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Journal of College Student Psychotherapy

ISSN: 8756-8225 (Print) 1540-4730 (Online) Journal homepage: https://www.tandfonline.com/loi/wcsp20

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To cite this article: Victor Schwartz , Chaim Nissel , Daniel Eisenberg , Jerald Kay & Joshua T. Brown (2012) Increasing Counseling Center Utilization: Yeshiva University's Experience, Journal of College Student Psychotherapy, 26:1, 50-60, DOI: 10.1080/87568225.2012.633047

To link to this article: https://doi.org/10.1080/87568225.2012.633047

Journal of College Student Psychotherapy, 26:50–60, 2012

ISSN: 8756-8225 print/1540-4730 online
DOI: 10.1080/87568225.2012.633047

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Increasing Counseling Center Utilization: Yeshiva University's Experience

VICTOR SCHWARTZ and CHAIM NISSEL
Yeshiva University, New York, New York, USA

DANIEL EISENBERG
University of Michigan, Ann Arbor, Michigan, USA

JERALD KAY
Wright State University, Dayton, Ohio, USA

JOSHUA T. BROWN
University of Virginia, Charlottesville, Virginia, USA

Yeshiva University established a counseling center during the 2004–2005 academic year. As a religiously based institution, the administration recognized that there would likely be significant impediments to utilization of on-campus mental health services as a result of negative attitudes about mental illness and its treatment—stigma. To combat these anticipated attitudes, the university put in place a number of assertive programs. Subsequently, rates of utilization increased to national norms within a relatively brief time, suggesting that a multifaceted outreach and referral campaign was as effective on this campus as at a secular institution. Of note, however, although utilization increased to national norms, levels of reported stigma remained significantly above national college norms, raising the intriguing possibility that stigma may not represent an absolute impediment to help-seeking.

KEYWORDS barriers of treatment, increasing utilization of services, reframing mental health care, religiosity and stigma

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The authors would like to thank Alison Malmon and Dr. Jack Gorman for their helpful comments and support of this project.

Address correspondence to Victor Schwartz, MD, University Dean of Students, Yeshiva University, 500 W. 185th St., New York, NY 10033, USA. E-mail: victor.schwartz@yu.edu

One of the most enduring challenges in the provision of college mental health services is the striking number of students who need treatment but refuse to seek it. Numerous reports have shown that many students who ought to be seeking and receiving treatment do not in fact present for care. This is true even when the student may have significant pathology and potential risk (Drum, Brownson, Denmark, & Smith, 2009; Eisenberg, Hunt, Speer, & Zivin, 2011; Goullust, Eisenberg, & Golberstein, 2008). In a nationally representative dataset, Blanco and colleagues (2008) found that only 18% of college students with mental disorders received treatment in the previous year. These concerns have a broad range of implications. We know that untreated students are more likely not to graduate from college, thus putting them at a distinct disadvantage for the remainder of their lives (Hunt, Eisenberg, & Kilbourne, 2010; College Board, 2010). A. Schwartz (2006) analyzed suicide rates for students who received counseling center support and students who had not and determined that "counseling centers appear to be effective in reducing the suicide rate for clients." Given these findings, it is critical to appreciate the forces contributing to such low help-seeking behavior and to develop mechanisms to diminish their effect.

This article describes the efforts of one university, Yeshiva University, to increase help-seeking behavior on campus. Because of its nature as a religious, specifically orthodox Jewish institution, particular attention was paid to the factors of stigma and religiosity as potential barriers to utilization.

BARRIERS TO UTILIZATION

Many factors can interfere with students' utilization of help-seeking services. First, of course, there needs to be a counseling center that has "administrative independence and neutrality" (International Association of Counseling Services, 2010, p. 1). The center needs to be adequately staffed and have a reputation for quality service and confidentiality. The center also needs to create awareness of services through outreach efforts and networking with other campus offices. As will be seen, until recent years, Yeshiva University fell short in all these regards.

Even with a strong counseling center and appropriate outreach and networking efforts, it is believed that negative attitudes about mental illness, or stigma, are a substantial barrier to receiving help. More than 10 years ago, the U.S. Surgeon General, Dr. David Satcher, introduced a landmark report acknowledging that stigma was a "primary barrier" that hinders treatment of and recovery from mental disorders (Satcher, 2009). Despite significant efforts to combat this stigma, a recent study found that there was no significant drop in negative attitudes towards mental illness between 1996 and 2006 (Pescosolido et al., 2010). There is a significant literature investigating stigma among students of higher education (Britt, et al., 2008; Eisenberg,

Downs, Golberstein, & Zivin, 2009; Martin, 2010; Golberstein, Eisenberg, & Gollust, 2009; Miville & Constantine, 2007; Vogel, Wade, & Ascheman, 2009). In general, this literature conceptualizes stigma as emanating from multiple sources. Fear of being stigmatized and perception of public stigma are potent impediments to seeking mental health services (Vogel et al., 2009; Eisenberg et al., 2009).

The Healthy Minds Study (Eisenberg et al., 2009; see also www.healthymindsstudy.net), using a random sample of more than 5,000 college students from many institutions of higher education, found that stigma was higher among male, younger, Asian, and international students, those students from poorer families, and—of particular relevance to Yeshiva's population—students from more religious families. Indeed, Yeshiva significantly differed from other institutions in the Healthy Minds sample in having considerably higher levels of religiosity ($p < 0.01$) and both perceived and personal stigma ($p < 0.01$). This finding is consistent with the notion that higher rates of religiosity correlate with higher levels of stigma at the individual student level (Eisenberg et al., 2009). It would seem evident that stigma represents an important impediment to help-seeking for religious institutions to address.

YESHIVA UNIVERSITY

Though technically secular and nonsectarian, Yeshiva University in New York City is under Jewish auspices and the undergraduate student body is comprised almost completely of traditional, orthodox Jews. The undergraduate student body consists of a bit more than 2000 men and women who are situated on separate campuses located several miles apart. Dorms and classes are all same-sex, but many student events are run on a coed basis. Most of the students identify with the "centrist" wing of Orthodox Judaism. Centrist Orthodoxy is based on the notion that the Old Testament and Talmud continue to be the ultimate source of religious truth and are essentially immutable (although religious law continues to develop in light of modern developments). At the same time, members of the community believe that it is permissible and important to live and work in the "outside" world and participate in all facets of secular society. We may infer from this centrist stance an in-between attitude toward mental health treatment—not necessarily welcoming of this outside perspective, but not entirely opposed either. There is little recent data about overall rates of mental health problems in the Orthodox community, although there is older data suggesting that rates of alcohol abuse are lower than national averages. (Levav, Kohn, Golding, & Weissman, 1997).

Yeshiva University undergraduates are enrolled in a full course of religious studies in addition to a standard college curriculum. Most students

aspire to a professional career with law, accounting or business, medicine, and mental health fields being popular among both men and women; and many women also go on to work in education or health-related fields such as physical therapy, occupational therapy, nutrition, and nursing. A significant number of students go on to graduate programs in the sciences, humanities, or social sciences. Some male students go on to study for the rabbinate.

Another fact with implications for utilizing on-campus services is the fact that many Yeshiva students come to campus knowing many other students, because the majority of students come from several major orthodox Jewish communities in the United States. The orthodox and school communities tend to be rather close-knit; most students have outside friendships and family relations with other students and their families. This may in fact contribute to greater stigma around physical and psychiatric illness; people tend to "know each other's business," and embarrassment and shame can be strong forces in cohesive social groups (Corrigan & Matthews, 2003). As mentioned, participation in the Healthy Minds Study in 2007 and 2010 found that Yeshiva's student body is significantly above national norms in both religiosity and stigma around mental health issues. On the other hand, because there is a strong tradition among orthodox Jews to consult with religious authorities when confronted with various religious or personal problems, help-seeking per se is not considered shameful.

CAMPUS MENTAL HEALTH RESOURCES

Prior to 2005, Yeshiva students were seen for more general counseling through the Office of the Dean of Students/Student Affairs. As most of the student affairs staff members were either social workers or psychologists, they were comfortable with clinical interactions with students. Nevertheless, there was no formal or separate counseling service. Many of the staff who counseled students were also involved in residence life and discipline activities, creating numerous challenges to confidentiality and clinical boundaries. Typically, students were seen very briefly and there were no psychiatric services available. Any student with urgent problems or severe symptoms or who was deemed a significant risk was immediately referred off campus for treatment. As might be imagined, students had minimal trust in this mode of provision of care and few students presented for help. Because of the informal nature of the services, there are no statistics available regarding the number of students seen or visits provided.

With the recent appointment of a new university president committed to promoting student health and mental health, the Counseling Center was established in 2005. From very little utlilization, the percentage of the student body now increased to 8% in 2005–2006 and 10% in both 2006–2007 and 2007–2008. Although a step in the right direction, these numbers were still

significantly below the national norm of 15.8% for similarly sized schools (Association for University and College Counseling Center Directors, 2010, p. 86). The Counseling Center and Student Affairs leadership therefore decided to take steps to increase utilization. One logical hypothesis was that Yeshiva's high level of stigma was a barrier to treatment and therefore should be a focus for change.

STRATEGIES TO INCREASE UTILIZATION AND LOWER STIGMA

Yeshiva created or significantly expanded an array of programs starting in 2008 with the express and, we assumed, interconnected goals of reducing stigma and increasing student utilization of counseling services. These programs included (a) expanding outreach efforts, (b) promoting counseling services as being both clinical and nonclinical in nature, (c) supporting Active Minds on Campus activities, (d) developing a more robust "at risk" student system, (e) implementing a gatekeeper training program, and (f) expanding an existing pastoral counselor program. Each of these initiatives is described below.

To expand outreach, the counseling center made a number of efforts to connect with students outside of formal therapy sessions. The center started to participate in National Depression Screening Day in 2007, which brought on average approximately 450 students (20% of student the body) in direct contact with counseling center staff and allowed for greater identification of students suffering from depression or anxiety. It hosted regular psychoeducational programs on topics such as stress reduction, time management, healthy living, healthy relationships, drug and alcohol use, and sleep and eating issues—programs generally aimed at combating stress and promoting healthy living. The center coordinated joint programs with various academic support offices around test anxiety, study skills, and writer's block and made presentations about the available support services in classes for international students and for students who enter Yeshiva University with weaker Judaic studies backgrounds, two groups who may have greater needs for mental health support. Also, the counseling center was actively involved in health promotion campaigns with other university offices related to H1N1 preparedness, health risks of caffeine/alcohol drinks, and avoidance of crossing the street while texting. All such efforts had the effect of increasing students' awareness of on-campus mental health services.

Yeshiva also pursued a strategy of promoting counseling for issues other than serious psychological problems. During all outreach programs, the center presented a message of being available to help students with whatever level of distress they might be experiencing, for problems ranging from serious psychological difficulties to difficulty falling asleep or excessive

worrying. The assumption was that it might be easier for students to come to the center because of "lack of motivation," "family issues" or "sleep difficulties" rather than acknowledge depression or an anxiety disorder. The hope was that once students engaged in the therapeutic process, those who did have clinical depression or anxiety disorders would then be amenable to receiving care, without stigma having impeded their entry.

Another new program was to introduce Active Minds on Campus (www.activeminds.org), a student-run organization with chapters on over 350 campuses. In 2007, the counseling center helped establish the Yeshiva University Chapter of Active Minds on Campus. This student-run group organized several very successful events and the annual end-of-year "Students speak" events, where four students talk about their own mental illness and treatment experiences. Collectively these events have attracted 15%–20% of undergraduates each year. Because the Active Minds on Campus vision statement sets out to "destigmatize mental health disorders," we felt that encouraging and supporting these events would reduce stigma on campus, allow students to interact with counselors in a nonthreatening setting, and encourage students in need of mental health treatment to utilize on-campus services.

In 2008, the University Dean of Students established a robust "student at risk" system, a program described in detail by Siggins (2010). This program, based on the notion of parallel and interlocking committees, brings together housing, student services, academic support personnel, disability services and counseling services to review students at risk for academic, behavioral or social difficulties and, where appropriate, expedites counseling referrals. The Counseling Center's director and associate director, who serve as consultants to this committee, help coach administrative personnel to make more effective counseling referrals. Eells and Rockland-Miller (2011) provide an extensive review of the issues related to the role of such administrative committees in higher education.

The YU-Supports Our Students (YU-SOS) experiential gatekeeper training program was formally initiated in 2010 and is modeled after the Campus Connect program (http://www2.sprc.org/sites/sprc.org/files/CampusConnectfactsheet.pdf). YU-SOS is taught by specially trained counseling center staff, who teach members of the university community who are on the "front lines" basic listening and empathy skills and ways to help students in distress. YU-SOS also teaches participants to recognize the warning signs of depression and suicide risk, enabling them to offer support to students in crisis and make stronger referrals to the counseling center and other resources. Since its inception, training has been provided to all residence life staff including Resident Assistants, student peer counselors, student affairs staff, coaches and athletic staff. It has been offered to faculty and student finances personnel too, although to date these training have not taken place. Although gatekeeper training has been generally very well received, there was some resistance on the part of a particular

department who questioned why nonclinicians need to learn about mental health issues. When it was reframed as empowering university staff members to better respond to students' and colleagues' frustrations and upsets, this skeptical department became more receptive. This reframing was similar to our reframing message with students: that counseling services provide support and not just treatment–a message that is more likely to appeal to the participant and be heard.

As mentioned earlier, there is a strong tradition among orthodox Jews to consult with religious authorities when confronted with religious or personal problems. This communal predisposition to depend on authorities for guidance does indicate a level of comfort with help-seeking. In recognition that some portion of the student body would be more comfortable meeting with a pastoral counselor than a traditional psychotherapist, we expanded our pastoral counseling program, in 2007 hiring four young clergy with degrees in social work or psychology in addition to the three pastoral counselors we already had. Not part of the Counseling Center, these pastoral counselors met with and got to know many students in various informal settings on campus. They have been a large source of support for students and also regularly refer students to the Counseling Center, helping make it more acceptable to students whose religious beliefs might initially make them hesitant to go to counseling. Because of the less formal nature of their student interactions, statistics on their contacts are not available.

STIGMA MEASURES

Perceived public stigma was measured in the Healthy Minds Study using an adaptation of the Discrimination-Devaluation (D-D) Likert scale developed by Link and colleagues (Link, 1987; Link, Cullen, Struening, Shrout, & Dohrenwend, 1989). The D-D scale asks how much people agree with each of 12 statements expressing attitudes about mental health treatment. To measure students' own attitudes about mental health treatment, or what we are referring to as *personal stigma*, we adapted three items from the perceived stigma scale, for example, "I would think less of someone who had mental health treatment."

OUTCOME OF INITIATIVES

Because so many initiatives were undertaken at around the same time, it is impossible to identify which ones had the greatest impact on utilization. What is clear, however, is an increase in rates of usage, from 8%–10% of the student body from 2005–2006 to 2007–2008 to 14% in 2008–2009, 15% in 2009–2010, and 17% in 2010–2011—the last figure actually slightly higher

now than the national average (15.8%) for schools of similar size (Association for University & College Counseling Center Directors, 2010).

While the strategies to increase utilization were expected to succeed partly because they served to reduce stigma, in fact between 2007 and 2010 the level of perceived stigma went down but not significantly (2007: 2.55 and 2010: 2.33), and the level for personal stigma remained essentially unchanged (2007: 1.16 and 2010: 1.15). For both years, levels of perceived stigma and personal stigma remained higher than national averages. Thus utilization rose slightly above the national average for institutions of its size even though levels of stigma remained high.

It is interesting to compare Yeshiva's experience with another, quite different religious institution—a small Christian masters degree granting institution in the eastern United States. Students at this institution reside in single sex residence halls and sign an honor pledge to uphold such institutional values as weekly chapel attendance, residence hall curfews, a modesty dress code, and the prohibition of alcohol or drug consumption, sexual intercourse outside of marriage, or viewing R-rated movies. There the expected high levels of religiosity and stigma were found and also the expected low utilization of mental health services (unpublished data, available from D. Eisenberg, lead researcher, Healthy Minds Study). Unlike Yeshiva, however, this college continues to have a limited on-campus counseling system and instead addresses students who have personal concerns by promoting consultation with clergy or referrals for off-campus psychotherapy or psychiatric treatment. What is unknown, of course, is whether a strong on-campus counseling center and a campaign similar to Yeshiva's would encourage on-campus counseling utilization, or the high levels of religiosity and stigma on this very different kind of campus would still discourage utilization.

DISCUSSION

The fact that on-campus mental health services at Yeshiva University went from being essentially nonexistent in 2005 to experiencing healthy levels of utilization in just six years is not in itself surprising. The concerted, multi-faceted campaign to increase awareness of services and referrals to the counseling center yielded the predictable increase in utilization. In this regard, Yeshiva's status as a predominately orthodox Jewish institution does not differentiate it from other campuses. The lesson is that if you devote resources to outreach and referral networks at any institution, more students will come in for counseling.

What is surprising, however, is the persistence of high levels of stigma. Students came in for counseling, but they still tended to have, on average, more negative opinions than most college students about having mental illness. It is interesting to speculate on why that may be the case. One

possibility is that the measures of stigma did not accurately capture students' true attitude. For whatever reason, they reported having negative views about mental illness, but when it came to their own needs they were more accepting of having problems and hence of the need to get help for them.

Another, intriguing possibility, however, is that high stigma can in fact coexist with strong utilization. While groups such as Active Minds on Campus have focused energy on combating stigma toward mental illness and psychiatric treatment on college campus, it seems plausible that students can be encouraged to come for treatment—as Active Minds does—even while they hold relatively negative views about mental illness and its treatment. The task is to increase awareness of services while separating the idea of counseling from an association with mental illness. This speculation is consistent with the argument of Komiya, Good, and Sherrod (2000), who advocate that reframing counseling services as education, consultation, or coaching, when appropriate, may go far in reducing people's perceptions of the anticipated risks associated with talking to a counselor.

LIMITATIONS

One limitation of this report is that we cannot be certain which factors, if any, contributed to the increases in usage of Yeshiva's counseling services during the period of the study. Since an independent counseling center was created only in 2005, it is possible that over time its existence and reputation would have grown by word of mouth alone and utilization would have risen even in the absence of the special initiatives begun around 2008. Furthermore, because so many initiatives were carried out related to the health, mental health, and public health systems during the period of the study, it is impossible to determine what impact each individual initiative might have had. In the absence of clear-cut empirical evidence, we can only suggest the likely conclusion that a broad-based campaign of initiatives did seem to have the desired effect of increasing utilization of services, even in the absence of reducing stigma.

Another limitation, of course, is that Yeshiva University is only one school with a very particular student population and set of circumstances: a small, orthodox Jewish urban university. On the one hand, this requires caution about generalizing these results. On the other hand, it is perhaps noteworthy that the same sorts of initiatives that have been implemented at very dissimilar institutions—gatekeeper training, Active Minds, National Depression Screening Day, outreach programming, marketing counseling for nonpathological concerns—seemed to work at Yeshiva as well. In the understandable effort to tailor programs to particular populations, we should be careful not to lose sight of the effectiveness of certain widely employed programs.

FINAL THOUGHTS ON STIGMA

It goes without saying that in a civil society there are excellent reasons to work toward diminishing negative perceptions of those with mental illness and their treatment. Nevertheless, it appears that while stigma can be an impediment to help seeking, there are conditions that may mitigate its impact for students. These might include students' comfort with dependency on authorities, comfort and familiarity with the campus help-givers, and the disassociation of help seeking from psychiatric illness—reframing the nature of problems in nonpathological terms. Therefore, in order to reach out to psychologically needy students, it may not be necessary to directly confront negative attitudes about mental illness and psychological treatment. If this speculation is correct, colleges and counseling centers may be able to serve students' psychological needs even as students hold onto negative thoughts about having these needs.

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