

University Counselling and Psychological Services:  
Exploring Current Approaches and Student Perceptions

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A thesis submitted to the Psychology Program in partial fulfillment of the requirements of  
Bachelor of Science (Honours), School of Arts and Social Science

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Grenfell Campus

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Approval

The undersigned recommend the acceptance of the thesis

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## Table of Contents

Title.....	i
Approval Page.....	ii
Acknowledgements.....	iii
Table of Contents.....	iv
List of Tables.....	v
Abstract.....	vi
Introduction.....	1
Method.....	9
Results.....	13
Discussion.....	30
References.....	42
Appendix A: Informed Consent.....	46
Appendix B: Questionnaire.....	48
Appendix C: Information Form.....	55
Appendix D: Participant Recruitment Materials.....	56
Appendix E: List of Universities included in Analysis.....	59



## List of Tables

Table 1 <i>Type of Service Across Canadian Universities</i> .....	14
Table 2 <i>Service Offerings on Small, Medium, and Large Canadian Universities</i> .....	14
Table 3 <i>Mental Health Professionals at Canadian Universities</i> .....	16
Table 4 <i>Mental Health Professionals at Small, Medium, and Large Canadian Universities</i> .....	17
Table 5 <i>Method of Learning About CPS</i> .....	19
Table 6 <i>Individual who Suggested CPS</i> .....	20
Table 7 <i>Reasons an Individual would not use Grenfell's CPS if Services were Needed</i> .....	21
Table 8 <i>Services Students want Offered by Grenfell's CPS</i> .....	22
Table 9 <i>Awareness and Use of Grenfell's Additional Resources</i> .....	23
Table 10 <i>Awareness and Use of Provincial and National Mental Health Resources</i> .....	23
Table 11 <i>Number of Individual Sessions Expected to Receive Per Semester</i> .....	24
Table 12 <i>Appropriate Appointment Length</i> .....	25
Table 13 <i>Descriptive Statistics of Students' Rating on CPS Services</i> .....	26

## Abstract

Across Canada, university counselling and psychological services have experienced an increase in both student demand for assistance and complexity of presenting issues. The literature suggests that many universities are struggling to meet the needs of their students and are exploring various systems and methods (e.g., triage systems, online services) to address the need. Further, students' perceptions of the adequacy and availability of these services are not well represented in the literature. The present study: 1) explored the on-campus counselling and psychological services offered at 55 Canadian universities through analysis of their online information; 2) investigated students' perceptions of counselling and psychological services at Grenfell Campus, MUN, through a sample of 204 participants (159 women, 20 men, and 25 unspecified) with a mean age of 20.79 years (range: 18-42). The results indicated that while the majority of participants were aware of Grenfell's counselling and psychological services (78.9%), a much smaller percentage (19.6%) used the services. Student perceptions were analyzed across a wide range of domains, including type of service, expectations of service options, barriers to accessing the service, and the adequacy and efficacy of additional mental health resources, in relation to the Canadian university context.

University Counselling and Psychological Services:  
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Many mental disorders have a peak age of onset during young adulthood (Mental Health Commission of Canada, 2013), coinciding with the time that young adults are pursuing higher education. Throughout North America, university counselling and psychological services are experiencing yearly increases of up to 15% in student demand (Mowbray et al., 2006). In addition to the increase in demand, the mental health needs of the current generation of students are more complex than ever before (Gallagher & Taylor, 2014; Kettman et al., 2007). In a survey of 279 college and university counselling centres across the United States and Canada, it was reported that over 50% of the students who used these services had complex mental illness and 94% of centre directors reported that this group of students was continuing to grow (Gallagher & Taylor, 2014). The increasing complexity of psychological needs has also been seen in the increasing number of students diagnosed with multiple mental disorders (Kettman et al., 2007).

These increases in demand and complexity have required university counselling and psychological services to evolve and, over the years, there has been fluctuation in the mandates of the centres who provide these services (Mowbray et al., 2006). In the past, the services that were provided on campus were vocational or academic in nature (Mowbray et al., 2006). Over time, university counselling centres have changed to the current model, which focuses on students' mental health and illness (e.g., Mowbray et al., 2006; Murphy & Martin, 2004; Shaffer et al., 2017). Recently, there has been a growing discussion about whether the allotted resources for university counselling and



psychological services are adequate for the level of demand and complexity (Mowbray et al., 2006), with many administrators reporting that their centres were overwhelmed and not equipped to deal with the demand being placed on them (Watkins, Hunt, & Eisenberg, 2011).

In response to the growing complexity of presenting issues and the increasing demand for service, many campuses have been struggling to meet the psychological needs of their students. In an ideal system, students requiring the service would receive support or intervention immediately; however, this appears largely unattainable during these times of increasing demand and complexity (DiMino & Blau, 2012). Psychological intervention is not always a straightforward process and the duration varies on an individual basis, from a single session to many sessions that span multiple semesters (Cornish et al., 2017). With the growing complexity of needs, more sessions are required, as psychological disorders cannot be effectively treated in just a few sessions (Cornish et al., 2017). As a result, waitlists and the time between sessions are increasing (Cornish et al., 2017).

One of the most pressing issues for university counselling and psychological services is the increase in wait time for an appointment (DiMino & Blau, 2012). Many universities have a centralized wait list system, in which students are seen on a first come, first served basis. A limitation of this system is that students in need of urgent care are not recognized and may not to be seen for a number of weeks (Shaffer et al., 2017). Thus, Shaffer et al. concluded that the general centralized wait list system does not work to meet the needs of the students requesting services and, as the semester progresses, the

wait list grows. This pattern is problematic because by the end of the semester students often need the services the most (Shaffer et al., 2017) and may be turned away due to the length of the waitlist (Murphy & Martin, 2004). When wait times are shorter, students are more likely to recommend the services to other students and are more likely to show up for their scheduled appointment (Blau et al., 2015; DiMino & Blau, 2012).

Universities have implemented various systems and methods in an attempt to address the increased demand for counselling and psychological services, with the implementation of triage being a common approach. A triage system allows students to speak to a mental health professional within a very short period of time (Shaffer et al., 2017). The urgency of the issue is assessed and recommendations on service and wait time are determined (Shaffer et al., 2017). This triage assessment may occur during scheduled in-person appointments, walk-in services, or via telephone, and usually range from 15 to 30 minutes in length (Shaffer et al., 2017). It has been found that when triage services were implemented, students attended significantly more appointments and there was a significant decrease in the number of no-show appointments (Shaffer et al., 2017). Similarly, findings from a study of a large university in the United States revealed that students were 4% more likely to attend their initial appointments when triage was in place and they waited significantly less time for an initial consultation appointment (Hardy, Weatherford, Locke, DePalma, & D'Iuso, 2011). Administrators and clinical staff also reported that the change from a general centralized wait-list system to a triage system was beneficial (Hardy et al., 2011), with positive impact on the centre's

efficiency, wait time for appointment, and the overall referral process (Hardy et al., 2011). However, clinical staff continued to report that the demand for service was still greater than the services being offered (Hardy et al., 2011).

Another attempt to address the increased demand for on-campus counselling and psychological services has been through the implementation of a team-based clinical intake system (Murphy & Martin, 2004). The University of Florida Counselling Center implemented a system that required each staff member to be a part of a team with a number of responsibilities pertaining exclusively to their students (Murphy & Martin, 2004). Each team consisted of a total of six to eight staff members comprised of senior staff, part-time counseling associates, interns, and practicum students, who met once a week (Murphy & Martin, 2004). In this model, students were first seen during intake, with the information collected during intake presented at the team's next weekly meeting (Murphy & Martin, 2004). After the meeting, the team decided on the best course of action for the student, either on-campus services or an off-campus referral (Murphy & Martin, 2004). It was found that after implementation of this system, there was a significant decrease in the wait time for service (Murphy & Martin, 2004). Further, the majority of staff thought that being on team allowed them to become more knowledgeable about the services offered and the issues encountered during intake (Murphy & Martin, 2004). Interns at the setting noted that their skill set had expanded as a result of participating in this model, while senior staff reported an enhancement of their already present clinical skills (Murphy & Martin, 2004). The communication and shared

knowledge within the teams appeared to positively impact the majority of staff members (Murphy & Martin 2004).

Limiting the number of sessions a student can access in on-campus counselling and psychological services has also been used to address increased demand. Uffelman and Hardin (2002) note that limiting the number of sessions per student forces students to either take advantage of the sessions available, explore outside resources, or not utilize the on-campus counselling and psychological services. While it was hypothesized that the implementation of session limits would deter students from utilizing the services offered on-campus, Uffelman and Hardin found that students' self-reports of their likelihood to seek counselling were not influenced by the number of sessions available to them. Students were equally likely to utilize the counselling services when 3, 10, or an unlimited amount of sessions were available (Uffelman & Hardin, 2002).

While these various strategies have been used to address increasing complexity and demand, they may not be feasible for all campuses. There are a number of factors that shape a university's ability to change. For example, Cornish, Kominar, Riva, McIntosh, and Henderson (2000) highlighted the importance of the availability of psychological services outside the university, as this is important when referring students with needs that are beyond university counselling and psychological services' mandate. While off-campus referral may be optimal, for small campuses located within small communities, off-campus referrals may not be an option (Bishop, 2006). Smaller universities' counselling and psychological services may end up taking on many of the same responsibilities as larger universities, but with fewer resources (Vespia, 2007). On

these smaller campuses, mental health staff identified that the most pressing issues stemmed from an insufficient number of staff, with an insufficient budget (Vespia, 2007).

The increased demand for on-campus counselling and psychological services is supported by Canadian data on psychological concerns among university students. Robinson, Jubenville, Renny, and Cairns (2016) surveyed 400 students on a large Canadian campus regarding their mental health needs and concerns. Overall, 42% of male students and 43% of female students met the criteria for mental health concerns that were clinically significant, as measured by the General Population–Clinical Outcomes in Routine Evaluation (CORE-GP; Sinclair, Barkham, Evans, Connell, & Audin, 2005), a standardized measure assessing overall well-being. Specifically, anxiety was identified as the most prevalent mental health concern by 36.1% of students and depression was second at 31.9% of students (Robinson et al., 2016). Although there was a high prevalence of mental health concerns among this sample, only 8% of the students in this study indicated they would likely access counselling and psychological services in the near future (Robinson et al., 2016).

With the demand for on-campus counselling and psychological services increasing, the degree to which students receive adequate information about the services has begun to be explored (Stewart et al., 2014; Yorgason, Linville, & Zitzman, 2008). Through the use of a web-based questionnaire, Yorgason et al. assessed students' knowledge about counselling and psychological services available on campus. In this study, 37% of the 266 students who completed the survey reported that they did not receive sufficient information about the services, ultimately preventing them from

accessing service (Yorgason et al., 2008). It was also found that 30% of students were unaware that the services existed, while 38% of students were aware, but their knowledge about the services was extremely limited (Yorganson et al., 2008).

Further exploring the level of student awareness about on-campus counselling and psychological services, Stewart et al. (2014) examined students preferred method of receiving information about these services, as well as the preferred content of the information. The 187 students in this study, between the ages of 18 and 25, reported that knowing about the psychological interventions offered on-campus was very important, as was knowing the provider's training and experience (Stewart et al., 2014). Regarding the importance of the information provided on treatment options, students reported that being informed of the goals or outcomes of treatment was very important, with 90% of students endorsing this option, and 88% percent of students reported knowing the advantages and disadvantages of treatment was very important (Stewart et al., 2014). When students were asked about their preferred method to receive information about the service, the most preferred method was a mental health professional, with 67% of students choosing this method, 60% reported a brochure or booklet, and 60% reported a website that could be accessed specifically at home (Stewart et al., 2014).

There is consistent evidence to document increased demand for on-campus counselling and psychological service and increased complexity in the psychological needs of students, which is taxing the current models of service and requiring different models and methods to be implemented. As on-campus services adapt to meet these new levels of need, there appears to be variability in service from campus to campus across

Canadian universities. Students' perceptions of on-campus counselling and psychological services has begun to be explored and it is vital that a much more comprehensive account of their perspective be pursued. While the perceptions of university administrators and on-campus mental health professionals about counselling and psychological services is being increasingly documented, university students' perceptions of their on-campus counselling and psychological services are less clear.

The current study had two main goals. The first goal was to provide an overview of the current characteristics of on-campus counselling and psychological services offered at Canadian universities. The second goal was to provide an in-depth exploration of students' perceptions of the counselling and psychological services provided at Grenfell Campus, Memorial University, a small, primarily undergraduate, campus.

## Method

### Participants

Data were gathered on the counselling and psychological services at 55 publicly-funded universities across Canada through their online information about their on-campus services. There were 15 small universities ( $\leq 5,000$  students), 15 medium universities (5,000-15,000 students), and 25 large universities ( $> 15,000$  students).

For the exploration of student perceptions, a sample of 204 students voluntarily completed an online questionnaire. There were 159 women, 20 men, and there were 25 who did not specify a gender. Participants ranged in age from 18-42 years with a mean age of 20.79 ( $SD = 3.70$ ). There were 14 participants who identified as an international student, 167 who did not identify as an international student, and 23 participants who did not specify. In terms of program of study, there were 94 psychology students, 12 nursing students, 10 business administration students, 7 English students, 4 environmental science students, 3 fine arts students, 2 general science students, 1 computational mathematics student, and 71 students did not specify their program. In regard to year of study, 58 students were in their first year, 36 students were in their second, 36 students were in their third, 36 students were in their fourth or above, and 38 students did not specify their year of study.

The student perceptions aspect of this research explored general perceptions about on-campus counselling and psychological services and specific questions with regard to Grenfell Campus Counselling and Psychological Services. Grenfell Campus employs a registered psychologist, who works full time, year round, and is located at Grenfell



Campus exclusively and a counsellor who works full time for 8 months delivering service to two locations (i.e., Grenfell Campus and Western Regional School of Nursing).

Counselling and Psychological Services offers individual and/or group sessions, as well as psychoeducational testing on a fee-for-service basis.

### **Materials**

For the data collected on Canadian universities' counselling and psychological services, a coding template was created to record the publicly accessible data from their websites. The template included the approximate student population, the appointment procedure, length of appointment, the number of mental health professionals, the title of each mental health professional, the number of mental health professionals employed, the types of support/intervention offered (e.g., personal counselling, workshops), and whether the service was a singular centre.

For the students' perceptions study, the materials included in the online survey were an informed consent form, a questionnaire, and an information/debriefing form. The informed consent form provided information regarding the participants' anonymity, confidentiality, and the right to withdraw from the study at any time, up to the point of submission, at which point it would be impossible to withdraw due to the anonymous nature of the data. A description of the questionnaire, time required to complete it, information about the researcher, and the purpose of the study was also included. Contact information for the researcher was included, as was contact information for Grenfell's Counselling and Psychological Services, for any questions or concerns resulting from completing the questionnaire. See Appendix A for the informed consent form.

A questionnaire was created for this study to assess perceptions of Grenfell's Counselling and Psychological Services. The first 13 questions were asked in a checklist format, enabling participants to indicate their responses. The second portion of the questionnaire contained 9 statements with a Likert scale format ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). All statements pertained to awareness, use of the services, and knowledge and perspectives relating to Grenfell's Counselling and Psychological Services. Finally, participants were asked demographic questions. See Appendix B for the questionnaire.

An information/debriefing form concluded the study. This form included the researcher's contact information, as well as contact information for Grenfell's Counselling and Psychological Services. Contact information regarding the ethics review process was also included. This information was provided to ensure that participants' questions or concerns could be addressed. See Appendix C for the information/debriefing form.

### **Procedure**

For the broader Canadian university context portion, each website that belonged to a university was reviewed. If the website did not contain enough relevant information regarding their counselling and psychological services, it was omitted. If the website contained enough relevant information, it was further analyzed and data coded in the template.

The student perceptions study was approved in an ethics review process in the psychology program at Grenfell Campus, Memorial University. Participants completed

the questionnaire online through Qualtrics, on-line survey software. The questionnaire was available online for eight weeks. The study was advertised to potential participants through posters at Grenfell Campus and the Western Regional School of Nursing, at the beginning of five undergraduate psychology classes, on social media, through the Psychology Research Participant Pool, and through Messenger, an on-line campus daily newsletter. Throughout all forms of advertisement, potential participants were given a link to the questionnaire. See Appendix D for the recruitment materials.

## Results

The examination of the online information about current offerings of counselling and psychological services on 55 publicly-funded Canadian university campuses revealed a range of information about services, staff, and procedure. While some universities did not provide detailed information online regarding their counselling and psychological services, it cannot be assumed that they were not provided or unavailable.

Based on the analysis of online information, the most offered service was individual counselling, followed by walk-in service. Table 1 presents the frequency of the types of counselling and psychological services offered across Canadian universities. Of the 55 universities in the sample, 45 explicitly stated that they offer individual counselling, while 10 universities did not explicitly state this offering. Across the Canadian universities that explicitly stated that they offer individual counselling, the mean time allotted for the appointment was 50.88 minutes, ranging from 30 to 60 minutes ( $SD = 7.34$ ).

The examination of the online information about the current offerings of service on 15 small, 15 medium, and 25 large Canadian universities revealed differences in offerings in relation to size. Table 2 presents the frequencies of the types of services across small, medium, and large universities, with 9 (36.00%) large universities explicitly stated they offer group counselling, while only 2 medium (13.30%) and 4 (26.70%) small universities explicitly stating they offer group counselling. Thirteen (%) large universities

explicitly stating that they offer workshops, while nine (60.00%) medium and five (33.30%) small universities explicitly stated that they offer workshops.

The inclusion of additional mental health resources on universities' websites was also assessed. Twenty-nine (52.70%) universities mentioned or included interactive mental health resources on their online webpages, while 26 (47.30%) did not.

Table 1

*Types of Services Across Canadian Universities<sup>a</sup>*

Types of Services	No.	%
Individual Counselling	45	81.80
Walk-in Services	32	58.20
Workshops	27	49.10
Group Counselling	15	27.30
Crisis Intervention	8	14.50
Peer Support	6	10.90
Couples Counselling	2	3.60

<sup>a</sup>*n* = 55

The most commonly used methods of booking an appointment with counselling and psychological services across Canadian universities was by telephone or in person, with 24 (43.06%) universities explicitly stating that an appointment could be booked through these options. The least commonly offered method of booking an appointment was through email or a referral, with one (1.80%) university explicitly stated that a referral from a student services advisor was required to make a counselling appointment.

Table 2

*Mental Health Professionals at Canadian Universities<sup>a</sup>*

Mental health professionals	No.	%
Counsellor	25	45.50
Registered Psychologist	12	21.80
Social Worker	10	18.20
Psychiatrist	5	9.10
Nurse	4	7.30
Other	10	18.20

<sup>a</sup>*n* = 55

Based on their online information, 31 (56.40%) universities stated that they offer intake appointments. The most common form of intake appointment was an in-person appointment, offered by 25 (45.50%) universities. Across the universities that explicitly stated that they offer intake appointments, the mean time allotted for the appointment was 40.63 minutes, ranging from 15 to 60 minutes. (*SD* = 16.57).

Regarding the structure of their counselling and psychological services in relation to the other services, 51 provided this information online and 39 (70.90%) stated they were part of a larger health or wellness centre, while 12 (21.80%) were a self-contained service.

The most common mental health professional working in Canadian university counselling and psychological services were counsellors, with 25 (45.50%) universities explicitly stating they had counsellors on staff. The two least common mental health

professionals at Canadian universities counselling and psychological services were nurses and psychiatrists; 4 (7.3%) universities stated there were nurses on staff, and 5 (9.1%) stated there were psychiatrists on staff. The “other” category included professional titles such as “psychotherapist”, “registered clinical therapist”, and “sexual violence prevention coordinator”. Table 3 presents the frequencies of the various types of mental health professionals at the 55 Canadian universities sampled.

Further, the types of mental health professionals were examined when the universities were grouped into small, medium, and large categories. Table 4 presents the frequencies of the types of mental health professionals at small, medium, and large Canadian universities, with 16 (64.00%) large universities across Canada explicitly stated they had counsellors on staff, while 9 (60.00%) medium and 7 (46.70%) small universities explicitly stated they had counsellors on staff. Nine (36.00%) large universities explicitly stated they had at least one registered psychologist on staff, while only one (6.70%) medium university, and two (13.30%) small universities explicitly stated they had at least one registered psychologist on staff.

Across the Canadian universities that stated online the number of mental health professionals working in their counselling and psychological services on campus, there was a mean of 9.00 ( $SD = 6.52$ ), ranging from 1 to 26 professionals per university. The mean number of mental health professionals at small Canadian universities was 3.00 ( $SD = 1.94$ ), ranging from 1 to 7, at medium Canadian universities was 7.27 ( $SD = 3.38$ ), ranging from 2 to 13, and at large Canadian universities the mean number of mental health professionals was 13.94 ( $SD = 6.32$ ), ranging from 6 to 26. Across these Canadian

universities there was a mean of 1778.96 students per one mental health professional ( $SD = 1094.43$ ), ranging from 480 to 5375 students.

Table 3

*Mental Health Professionals at Small<sup>a</sup>, Medium<sup>b</sup>, and Large<sup>c</sup> Canadian Universities*

Mental health professionals	Small		Medium		Large	
	No.	%	No.	%	No.	%
Counsellor	7	46.70	9	60.00	16	64.00
Registered Psychologist	2	13.30	1	6.70	9	36.00
Social Worker	3	20.00	2	13.30	5	20.00
Psychiatrist	1	6.70	1	6.70	3	12.00
Nurse	0	0.00	1	6.70	2	8.00
Other	4	26.70	2	13.30	4	16.00

<sup>a</sup> $n = 15$ . <sup>b</sup> $n = 15$ . <sup>c</sup> $n = 25$ .

Descriptive statistics, independent measures  $t$ -tests, and chi-square tests of independence were used to analyze the data collected from the student perceptions study. In the descriptive statistics, some response ratings exceeded 100% because participants could chose multiple options (i.e., check all that apply) for several question. These questions are indicated.



Of the 204 participants, 161 (78.9%) reported being aware of Grenfell's Counselling and Psychological Services (CPS). The frequencies and percentages of participants' method of learning about the services are found in Table 1. The most commonly reported source of learning about CPS was through a friend or fellow student (31.9%), followed by an announcement made in class (29.4%), the Grenfell website (28.9%), and student orientation (27.9%). Participants who selected "other" stated, "took part in a class project", "working with student union", "everyone knows about it", "course requirement project", "yik wak/jodel", and "postings/tv's/emails". The number of participants who reported using Grenfell's CPS was 40 (19.6%), while the number of participants who reported never having used the service was 147 (72.1%). The remaining 17 (8.3%) participants did not specify whether or not they had used the service.

Of the total participants, 39.2% reported suggesting the use of Grenfell's CPS to another student, and 45.1% reported having Grenfell's CPS suggested to them. Table 2 displays the frequencies of the people who suggested Grenfell's CPS to participants.

Table 1

*Method of Learning About CPS*

Method	No.	%
Friend/Fellow Student	65	31.9
Announcement in Class	60	29.4
Grenfell Website	59	28.9
Student Orientation	57	27.9
Posters/Digital Signage (TVs)	39	19.1
Professor	37	18.1
Messenger	36	17.6
Health Services	32	15.7
Grenfell Campus Student Union (GCSU)	25	12.3
Calendar/Handbook	17	8.3
Residence/Chalet Assistant	17	8.3
Physician	9	4.4
Family Member	5	2.5
Student Group	5	2.5
Other	7	3.4

Table 2

*Individual who Suggested CPS*

Individual	No.	%
Friend	69	33.8
Family Member	28	13.7
Professor	18	8.8
Physician	16	7.8
Academic Advisor or International Student Coordinator	11	5.4
Learning Centre or Accessibility Centre and Education Support (ACES)	7	3.5
Residence/Chalet Assistant	6	2.9
Campus Enforcement and Patrol Officer (CEP)	2	1.0
Other	1	0.5

*Note.* Totals may add up to more than 100% due to the check all that apply nature of the question.

Table 3 displays participants' endorsement of reasons an individual would not use Grenfell's CPS, if these services were needed. The most common response was embarrassed to go/stigma (70.1%), followed by lack of knowledge about the services (63.7%). Participants who selected "other" stated, "bullying because of it", "no source of immediate or semi-immediate help", "small town/everybody knows everything/can see where you're going", "worried they will not get the help they need", and "can't make an appointment online."

Table 3

*Reasons an Individual Would Not Use Grenfell's CPS if Services Were Needed*

Reason	No.	%
Embarrassed to go/stigma	143	70.1
Lack of knowledge about the services	130	63.7
Lack of time	101	49.5
Lack of availability of appointments at the service	72	35.3
Worried about confidentiality	63	30.9
Already receiving psychological care/counselling	46	22.5
Other	5	2.5

*Note.* Totals may add up to more than 100% due to the check all that apply nature of the question.

Table 4 displays participants' endorsement of the types of services Grenfell's CPS should offer. While individual counselling and walk-in services were the top endorsed services, all service options were endorsed by participants.

Awareness and usage of Grenfell Campus' additional mental health resources and provincial and national mental health resources were assessed. Table 5 displays participants' awareness and usage of various Grenfell Campus mental health resources. The most common response to this question was a lack of awareness of these resources (43.6%) and the most common response regarding usage was that students did not use any of the listed resources (71.1%). Table 6 displays participants' awareness and usage of provincial and national mental health resources. The most common response regarding

awareness was that students were aware of the mental health crisis line (68.1%) and the most common response regarding awareness was that students did not use any of the listed national and provincial mental health resources (70.6%).

Table 4

*Services Students want Offered by Grenfell's CPS*

Service	No.	%
Individual Therapy	161	78.9
Walk-in Services	160	78.4
Single educational sessions	131	64.2
Crisis Intervention	117	57.4
Full psychological assessments	107	52.5
Peer Support	105	51.5
Full psychoeducational assessments	92	45.1
Group Therapy	87	42.6

*Note.* Totals may add up to more than 100% due to the check all that apply nature of the question.

When asked how many individual sessions they would expect to receive per semester if they were to access Grenfell's CPS, 63 participants (30.9%) chose the option of 10+ sessions, while 62 (30.4%) participants chose the option of 2-5 sessions. Table 8 displays the frequencies for number of individual sessions expected. When asked about an acceptable amount of time to wait for an appointment, 157 (77%) participants selected one week or less. The most common response for most appropriate maximum

appointment length was 60 minutes. Table 8 displays the frequencies for appropriate appointment length.

Table 5

*Awareness and Usage of Grenfell Resources*

Resource	Awareness (%)	Usage (%)
MUN Listeners (7 Cups of Tea)	16.7	4.9
TAO (Therapy Assisted Online)	13.2	2.0
Online Mindfulness Course	25.0	3.4
Self-help Library	21.1	2.5
Mind Well-U	6.4	0.5
WellTrack	15.2	10.3
Not aware of any of/have not used these resources	43.6	71.1

*Note.* Totals may add up to more than 100% due to the check all that apply nature of the question.

Table 6

*Awareness and Usage of Provincial and National Mental Health Resources*

Resource	Awareness (%)	Usage (%)
Bridge the gApp	30.9	8.8
BreathingRoom	12.7	4.4
Mental Health Crisis Line	68.1	7.8
CHANNAL Warm Line	7.4	1.0
Crisis Text Line	43.1	2.5
Mental Health and Substance Use Screening	19.1	3.4
Not aware of/have not not used any of these resources	15.7	70.6

*Note.* Can add up to more than 100% due to the check all that apply nature of the question.

Table 7

*Number of Individual Sessions Expected to Receive Per Semester*

Number of Sessions	No.	%
Single Session	1	0.5
2-5 Sessions	62	30.4
6-9 Sessions	32	15.7
10+ Sessions	63	30.9

Table 8

*Appropriate Appointment Length*

Time	No.	%
Maximum 15 minutes	5	2.5
Maximum 30 minutes	49	24.0
Maximum 45 minutes	39	19.1
Maximum 60 minutes	76	37.3
Maximum 90 minutes	12	5.9

Participants were asked to rate a series of Likert scale statements regarding Grenfell's CPS, mental health services on and off-campus, and in-person and online counselling from 1 (*strongly disagree*) to 5 (*strongly agree*). Table 9 displays the mean and standard deviation for each statement. Participants' ratings of three statements were compared between students who were aware ( $n = 154$ ) and not aware ( $n = 33$ ) of Grenfell's CPS. Independent measures  $t$ -tests revealed that participants who were aware of Grenfell's CPS ( $M = 3.27$ ,  $SD = 0.81$ ) perceived the services as more adequate ( $M = 2.93$ ,  $SD = 0.60$ ) than those who were not aware of the services,  $t(49.33) = 8.09$ ,  $p = 0.02$ ,  $r^2 = .002$ , 95% CI [0.07, 0.61]. Although it approached the level of statistical significance, participants who were aware of Grenfell's CPS did not agree more ( $M = 3.90$ ,  $SD = 3.52$ ) to the statement that Grenfell cares about students' mental health than participants who were not aware ( $M = 3.52$ ,  $SD = 1.03$ ),  $t(38.09) = 6.64$ ,  $p = .06$ ,  $r^2 = .09$ , 95% CI [-0.1, 0.78].



Table 9

*Descriptive Statistics of Students' Rating on CPS Services*

Statement	<i>M</i>	<i>SD</i>
Grenfell's Counselling and Psychological Services should have a triage system	3.55	1.06
Grenfell's Counselling and Psychological Services should be available in the evenings and weekends during the academic term	4.43	0.74
In a mental health crisis situation that needs immediate attention, Grenfell's Counselling and Psychological Services is the best place to go	2.88	1.10
I would prefer in-person counselling/therapy to online counselling/therapy	4.28	0.94
Online tools (e.g., TAO, WellTrack) can be just as effective as in-person counselling/therapy	2.84	0.97
Grenfell's Counselling and Psychological Services has adequate physical space to ensure privacy and confidentiality	3.32	0.89
The mental health services provided on-campus are adequate	3.22	0.79
The mental health services provided off-campus, in the community, are adequate	2.89	0.95
Grenfell Campus cares about students' mental health	3.84	0.86

Participants who had ( $n = 40$ ) and had not used ( $n = 147$ ) Grenfell's CPS were also compared on several statements. Independent measures *t*-tests indicated that participants who had previously used the services rated the adequacy of Grenfell's CPS significantly higher ( $M = 3.62$ ,  $SD = 0.94$ ) than those who did not ( $M = 3.11$ ,  $SD = 0.71$ ),

$t(50.71) = 4.92, p = .003, r^2 = .16, 95\% \text{ CI } [0.19, 0.83]$ . It was also revealed that participants who had used Grenfell's CPS did not rate the adequacy of off-campus, community mental health services significantly different ( $M = 2.85, SD = 1.09$ ) than those who had not used Grenfell's CPS ( $M = 2.90, SD = 0.92$ ),  $t(179) = 1.70, p = .75, r^2 = .01, 95\% \text{ CI } [-0.40, 0.29]$ . Participants who had used Grenfell's CPS did not agree more ( $M = 3.62, SD = 1.23$ ) than those who have not used Grenfell's CPS ( $M = 3.54, SD = 1.01$ ) that Grenfell should have a triage system,  $t(180) = 1.76, p = .70, r^2 = .0007, 95\% \text{ CI } [-0.30, 0.46]$ . Participants who have used Grenfell's CPS rated preferring in-person counselling/therapy significantly higher ( $M = 4.62, SD = 0.85$ ) than participants who have not used Grenfell's CPS ( $M = 4.19, SD = 0.95$ ),  $t(180) = 2.22, p = .01, r^2 = .03, 95\% \text{ CI } [0.10, 0.76]$ .

An independent measures  $t$ -test was used to determine if there was a significant difference between those who had used Grenfell's additional resources (e.g., TAO, WellTrack) and those who had not with regard to these resources being just as effective as in-person counselling/therapy. Participants who had used Grenfell's online resources did not agree significantly more ( $M = 2.82, SD = 0.92$ ) the statement than those who had not used ( $M = 2.87, SD = 1.17$ ),  $t(50.08) = 0.22, p = .82, r^2 = 9.97 \times 10^{-4}, 95\% \text{ CI } [-0.46, 0.37]$ .

An independent measures  $t$ -test was also used to determine if there was a significant difference in the level of agreement that online tools can be just as effective as in-person counselling/therapy between participants who have and have not used provincial and national mental health resources. The mean level of agreement with online tools being just as effective as in-person counselling/therapy was significantly higher in

those who had used the services ( $M = 3.21$ ,  $SD = 0.90$ ) than those who had not ( $M = 2.75$ ,  $SD = 1.12$ ),  $t(176) = 2.88$ ,  $p = .01$ ,  $r^2 = .04$ , 95% CI [-0.80, -0.12].

Independent measures  $t$ -tests were used to assess ratings of adequacy of Grenfell's CPS between those who suggested the services to someone and those who did not, as well as participants who had Grenfell's CPS suggested to them and those who had not. Participants who had suggested Grenfell's CPS to someone did not rate the adequacy of the services significantly different ( $M = 3.34$ ,  $SD = 0.87$ ) than those who have not ( $M = 3.13$ ,  $SD = .72$ ),  $t(145.34) = 1.75$ ,  $p = .08$ ,  $r^2 = .02$ , 95% CI [-0.03, 0.45]. Participants who had Grenfell's CPS suggested to them rated the adequacy of the services significantly higher ( $M = 3.34$ ,  $SD = 0.90$ ) than those who had not had the services suggested to them ( $M = 3.10$ ,  $SD = 0.65$ ),  $t(14.43) = 2.04$ ,  $p = .04$ ,  $r^2 = .22$ , 95% CI [0.01, 0.47].

Chi-square tests of independence were used to assess participants' awareness and use of Grenfell's CPS in relation to participants' current year of study. There was no significant relationship found between awareness of CPS and current year of study,  $\chi^2(5, N = 197) = 9.76$ ,  $p = .08$ ,  $\phi^2 = .05$ . There was also no significant relationship found between use of CPS and current year of study,  $\chi^2(4, N = 187) = 6.38$ ,  $p = .17$ ,  $\phi^2 = .03$ . Due to vastly unequal groups, participants' use of CPS could not be analyzed by gender, program of study, or international student status.

Correlational analyses were conducted on the adequacy of on-campus versus off-campus mental health services, as well as the adequacy of on-campus mental health services and Grenfell Campus' level of care about students' mental health. There was a significant positive correlation between the perceived adequacy of on-campus and off-

campus mental health services. The higher participants rated the adequacy of on-campus resources, the higher they rated the adequacy of off-campus resources,  $r = .34, n = 181, p < .001$ . There was also a significant positive correlation between the adequacy of on-campus mental health resources and the perception that Grenfell Campus cares about students' mental health. The higher participants rated on-campus mental health resources, the higher the level of agreement that Grenfell Campus cares about students' mental health,  $r = .46, n = 181, p < .001$ .

### **Discussion**

The current study was two main goals. The first goal was to provide an overview of the characteristics of on-campus counselling and psychological services offered at Canadian universities. The second goal was to provide an in-depth exploration of students' perceptions of the counselling and psychological services provided at Grenfell Campus, Memorial University, a small, primarily undergraduate, university campus.

In regard to the broader Canadian context, there seems to be congruence across Canada in terms of service offerings, appointment procedures, and the types of mental health professionals employed at the service. However, embedding students' perceptions within a broader Canadian context allows for a more deeper understanding of the current offerings in relation to the expectations of CPS.

First, in the assessment of students' perceptions study, students' awareness, knowledge, and usage of Grenfell counselling and psychological services were examined. The majority, 78.9% of participants were aware of Grenfell's Counselling and Psychological Services (CPS). In comparison, previous studies have yielded a wide range of levels of students' awareness of on-campus counselling and psychological services. Robinson et al. (2016) found that 74% of students surveyed were aware of the availability of counselling and psychological service on-campus. Yorgason et al. (2008) found that only 32% of students reported that they had an adequate amount of information regarding on-campus counselling and psychological services. While the results in the present study are consistent with Robinson et al. (2016), a factor that may have contributed to this much lower percentage found by Yorgason et al. (2008) was the question format. In the

present study, participants were asked if they were aware of Grenfell's CPS, while Yorgason et al. (2008) asked if they possessed an adequate amount of information to allow them to contact the services. Although the majority of participants were aware of Grenfell's CPS, 63.7% of participants perceived lack of knowledge about the service as one of top three reasons an individual would not access service if services were needed.

While the majority of participants in the study were aware of Grenfell's CPS, 21.1% reported that they were not aware of these services. From the results of this study, it appears the most effective ways of sharing information about CPS was through peers, an announcement in class, through the Grenfell website and during student orientation. Further to this finding is that of the students who had the services suggested to them, 33.8% of the suggestions came from friends. These findings are similar to previous findings about the methods that students learn about on-campus counselling and psychological services. Robinson et al. (2016) found that the top three most common sources of information about CPS were student orientation, the university webpage, and a friend. Similarly, Yorgason et al. (2008) found that the top three most common sources were a friend or fellow student, an advertisement, or the website. In planning future communication plans about on-campus CPS, it is important to consider these consistent findings.

While a large majority of the participants in this study were aware of CPS, a much smaller percentage reported using the services (19.6%). In comparison to the findings of the current study, the Grenfell Campus Counselling and Psychological Services 2017-2018 Summary Report revealed that even a smaller percentage reported using the

services (13.8%). Previous studies have found similar results. In their sample of 400 students, Robinson et al. (2016) found that only 8% of students had accessed the services. Furthermore, Yorgason et al. (2008) found that 17% of their sample of 266 students had used their university counselling and psychological services. Although there were overall difference in regard to awareness and use of CPS, the levels of awareness and use of CPS did not differ in regard to year of study. In other words, levels of awareness and levels of use remained relatively consistent among the different years of study. These findings indicate that all students, despite their year of study, are receiving approximately the same amount of information regarding Grenfell's CPS, allowing them to become aware of the service and additionally use the service.

While there is an expected discrepancy between awareness and usage of CPS, it is important to explore the impact it has on students' perceived adequacy of service.

Students who were aware of Grenfell's CPS and those who had previously accessed service, perceived Grenfell's CPS as more adequate than those who were not aware and had not accessed service. Although one may expect a lower rating of adequacy due to a lack of knowledge or use, it is still an interesting and important finding. Further research could explore the differences in the perception of adequacy between students who are aware of the service and students who have used the service. Students also perceived the services as more adequate if the services were suggested to them. It is possible that students trust and respect those who suggest service to them and as a result, their perceived level of adequacy is impacted. Students may believe that because the service was suggested to them, it must be adequate. Further research could explore the potential

differences in adequacy ratings in regard to who made the suggestion. Furthermore, students' perceived adequacy of on-campus resources was directly related to their perceived adequacy of off-campus resources. Students also reported a higher level of agreement that Grenfell Campus cares about students' mental health if they also reported a higher level of adequacy. Students' perceived adequacy of on-campus service did not only impact their overall perception of the service, but also their overall perception of the university. Although universities may promote their level of caring about students' mental health in other ways such as offering stress-free events and stress-free spaces, the results from this study indicate that students base their university campus' level of caring about students' mental health heavily on the adequacy of the campus' CPS. This finding may prove helpful when universities are considering the allocation of resources. Increasing students' perception

Not only is it important to explore the impact the expected discrepancy between awareness and use has on perceived adequacy, it is also important to explore potential barriers to accessing service. The most commonly endorsed reason in the current study that an individual would not access CPS was due to being embarrassed to go or stigma. Similarly, Yorgason et al. (2008) also found embarrassment to be one of the top three most commonly endorsed reasons an individual would not access service. Universities should consider these consistent findings when approaching the topic of stigma. Additionally, future research could explore student perceptions on the most effective ways to decrease stigma surrounding counselling.



The third most commonly endorsed reason in the current study that an individual would not access CPS was due to lack of time which is consistent with previous research (Robinson et al., 2016; Yorgason et al., 2008). Robinson et al. (2016) who stated, there is a possibility that students have a preconceived notion that counselling is a lengthy process and as a result, may think they do not have the time to engage in such a time-consuming process or that their presenting issue is not significant enough to demand service.

Interestingly, although participants reported time being an obstacle in accessing services, most of participants reported wanting 60 minute sessions, and 30% reported wanting 10+ sessions per semester.

Possibly in an attempt to address this issue of time as a barrier to accessing CPS, students also indicated they would like the service to be open and available during the evening and weekends. Cathcart (2016) found similar results, with students requesting service outside of regular working hours. In a study examining the strengths and weaknesses of online counselling, Richards (2009) found that when services were available during evenings and on weekends, the majority of use occurred during those times, with 77% of use occurring outside of regular office hours, and 29% of use occurred specifically during the weekend (Richards, 2009). Based on these findings and the consistency with previous studies, future research should explore the feasibility of having the services available during evenings and weekends.

Lack of availability of appointments at the service was also indicated as a barrier to service by 35.3% of participants, along with worries about confidentiality, as expressed by 30.9% of participants. Additionally, the majority of students (77%) identified one week or less as an acceptable amount of time for an appointment.

In an attempt to address increased demand, some universities have implemented session limits and brief individual counselling (e.g., Hardy et al., 2011; Uffelman & Hardin, 2002). Hardy et al. noted that brief, session-limited individual counselling would provide a larger number of students with service, but long-term therapy would have to occur elsewhere and not be offered by the on-campus services. This perspective is not entirely consistent with the students' perspective in this study, with 30% expecting 10 or more sessions per semester for each student who accesses the service. Importantly, another 30% of participants selected 2-5 sessions per semester as most appropriate. Uffelman and Hardin (2002) found that students' likelihood to seek counselling was not influenced by an imposed session limit; students were equally likely to utilize services when 3, 10, or an unlimited amount of sessions were available. With respect to the maximum amount of time allotted for each session, the majority of participants in this study chose 60 minutes. Across the Canadian universities included in this study, the mean session time was 50.88 minutes. These two appointment durations are similar, exhibiting that participants' expectations in this study were not unrealistic compared to the Canadian average.

Regarding triage systems, it was found that students did not have a high overall mean level of agreement that Grenfell's CPS should have a triage system, which is

currently not in place. The term triage and intake have been used interchangeably in this field of research and less than half of the Canadian universities analyzed explicitly stated that they offer intake appointments despite the numerous positive responses to the implementation of triage systems (Hardy et al., 2011; Shaffer et al., 2007). The lack of implementation across Canadian universities along with the absence of a high level of agreement that Grenfell's CPS should have a triage system, future research should continue to explore the feasibility of triage systems and how they benefit both staff and students.

Regarding services that students in this study wanted offered at CPS, individual counselling and walk-in services were the most commonly endorsed services. The majority of Canadian universities analyzed in this study explicitly stated they offer individual counselling, with 57.7% explicitly stating they offer walk-in services. Once again, students perspective on services that should be offered is in line with offerings across Canadian universities. Future research should explore the reasoning why there is a lack of universities offering this service if there is demand for it.

For participants in this study, there was an overall lack of awareness surrounding online mental health resources and, consequently, a lack of use of these resources. In the broader Canadian context portion of the study, online resources were mentioned or included on more than half of Canadian universities' webpages. Participants in this study specified that they would rather face-to-face counselling and did not have a high level of agreement that online counselling could be just as effective as face-to-face counselling. The lack of awareness and use of online resources may have impacted participants' level

of agreement that online counselling could be just as effective as face-to-face counselling. However, Richards (2009) similarly found that although students displayed a level of satisfaction with online counselling, the level of satisfaction was not to the degree of face-to-face counselling. Furthermore, participants in this study who had previously accessed service preferred face-to-face counselling more than those who had not accessed service. There is a possibility that once students access face-to-face counselling they develop a preference, even if they have never had experience with online counselling. Future research could explore online resources as a complement to face-to-face counselling, further research is needed to more fully understand the perceptions of these resources and how these perceptions influence behaviour. There appears to be a disconnect between students' perspectives on these resources and universities endorsement of them.

There were some limitations to consider in this study. Gender differences could not be meaningfully investigated because of greatly unequal numbers of men and women, as was also the case with program of study, and international students status. These are all factors that may impact perceptions of counselling and psychological services. A further limitation in this study was the high number of psychology students who completed the study in relation to all other programs of study, which may have impacted the results. It is also important, when interpreting results, to consider that the sample in the current study was only a portion of the student body at Grenfell Campus. Regarding the broader Canadian university context portion of the study, there was a limitation involving missing online information. Although the analysis of the broader Canadian context included 55

Canadian universities, there were a number of universities that were not included due to their lack of online information regarding their services.

In conclusion, there appears to be congruence between findings from the broader Canadian context portion of the study and student perceptions portion of the study.

Overall, much of what is occurring at a smaller, undergraduate university is consistent with what is occurring across a broader Canadian context. In regard to student perceptions of Grenfell's CPS there appears to be more variability and leaves much room for future research.

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## Appendix A

**Informed Consent Form**

The purpose of this informed consent form is to ensure you understand the nature of this study and your involvement in it. This consent form will provide information about the study, giving you the opportunity to decide if you want to participate.

**Researcher:** This study is being conducted by Abigail Peyton as part of the course requirements for Psychology 4959, an honours thesis in psychology. I am under the supervision of Dr. Jennifer Buckle.

**Purpose:** The study is designed to investigate students' perceptions of university counselling and psychological services. The results will be used to write a thesis as part of the course requirements. The results of the study will be presented and may be published in the future.

**Task Requirements:** You will be asked to complete a short questionnaire about your perceptions of Grenfell's Counselling and Psychological Services. You may omit any questions you do not wish to answer

**Duration:** The survey will take approximately 10 minutes to complete.

**Risks and Benefits:** There are no obvious risks or benefits involved with your participation in this study. However, if this study raises any personal questions or concerns, please contact Grenfell's Counselling and Psychological Services at 637-7919.

**Anonymity and Confidentiality:** Your responses are anonymous and confidential. Please do not put any identifying marks on any of the questions. All information will be analyzed and reported on a group basis. Thus, individual responses cannot be identified.

**Right to Withdraw:** Your participation in this research is totally voluntary and you are free to stop participating at any time; however, once you complete this questionnaire and click submit, your data cannot be removed because there is no identifying information and, therefore, individuals cannot be linked to their responses.

**Contact Information:** If you have any questions or concerns about the study, please feel free to contact Abigail Peyton, at [arp165@grenfell.mun.ca](mailto:arp165@grenfell.mun.ca), or my supervisor, Dr. Jennifer Buckle, at [jlbuckle@grenfell.mun.ca](mailto:jlbuckle@grenfell.mun.ca). As well, if you are interested in knowing the results of the study, please attend the Nick Novakowski Student Conference in April 2019 or contact Abigail Peyton or Dr. Buckle after April 2019.

This study has been approved by an ethics review process in the psychology program at Grenfell Campus, Memorial University of Newfoundland and has been found to be in compliance with Memorial University's ethics policy.

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By participating in the study, you acknowledge that you are at least 19 years of age and a university student at Grenfell Campus or at the Western Regional Memorial School of Nursing. By clicking "next", consent is implied.

## Appendix B

1. Are you aware of Grenfell's Counselling and Psychological Services?

Yes

No

If yes, how did you learn about the services? (Check all that apply)

Calendar/Handbook

Messenger

Posters/Digital Signage (TVs)

Grenfell Website

Student Orientation

Announcement in Class

Grenfell Campus Student Union (GCSU)

Student Group

Residence/Chalet Assistant

Health Services

Physician

Professor

Friend/Fellow Student

Family Member

Other (please specify)

2. Have you ever suggested Grenfell's Counselling and Psychological Services to anyone?

Yes

No

3. Has anyone ever suggested Grenfell's Counselling and Psychological Services to you?

Yes

No

If yes, who suggested? (Check all that apply)

- Academic Advisor
- International Student Co-ordinator
- Residence/Chalet Assistant
- The Learning Centre
- Accessibility Centre and Education Support (ACES)
- Campus Enforcement and Patrol Officer
- Grenfell Campus Student Union (GCSU)
- Health Services
- Physician
- Professor
- Friend
- Family Member
- Other (please specify)

4. Have you ever used Grenfell's Counselling and Psychological Services?

- Yes
- No

5. If the services were needed, what do you think are the reasons a person would not use Grenfell's Counselling and Psychological Services? (Check all that apply)

- Lack of time
- Lack of knowledge about the services
- Lack of availability of appointments at the service
- Already receiving psychological care/counselling in the community (off-campus)
- Embarrassed to go/stigma
- Worried about confidentiality
- Other (please specify)

6. What services should Grenfell's Counselling and Psychological Services offer?

- Individual therapy
- Group therapy
- Peer support
- Walk-in services
- Crisis intervention
- Single educational sessions relevant to students (e.g., dealing with test anxiety)
- Full psychological assessments for mental health concerns
- Full psychoeducational assessments for learning issues and accommodations

7. I am aware of the following Grenfell resources (check all that apply):

- MUN Listeners (7 Cups of Tea)
- TAO (Therapy Assisted Online)
- Grenfell's Online Mindfulness Course ([www.grenfellmindfulness.com](http://www.grenfellmindfulness.com))
- Self-Help Library (located at Grenfell's Counselling and Psychological Services)
- MindWell-U (30 Day Mindfulness Challenge)
- WellTrack
- I am not aware of any of these resources

8. I am aware of the following provincial and national mental health resources (check all that apply):

- Bridge the gApp
- BreathingRoom
- Mental Health Crisis Line
- CHANNAL Warm Line
- Crisis Text Line
- Mental Health and Substance Use Screening ([www.checkitoutnl.ca](http://www.checkitoutnl.ca))
- I am not aware of any of these resources

9. I have used the following Grenfell resources (check all that apply):

- MUN Listeners (7 Cups of Tea)
- TAO (Therapy Assisted Online)
- Grenfell's Online Mindfulness Course ([www.grenfellmindfulness.com](http://www.grenfellmindfulness.com))
- Self-Help Library (located at Grenfell's Counselling and Psychological Services)
- MindWell-U (30 Day Mindfulness Challenge)
- WellTrack
- I have not used any of these resources

10. I have used the following provincial and national mental health resources (check all that apply):

- Bridge the gApp
- BreathingRoom
- Mental Health Crisis Line
- CHANNAL Warm Line
- Crisis Text Line
- Mental Health and Substance Use Screening ([www.checkitoutnl.ca](http://www.checkitoutnl.ca))
- I have not used any of these resources

If you were to access Grenfell's Counselling and Psychological Services...

1. How many individual sessions would you expect to receive? (Check one)

- Single Session
- 2-5
- 6-9
- 10+

2. What is an acceptable amount of time to wait for an appointment? (Check one)

- Less than a week
- 1 week
- 2-5 weeks
- 6-9 weeks
- 10+ weeks

3. What is the appropriate appointment length? (Check one)

- Maximum 15 minutes  
 Maximum 30 minutes  
 Maximum 45 minutes  
 Maximum 60 minutes  
 Maximum 90 minutes

**Please respond to the following statements by selecting the number that best represents your level of agreement.**

11. Grenfell's Counselling and Psychological Services should have a triage system (i.e., wait time determined by seriousness of presenting issue)

- |                   |          |        |       |                |
|-------------------|----------|--------|-------|----------------|
| 1                 | 2        | 3      | 4     | 5              |
| Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |

12. Grenfell's Counselling and Psychological Services should be available in the evenings and weekends during the academic term.

- |                   |          |        |       |                |
|-------------------|----------|--------|-------|----------------|
| 1                 | 2        | 3      | 4     | 5              |
| Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |

13. In a mental health crisis situation that needs immediate attention, Grenfell's Counselling and Psychological Services is the best place to go.

- |                   |          |        |       |                |
|-------------------|----------|--------|-------|----------------|
| 1                 | 2        | 3      | 4     | 5              |
| Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |

14. I would prefer in-person counselling/therapy to online counselling/therapy.

- |                   |          |        |       |                |
|-------------------|----------|--------|-------|----------------|
| 1                 | 2        | 3      | 4     | 5              |
| Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |



15. Online tools (e.g., TAO, WellTrack) can be just as effective as in-person counselling/therapy.

1	2	3	4	5
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

16. Grenfell's Counselling and Psychological Services has an adequate physical space to ensure privacy and confidentiality.

1	2	3	4	5
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

17. The mental health services provided on-campus are adequate.

1	2	3	4	5
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

18. The mental health services provided off-campus, in the community, are adequate.

1	2	3	4	5
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

19. Grenfell Campus cares about students' mental health.

1	2	3	4	5
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

20. How could Grenfell's Counselling and Psychological Services be improved?

Demographic Information

1. Age: \_\_\_\_
2. Gender: \_\_\_\_
3. Program of study: \_\_\_\_\_
4. Year of current program of study: \_\_\_\_\_
5. Are you an international student?  
 Yes  
 No

## Appendix C

**End of Study Information**

Thank you for your participation in the study. If you have any questions or concerns about the study or if you are interested in the results of this research, please contact Abigail Peyton at arp165@grenfell.mun.ca or Dr. Jennifer Buckle at 639-6524 or jlbuckle@grenfell.mun.ca. If this study raises any personal questions or concerns, please contact Grenfell's Counselling and Psychological Services at 637-7919. If you would like to attend a presentation of the results of the study, you are invited to attend the Nick Novakowski Student Research Conference at Grenfell Campus, Memorial University of Newfoundland in April 2019. The results of this research will be presented, used to write an honours thesis, and may be published in the future.

## Appendix D

### **Advertising Text**

#### **Social Media**

Hi,

I'm conducting a study examining undergraduate students' perceptions of Grenfell's Counselling and Psychological Services. In this study you will be asked to fill out a questionnaire about your perceptions of Grenfell's Counselling and Psychological Services. To complete the study, you must be a student at either Grenfell Campus or at the Western Regional School of Nursing (WRSON). All Grenfell students are invited to participate regardless of whether they have previously received counselling or psychological services. This study has been approved by the psychology ethics review process at Grenfell Campus, Memorial University. The study takes about 10 minutes to complete and participation is completely voluntary. Feel free to share the link with your friends who also attend Grenfell or WRSON. Thank you!

#### **In Class**

Hi everyone. My name is Abigail Peyton and I'm a fourth-year psychology student. As a requirement for the honours program, I am conducting research for my honours thesis. My topic is students' perceptions of Grenfell's Counselling and Psychological Services. Participation is completely voluntary, but if you wish to participate it will take 10 minutes to complete. I will be handing out printed versions of the link so you can access the study. If you have any questions, feel free to ask.

**Messenger**

Student volunteers needed for a 10-minute online study to get important information about students' perceptions of Grenfell's Counselling and Psychological Services. All Grenfell students are invited to participate regardless of whether they have previously received counselling or psychological services. This study is being conducted as part of an honours student project. If you have any questions, contact Abigail Peyton at [arp165@grenfell.mun.ca](mailto:arp165@grenfell.mun.ca).