The Impact of Mental Health Problems in the Community College Student Population

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for the Higher Education Quality Council of Ontario

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Abstract

Fifteen of Ontario's 24 community colleges participated in a survey conducted during the 2009/10 academic year in which data was collected to determine the frequency of mental illness, mental health problems and academic challenges in students accessing campus-based counselling and disability centres. In this study, 3,536 completed surveys based on 1,964 individual students were received, representing each of the four geographic sectors of the province; the average age of the students was 28. Of all students accessing college counselling and disability services in this study, 60.9% reported having a diagnosis of one or more mental disorders. Mood (37.5%) and anxiety (24.6%) disorders were the most prevalent individual diagnoses, followed by comorbid diagnoses (24.4%). The number of sessions students attended appeared to be related to the number of diagnoses. The mental health problems of this sample were typically stress related or interpersonal in nature. College service providers reported that 67.7% of students exhibited academic challenges (most frequently difficulties maintaining concentration), although the academic challenges reported for students with diagnoses varied. In this final report, the implications for college staff training and practices are reviewed, and directions for future research are discussed.

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Background

The prevalence of mental illness is currently rising and is expected to rise further in the global population. For example, the World Health Organization (2005), estimates that by the year 2020, depression will be considered the second-largest medical burden in the world. The prevalence of mental illness in young adults is also significant, with 19.8% of people between the ages of 15 and 24 reporting symptoms of substance abuse and mood and anxiety disorders (Canada, 2006). The onset of chronic mental illnesses – such as psychotic disorders and eating disorders – is also known to occur during late adolescence and early adulthood (Bulik, 2002; Canada 2006). The timing of the first episode of many psychiatric disorders happens to fall within an age bracket that coincides with first entry into postsecondary education (Choy, Horn, Nunez, & Chen, 2000). A contributing factor to this pattern is that situations commonly associated with the onset of mental health problems are customary in the college/university environment – including financial difficulties, loneliness, poor decision making leading to both physical and sexual assault, and relationship problems (Andrews & Wilding, 2004; Darling, McWey, Howard, & Olmstead, 2007).

A recent, large-scale study of American colleges identified an increase, occurring over the past 10 years, in the percentage of students with a diagnosed mental illness accessing college services (Guthman, Iocin, & Konstras, 2010). Additional American studies emphasize the finding that approximately half of students enrolled in college screen positive for mental illness, and that this rate is the same as that found in their non-college-attending peers (Blanco et al., 2008; Zivin, Eisenberg, Gollust, & Golberstein, 2009). In a similar vein, 84% of college counselling centres expressed concern over a five-year increase in the number of students with severe psychological problems attending campus counselling (Gallagher, Gill, & Sysko, 2000). Persistence in postsecondary education has been defined as “the ability of a student to continue postsecondary study from one year to the next and ultimately proceed to the completion of a program” (Parker & Baldwin, 2009). The presence of a mental disorder appears to be a liability with regard to academic persistence and obtaining educational credentials. Diminished graduation rates for those dealing with mental disorders have been documented at primary and high school levels as well as at the college level in the United States (Breslau, Lane, Sampson, & Kessler, 2008). Kessler, Foster, Saunders, and Stang (1995) calculated that 5% of college students prematurely end their education because of a mental illness. They found disorders of anxiety, mood, substance abuse and conduct to be strong predictors of academic failure. In addition, recent research has shown that certain diagnoses contained in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., Text Revision, DSM-IV-TR; American Psychiatric Association, 2000a), such as substance abuse, bipolar disorder and antisocial personality disorder are associated with a higher risk of dropping out of postsecondary education (Eisenberg, Downs, Golberstein, & Zivin, 2009).

Counselling Services in Ontario Colleges

Ontario’s publicly funded colleges currently provide some level of student support through counselling. Generally, counselling services provide support for issues concerning personal problems, academic advice and career counselling, and most offer a referral service to other

supports in the community. The extent and availability of these services differ among colleges and campus locations. Financial support for these services is distributed from the colleges' global budgets; counselling services would be a portion of the overall student services budget. In addition, a small number of colleges have a relationship with external service providers or on-site community clinics to provide direct referrals or services to students through OHIP. Colleges have long valued the availability of trained staff to provide just-in-time assistance to students who face a myriad of challenges transitioning into a new setting. In some areas, this type of support may be the only support available in a community that is burdened with a wait list of many weeks or months. The demands of academic programs require students to be available for learning, and to that end, counselling/disability services and student services in general strive to provide an extensive network of supports. Students with mental illness are of particular concern to student service personnel, as this group has unique and extensive barriers to completing academic programs.

Concepts of Interest

Mental Health Problems

Mental health is evaluated on a continuum ranging from positive mental well-being to poor mental well-being. When mental health is compromised, the term "poor mental well-being" or "mental health problem" is applied. Pape and Galipeault (2002) define a mental health problem as "a disruption in the interactions between the individual, group and the environment." Mental health problems may result from stressful situations or changes in life circumstances and may eventually lead to a diagnosis of mental disorder if, for example, the stress associated with the problem remains for a sustained period of time and/or if social supports are unavailable (Schwarzer & Knoll, 2007; Williams & Galliher, 2006). A national survey of first-year students in the United States determined that 28% reported feeling frequently overwhelmed, while 8% reported feeling depressed (HERI, UCLA, 2000). Comparable Canadian data could not be located. Other examples of mental health problems that commonly occur in college-aged students include the following: relationship issues, feeling lonely, social withdrawal, substance abuse issues and self-injurious behaviours. The list of mental health problems used within the present study was drawn from the National College Health Assessment survey (ACHA, 2008).

Mental Illness

Mental illness differs from mental health problems largely in terms of severity and breadth of impact. The Mental Health Commission of Canada (2009) defines mental illness as "clinically significant patterns of behavior or emotions that are associated with some level of distress, suffering or impairment in one or more areas such as school, work, and family interactions or the ability to live independently." The definition of mental illness that appears in the DSM-IV-TR (American Psychiatric Association, 2000a) contains similar elements and is one of the most traditional diagnostic codebooks used by mental health practitioners. The categories of mental disorders used within the current study were drawn from this codebook. Its widely accepted nomenclature includes: mood disorders, anxiety disorders, substance abuse disorders, psychotic disorders, eating disorders and personality disorders.

Prevalence rates for these disorders are available for Canada's general population, but an extreme paucity of information exists with regard to their frequency of occurrence in the postsecondary population generally and the college population more specifically. Studies conducted with American postsecondary students have routinely shown mood and anxiety disorders to be the top two mental illnesses affecting American postsecondary students (ACHA, 2009; Arehart-Treichel, 2002; Guthman, Iocin, & Konstras, 2010). Thereafter, substance abuse disorders and eating disorders are rated as commonly presenting to college or university counselling centres (ACHA, 2009). Psychotic disorders are mentioned less often, as are personality disorders, but research is accumulating which indicates that a growing number of college students attending counselling centres have diagnoses of personality disorders in particular (Benton, Robertson, Tseng, Newton, & Benton, 2003).

Academic Challenges

Academic challenges as conceived within the present study pertain to factors capable of influencing learning and performance within a postsecondary educational setting. Such factors may exist in theory and may exert an impact on the learning and success of students both with and without mental illnesses. Although there is a dearth of studies overall, and the studies that have been undertaken tend to suffer from relatively limited scales, this emerging body of research demonstrates a relationship between mental illness and academic problems (e.g., Brackney & Karabenick, 1995; Breslau, Lane, Sampson, & Kessler, 2008; Heiligenstein & Guenther, 1996; Hunt, Eisenberg, & Kilbourne, 2010). For example, Brackney and Karabenick (1995) and Heiligenstein and Guenther (1996) found that the characteristics of depression are associated with absence from class, deficits in short-term memory functioning and significant interpersonal problems in college. Wood (2006) suggested that elevated anxiety produces a state of physiological arousal that narrows the focus of attention onto a perceived threat, with such arousal impairing the ability to concentrate on other, non-threatening stimuli (e.g., academic tasks). The Boston University Centre for Psychiatric Rehabilitation Student Self-Assessment of College Classroom Difficulties (2009) was designed to capture the most typical academic challenges and is a reasonably complete list, including such tasks as the following: difficulty with concentration, memory problems, poor peer relations and absenteeism. This list was employed within the present study to identify the frequency of such issues among students visiting Ontario's college counselling and disability centres.

Treatment

The treatment approaches and academic supports required by students with mental disorders necessarily vary by severity and type of disorder as well as by other personal traits. For example, mood disorders are frequently treated with antidepressant drugs and psychotherapy, although a comprehensive and fairly recent literature review has suggested that this combined treatment approach may not be more effective than either drugs or therapy alone for mild to moderate cases of depression (American Psychiatric Association, 2000b). The treatment for anxiety disorders ranges from exposure therapy for social phobia (Heimburg, Juster, Hope, Mattia, 1995) to pharmacotherapy for panic disorder (Mavissakalian, Perel, & de groot, 1993). Studies more specific to the college population have noted an increase in the number of

students who have received prescribed psychiatric medications and who have used campus counselling services in recent years. For example, between 1994 and 2000, the percentage of American college students taking this type of medication rose from 9% to 17% (Gallagher, Gill, & Sysko, 2000). Most recently, Guthman et al. (2010) determined that the use of psychiatric medication rose from 11% in 1998 to 24% in 2009 among all college students receiving campus-based counselling services.

The Study

Ontario college student service offices have informally identified an increase in the number of students presenting to counselling centres, medical clinics and disability services who have mental health problems and diagnosed mental disorders. These offices have also identified an increase in the complexity of issues described by students. Despite this trend, no comprehensive data is available quantifying the number of students in the Ontario college system who have mental health problems and diagnosed mental disorders. Although these institutions usually track the use of their counselling services, they do so with idiosyncratic approaches, making a cumulative comparison across campuses difficult to achieve.
This study's goal was to design and implement a method for tracking the number of students accessing college-based support services and to simultaneously gather information about the frequency and types of presenting mental illness, mental health problems and academic challenges. Current information of this nature is essential to understanding the types of counselling services and academic supports needed to assist the rising numbers of students with mental illness who are attending postsecondary school and facing challenges with regard to retention and graduation. This information may also help to inform prevention and mental health promotion strategies for this at-risk group.

Methodology

Ethical Review

This study was submitted to the Research Ethics Board at Cambrian College and received approval to proceed. In addition, each participating college subjected the project to its internal research review standards prior to commencement of data collection.

Sample

Fifteen of Ontario's 24 community colleges accepted the invitation to participate in this study. The college counsellors and disability office staff at the schools involved in the study were given a survey designed to tabulate the prevalence of mental illnesses, mental health problems and academic challenges among part-time and full-time students who accessed these support service offices during the academic year 2009/10.

Because only two-thirds of the colleges in Ontario participated in this study and because a portion of the participating colleges did not return data for the seven-month period, the numbers as reported are necessarily an underestimate. In addition, none of the medical offices took part

in the study, which may mean that data from students with more severe disorders, such as those requiring constant monitoring of symptoms and/or medications, have not been captured in this study.

Materials

A copy of the survey, letter of information, and considerations for completing the survey (i.e., detailed explanation of anonymous student identification and procedures for returning surveys) are provided in Appendix A.

Instrumentation

The survey utilized in this research was based on the American College Health Association *National College Health Assessment* (ACHA, 2008) and the Boston University Centre for Psychiatric Rehabilitation *Student Self-Assessment of College Classroom Difficulties* (2009). The survey was revised and updated based on professional literature and in consideration of comments and needs identified by counsellors working within Ontario's college counselling system.

The survey consisted of three sections. Section A was composed of specific DSM-IV-TR (American Psychiatric Association, 2000a) Axis 1 clinical and Axis 2 personality diagnoses and the type(s) of treatment being provided. Section B contained a list of mental illness/mental health problems, while Section C was composed of academic challenges theorized as being associated with mental health diagnoses and problems.

Procedures

The surveys, letter of information and considerations for the survey's completion were distributed by mail to designated contacts at each participating college. The designated contact forwarded this material to individual college service providers. The designated college contact collected the completed surveys on a monthly basis and mailed them in a sealed envelope to the principal researchers for coding.

Counsellors were instructed to complete a survey for each student seen in their offices from October 2009 through to April 2010. They were specifically requested to complete the survey "after the session has ended and the student has left the office." A unique but anonymous identification code was developed for each student so that surveys could be collected from more than one service area or so multiple surveys could be collected for one student and the data merged at a later point.

Section A asked college service providers to checkmark all applicable diagnoses that students reported having been conveyed to them by a regulated health professional – such as a psychiatrist, family physician or psychologist – and to enter the type of treatment (e.g., medication, psychotherapy) being provided to the student. Sections B and C of the survey required college service providers to consult the provided list of symptoms of mental health

problems, as well as the list of academic challenges, and to indicate which, if any, students had commented on directly, or affirmed, as being a main issue during the counselling session.

Data Analysis

Where multiple surveys were collected for an individual student, data was aggregated to avoid redundancy of survey information. Descriptive analyses were conducted relating to participant demographics and frequency of mental illness diagnoses, mental health problems and academic challenges. Further descriptive analyses pertaining to types of treatment, gender disparity among diagnoses and number of sessions per diagnosis type were also conducted. Descriptive analyses pertaining to academic challenges for the most prevalent mental illness diagnoses were also performed.

Results

Survey Reliability

A survey is reliable if it yields consistent responses across administrations. One method of estimating a reliability coefficient is the Kuder-Richardson Formula, which assesses consistency in survey responses among equivalent items in a section or scale. The internal consistency of the survey sections was examined by employing the Kuder-Richardson Formula 20 (KR-20) reliability estimate. Section A (i.e., mental illness/mental health problem diagnoses) of the survey consisted of distinct diagnostic classifications, so KR-20 reliability estimates were not computed for that section. The KR-20 reliability coefficient for Section B (i.e., mental illness/mental health problems) was .67, and for Section C (i.e., academic challenges), it was .69. These coefficients are within range of the minimum acceptable reliability coefficient of .70, as recommended by Gable and Wolf (1993) for group administration of a survey. Therefore, Sections B and C of this survey demonstrate adequate reliability, implying that if this survey were to be administered to another sample of college students in Ontario, the results would be reasonably consistent with the findings obtained in this study.

College Demographics

College service providers returned a total of 3,536 completed surveys based on 1,964 individual students from 15 community colleges throughout Ontario. Central Ontario colleges contributed 52.7% of the total returned surveys, while 20.1% originated in Eastern Ontario colleges and 19.5% in Northern Ontario Colleges. Western Ontario colleges provided only 7.8% of the total returned surveys. (See Table 1 for the number of students surveyed per Ontario college region.)

Table 1: Participating colleges

College Region	Participating Colleges	Number of Students Surveyed	Percentage of Student Surveys
Central Ontario	Centennial George Brown Georgian Seneca Sheridan	1,035	52.7
Eastern Ontario	Algonquin Loyalist	394	20.1
Northern Ontario	Cambrian Canadore Confederation Northern Sault	382	19.5
Western Ontario	Conestoga St. Clair St. Lawrence	153	7.8
Total		1,964	100.1

* Some percentages may not add to 100.0% due to rounding errors.

Student Demographics

Of the 1,964 students for whom at least one returned survey was submitted, 64.1% were female. The age range of the students was broad, spanning from 17 to 63 years of age, with the average age of participants being nearly 28 years. Table 2 presents information about the types of educational programs in which students were enrolled. In descending order of frequency, the four most prevalent educational programs in the sample were: community services (e.g., social services, early childhood education, and child and youth worker programs), health services and emergency services, business, and art and design.

Table 2: Student program enrolment

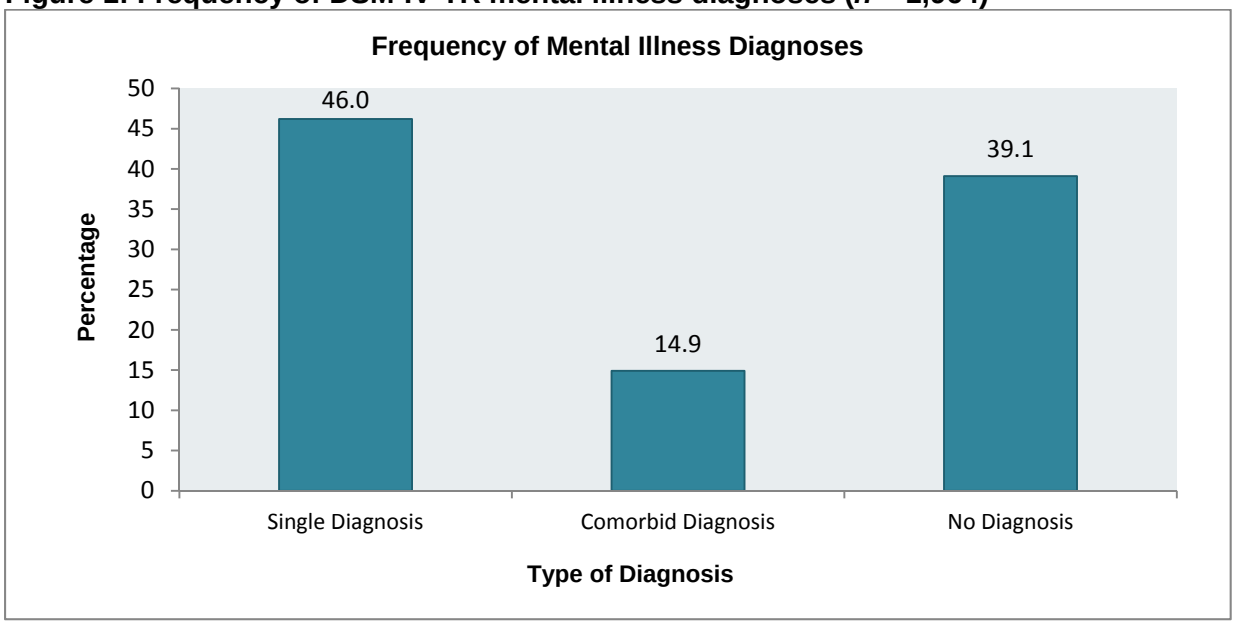
College Program	Number of Survey Respondents	Percentage of Survey Respondents
Community services	438	22.3
Health sciences and emergency services	280	14.3
Business	278	14.2
Art and design	184	9.4
Academic upgrading/College prepatory programs	166	8.5
Hospitality and tourism	95	4.8
Skills/Trades training	91	4.6
Communication studies	88	4.5
Law and justice	86	4.4
Engineering technology	79	4.0
Computer studies	52	2.6
Aviation	10	.5
Music	4	.2
Not reported	113	5.8
Total	1,964	100.1

* Some percentages may not add to 100.0% due to rounding errors. Frequency of Mental Illness

Diagnoses

In total, 60.9% (*n* = 1,196) of all students accessing college counselling and disability services in this study reported having a DSM-IV-TR mental illness diagnosis or diagnoses (see Figure 1).

Figure 1: Frequency of DSM-IV-TR mental illness diagnoses (*n* = 1,964)



Note: Comorbid diagnosis denotes the additive effect of two or more DSM-IV-TR diagnoses and may include mood and anxiety. Single diagnosis is a composite category including all single diagnoses.

Table 3 presents information on the types of diagnoses held by students reporting mental illness disorder(s). Mood disorders were most prevalent, followed by anxiety and comorbid diagnoses. Interestingly, within the grouping of students with comorbid diagnoses, the most prevalent combination was that of a mood diagnosis and an anxiety diagnosis.

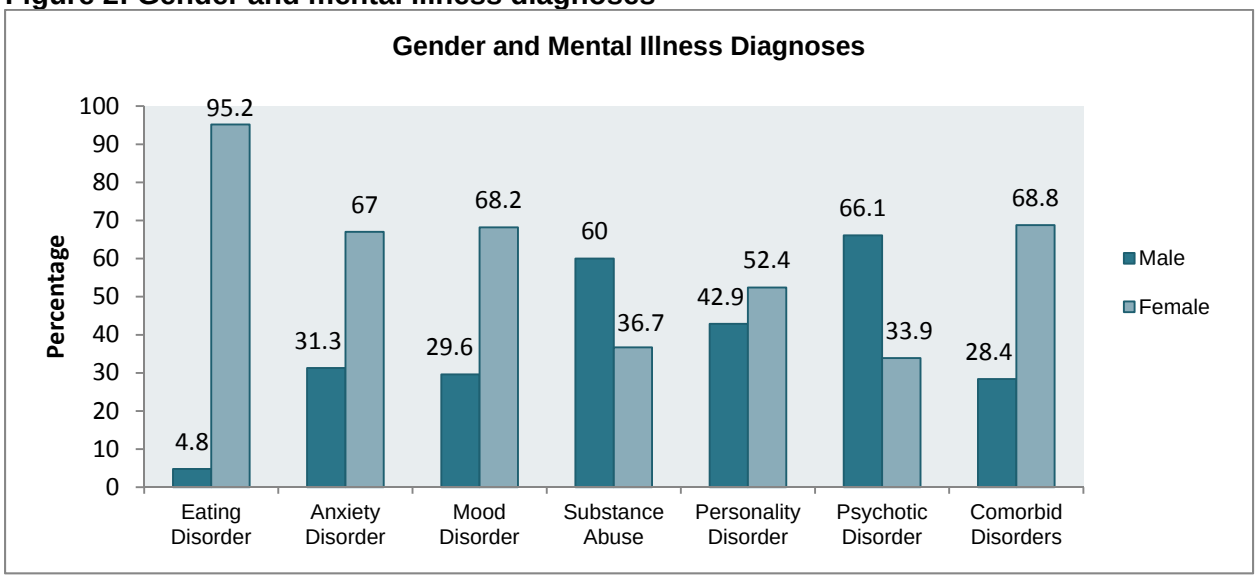
Table 3
Specific DSM-IV-TR mental illness diagnoses reported

Mental Illness Diagnosis	Frequency among Surveyed Students	Percentage of Surveyed Students
Mood disorder	449	37.5
Anxiety disorder	294	24.6
Comorbid disorder	292	24.4
Substance abuse disorder	60	5.0
Psychotic disorder	59	4.9
Eating disorder	21	1.8
Personality disorder	21	1.8
Total	1,196	100

Gender and Mental Illness Diagnoses

Despite a total sample that reflects significantly more female than male students, gender disparity per mental illness diagnosis in this study is consistent with previous epidemiological findings. Female students reported more eating, anxiety and mood diagnoses, while male students exhibited more substance abuse and psychotic diagnoses (see Figure 2).

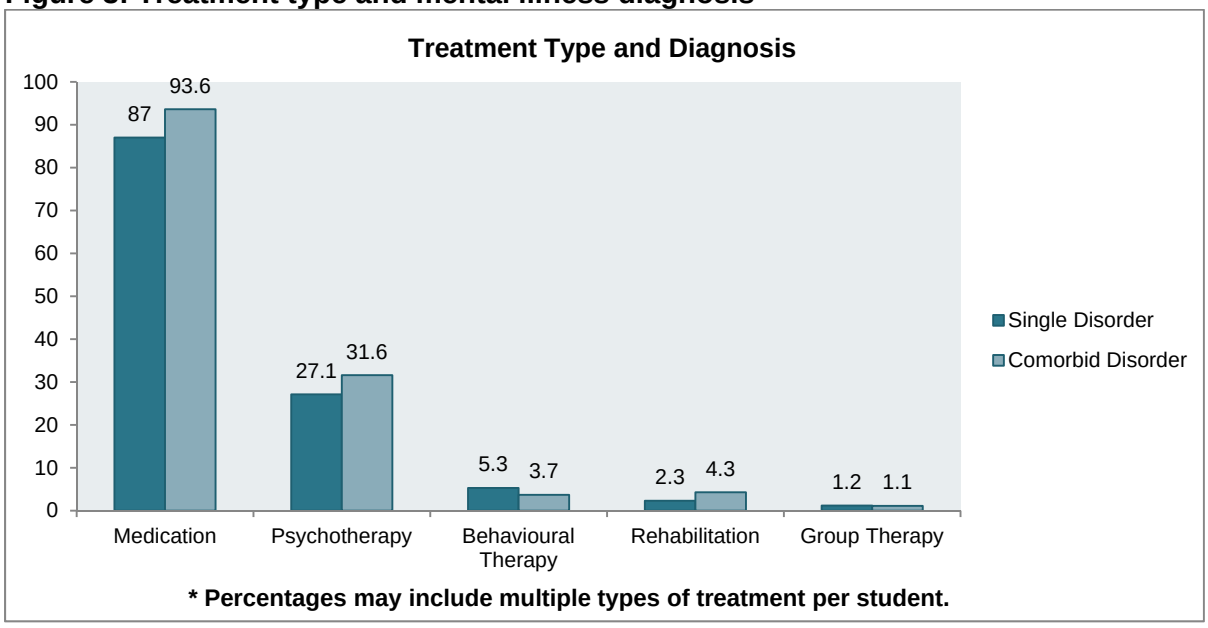
Figure 2: Gender and mental illness diagnoses



Treatment Type and Mental Illness Diagnoses

A cross-tabulation analysis was used to examine the type of treatment associated with each mental illness diagnosis. The predominant treatment for single and comorbid diagnoses was medication. Psychotherapy was the second-most-frequent type of treatment; however, the frequency of psychotherapy was well below that of medication (see Figure 3).

Figure 3: Treatment type and mental illness diagnosis



Further analysis of the type of treatment offered to students showed medication as the first choice for those with disorders of mood (92.1%) and those with anxiety disorders (84.0%). Psychotherapy was the second-most-common treatment for these diagnoses, with reported rates of 27.2% (mood disorders) and 26.4% (anxiety disorders). As noted in Figure 3, all reported percentages may include multiple types of treatment per individual student.

Counselling/Disability Appointments and Mental Illness Diagnoses

As displayed in Figure 4 and Table 4, students with single and comorbid diagnoses attended more appointments than students without a mental illness diagnosis. To put the statistics from Table 4 into perspective, approximately 90% of non-diagnosed students attended two or fewer appointments with college service providers, while about 90% of students with a single diagnosis attended three or fewer appointments and approximately 90% of students with comorbid diagnoses attended five or fewer appointments with college service providers.

Figure 4: Appointments attended cross-tabulated with diagnoses

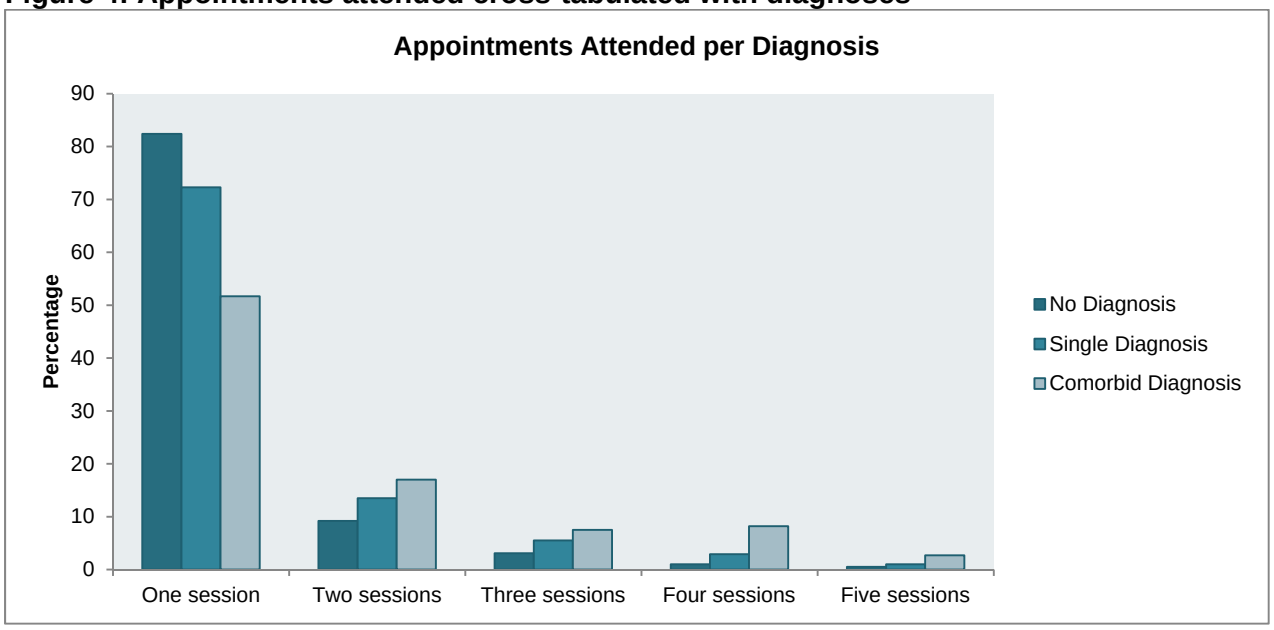


Table 4 also shows that students with comorbid diagnoses attended more appointments than students with a mood or anxiety diagnosis or no diagnosis. Finally, the numbers reported below indicate that few students, regardless of their diagnostic status, attend more than two appointments at disability and counselling centres.

Table 4: Percentage of appointments attended cross-tabulated with specific diagnoses

Sessions attended*	No Diagnosis (*n* = 768)	Anxiety Diagnosis (*n* = 294)	Mood Diagnosis (*n* = 449)	Comorbid Diagnosis (*n* = 292)
One	82.4 (*n* = 633)	75.2 (*n* = 222)	73.1 (*n* = 328)	51.7 (*n* = 151)
Two	9.2 (*n* = 71)	11.2 (*n* = 33)	12.7 (*n* = 57)	17.0 (*n* = 50)
Three	3.1 (*n* = 24)	6.5 (*n* = 19)	4.9 (*n* = 22)	7.5 (*n* = 22)
Four	1.0 (*n* = 8)	2.4 (*n* = 7)	2.7 (*n* = 12)	8.2 (*n* = 24)
Five	.5 (*n* = 4)	1.0 (*n* = 3)	.9 (*n* = 4)	2.7 (*n* = 8)

*The number of sessions attended exceeded five in rare instances and accounts for discrepancies in column totals.

Frequency of Mental Health Problems

In total, college service providers reported that 77.9% (n = 1,529) of students in this sample displayed one or more mental health problems. The most prevalent mental health problems reported were: feels overwhelmed, relationship difficulties, feels overwhelming anxiety, feels very sad and feels mentally exhausted (see Figure 5).

Figure 5: Most prevalent mental health problems

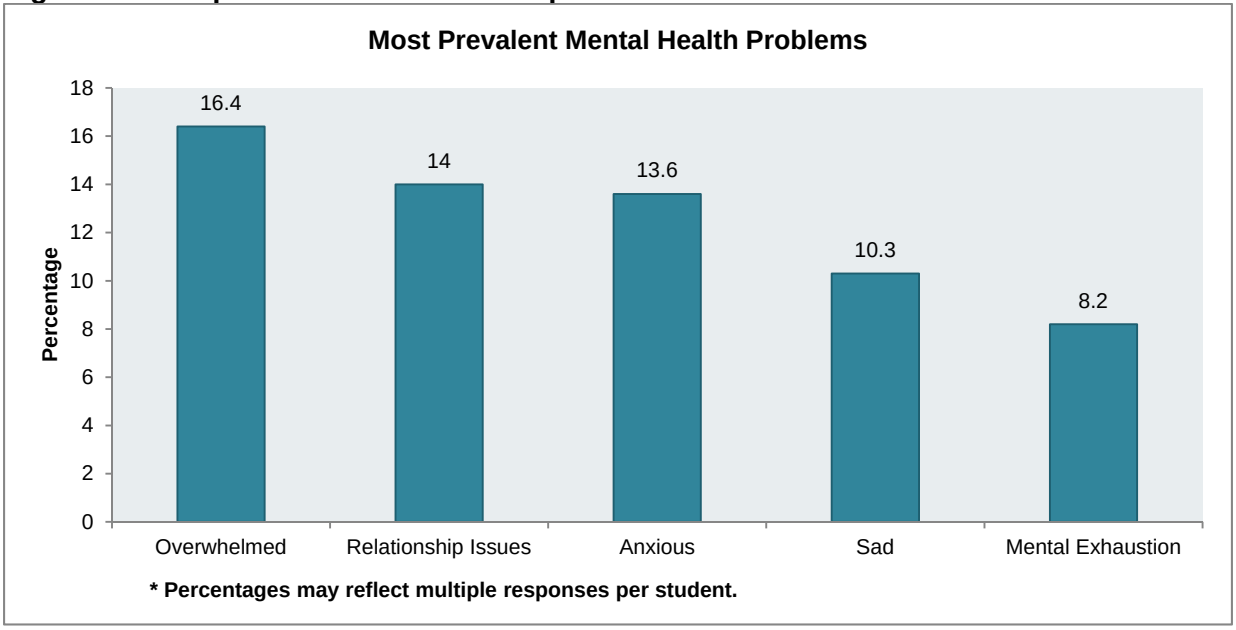


Table 5 provides a comprehensive breakdown, in approximate descending order of frequency, of the mental health problems experienced by students with and without diagnoses as reported by college service providers. The percentages in Table 5 reflect multiple responses per student.

The top seven mental health problems were the same for students with and without diagnoses. One-fifth or more of both groups were reported as feeling overwhelmed, having relationship issues, feeling overwhelming anxiety and feeling very sad, and the percentages for the diagnosis group were consistently higher. The theme among the top problems can be broadly stated as stress related or interpersonal in nature. The incidence of student presentation to support services for issues related to self-harm was the most infrequent within the sample.

Table 5
Frequency of mental health problems

Percentage Reporting Mental Health Problems			
Mental Health Problem	**No Diagnosis** (*n* = 768)	**Diagnosis (*n* = 1,196)**	**Total Sample (*n* = 1,964)**
Feeling overwhelmed	33.4	44.8	40.4 (793)
Relationship issues	31.3	36.6	34.5 (678)
Feeling overwhelming anxiety	24.9	39.1	33.6 (659)
Feels very sad	21.0	28.0	25.3 (496)
Feels mentally exhausted	14.5	23.8	20.2 (396)
Feels very lonely	11.7	18.2	15.7 (308)
Feels things are hopeless	10.4	16.5	14.1 (277)
Feels overwhelming anger	9.5	13.5	11.9 (234)
Substance abuse issues	4.4	14.5	10.5 (207)
Withdraws socially	9.5	10.2	9.9 (195)
Past history of suicide attempt	2.2	10.7	7.4 (145)
Grief issues	7.0	7.2	7.1 (140)
Suicidal ideation without plan	3.1	8.1	6.2 (121)
Suicidal ideation with plan	3.1	8.1	6.2 (121)
Self-injurious	1.0	5.7	3.9 (76)

Frequency of Academic Challenges

The college service providers reported that 67.7% (n = 1,330) of the students who accessed their departments for assistance exhibited academic challenges. As Figure 6 demonstrates, the most prevalent academic challenges in descending order of frequency were as follows: difficulties maintaining concentration, being easily distracted, frequent absences from class, not having enough energy to complete academic work and difficulties with organization. As in the case of Table 5, the percentages shown in Figure 6 reflect multiple responses per student.

Figure 6: Most prevalent academic challenges

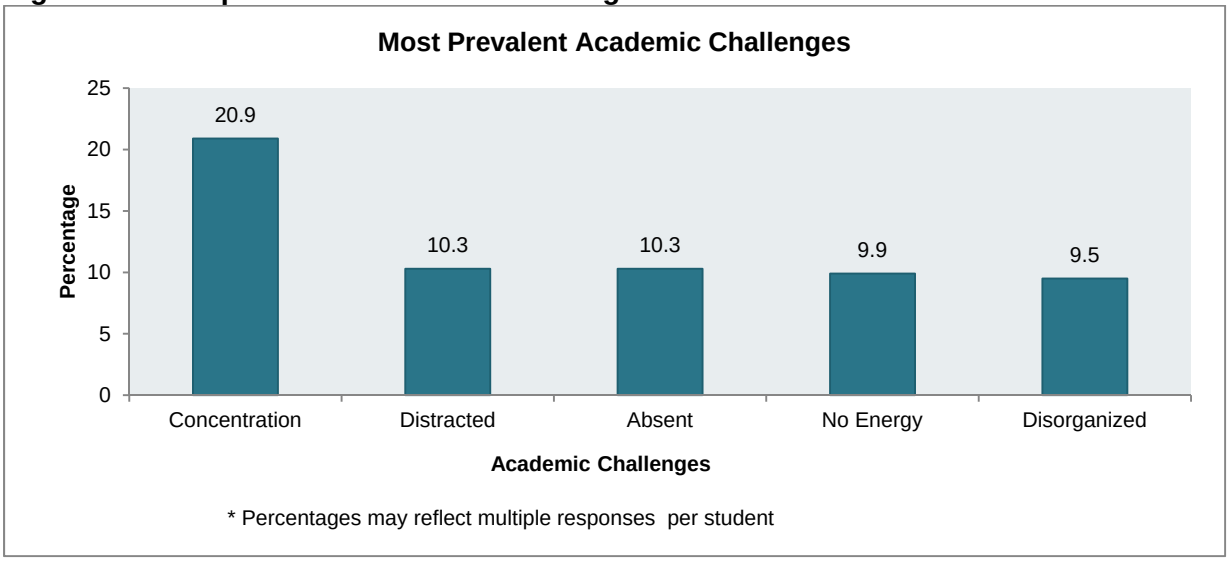


Table 6 provides a more complete description of the frequency of academic challenges faced by students in this study.

Table 6: Frequency of academic challenges

Academic Challenge	Total Number of Reported Academic Challenges	Percentage Reporting Academic Challenges
Difficulty maintaining concentration	803	20.9
Easily distracted	396	10.3
Frequent absences from class	397	10.3
No energy to complete academic work	378	9.9
Disorganized	363	9.5
Panics regarding academic deadlines/exams	345	9.0
Memory difficulties	298	7.8
Stays away from people at college	286	7.5
Poor peer relations	271	7.1
Easily confused when faced with a novel task	153	4.0
Mind goes blank when called upon in class or in exams	146	3.8
Total	3,836	100

* The percentages in the right-hand column reflect multiple responses per student.

Academic Challenges by Mental Illness Diagnosis

Difficulty maintaining concentration was the most common academic challenge reported across all groups of students, even among those without diagnoses (see Table 7). The next most commonly reported academic challenges varied by type of diagnosis. For example, more than a quarter of students with anxiety-based disorders reported panic in relation to exams and deadlines, while more than a quarter of students with mood disorders reported no energy and absenteeism from school as academic issues. Four academic challenges beyond that of concentration difficulties were reported by 25% or more of students with comorbid diagnoses (panic in relation to exams and deadlines, easily distracted, no energy and frequent absences).

Table 7: Percentage of academic challenges for the most frequent student mental illness diagnoses

Academic Challenge	Anxiety Diagnosis (*n* = 294)	Mood Diagnosis (*n* = 449)	Comorbid Diagnosis (*n* = 292)	No Diagnosis (*n* = 768)
Difficulty concentrating	37.8	47.2	51.7	34.2
Stays away from people	14.6	17.1	24.3	7.6
Disorganized	15.6	20.9	23.6	14.6
Panics over exams and deadlines	32.3	15.4	30.5	9.2
Memory difficulties	16.7	14.9	21.6	11.8
Easily distracted	18.7	21.4	26.0	16.8
Novel task confusion	7.8	7.8	10.3	6.2
No energy	15.3	30.3	27.4	12.0
Mind goes blank	12.9	6.9	12.0	5.3
Frequent absences	13.3	28.1	32.2	11.7
Poor peer relations	13.9	16.0	20.9	7.8

* Percentages reflect multiple responses per student.

Summary of Results

A review of relevant bodies of literature and association websites suggests that this is the first survey to draw information from a collection of Ontario's college and disability offices and to collate descriptive statistics about their clientele and use of services. Fifteen of Ontario's 24 colleges participated in this survey, with representation from all four geographic quadrants of the province. A total of 3,536 surveys were completed, based on 1,964 individual students who had accessed college counselling and disability centres during the 2009/10 academic year. The students comprising the present sample were on average 28 years of age and enrolled in a gamut of programs ranging from social sciences to engineering and music. Of the entire sample, 64.1% were female.

Of all students accessing college counselling and disability services in this study, 60.9% reported having one or more diagnoses of a mental illness, while 46.0% reported having a single diagnosis. This translates into a comorbidity rate of 14.9%. These rates are similar to those reported in the National Comorbidity Survey (NCS) run in the United States between 1990 and 1992 using a civilian population from 48 states and including a sample of postsecondary students living on campuses (Kessler et al., 1994). The NCS determined that 48% of all respondents reported a lifetime history of one or more mental disorders, while 27% had two or more such disorders. More recently, the ACHA's NCHA (2009) survey determined that 39.2% of the general student population had experienced active episodes in relation to their psychiatric disorders within the previous 12 months. However, the combined prevalence rate (60.9%) of the present study is lower than that reported in a recent American study examining 12 years' worth of records for 3,256 college students using counselling support at a mid-sized university. The study estimated that as many as 96% of students entering counselling services had been determined to meet criteria for one or more mental disorders (Guthman, Iocin, & Konstras, 2010). It should be noted, though, that the restriction to a single campus or the inclusion of a time period capturing the large and unique stressor of September 11, 2001, may have tapped into unique environmental factors associated with these elevated rates.

Mood (37.5%) and anxiety (24.6%) disorders were the most prevalent individual diagnoses, followed by comorbid diagnoses (24.4%). This ranking of disorders is in line with that found in other studies of students attending campus-based counselling services (Guthman, 2010; Storrie, Ahern, & Tuckett, 2010) and that reported by directors of university and college counselling services in the United States (Arehart-Treichel, 2002). Medication was the most prevalent treatment approach reported for students with diagnoses, followed by psychotherapy. Past research has also garnered similar findings. Percentages derived from research in the United States indicate that between 17% and 24% of college students receiving campus-based counselling services also take psychiatric medication (Gallagher, Gill, & Sysko, 2000; Guthman, Iocin, & Konstras, 2010).

The number of appointments attended by students increased as the severity of their problems increased; non-diagnosed students typically attended two or fewer sessions, while those with comorbidity typically attended five or fewer sessions with college service providers. This trend presents as logical and has been confirmed within the general population, where individuals

with comorbid psychiatric diagnoses tend to use services at higher rates than those with one disorder or none (Kessler et al., 1994).

The mental health problems of this sample, as reported by college service providers, were typically stress related or interpersonal in nature. The top four mental health problems were the same for students with and without diagnoses. One-fifth or more of both groups were reported as feeling overwhelmed, having relationships issues, feeling overwhelming anxiety and feeling very sad, though the percentages for the diagnosis group were consistently higher. These mental health problems and their rankings are similar to those reported in the ACHA's NCHA survey (ACHA, 2009) completed by college and university students in all years of study during the fall and spring semesters of the 2008/09 school year.

College service providers reported that 67.7% of all students they saw were experiencing academic challenges – most frequently difficulties maintaining concentration, being easily distracted, frequent absences from class, not having enough energy to complete academic work and difficulties with organization. Research examining such specific academic trials was not located in the course of a literature search

The academic challenges reported for students with diagnoses varied by diagnosis. Approximately one-quarter of students with anxiety-based disorders reported panic in relation to exams and deadlines, while more than a quarter of students with mood disorders reported no energy and absenteeism from school. Those students with comorbid diagnoses exhibited a greater frequency of academic challenges on 10 of the 11 scale items compared to students with a single diagnosis (anxiety or mood). On a related note, the NCHA survey (ACHA, 2009) determined that symptoms of stress (27.4%), anxiety (18.6%) and depression (11.4%), as self-reported by the general student body, exert a negative impact on academic performance, including lowered exam and course grades, incomplete or dropped courses and disruption of theses or dissertations. In addition, Hunt, Eisenberg, & Kilbourne (2010) examined the consequences of 10 common psychiatric diagnoses in relation to college completion and identified 5 specific psychiatric disorders that were positively and significantly related to a failure to complete college studies.

Conclusions and Applications

Findings from this study indicate that support service staff from 15 colleges held at least 3,536 appointments with at least 1,964 students over the course of the 2009/10 academic year. A similar statistic from previous years is not available for comparison, and thus no conclusion can be drawn regarding trends in the numbers of students serviced. Currently, while the various Ontario colleges track a number of factors related to use of their counselling centres, they do not do so in a uniform manner. This has prevented ease of comparison across campuses and limited the accuracy of such contrasts. The present study is the first to draw together data from the counselling and disability offices within Ontario's community colleges. While the data gathered from this project is informative, the system of data collection is also of value. Essentially, a simple, low-cost method has been developed that is capable of capturing the number of students entering the offices of these support centres and the types of problems they

are presenting. This method of data collection could certainly be continued as a means of tracking yearly provincial trends, to help determine necessary staffing numbers and staff training needs. It could also be extended to include similar descriptive data from the counselling and disability offices located on the campuses of Ontario's universities.

Historically, postsecondary, campus-based counselling services were intended to assist students with developmental and preventative counselling (Guthman, Iocin, & Konstras, 2010; Kitzrow, 2009), such as offering support in relation to breaking up with a girlfriend/boyfriend, homesickness or failing a course. This has changed over time, and current data from the United States, in conjunction with observations from the present study, demonstrate that a significant portion of students accessing campus counselling and disability centres now present with more serious and complex issues. Examples illustrating some of the more difficult cases presenting to counsellors on Ontario's college campuses are provided in Appendix B. The present study also determined that close to half (46.0%) of the 1,964 students seen in counselling and disability centres last year were known to have a diagnosis of at least one mental disorder, while 14.9% had two or more such diagnoses. The most prevalent diagnoses seen within the student group were mood and anxiety disorders, an observation which is validated by previous research from the United States (Guthman, Iocin, & Konstras, 2010).

The complex needs of today's college students likely reflect the need for an increased standard in the qualification and professional development requirements for counselling and disability staff, to ensure that they are able to provide optimal and safe service to the students coming through their doors. Training related to the treatment of anxiety and mood disorders is specifically indicated for counselling staff, as this has evidently become a significant element within their caseload. Training needs in relation to staff experience and qualifications should also be conducted on a yearly basis and in consideration of caseload composition. Furthermore, professional development opportunities for administration, faculty and support staff are recommended in order to raise their awareness of such disorders, dispel common myths related to mental illness and provide education about the duty to accommodate individuals with such disabilities.

In essence, what is being suggested is that if close to half the students walking through the doors of a counselling centre have a diagnosable mental illness, this state of affairs needs to be owned by the college as a whole and not just by the counselling, disability or medical centres. Students with mental illnesses are enrolled in a variety of college programs and undoubtedly engage in a variety of activities and services on campus. Thus, the entire college stands to be affected by this group of students and also to benefit from an increased understanding of how to support them so they can successfully complete their programs.

This survey established pharmacotherapy as the first line of treatment with respect to the various mental disorders found among Ontario's college students. Past research has also garnered such a finding, with research from the United States documenting that between 17% and 24% of college students receiving campus-based counselling services also take psychiatric medication (Gallagher, Gill, & Sysko, 2000; Guthman, Iocin, & Konstras, 2010). Given that the treatment of choice for students in the present sample was medication (92.1% for mood disorders, 84.0% for anxiety disorders), it would be useful for counselling and disability staff to

have an understanding of the medications typically used with these disorders (i.e., side effects, time to take effect, typical dosages), especially when determining appropriate accommodations to minimize the impact of the disorder on academic pursuits. For example, some psychotropic medications are known to induce drowsiness, which can interfere with a student's ability to focus and attend to lecture-based classes. Thus, accommodations such as having access to a peer's notes or audiotaping lectures may be appropriate and may simultaneously help professors reinterpret a student's sleepy appearance in class. Other medications interfere with the formation and consolidation of memories of new material and thus might lead to a need for formula sheets during periods of use and for a period of time thereafter.

Regardless of diagnostic status, few students in this sample attended more than two appointments at the disability and counselling centres. However, those attending a greater number of sessions tended to have more complex needs, such as comorbid disorders. The cultivation of an array of short-term approaches to address student issues may prove constructive for college-based support service staff. For example, college counselling directors in the United States actively promote the following strategies, as they are helpful in assisting students within the parameters of one or two sessions and in managing caseload: a brief therapy model, limiting the number of sessions available to individual students; seeing students less than once a week; and making off-campus referrals (Kitzrow, 2009). By limiting the number of sessions available to students or seeing students less than once a week, counselling and disability centres are able to serve more students and keep pace, to some extent, with the rising caseloads of recent years. Staff trained in the provision of brief therapy is not only able to see more students; they are also more likely to get students to a place where they can function with less assistance. According to brief therapy models, less time is spent seeking the causes of problems or symptoms; instead, the counsellor and student get to work on a specific problem and its associated solutions. In other words, the work is solution oriented rather than problem based. Developing a list of local, off-campus resources for students with mental illnesses can also lighten on-campus caseloads and increase students' accessibility to such forms of assistance. This method is applicable when the circumstances for referral are clear, for example, a student arriving on campus with a pre-determined diagnosis and seeking long-term support. The mental health problems reported for students in this sample tended to cluster around stress or interpersonal issues. Indeed, the top four mental health problems were consistent, regardless of diagnostic status, varying only by degree of expression within each group. Again, sufficient training in the management of depressive and anxious behaviours is indicated for counselling and disability staff, so that the needs of today's college students can be met.

Students accessing college-based counselling and disability service offices were consistently rated as having academic challenges (67.7%). A greater percentage of students with comorbid diagnoses reported experiencing academic challenges as compared to students with a single diagnosis (mood or anxiety) or no diagnosis. This finding is validated by past research wherein students with elevated levels of psychological symptoms were also found to have increased academic issues such as test anxiety, low academic self-efficacy and less effective time management resources (ACHA, 2009; Brackney & Karabenick, 1995). Such a finding may indicate a need for further training of counselling and disability staff in the area of academic skills management. Alternatively, a consideration of the usefulness of having counselling,

disability and medical services housed in a common area might be worthy of exploration for its potential to enable staff working in each of these areas to more easily benefit from each other's expertise and to encourage a more holistic approach to serving students.

The finding that the academic challenges experienced by students in this sample were logically linked to the symptomology associated with their particular disorder is interesting. Although this observation makes innate sense, the literature providing empirical evidence to this effect is very limited (Brackney & Karabenick, 1995; Heiligenstein & Guenther, 1996; Wood, 2006). Further investigation is needed in this area, and such research could be undertaken using a new methodology or by gathering another year's worth of information using the tracking system employed by this study.

Several limitations are associated with this study and should be borne in mind when considering its findings. The number of students with academic challenges, mental health problems and diagnosed mental disorders may be an underestimate. Although participating centres did their best to provide full data, some were unable to provide numbers for all seven months of the 2009/10 academic year. Further, the numbers capture only those students who chose to access counselling and disability services, whereas additional students in need of such services likely populate college campuses but, have not accessed services, either because they are being supported outside the institution or because they are not ready to seek help. Research by Zivin, Eisenberg, Gollust and Golberstein (2009) and Bergeron, Poirier, Fournier, Roberge and Barrette (2005) supports this assumption, as they found that a large percentage of students who might benefit from treatment did not seek it, and only 25% of young Canadians (in the 15- to 24-year-old age range) diagnosed with mood, anxiety or substance-related disorders presented for treatment.

Furthermore, although college-based medical clinics were invited to participate in this survey, they did not provide any data. This could very well have led to an underestimate of the number of students with more severe disorders, such as those requiring constant monitoring of symptoms and/or medications. The survey used within this study was an amalgamation of two others used with postsecondary samples, and the merged version demonstrated an acceptable reliability level; improvement in this respect, however, could lead to increased confidence in future results. Finally, the method of data collection was through second-hand accounts (service providers categorizing student statements) and thus there exists the possibility of reporting errors with respect to the number of mental health problems and academic challenges recorded by service providers.

Recommendations

The present study produced a number of findings relevant to Ontario's colleges and to students attending those institutions who have mental illnesses, mental health problems and academic challenges. Recommendations stemming from these results are delineated in Table 8.

Table 8: Key findings and recommendations

Key Finding	Recommendation
Methodology This study was the first to develop and employ a simple, uniform and economical method of tracking the number of students with mental illnesses, mental health problems and academic challenges presenting to the counselling and disability offices within Ontario's community colleges.	1. This survey could be administered using the same procedures on an annual basis to track provincial trends and to assist in determining staffing numbers and training needs. 2. The reach of this survey could be extended by inviting Ontario's universities to participate, thus strengthening awareness of the needs of postsecondary students and perhaps stimulating collaboration between both types of postsecondary institutions with respect to training and outreach activities.
Severity Students accessing campus counselling and disability centres are presenting with serious and complex issues. Mood and anxiety disorders were the most prevalent individual diagnoses, while the top four mental health problems for students with and without diagnoses centred on feeling sad or anxious and relationship issues.	3. The qualifications of, and professional development requirements for, counselling and disability staff should be reviewed annually to ensure they are prepared to provide optimal and safe service to their student clientele. 4. Training related to the treatment of anxiety and mood disorders is specifically indicated for counselling staff.
Volume Of all students accessing college counselling and disability services in this study, 60.9% reported having one or more diagnosis.	5. Professional development opportunities for administration, faculty and support staff are recommended to help the college, as a community, to develop ownership in supporting students with mental illnesses and promoting an atmosphere conducive to mental health.
Medication Pharmacotherapy was the first line of treatment with respect to the various mental disorders found among Ontario's college students.	6. Ongoing training to promote understanding of medications used with the more common mental disorders would be useful to staff, especially with regard to determining how dosage and side effects may be linked to the need for accommodations in the academic arena.
Counselling Approaches Few students attended more than two appointments at the disability and counselling centres.	7. The cultivation of an array of short-term approaches to address student issues may prove constructive. Possibilities include brief therapy models, limiting the number of sessions

Key Finding	Recommendation
	available to individual students, seeing students less than once a week and making off-campus referrals.
Academic Supports Of students accessing counselling and disability services, 67.7% were reported as having academic challenges. Academic challenges were logically linked to the symptomology associated with specific types of disorders.	8. Other disability staff supporting students with learning strategies, assistive technology training or tutoring should have specific and regular training, as well as ongoing mentorship support, in the daily management of behaviours related to the more common mental illnesses and their associated medications. 9. Specific professional development should be developed and evaluated to help faculty understand and make the appropriate classroom adjustments to support the academic challenges faced by students with these disorders. 10. Strengthening collaboration and considering co-location of counselling and disability services is worthy of exploration as a means of providing centralized and holistic support for students with mental illnesses. 11. This is a new and unexpected finding that merits follow-up research. This could be achieved by using a new methodology or by gathering another year's worth of information with the tracking system used for this study.
Reaching Everyone The number of students with academic challenges, mental health problems and mental disorders as reported in this study is likely an underestimate, as full participation was not obtained from all the colleges, no medical clinics took part and only those students choosing to access these services could be documented.	12. Since research suggests that only a small percentage of students actually seek treatment, colleges should consider developing and implementing activities across the student body to reduce stigma, promote understanding and acceptance of the needs of students with mental illness disorders and create an atmosphere that will promote success. Activities designed to promote understanding and reduce stigma should be regular and collegewide in scope, as well as being embedded in curriculum where possible.

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Appendix A: Survey Documents

Mental Health Survey: Ontario Colleges 2009-2010 **Date**: _____

College Program _____ **Unique Student Identifier**: _____ Age: _____
Male ☐ Female ☐

The following descriptions concern your students' **mental health problems, academic challenges, diagnoses, and treatment.**

Please complete the charts with a (✓) beside all of the areas that appear to be relevant to the student you have seen.

(A) Diagnoses	✓	**Check ✓ if reason for visit**	**Treatment Type if known (e.g. meds, psychotherapy)**	**(B) Symptoms of Mental Illness/Mental Health Problems**	✓
Eating Disorder				Feels things are hopeless	
Anxiety Disorder				Feels overwhelmed by all he/she has to do	
Mood Disorder				Feels exhausted (not from physical activity)	
Substance–Related Disorder				Feels very lonely	
Personality Disorder				Feels very sad	
Psychotic Disorder				Feels overwhelming anxiety	
Other (Specify):				Feels overwhelming anger	
(C) Academic Challenges	✓			Intentionally cut, burned, bruised, or otherwise injured him/her self.	
It is difficult for the student to maintain concentration				Voiced suicidal ideation without suicidal plan	
Student tends to stay away from people at school				Voiced suicidal ideation with suicidal plan	
Student is disorganized				Past history of suicide attempt	
Student panics when s/he has deadlines or exams				Social withdrawal	
Student experiences a lot of memory problems				Relationship issues	
Student is easily distracted				Substance abuse issues	
When faced with a novel task, student is easily confused				Grief issues:	
Often student does not have enough energy to complete work				Other (Specify):	
Student comments that s/he 'goes blank' when called upon in class/exams					
Student is absent from classes frequently					
Student has poor peer relations					
Other (Specify):					

Letter of Information

Title of Project:
Mental illness and mental health problems in college students seeking support: An examination of prevalence and academic challenges.

Principal Investigators:
1. Dr. Alana Holmes, C. Psych., Northern Ontario Assessment and Resource Centre
2. Maria Kostakos, M.A., C.Psych. Assoc., Cambrian College
3. Robert Silvestri, M.Ed., Northern Ontario Assessment and Resource Centre

Background and Benefits of the Study:
You are invited to take part in a research study designed to obtain empirical data regarding the characteristics of mental health problems presented by students seeking assistance through counselling centres at Ontario community colleges. The study will also look to measure the academic challenges experienced by such students. Little work has been done in this area to date; the data is scarce on a provincial level. This study could therefore fill an important gap in the current literature by providing provincial numerics on students presenting for support to key service areas (counselling service, disability office, and medical clinics) with: diagnosed mental health disorders, symptoms of mental health problems, and self-reported academic challenges.

Procedure:
If you agree to participate in this study, the following will be asked of you:

1. Read this letter of information.

2. Complete the attached checklist survey for each student presenting to your office beginning in October 2009 through to the end of March 2010. The checklist takes approximately 5 minutes to complete and *should be completed after the session has ended and the student has left the office.*

3. At the end of each day, place completed checklists in the blue envelope maintained by your chosen representative who will return the completed checklists en masse to the researchers at the end of every month using the provided self-addressed, postage paid, envelopes.

Risk and Benefits of Being in the Study:
There are no known risks associated with participation in this study given its actuarial nature.

Confidentiality:
All gathered information is completely confidential. Nothing in our database will be able to directly identify students or service providers. Your name and student names will not be on anything we collect. The only identifying information we will keep is the unique student identifier and campus location, housed separately from the database, under lock and key, and available only to the principal researchers. The results of this study will be submitted for publication. No information about individual participants will be included; rather grouping factors from the survey

will be reported. For example, relevant college committees will receive a summary report highlighting the data analysis and key findings, and each participating college will receive relevant summaries specific to their institution. No one other than the principal investigators will have access to your survey responses.

Voluntary Nature of the Study:
You may withdraw from the study at any point in time. There are no repercussions for withdrawal.

Contacts and Questions:
Should you have *questions pertaining to completion of the survey*, please contact:

- Maria Kostakos, Counsellor, Counselling Services at Cambrian College (705-566-8101, ext. 7466)

If your *questions relate to the research design or project*, you may contact:

- Dr. Alana Holmes, Manager, Northern Ontario Assessment and Resource Centre at Cambrian College (705-560-8101, ext. 7621)
- Sherrill McCall Director of Planning and Research at Cambrian College, (705-566-8101, ext. 7888)
- Robert Silvestri , Researcher, Northern Ontario Assessment and Resource Centre at Cambrian College(705-566-8101, 7662)

Please keep a copy of this form for your records.

Considerations for Completing Survey

Thank you for agreeing to participate in the research project entitled “Mental Illness and Mental Health Problems in College Students Seeking Support: An Examination of Prevalence and Academic Challenges.”

Below please find relevant information pertaining to the research project.

The Role of the Lead Contact

There will be 1 lead contact person per college who will:

1. Receive the pads of surveys, blue folder and Purolator envelopes
2. Distribute the pads to service providers (counsellors, disability advisors and medical staff)
3. Decide on where the blue folder will be kept (please refer to the section below titled **Confidentiality**)
4. Develop a system to establish a unique student identifier for your college-if you decide to adopt a system different from the one recommended by the researchers
5. Keep in contact to liaise with research staff and to problem solve questions at your location.

The Mental Health Survey
The survey is an anonymous data collection instrument that is divided into 3 categories as defined below:

Section A asks about diagnosis. This diagnosis has been completed and delivered to the student by a regulated health professional such as a psychiatrist, family physician or clinical psychologist. This diagnosis is conveyed to you by the student. Please check all that apply in this section. In this section, the term **“Reason for Visit”** means the student has commented directly or affirmed the diagnosed mental illness as being a main reason for attending the counselling session. If you are aware of the prescribed medication and type of community treatment the client is receiving, please comment in the space provided under **Treatment Type**.

Section B asks about symptoms of mental illness and mental health problems. The student has commented directly or affirmed the symptom(s) of mental illness and/or mental health problem(s) as being a main issue in the current personal counselling session. Please check all that apply in this section.

Section C asks about academic challenges. The student has directly commented on or affirmed the academic challenge(s) in the current personal counselling session. Please check all that apply in this section.

Confidentiality

The blue folder is stored in a location that ensures confidentiality. This means that the blue folder is located behind a locked door and in a **locked cabinet.** In the absence of a clinical staff member (including clerical staff) this process of confidentiality is maintained at all times.

Unique Student Identifier

In order to collect multiple instances for 1 student from more than one service area, each participating college is being asked to create a unique student identifier. We recommend the unique student identifier be created in the following manner:

1. The first two digits of the student number + (year of birth+ day of birth)+ last 2 digits of the student number + college identifier
2. Each college will be given a college identifier number. The college identifier will be provided to the lead contact by the researchers
3. Example: John Doe born September 14 1985 with student number 12345678 and college identifier MH-01. His unique student identifier would be: 12-198514-78-MH01

Submitting Surveys

At the end of each month the contents of the blue folder are brought to a central location where they are collated and placed in a Purolator envelope. The Purolator envelope is stamped as confidential and submitted for pick-up. An e-mail to confirm the submission of the surveys is sent to **Patricia Groulx at** patricia.groulx@cambriancollege.ca.

Appendix B: Case Studies from an Ontario College Campus

Jane
Jane is bipolar with a personality disorder and is not taking her medication. She threatens suicide almost daily. She is taken to hospital each time but is released immediately. She is abusive to counseling staff and has fired two counselors and one doctor. She has threatened her roommates. They have asked to be moved to a safe space as they are afraid for their safety. Her landlord has kicked her out of the house and she wants the University to find her accommodation on campus. She is requesting deferred privileges for all her exams and papers due to her psychological disability. When told that she cannot continue in her classes unless she sees a doctor and deals with her behaviour, she threatens a Human Rights complaint. Her mother pleads to let her stay on campus because it helps her.

John
John goes to his residence room and cuts himself to the point that there is blood all over the floor and wall. He tries to set a fire in his room that results in the smoke alarm going off. Students and staff try to get in but he is slumped against the door. When they get in there are a number of his residence mates involved, all of whom see the state of the room and his unconscious body. He is taken to hospital and released 24 hours later without any communication to the university. He just shows up back in residence. He says he is fine – was just a little depressed and wants to stay in residence.

Bob
Bob is a 19 year old first year student in the General Business Program. He shares a townhouse on campus with 5 other students. After a class one morning he confided to his accounting course professor that he is struggling with all of his school work and will not meet the approaching due dates for assignments. During their discussion the professor noticed the odor of alcohol on Bob's breath and another odor on his body that suggested he had not showered for a few days. When the professor expressed to Bob his concerns about his present condition, Bob become angry and kicked a chair. The professor contacted the security office and Bob was brought to the Counseling Centre. During the counseling session Bob related that he consumes 8-10 shots of rye per week day and greater amounts per day on weekends. Bob acknowledged to the counselor that his roommates are concerned about his drinking, and that family members have expressed similar concerns to him. Bob informed the counselor that he has made several attempts to stop drinking over the past few years and that he has not been able to stop or reduce. The counseling session identified that several years back Bob had begun using alcohol as a way of managing anxiety, particularly when out in social situations. Over time, Bob's 'self-medicating' had become an addiction. Bob has agreed to a referral to a non-residential treatment program for addictions; however, due to limited space in the program it will be a month or more before he can begin. Bob has agreed to continue with counseling at the college for help with his anxiety, at least until he begins attending the addictions program.

Stacy
Stacy is a 17 year old student who for the past several days has been tearful in class. A professor approached her with concern and Stacey related that her father has been diagnosed with a late-stage terminal cancer. He is currently in hospital and has requested discharge to be able “to die at home”. A plan was made earlier this week that has her father returning home by ambulance tomorrow. Stacey was brought to the Counseling Centre. The counselor helped Stacey debrief her present emotional distress and offered to make a referral to the Cancer Centre where grief counseling is available to Stacey and her family. Stacey will discuss this offer with her family and follow-up at the Counseling Centre.

Jane C
Jane presented at the Counseling Centre requesting to talk to a counselor about her “stress”. In session Jane related that she has difficulty understanding her professors in class and that she is not able to maintain focus when working on homework and assignments outside of class. She had returned to school this year after growing frustrated with finding only casual employment over the previous five years. When classes began two months ago, Jane’s outlook was optimistic, and now at mid-semester she feels overwhelmed and nearly defeated. To date her assignments and tests have come back to her with poor or failing grades. During the past two weeks her mood has been consistently low and she has felt increasingly felt restless. Jane confided to the counselor that she reads everything again and again without fully comprehending its meaning and described this as a longstanding problem, beginning in elementary school. Jane has agreed to continue attending the Counseling Centre to work on acquiring techniques that will help her maintain focus and regulate her emotions. She has also agreed to attend the Learning Centre to arrange for a tutor and to a referral to investigate a possible learning disability.