LET'S TALK:

SENIOR LEADERSHIP, STUDENT MENTAL HEALTH, AND COUNSELING CENTERS

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"This job is killing me," my staff member said during the past spring term after returning from a doctor's appointment. "My blood pressure was way out of control and my doctor is putting me on medication. I have to find a way to leave all of this [waving her hands in the air in front of her body] at work when I leave." Her concerns resonated with me. Even though I was exercising regularly and eating (mostly) healthy, I too—unbeknownst to my colleague—had to start taking blood pressure medication a year prior. I am not alone: across the country, many mental health professionals are struggling from the pressure of the mental health crisis occurring on college campuses. On a listserv for our field, one colleague even wrote, "In short, I hate my job and don't have any optimism left that it will improve." How did we get here?

First, let's acknowledge that colleges and universities have a vested interest in student mental health and its impact on academic success and retention. Prior to the pandemic, 64 percent of respondents to a 2012 survey from the National Alliance on Mental Illness (Gruttadaro and Crudo 2012) listed mental health as the reason they were no longer enrolled in higher education. Mental health issues (particularly depression and anxiety) predict a lower grade-point average (Dong et al. 2021) and a higher probability of dropping out (controlling for academic performance and other variables) (Gorman et al. 2020). Research has also consistently shown that seven out of the top 10 impediments to academic performance are related to mental health (ACHA 2018). In short, there are benefits of mental health counseling for both the student (e.g., academic performance, reduced depression/anxiety, better coping skills, improved interpersonal skills) (Zhao 2022) and the institution (e.g., retention).

College leaders have taken notice of the impact of mental health issues on their students. College student mental health has consistently been the among top concerns of college presidents in the American Council on Education's (ACE) Pulse Point surveys. This concern has led to not only a remarkable increase in demand for mental health services, but also subsequent turnover and burnout from the counselors endeavoring to provide these services.

This brief discusses the factors that led to the current demand for mental health services, the impact that demand is having on counseling center staff, and the new normal that those who oversee mental health on campus need to recognize. It concludes with a series of recommendations for campus leaders as they navigate how to best provide mental health services to students.

INCREASED DEMAND

Within higher education, the best evidence of the increase in demand for mental health services is the fact that while enrollment decreased 5 percent between 2009 and 2019 (NCES 2022), there was a 30 to 40 percent increase in clinical demand at counseling centers during the same time (LeViness et al. 2020).

One reason for this increase is global initiatives that are spending billions of dollars to improve early identification of mental health concerns and reduce stigma (Stuart 2016). There have been numerous anti-stigma public health campaigns with the primary focus on educating the public on and reducing stigma around mental health (Walsh and Foster 2021). In the early 2010s, primary care doctors across the country began screening for mental health concerns (e.g., having patients fill out depression screening tools, or assessing patient mental health through direct questions from physician's assistants and nurses) partly as a means of primary intervention and partly as a cost-savings measure for insurance companies. Now, health professionals at student health centers do the same. Studies reveal the efficacy of such practices are mixed (Kyanko et al. 2022). While reducing mental health stigma is a good idea, issues arose when there were not enough counselors to treat those who screened positive for mental health concerns.

Another cause for the increased demand on higher education counseling services can be blamed on counseling centers themselves. After the ill-advised outsourcing trend of the early 1990s, when many colleges were courted by private companies promising they could provide counseling services for less money, counseling centers that remained on campus started to advertise themselves as being able to do anything as a means to protect themselves from being outsourced (Webb, Widseth, and John 1997). The outsourcing model was discontinued due to a variety of factors, including lack of crisis intervention and consultation; unfamiliarity with institutional specifics and college student needs; less trained and poorly paid staff with the external companies; and rising costs of providing outsourced services.

To adapt to the outsourcing trend, counseling centers adjusted their focus away from developmental student issues to address the increasingly complex mental health issues that were arriving on college campuses, like anxiety, depression, suicidal ideation, and eating disorders (Gallagher 2005; Governors State University 2022; Hodges 2017). On top of more complex mental health concerns, counseling center staff were now tasked with far more than just counseling individual students or running group therapy. Some examples of expected services included campus-wide education and outreach about suicide prevention, alcohol abuse, and sexual assault and gender-based violence; consultation with faculty seeking advice on whether a student should be referred to counseling; case management for continued care; assistance with staff mental health concerns; and behavioral intervention teams and various committees across campus.

Additionally, counseling centers have become the main referral for many normative stressors (Texas Christian University 2020). Faculty, staff, and administrators refer numerous students to their campus counseling center; many times, the issues are not related to mental health. Some examples of non-mental health referrals include faculty sending students to the counseling center because they are unhappy with a test score or have not turned in work; offices of community standards referring students who have violated alcohol or drug policies; and cases from campus teams that identify students who are struggling and connect them to interventions for support (such as behavioral intervention teams).

Lastly, Generation Z is more focused on mental health than other generations.[1] Specifically, 70 percent of Gen Z teens indicate that anxiety and depression are major problems among their peers (Annie E. Casey Foundation 2021a). Additionally, they are generally able to acknowledge their own struggles with mental health better than previous generations. A study done by the American Psychological Association found that

1 Researchers do not always specify how they define which birth years correlate to which generation, but the Pew Research Center offers a general guideline.

27 percent of Gen Z participants (ages 15 to 21 in 2018) reported their own mental health as fair or poor, compared with 15 percent for millennials and 13 percent for Gen Xers (Bethune 2019). Gen Z participants were also more likely to report that they had received treatment or therapy from a mental health professional (37 percent), compared with millennials (35 percent), Gen Xers (26 percent), baby boomers (22 percent), and older adults (15 percent).

Why do college students seem to have more mental health issues? As stated above, one reason is that they are more in tune with their own emotional states, as well as that they were raised in a culture where stigma around mental health issues has been reduced. There are many other societal reasons for the increased rates of anxiety and depression within Gen Z, including:

- They were born into a post-9/11 world filled with trauma and 24-hour news coverage of never-ending wars in Afghanistan and other places (Akers 2022).
- Advances in psychotropic medication, reduction in stigma, and increases in treatment have allowed students that would never have considered college as an option to be accepted and to attend an institution of higher education (Bojanić et al. 2021).
- Gun violence and school shootings weigh heavily on Gen Z, with 75 percent of a sample of Gen Z individuals indicating that mass shootings are a major source of stress and 72 percent indicating the same for school shootings (Diaz 2018). More than 311,000 students at 321 schools have been directly impacted, with hundreds of students and teachers having been killed (Cox et al. 2018). Lockdown drills have been a constant part of their K–12 experience.
- Racial injustice and the push for equity is ever-present in the minds of Gen Z, with 60 percent indicating racial injustice has impacted their mental health, 88 percent recognizing that people of color are treated differently, and 90 percent supporting the Black Lives Matter movement (Davis 2020; Annie E. Casey Foundation 2021b).
- The COVID-19 pandemic impacted the entire world and had specific effects on mental health. The mental health of 13- to 24-year-olds was impacted at greater rates than other age groups, particularly due to struggles with education, romantic relationships, and friendships (Jeong 2021).

These factors all play into the fact that the vast majority of counseling centers (87 percent) have seen a 30 to 40 percent increase in demand for services over the last decade (LeViness et al. 2020).

IMPACT ON COUNSELING CENTER STAFF

Though counseling center staffing increased nationally, the level of staff added still could not meet the demand. This shortage led to greater liability for colleges and universities because students waited longer to be seen for both an evaluation and for any follow-up appointments. As a result, many counseling centers moved away from "counseling" (cognitive behavioral, brief psychodynamic, or longer-term treatment) to triage, solutions-focused, and urgent care or flexible care models. These models are used to treat a student in crisis, reduce the wait time for initial assessment, triage and prioritize care, and refer students to other off-campus providers who can see them for longer-term treatment. While this type of care does allow for shorter wait times for an appointment, it can feel like using chewing gum to plug a leak in the Hoover Dam. It buys a small amount of time before bigger problems demand more attention and resources.

The struggle is becoming more evident as staff retention at all levels has become more of a challenge. As counseling staff leave higher education, getting a pool of qualified applicants to replace staff members has become exceedingly difficult.

As higher education begins to examine why we are seeing this mental health crisis on our campuses, it is important to start with an understanding of who staffs the college and university counseling centers. Almost all counseling center staff have advanced degrees—master's, doctorate in philosophy (PhD), or doctorate in psychology (PsyD)—in some mental-health–related counseling field and will have taken a licensing exam to practice. A master-level clinician will have spent at least two years in postbaccalaureate education, while a clinician with a PhD or PsyD and a license will have more than five additional years of education. This time in formal education is also on top of the 2,000 hours of post-degree supervised work that is required to become a licensed clinician.

While graduate training for counselors is broad in terms of teaching clinical skills and practice, it can also be narrow in its focus on a private practice model where therapists can control the flow of clients either by not accepting additional clients or by providing referrals to insurance companies or other clinicians. In higher education, the client model is not this simple. Students cannot be told that counseling center clinicians are no longer taking new clients. College counseling centers are, at minimum, responsible for triage, assessment, and some level of care. Centers vary in the level of care they can provide, with some being able to provide long-term care and with others being able to provide short-term therapy and case management referrals to outside treatment providers. And while graduate training does its best to develop clinicians' skills to leave client problems at the office, it is hard not to carry the problems of our students home—we care about them and about the institutions we work for.

As a result, many more counseling center directors have left the profession over the past year than in previous years (Gorman et al. 2021). Half of the directors that are leaving are either retiring or being promoted into executive director of health and wellness positions. Unfortunately, the remaining half are leaving for private practice or other mental health positions outside of higher education. Some left without even having their next position lined up. The following quotes are from some of the emails posted on the Association for University and College Counseling Center Directors (AUCCCD) listserv over the past year; they indicate the job dissatisfaction felt by some of these directors:[2]

- "I'm beginning my exit strategy from my position and moving away from collegiate mental health on the whole. My reasons are multiple and only slightly complicated, but mostly revolve around the leadership above me and university politics."
- "Hi all—I wanted to thank AUCCCD and all the directors on this association for their support over the past five years. I am leaving my position as director and going into full time private practice."
- "I'm not entirely sure what's next for me. I've been looking at a few opportunities and plan to keep my options open for at least the next month. At that point, unless I've been pulled in another direction, I'll likely start a private practice. Either way, I know coming back is not the right answer and have made peace with that."

Indeed, a substantial number of counseling center directors left their positions this past year alone. The issue of turnover is not limited to directors, however—counseling center staff are also leaving in significant numbers. The Association for University and College Counseling Center Directors Annual Survey: 2021 revealed that approximately 60 percent of counseling centers experienced staff turnover, an increase of over 10 percent from pre-pandemic levels (Gorman et al. 2021). Table 1 shares some of the reasons staff indicated for why they left, ranked by personal significance (i.e., a ranking of one indicates the central reason).

2 These emails have been excerpted and included here with permission from the authors.

Table 1. Percent of Staff Noting Specific Reasons for Position Turnover, by Rank

REASON	RANK 1	RANK 2	RANK 3	TOTAL CENTERS
Career shift	27.0%	16.6%	10.4%	163
Family needs	22.6%	16.7%	11.3%	168
Promotion	20.8%	10.4%	8.4%	154
Retired	15.6%	4.1%	0.0%	147
Termination	12.4%	3.4%	0.0%	145
Low salary	10.6%	13.0%	9.9%	161
Work conditions	10.1%	8.8%	13.2%	159
Relocation	9.5%	5.4%	4.7%	148
Conflict	8.7%	4.7%	7.4%	149
Other	6.4%	2.8%	3.7%	109
Poor fit	6.0%	8.7%	6.0%	149
Workforce reduction	2.8%	2.1%	2.1%	142
Outsourcing	0.0%	0.7%	0.0%	137

Note: The total number of centers reporting was 168.
Source: Data from Gorman et al. 2021.

Compounding the problem of inability to retain staff is the issue of replacing them. Higher education searches in the last few years have yielded reduced numbers of both total applicants and qualified applicants. Counseling centers have not been exempt from this trend; the AUCCCD survey indicates that 70 percent of counseling centers have had difficulty filling vacated positions. Position postings that used to garner more than 75 applications are now receiving fewer than 20. Position searches focused on serving specific populations of students, such as BIPOC-focused clinicians, are even harder to fill due to the lack of Black, Hispanic (and/or Spanish-speaking), and Asian clinicians (O'Malley 2021; Smith 2018; Zippia 2022).

Staff turnover in counseling centers is difficult for everyone involved; most importantly, it is difficult for the students who were working with the departing staff members. Transitioning to a new clinician, developing a rapport, rebuilding trust, and retelling part—if not all—of their experiences is not easy for many students. Staff turnover also impacts the institution. Running a search takes time, effort, and money, and the candidate pools are smaller, with less experience represented among candidates. Another challenging facet is that salaries are not typically consistent with market value (compared with mental health positions outside of higher education), which means directors need to expend energy advocating to their administration for more resources while addressing concerns and grievances around pay from staff.

The AUCCCD focus groups conducted in 2021 revealed similar themes around staffing, with many individuals stating that reasons they left or were considering leaving were due to staffing.

- "Personnel matters have been the most challenging. Hiring has been hard. I cannot hold on to the good ones."
- "We have had 100 percent turnover in the counseling center in the past 18 months. Staff left to make twice as much in private practice with more control over schedule."
- "How to manage younger staff. I can only hire lesser-experienced staff. They get frustrated with low pay and require lots of management and coaching."

MOVING TOWARD BALANCED OVERSIGHT

While counselors are experiencing burnout and seeking other ways to practice, senior staff and institutional leaders are becoming more concerned and aware of the mental health issues facing students. Concern and awareness have led to attempts to increase staffing and resources, as well as a general understanding that students are not being retained due to mental health concerns (Gorman et al. 2020). However, the attention that mental health has been receiving from senior staff also can create confusion and problems.

For example, according to a Pulse Point survey conducted by ACE, presidents indicated that there are different senior staff roles that are responsible for addressing mental health concerns on campus. Specifically, the ACE study found that 92 percent of presidents indicated that they relied on their vice president for student affairs to address issues related to student mental health, while in addition over a third relied on their provost (36 percent), almost a third (32 percent) also relied on their campus police chief, and another 27 percent indicated they also counted on legal counsel. In regard to the primary senior staff person presidents rely on, about 85 percent of presidents said they relied on their student affairs executives (Chessman and Taylor 2019).

Herein lies the problem—unless these leaders have a background in mental health and understand the federal laws, state laws, and the related ethics codes, then the person who should be making decisions about campus mental health needs should either be the counseling center director or senior leaders who have a strong partnership with the counseling center director. For this reason, many institutions have moved to or are moving to hiring a chief mental health officer, which will be described in more detail.

This move toward greater understanding of mental health on campus is positive, but how counseling centers are managed is critical. Data from AUCCCD's fall 2021 study of focus groups found that many directors decided to leave due to too much oversight, or as a result of shifts in how their unit was managed within the campus organizational structure. Below are a handful of direct quotes from counseling center directors that speak to their frustrations:

- "I have to deal with more people telling me how to do my job. Sometimes I am not part of the process."
- "The institution culture around mental health became difficult the last [two to three] years I was there. Work used to feel like a privilege. Then my values as a clinician and how to work with staff and the current environment, and that of the administration became too different."

- "Directors get pushed in different directions. It's manageable when one side is pushing without the other. Now, both sides are pushing, maybe with sharp objects."
- "I run across more people with an uninformed certainty of how we should do the work—'Do a [therapy] group at Starbucks.'"

Another factor that has contributed to director frustration and transition is their administrator or supervisor's potential confusion around how two federal privacy laws apply to sharing student information when they receive a request. One law is the Federal Educational Rights and Privacy Act (FERPA) and the other is the Health Insurance Portability and Accountability Act (HIPAA). The intersection between these laws is very complicated to navigate for counseling center directors, as they care very much about student privacy. Ideally, a campus has a general counsel's office to help navigate these complexities, but sometimes directors are left to navigate and educate their administrators or supervisors on the laws governing privacy and confidentiality on their own while trying to balance their obligations to both their student clients and the institution.

Additionally, mental health professionals are limited in terms of where they can practice. During the pandemic, some college and university administrators pushed staff to provide services to students across borders between states, and sometimes countries. The Psychology Interjurisdictional Compact, a law designed to facilitate the practice of teletherapy and temporary in-person counseling services across state lines, is intended to address these issues, but mental health professionals are still limited by their licensure regarding where and what services they can provide. If a counseling center director violates client confidentiality or practice in a state where they are not licensed, they risk their ability to be a practicing counselor.

RECOMMENDATIONS

Given the state of counseling centers and their staff, where do we go from here? I recommend that leaders create a plan embracing the volume of requests rather than simply mitigating it.

First, **determine with counseling center leadership what kind of mental health care the institution wants to offer students**. Higher education cannot hire their way out of the mental health crisis without spending unreasonable amounts of money. To address this, senior leadership needs to have conversations with their counseling center director about what level of care is realistic given their current staffing levels and fiscal allocations. For example, an institution with 5,000 enrolled students, 3.5 full-time equivalent staff members, and a utilization rate of 20 percent of the student population cannot provide weekly therapy to all students that may want it.

Most counseling center directors will have data about the services they offer, including the percentage of specific student populations seen, the satisfaction with counseling center services, the number of students who have (potentially) been retained due to counseling, and the retention and graduation rates of students who utilize the counseling center compared with those who do not. College leadership should also be looking at the AUCCCD's annual survey to get a sense of what is going on nationally in terms of college student mental health issues. This data can help leaders make decisions about resources and approaches. Leaders should also speak with their directors about the Clinical Load Index (CLI). The CLI shows the relationship between the demand for and supply of mental health services in a college and university counseling center (Scofield and Locke 2022). It allows colleges and universities to benchmark their services compared with de-identified peer institutions, meaning that directors can run a report on their peer institutions' CLIs, but the report will show all the data without identifying the institution to which the data belongs. This tool can help institutions determine the amount of resources they may need to fully realize the services they want to provide.

If a higher level of service is needed, resources and staffing levels need to be addressed. Difficult decisions will need to be made if resources cannot be increased to balance the clinical load (i.e., the approximate number of clients a clinician can see each week, while maintaining clinical efficacy, completing notes) with student need and the risk of staff burnout.

Once decisions are made between senior leaders and counseling center directors, there needs to be clear communication across campus about what counseling centers can realistically provide. The messaging around this needs to be clear and concise to all campus constituents so that prospective students will be given the correct expectations on campus tours, and students talking with faculty and administrators will know what to anticipate as well.

To help alleviate the volume of requests, **identify and communicate broadly the multiple resources for student support on campus**. As stated earlier, counseling centers have become the main referral for many normative stressors (Texas Christian University 2020). Many times, when a student starts struggling, it is obvious. Their attendance begins to decline and assignments are either turned in late or incomplete, or are not turned in at all. Does this student need to be referred for counseling? Maybe. A potentially better option is to develop a comprehensive list of student support services that are easy to hand to a student. From this list, a student could choose from various offices that might be better supports for them and their situation (e.g., academic support services for a student that is struggling with time management). This approach to time management and resource sharing could be offered by an informed faculty or staff member to support the student, which would free up the counseling center to see students struggling with serious mental health concerns. However, if it is clear that a student is struggling with mental health issues (e.g., any conversation of suicidal ideation, visible cuts or bruises that may appear to be self-inflicted, talk of previous mental health care), a specific referral to the counseling center should be made. Additionally, if there is any language indicating suicide, a call should be made to the counseling center or the student should be taken to see a professional in the counseling center immediately.

Additionally, **consider investing in supplemental care options**. Many companies address the rising needs of college student mental health. Resources such as stepped care models, telemental health companies, and memoranda of understanding with off-campus resources may help ease some of the burden on the counseling center staffing. These services do not replace the in-person services of the counseling center, but they can be supplemental care to offer students when there is a waitlist or when a student is looking for a clinician that matches their identity that the counseling center may not have.

As these options are evaluated, **focus on staff retention**. The financial costs to staff turnover are significant, with turnover contributing over $85 million in cost to higher education per year. Other research has found that the cost of employee turnover is roughly 24 percent to 33 percent of the annual salary for each employee who leaves the organization (Memon, Salleh, and Baharom 2015). These costs include advertising for an open job position, the time it takes to recruit and interview candidates, the fees related to background checks or assessments, and the cost of lost productivity to those serving on the search committee. Beyond the financial costs, there are negative effects on workplace culture and team morale, as turnover places a substantial emotional toll on the colleagues left behind. These staff are left to pick up the work of the person who left, impacting productivity, burnout, and morale.

One solution that would go a long way in improving retention is to **review salaries for counseling center staff**. When it comes to the staffing of mental health professionals, salaries in higher education have not remained competitive. Higher education is no longer only competing with other institutions of higher education for candidates, as counselors can secure higher salaries outside of higher education. To remain competitive, colleges are going to have to invest in salaries. At a minimum, the first step is to make sure college mental health providers are paid appropriately based on available College and University Professional

Association for Human Resources (CUPA-HR) data. Given the competition from outside the academy, however, human resources staff, which typically relies solely on CUPA-HR data to set salaries, may need to look beyond this data and research salaries outside of higher education to keep staff. Using only CUPA-HR data, which compares salaries with those of other higher education institutions, falsely suppresses the salary ranges that therapists are paid outside of higher education. When compared with salaries within hospitals and community mental health settings, for example, there is a significant difference in salaries, even when benefits are considered. This is one of the factors leading to low applicant pools and retention issues. During these conversations, be sure to actively listen to staff concerns about pay rather than citing mission-based reasons for lower pay—staff are aware of tuition dependence and other financial concerns but can still want to be compensated at a market rate.

Institutions of higher education should follow the model of industry and **consider implementing a chief mental health officer model**. This model, which is just developing within higher education, has been a trend within industry for over a decade (Beekes 2009). Creating this position sends a clear and strong message that the mental and psychological health of the campus is significant. A chief mental health officer is responsible for ensuring that the mental health needs of the entire campus are being met, offering guidance and strategy for basic mental health literacy (e.g., Mental Health First Aid) for all campus constituents. A person in this role helps to provide a vision and strategic plan for how to be proactive (as well as reactive) to the mental health crisis and aids in the creation of an organizational culture that emphasizes the physical and mental health of the entire campus community. Institutions that have begun to implement this program have done so through the creation of executive directors of wellness, assistant vice president of health and wellness, or dean of wellness positions.

Lastly, **recognize burnout and do not normalize it**. Many mental health professionals are helpers by nature. This means they will see more students and do whatever they can to meet demands and minimize wait times—but doing more with less should not be normalized, nor should staff seeing higher caseloads than national standards would recommend. Exploring ways to address burnout and staff morale (e.g., through supervisory support, data collection of employee experiences and needs) will lead to better staff satisfaction and retention. Another important shift that would assist in reducing and limiting burnout is to acknowledge the time constraints placed on counseling center staff. Remember, most staff are booked out two to three weeks at a time, if not longer. They are not able to modify their schedules because students are waiting for their appointments, and the times where staff do modify schedules only means inconveniencing students and potentially overburdening staff. So, whenever possible, leaders should increase the level and timeliness of communication, especially when counseling staff are needed for meetings, reports, or strategic planning.

CONCLUSION

The benefit of having a counseling staff on campus, especially those who you have retained over time, is that they have institutional knowledge and a care and commitment for the institution and its mission. These staff members are better able to understand the campus culture, they know the key players to help secure support services, and they are aware of the ebb and flow—and related stressors—of the academic term. In addition to being part of your campus community, they can serve your campus and students in other areas outside of mental health matters. In short, your counseling center should not be outsourced or consolidated.

There is no gold-standard approach to solving the many challenges facing counseling centers directors and their staff. If a surefire solution existed, I likely wouldn't need blood pressure medication. But, as one part of the solution, I am asking that senior leadership be ready to have hard conversations about difficult topics. Most importantly, they must be ready to act on the information shared.

As your institution responds to this new era in mental health, some key questions to ask counseling center directors and staff are:

- Why are directors leaving?
- Why are mental health staff leaving?
- What can we be doing to make them want to stay?
- What impact is staff turnover having on staff morale and the students?
- Beyond salaries, what are other strategies I can employ to address this?

There are going to be a multitude of different answers to these questions, many of them situation-specific, whereas others will have common themes across campuses. The answers to these questions can help guide the strategies for addressing these complex issues, but will also help retain staff, allow for continuity of student care, and maintain the relationships and trust built between various campus constituents.

As mentioned in a *Chronicle of Higher Education* article about the staff turnover, "The professionals who interact with students daily will tell you far more than a consulting firm—if you would only listen." (Walton 2022).

So, as a final word: trust. Trust the staff hired to be the experts on mental health matters. It will go a long way in supporting staff in their difficult and rewarding jobs. They are experts with advanced training, ethical codes, and federal and state laws to guide them. They also care deeply about their community and would gladly be part of improving the student experience.

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