most students enrolled in counseling sessions saw their appointments either cease altogether or shift to virtual sessions, which caused anxiety surrounding accessing and maintaining privacy with their technology (Zhai & Du, 2020).

As for the effectiveness of counseling center services like therapy sessions, numerous studies show that they are especially helpful in reducing psychological distress and mitigating stress. However some findings indicate that the ways in which counseling services help patients

may vary. For example, Copeland et al. (2021) finds that students taking part in their school's wellness program were less affected by COVID-19 in terms of attentional problems, internalizing their symptoms, and mood changes.

### **Anxiety and Depression Disorders**

According to the National Institute of Mental Health (2018), anxiety is the most common mental illness across the world. The most common anxiety disorder is generalized anxiety disorder (GAD), classified as "excessive anxiety or worry, most days for at least 6 months," which can "cause significant problems in areas of their life, such as social interactions, school, and work" ([NIMH, 2018](#)). Subsets of GAD include panic disorder and phobias, and the most important part of diagnosing GAD is the notion that these symptoms negatively impact one's life almost daily for at least 6 months. Along with anxiety, depression is another of the most prevalent mental illnesses. The [National Institute of Mental Health \(2018\)](#) classifies depression as a severe mood disorder that "causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working" for at least two weeks.

However, it is important to keep in mind that the manifestations of all mental illnesses may vary greatly between each person. For example, one person with diagnosed depression might find themselves sleeping a greater amount than another person with diagnosed depression. Therefore, it is important to understand the complexities of mental illnesses in order to more fully grasp the ways that their effects can be lessened and perhaps even made extinct.

### **Addressing Mental Health Through the Years**

Knowing how important it is to take care of one's mental health, it is necessary for there to be readily available and easily accessible opportunities to speak with licensed professionals about concerns. A popular way to air one's mental health concerns is through counseling



services such as therapy; in 2020 46.2% of adults in the United States received mental health services ([NIMH, 2022](#)). On top of this, because college students are at an increased risk of developing or increasing the severity of preexisting mental illnesses, it has become common practice for colleges and universities to have their own variations of counseling services for students to utilize. One of the ways that college counseling centers can be held accountable and kept in check is through groups such as the American College Counseling Association (ACCA), which “is made up of diverse mental health professionals from the fields of counseling, psychology, and social work” with the “common theme [of] working within higher education settings” ([ACCA, 2022](#)). Groups such as the ACCA help create a standardized way for college counseling centers to operate and are largely responsible for the yearly National Survey of College Counselors, which has been conducted since 1981 and provides data on all college counseling centers across the US and Canada (Gallagher & Taylor, 2014). The main goal of the National Survey of College Counseling Centers is to stay up to date on trends in counseling centers to give recommendations to counseling center directors to run their counseling centers the best that they can (Gallagher & Taylor, 2014, p. 3).

College counseling centers have not always been commonplace, however, with nearly all of them surfacing in the mid-to-late-1900s. McCarthy (2014) attributes the rise in college counseling centers to World War II and the introduction of the 1944 GI Bill. The GI Bill’s main goal was to provide educational opportunities to veterans when they returned from war. So, when many of these veterans faced psychological challenges inhibiting their education, there became a need “to integrate educational-vocational counseling with personal adjustment counseling based on techniques from psychotherapy” (McCarthy, 2014, p. 2). In the mid-1930s, 16% of US colleges had some form of counseling centers, expanding to 99% of US colleges in 1966.

Wilcove and Sharp (1971) highlights the differences of perceptions that different members of the college community have about the effectiveness of counseling centers. They find that counselors tend to view their role in students' mental health differently than students and their parents do. This signifies a discrepancy between counselors' understandings of how to best suit their clients and their needs. Their findings are important because they show a general trend of disparities between opinions that may hinder a counseling center's effectiveness, and more seriously, a college's students' mental health.

With this, Golightly et al. (2017) showcase different ways that counseling centers have and can continue to adjust to clients' psychological needs. They assert that there should be more standardized and organized ways for patient outreach throughout colleges in the United States. They emphasize the importance in having counselors trained in and receptive to differences in clients' economic statuses and cultures as well as the importance in counseling centers hosting large-scale events, mostly because they help reduce campus-wide stigma. While there are some research-supported ways that college counseling centers can best prepare to help their clients, Golightly et al. (2017) stress that the best way for counseling centers to help students is to be flexible. This emphasizes that there is never going to be just one correct way to run a successful counseling center, rather the standards for them are ever changing. Therefore, those in charge of counseling centers must be receptive to any changes that may become necessary.

### **COVID-19 and Counseling Centers**

Research on the history of college counseling centers in the US provides an opportunity to see just how much they had to adjust due to the abrupt and urgent nature of the COVID-19 pandemic. Prior to the pandemic, 90% of counseling centers reported a sudden uptick in the number of students requesting appointments which many could not readily accommodate for,

causing most students to be put on waitlists between two and three weeks (Abrams, 2020). To address this, 44% of counseling centers hired more staff, but the pandemic exacerbated the overall staffing issue and many counseling centers are now more understaffed and more unable to meet their students' mental health needs than ever before (Abrams, 2020). Finally, the pandemic forced almost all counseling sessions to be either permanently or temporarily terminated or shifted to online services. In these virtual appointments, students are required to have access to the internet, a device to call on, and a private, quiet space. These necessities to have an effective virtual appointment are often hard to coordinate all the time, thus adding another stress to students at a time when their mental health needs the most help.

Knowing the prevalence of mental health concerns among college students and the effect of the COVID-19 pandemic on it, this thesis examined the following questions:

- 1) Is there a change in the type of concerns being brought to counseling centers since the start of the COVID-19 pandemic?
- 2) How did COVID-19 affect perceptions of the need for and the effectiveness of counseling centers?
- 3) How did COVID-19 affect utilization of counseling centers?

### **Gaps in the Literature**

While current research shows that there is an effect of the COVID-19 pandemic on all people's mental health, there is still a lot to learn. Since we are still actively living during the pandemic, there is no way to know for sure when or how mental health issues will cease to stem from these difficult times. Additionally, there is minimal research on the ways that students view the effectiveness of counseling center appointments, especially considering the addition of virtual sessions. This study looked more closely at different factors that cause students to feel

that their counseling sessions are going well, such as short wait times for appointments and the actual duration of sessions. The current study looked closely at students' self-reported mental health to connect what is already known about the pandemic's effect to the current lives of Trinity College students as well as looking at the effect that virtual sessions have on students' and counselors' perceptions of session-effectiveness. By doing this, this study can help provide a better understanding of the impact that COVID-19 has on students' mental health and the effectiveness of counseling centers.

### **Hypotheses**

This study has three main hypotheses:

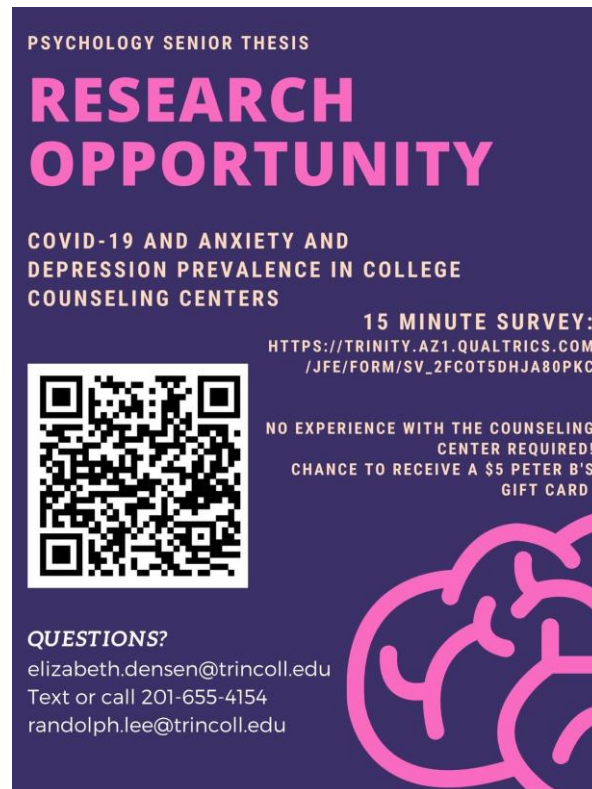
- 1) Since the COVID-19 pandemic began, students have felt an increase in anxiety and depression-related concerns which affects their relationship with college counseling centers.
- 2) Students have increased perceptions of the need to receive counseling center services and increased perceptions of the effectiveness of the services compared to pre-pandemic.
- 3) There has been an increase in the total number of and duration of appointments at counseling centers since March 2020.

### **Methods**

#### **Participants**

This study consisted of two groups of participants: students and staff. Student participants included 126 undergraduates at Trinity College. Participants were recruited by an email that was sent out to all students enrolled in Trinity College via the Global Distribution List with a digital flier and a QR code for the survey attached (flier below). Additionally, students in PSYC 273 (Professor Holt's Abnormal Psychology) and PSYC 207 (Dr. Ferreira's Developmental

Disabilities and Mental Health) were recruited by going into their class and handing out paper fliers. One participant's data was deleted from the study due to a lack of consent. Class years of the participants ranged from 2022 to 2025 ( $M = 2023.5$ ).



PSYCHOLOGY SENIOR THESIS

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Additionally, college counseling center staff from across the NESCAC and Connecticut were recruited and asked to participate in a Zoom interview. Staff members were sent an email asking for their participation in this project. There were two participants in this category, one was from Connecticut College (New London, CT) and one was from Trinity College (Hartford, CT).

## Materials

*Informed consent.* Informed consent forms were used and given to all participants and contained information about the procedures, purpose of the study, opportunity to receive class credit or monetary compensation, and ensured that all participants acknowledged the following

three facts: “Your participation in the study is voluntary. You are at least 18 years of age. You are aware that you may choose to terminate your participation at any time for any reason.” If students agreed to those terms and chose to continue, they were presented with the surveys.

*Questionnaires.* Student participants were first asked to complete an abbreviated State-Trait Anxiety Inventory for Adults (STAI form Y-1) developed by Charles Spielberger (1968, 1977). This version presented students with 15 questions regarding their current mental state (i.e., “I feel calm”) and asked them to rate how truthful this was to them on a scale of one (not at all) to four (very much so) (see Appendix A for questions used). The STAI was used with the purpose of measuring students’ perceptions of their current mental health state. Spielberger’s STAI is widely used in psychological research and has been proven both interculturally and intraculturally reliable and valid from a series of Cronbach’s alpha test (examples: Quek, Low, Razack, Loh, & Chua, 2004; Perpiñá-Galvañ, Cabañero-Martínez, & Richart-Martínez, 2013).

Students were also presented with a self-designed questionnaire to ask participants their class year and to measure their perceptions of Trinity College’s counseling center (see Appendix B for complete list of questionnaire items). Sample questions asked include, “Have you ever been to Trinity’s Counseling and Wellness Center?” and “Has your counseling center attendance changed since the start of the pandemic?”.

### **Design and Procedure**

This study was a correlational study and did not manipulate any variables as it looked at and analyzed the relationship between 1) the COVID-19 pandemic and students’ overall mental health and perceptions of Trinity’s counseling center and 2) the COVID-19 pandemic and different college counseling center staff members’ perceptions of how the pandemic has influenced their work.

*Student participation.* Participants received an email with directions to access the survey as well as what the surveys would entail. Participants were told that the purpose of the study was to understand the effect that the COVID-19 pandemic has had on college students' mental health, particularly their anxiety and depression, and the ways that counseling centers have played a role. There was no deception used as students were told exactly what the surveys would be and how they would be analyzed. Importantly, students were told that their data would be totally confidential and no identifying information would be retained; only aggregate data would be analyzed. Participants were told that the survey would take around 15 minutes to complete. After they completed the survey, participants were given a written debrief thanking them for their participation and were given the opportunity to provide their email address at the end. If they chose to provide their email address, they were informed that they would only be used for the purpose of winning a \$5 Peter B's gift card or for course credit. Some students ceased participation after completing the STAI and therefore did not complete the counseling center survey, so their responses were deleted and not analyzed.

*Counseling center staff participation.* Participants received an email asking for them to send available days and times they could meet for a 10-15 minute Zoom interview. Participants were told that the purpose of the study was to understand more clearly the role of the COVID-19 pandemic on counseling centers and students' overall mental health and that their participation would be used to gain insight into how college counseling centers run and how the pandemic has affected them. They were told that the data and results would be shared with them after they were analyzed.

Overall, two staff members participated. In the unstructured interviews, participants were asked about the very basis of how their counseling centers changed when the pandemic first

began in March 2020 and how they have operated ever since. Participants were asked for how they personally were affected by different effects of the pandemic, such as the sudden shift to virtual services, and how they felt students were affected by it. Once the interview was complete, participants were thanked for their time and were again told that the results would be shared soon. One participant participated in the interview by answering questions over email. This participant was asked to respond to the following question:

1. Can you tell me about the changes that the COVID-19 pandemic forced counseling centers to make (i.e., virtual services, reductions in session-times, etc.)?
2. How have you noticed your role in the counseling center has changed since the COVID-19 pandemic?
  - a. Can you tell me in as much detail as possible about any changes?
3. In what ways do you think students are feeling the effect of the COVID-19 pandemic on the counseling center?
  - a. Have any students told you explicitly about their perceptions of the counseling center?
4. Can you tell me about any staffing issues that your center faced/is still facing?
5. Is there any other information you can share with me about Trinity's Counseling Center in the context of the pandemic? About Trinity students' mental health?

Once the interviews were complete, participants' responses were used as qualitative data to gain an inside perspective of perceptions of different college counseling centers.

## **Results**

### *Trinity College Student Responses*

An independent-means *t* test was conducted to compare the mean STAI ratings of those who have attended Trinity College's Counseling and Wellness Center and those who have not. Those who have attended the counseling center had significantly higher mean STAI ratings ( $M = 41.75$ ,  $SD = 7.61$ ) than those who have not attended ( $M = 38.91$ ,  $SD = 7.29$ ),  $t(120) = 2.10$ ,  $p = .038$ , 95% CI [.17, 5.52]. Scores on the STAI were reflective only of the Trinity College



population as only fifteen out of the forty measures were used in this study and therefore do not directly compare to other literature’s work with it.

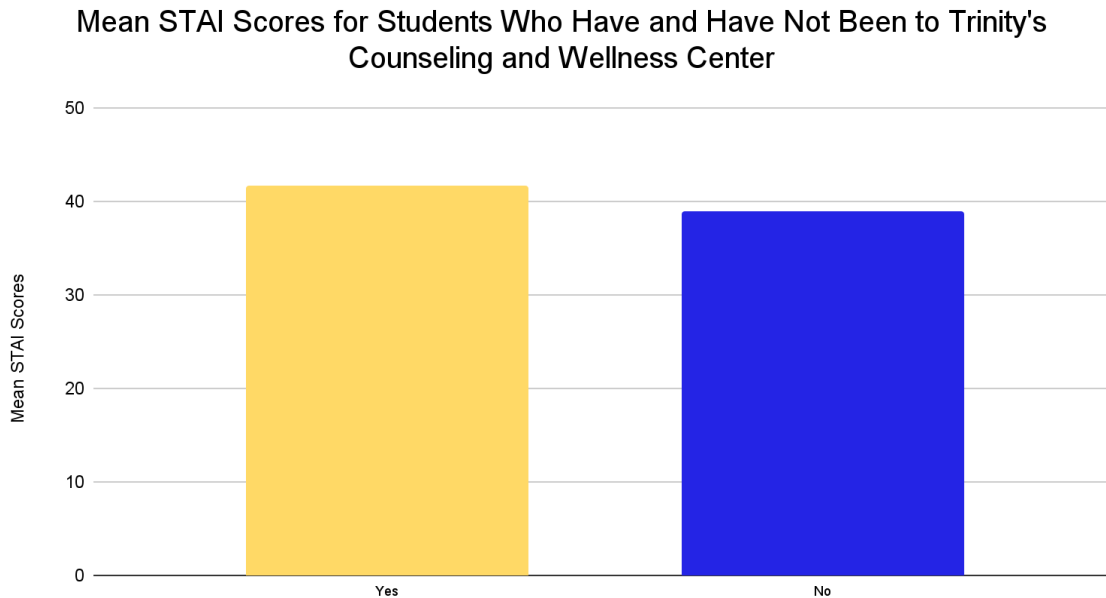


Figure C1.

Out of the 126 participants, three answered “unsure” to the question: “Have you ever been to Trinity’s Counseling and Wellness Center,” 56 answered “Yes,” and 66 answered “No.”

Of the 56 who answered “Yes,” 31 cited a long waitlist for appointments, four cited uncertainty on how to schedule an appointment, eight cited stigma, 15 cited an inability to find a counselor they got along with, 22 cited not enough time in their schedule, and 15 cited that they believed their problems were not bad enough as factors that contributed to their counseling center attendance over the past 12 months.

Out of the 66 participants who responded that they have not been to Trinity’s Counseling Center, 23 cited a long waitlist for appointments, 21 cited uncertainty on how to schedule an appointment, six cited stigma, four cited an inability to find a counselor they got along with, 19 cited not enough time in their schedule, and 30 cited that they believed their problems were not

bad enough as factors that contributed to their counseling center attendance over the past 12 months.

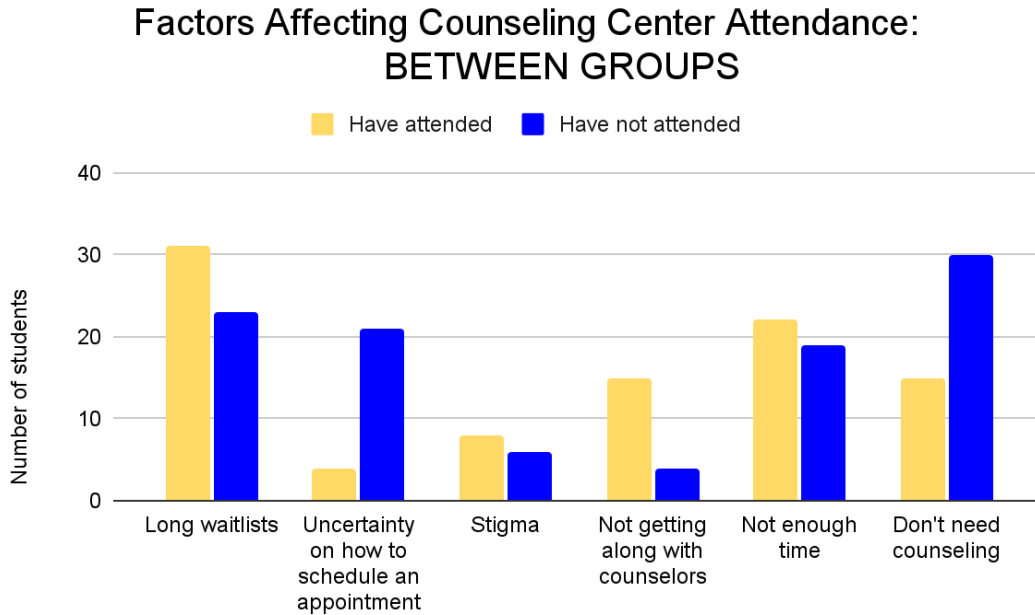


Figure C2.

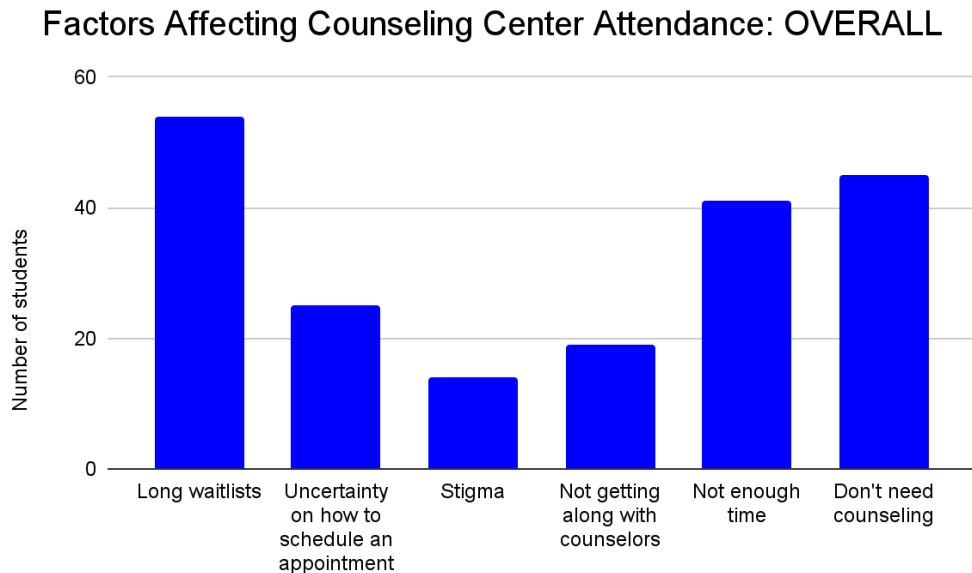


Figure C3.

*Counseling Center Staff Responses*

To analyze the data, responses were grouped together based on the five questions asked (see **Methods**).

1. Can you tell me about the changes that the COVID-19 pandemic forced counseling centers to make (i.e., virtual services, reductions in session-times, etc.)?

*Virtual services.* Both participants noted a drastic shift to virtual services in March 2020. In both schools students were sent home for a week-long spring break, giving counseling center staff time to quickly get trained on remote TeleHealth. Staff members had to learn about the laws and documentation regarding virtual services as well as how students were expected to react to this shift and how staff should present and look on camera. Laws regarding TeleHealth are relatively new and affect all types of medical and psychological professionals. As most students went back to their home states, most of their counselors were not legally able to offer them services anymore because they were not licensed to practice counseling in their students' states.

In March 2020, the Connecticut College Counseling Center director explained how counselors had to quickly get licensed in other states if they thought that their clients needed them to. Obtaining licensure in other states was sometimes an expensive and time-consuming process, making it so that most counselors did not opt to do this. Instead, many students were left without counseling services from their schools while their counseling centers worked out a new plan. Due to the abrupt nature of the pandemic, laws for licensure requirement across the United States loosened. Many states adopted a reciprocity

policy where licenses from some states were transferable to others so that, for example, a counselor licensed in Connecticut could legally treat clients in New Jersey.

Both staff members acknowledged that while virtual services were not ideal, at the end of the day it was better than not having any sessions at all.

*Reductions in session-times.* To meet the needs of their students, the Connecticut College Counseling Center typically meets with patients every other week for 45 minute sessions, but the pandemic shifted this to 30 minute visits to accommodate more patients' needs. Trinity College's counseling center did not reduce session time nor did they make any other changes to their schedules.

*Other findings.* Trinity found that students were less likely to miss a counseling center appointment with virtual services and were more able to be flexible about scheduling and rescheduling appointments, maybe due to the relative convenience of virtual sessions rather than going to in-person services.

2. How have you noticed your role in the counseling center has changed since the COVID-19 pandemic? Can you tell me in as much detail as possible about any changes?

*Trinity College.* The participant from Trinity College stated that he did not believe his role has changed since the pandemic began, citing around the same number of students coming into the counseling center seeking help in coping with stress before the pandemic compared to during the pandemic and currently. Most of the students who were attending the counseling center before the pandemic are continuing to do so, with new students seeking services, too.

*Connecticut College.* After getting over minor and major technological glitches, the staff said that they were able to adjust to this new virtual world. Toward the beginning of TeleHealth, staff only had access to necessary and confidential software on their work desktop computers, so they had to carry those desktops home. Staff also had to think creatively about any issues that came up due to the virtual services. For example, once back on campus, Connecticut College offered “Zoom Rooms” for students to have access to privacy during counseling sessions. Additionally, approximately six support groups arose to address a wide variety of client concerns, such as a women’s group, a grief group, two SMART groups (one for substance use recovery and one for family and friends), and 2 AFFINITY groups (one for BIPOC students and one for LGBTQIA students). Each of these processing groups consisted of two leaders with up to six clients per group. These groups were around prior to the pandemic and maintained throughout. Notably, students seemed to adapt quickly to the shift in virtual services, which she explained by the fact that most students were at home with family and their support and therefore experienced fewer mental health emergencies.

3. In what ways do you think students are feeling the effect of the COVID-19 pandemic on the counseling center? Have any students told you explicitly about their perceptions of the counseling center?

*Students’ expressions of in-person vs. virtual services.* Overall, students seem to share in the sentiment that safety from the COVID-19 virus comes first, even when put in conversation with their mental health services, though some students expressed a desire to get back to in-person services as quickly as possible. Some

students are notably uncomfortable with virtual sessions for many reasons with lack of privacy being among the main ones. Students share positive expressions to counseling center staff as well as the difficulty in navigating the balance between a desire to go back to in-person sessions and keeping students and staff safe.

*Masks in in-person sessions.* Students and counselors both notice that having to wear masks for in-person sessions significantly affects sessions' effectiveness. As Dr. Lee (Trinity College) noted, "During therapy when both people are masked is much less effective because it reduces the ability to respond to facial expressions a great deal." Trinity College's counseling center is not currently offering in-person sessions, while Connecticut College has offered mostly in-person sessions since the Fall 2021 semester but still provides students the opportunity to receive TeleHealth services.

4. Can you tell me about any staffing issues that your center faced/is still facing?

Overall there is an increasing demand in counseling services across counseling centers, which both centers noted is both caused by and an effect of different staffing issues. Both counseling centers have struggled to fill positions but have made it work the best they could. These staffing issues play a role in factors such as long waitlists for appointments which in turn, as evident in the students' responses, affect students' perceptions and experiences with the counseling center.

5. Is there any other information you can share with me about your counseling center in the context of the pandemic? About your students' mental health?

A common theme that emerged in both interviews was the added stress that both counseling centers and their students feel as a direct result of the pandemic. Dr. Randy Lee explains, “I think Trinity, like all studies of students in general, has witnessed an increase in the amount of anxiety and depression definitely related to the pandemic, but most seem to have accepted it as a necessary reality for the time being.” Many of the concerns being brought to the counseling center are pandemic-related and therefore require a nuanced type of coping strategies. Therefore, counselors have spent a large amount of time discussing with students the effects of the anxiety and stress that they feel due to the pandemic and therefore search for coping strategies. For example, some students feel anxious about the possibility of contracting the virus and some feel depressed over ways in which the pandemic has caused them to grieve; with this, counselors have had to work with patients on addressing these concerns and how to cope with these situations if they should arrive. Demand is still very high for both college’s counseling centers, showing a steady awareness of and ability to receive counseling appointments when students decide that they need them.

### **Discussion**

The current study aimed to gain insight into college students’ mental health and their experiences with Trinity College’s Counseling and Wellness Center, and understand counseling center directors’ experiences with their respective counseling centers in regard to the COVID-19 pandemic. After participants completed a brief mental health survey, they were asked to answer questions about their experience with the counseling center to examine different factors that contribute to students’ attendance and perceptions of counseling services. Interviews conducted with counseling center directors showed a clear impact that the pandemic had on their counseling

centers in terms of staffing issues and virtual services. To my knowledge, this is one of the first studies to get directors' and students' insight into the way that the COVID-19 pandemic has affected counseling center services.

### **Factors Affecting Counseling Center Attendance**

While this study did not start with the intention to look at factors affecting students' experiences with the counseling center, the results highlighted significant results.

*Long waitlists; Counselor unavailability.* Overall, both students who have attended the counseling center and those who have not listed long waitlists to get an appointment as the main reason for not attending the center, with fifty-four total citing this as a reason. These long waitlists were seen at both Trinity College and Connecticut College's centers and are in part due to the current staffing issue across the country. When given the option to explain why they have or have not attended the counseling center, several students responded with themes of the perception of there being long waitlists, for example, Student 13 writes, "There's very limited availability and it seems fairly hard to get an appointment," and Student 63 explains, "I don't believe that my availability will work with the center's availability, but this is simply from assumptions."

*Pandemic effect.* On top of this, several students explain how their counseling services were disrupted because of the pandemic, as their counselors whom they formed a relationship with left after Spring 2020. Student 32 writes, "I wasn't reached out to after my counselor left to find a replacement so I've been without counseling for months now" and Student 121 explains, "I didn't even get told my therapist no longer works here so now I don't get therapy."

*Circulating rumors.* There were other examples of rumors about the counseling center circulating that lead students to not seek services. For example, "I have heard that it doesn't give



the best help” (Student 12), “I have not been because: 1, I don't know where it is. 2, I don't have time to visit. 3, I don't feel comfortable seeking help” (Student 41), and “I have heard bad reviews about it.... I also heard that there is a waitlist, and I do not prefer the hassle because choosing to find a therapist is already difficult enough” (Student 116). These responses highlight a need for counseling centers to be more proactive in their student outreach in order to dispel these rumors and create an environment where students know all the counseling centers have to offer.

*Comfortability receiving services: Counselors of color.* Importantly, Student 116 explains that one of their reasons for not attending the counseling center was because “there are none to limited counselors of color,” and Student 79 and 58 share a similar sentiment, “There is a large lack of P.O.C counselors to help P.O.C students feel more comfortable having someone to talk to,” and “There needs to be more staff, especially counselors of color.” There were also many positive responses, such as Student 103 who writes, “I have had a wonderful relationship with the counseling center and think they do great work.” Also, Student 119 explains, “It has been so helpful to my progress and self-growth!” While there were many negative perceptions of the counseling center in terms of how comfortable students felt receiving services, there were also many positives that show a diverse collection of students’ overall perceptions.

*Unsure how to schedule an appointment.* Overwhelmingly, those who have not attended the counseling center cited an uncertainty on how to schedule an appointment. Twenty-one students who have not been to the counseling center compared to four students who have been to the counseling center responded that this uncertainty on how to schedule appointments affected their attendance. One student explains, “To be honest I didn’t even know we had a wellness center” (Student 54). This shows a need for counseling centers to provide clearer directions to

schedule appointments and receive services, perhaps by enhanced student outreach or simpler guidelines for students to follow.

### **Between-Groups STAI Ratings**

There was a significant difference of the mean STAI ratings between those who have attended the counseling center and those who have not. Those who have attended have significantly higher mean STAI scores, which may indicate that students who need services are successfully getting them. This is important because it shows the effectiveness of student outreach for those who are struggling with their mental health.

### **Pandemic Effect**

*Student responses.* Many students responded that the COVID-19 pandemic impacted their attendance in some way. For example, Student 103 explains that the pandemic positively affected their ability to work on their mental health, “I never thought that I needed any time of therapy/counseling until the pandemic happened. It really caused some significant decline in my general well-being.” Many students similarly express that the pandemic impacted their attendance, Student 55 reflects how her counseling, “Initially began as every week but now has progressed to every other week. I actually started going to therapy during the pandemic so it is interesting to see how my mental health has changed over the course of these last two years with therapy.” Due to the novelty of the COVID-19 pandemic, these findings provide a guideline for how counseling centers should operate moving forward. Knowing that many students feel an increased need to receive counseling services but are also unable to and unsure on how to get them, directors should enhance the way that they reach out to students and the ways in which they offer services.

*Counselor responses.* Counseling center directors explained their thoughts on virtual services compared to in-person and expressed a clear belief that the health safety of all individuals comes first, and the potential lack of effectiveness due to virtual services and masks for in-person services comes after. Connecticut College offers mainly in-person services, with both the patient and the counselor required to wear masks, while Trinity College solely offers TeleHealth appointments. The difference in service offerings shows a difference in priorities between centers, whereas Connecticut College values being in the same room as each other while Trinity College values seeing one another's faces. Due to the lack of director participants, this finding cannot be further explained, but further research may consider the different priorities between counseling centers.

### **Limitations and Future Studies**

We had very few directors participate in this study, offering a limited view of the ways that directors perceive their centers and sessions in the context of the COVID-19 pandemic. Future studies should aim to interview more directors to get a fuller idea of their perceptions.

This study only looked at Trinity College students' mental health, offering a limited understanding of how college students are affected mentally by the pandemic. On top of this, Trinity College students were only asked about their mental health after the pandemic started and therefore does not fully provide evidence on how the pandemic has impacted students' mental health. Future studies should look at different student populations and compare mental health data from pre-pandemic studies to better understand a more general population and effectively look at how the pandemic has directly affected students.

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**APPENDIX A**

Below is an image of the STAI used in this thesis.

STAI

Please rank how much the following statements apply to you right now.

	Not at all	Somewhat	Moderately so	Very much so
I feel calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel strained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel at ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am presently worrying over possible misfortunes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel satisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frightened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel self-confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel jittery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel indecisive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure A1. The 15 State-Trait Anxiety Inventory for Adults used in this thesis (Spielberger, 1968, 1977).

**APPENDIX B**

Below is the self-designed questionnaire to understand students’ interactions with Trinity College’s Counseling Center.

What is your class year? (ie. 2022, 2023...)

---

Have you ever been to Trinity's Counseling and Wellness Center?

Yes

No

Prefer not to answer

---

OPTIONAL: Why or why not?

Figure B1.

What can you tell me about any general stigma regarding receiving counseling/therapy services or about mental health?

---

How effective do you feel any sessions you've attended have been?

Not effective at all

Slightly effective

Moderately effective

Very effective

Extremely effective

Prefer not to answer

This question does not apply to me

Figure B2.

What are some factors that have affected your counseling center attendance in the past 12 months? (Please check all that apply)

Long waitlists for appointments

Unsure about how to schedule an appointment

Stigma surrounding receiving mental health care

Unable to find a counselor you get along well with

Not enough time in your schedule to fit in counseling

Your problems aren't bad enough to warrant going to therapy

Other

This question does not apply to me

Figure B3.

If you selected "Other," please elaborate here. If not, please move onto the next question.

---

Has your counseling center attendance changed since the start of the pandemic?

Yes

No

Prefer not to answer

This question does not apply to me

---

OPTIONAL: In what ways the pandemic affected your counseling center attendance?

Figure B4.

Is there anything else you'd like to share about Trinity's counseling center? If not, please move onto the next question.

Figure B5.